BOARD OF DIRECTORS MANUAL

CATEGORY:	QUALITY AND SAFETY	NUMBER: V-001
ISSUED BY:	QUALITY AND SAFETY COMMITTEE	PAGE: 1 of 3
APPROVED BY:	BOARD OF DIRECTORS	
DATE OF ISSUE:	SEPTEMBER 2011	REVISED: MAR 2024

COMMITMENT TO CONTINUOUS QUALITY IMPROVEMENT, SAFETY AND RISK MITIGATION

Purpose:

To affirm the Board's commitment to quality of care, safety, and risk mitigation as strategic priorities for Northumberland Hills Hospital. The Board Quality and Safety Committee's purpose is to ensure compliance with the requirements outlined in Excellent Care for All Act (ECFAA).

Policy:

The Board is ultimately responsible for monitoring performance and ensuring continuous quality improvement of care, safety, and the mitigation of risk across NHH. In its oversight role, the Board shall ensure that quality and safety standards are identified and remain strategic priorities for the Hospital, that there are strategies in place for risk mitigation and that the Hospital is compliant with all applicable legislation and regulations.

Procedure:

Under ECFAA, the Board Quality and Safety Committee shall:

- Monitor and report to the Board on quality issues and on the overall quality of services provided in the hospital.
- Consider and make recommendations to the Board regarding continuous quality improvement initiatives and policies.
- Receive reports from the Medical Advisory Committee identifying and making recommendations with respect to systemic or recurring quality of care issues.
- Ensure that best practices information is included in hospital policies that are readily made available to all hospital healthcare providers and monitor compliance.
- Oversee the preparation of annual quality improvement and patient safety plans.
- Monitor patient safety indicators, critical incidents, and sentinel event reporting.

NOTE: This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file version (electronic version) prior to use.

The Board Quality and Safety Committee shall also:

- Promote a culture of patient safety and quality care that aligns with the strategic objectives of the hospital.
- Ensure that the Hospital has implemented a comprehensive quality and safety framework.
- Monitor and report to the Board on quality issues and on the overall delivery of services provided at the hospital, using appropriate data.
- Ensure the existence of a comprehensive risk mitigation framework is monitored regularly.
- Review quality reports and monitor their compliance with the requirements of internal and external standard-setting bodies.
- Select and monitor performance measures for quality, safety, and risks at least quarterly and as appropriate.
- Oversee the preparation of the Hospital's annual Quality Improvement Plan and make recommendation for approval to the Board.
- Oversee and monitor the Patient Safety Plan.
- Carry out any other responsibilities provided for in the regulations under the Excellent Care for All Act.
- Develop an appropriate yearly committee work plan.

References:

- Ontario Hospital Association, *Quality and Patient Safety: Understanding the Role of the Board,* 2008, Publication N. 44
- Accreditation Canada (2016), *Sustainable Governance Standards,* Qmentum Program 2016
- The Governance Centre of Excellence Guide to Good Governance, Third Edition, 2015
- Children's Health Queensland Hospital and Health Service
- UHN Safety & Quality Committee Terms of Reference
- Kemptville District Hospital Quality and Safety Committee Terms of Reference
- Excellent Care for All Act, 2010
- Ontario Hospital Association (2011). Guide to Good Governance: 2nd Edition. 2011

Approved:
November 1998
March 2001
April 2002
May 2003
February 2010
September 2011
March 2014 reviewed
March 2016 revised
February 2017 reviewed
February 2018 reviewed
February 2019 reviewed
February 2020 reviewed
March 2021 reviewed

NOTE: This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file version (electronic version) prior to use.

May 2022 revised
March 2023 revised
March 2024 revised
March 2025 reviewed
March 2026 revised

NOTE: This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file version (electronic version) prior to use.