South Huron Hospital Association	☐ Policy ☐ Procedure ☐ Protocol ☒ Terms of Reference	Section Board Governance	Number 02-021

Board Quality, Utilization and Risk – Terms of Reference

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Owner:	**Reviewer(s):**	**Approver:**
Board of Governors	Board Quality, Ultilization and Risk Committee	Board of Governors

Cross Reference:

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Authority

The Board Quality, Utilization and Risk Committee operates as a subcommittee under the authority of the Board and is the quality committee for the purposes of the *Excellent Care for All Act*, *2010* (the "Act"). At least one third of the membership are voting members of the Board.

The Board remains responsible for oversight and decision-making however delegates these tasks to the committee, for the purpose of addressing quality issues and identifying opportunities for improvement.

This subcommittee is distinct from a Quality Care Committee which is typically a senior-level operational multi-disciplinary committee.

Purpose

The Board Quality, Utilization and Risk Committee is responsible for:

- Assisting the Board in the performance of the Board's governance role for the quality of patient care and services; and
- overseeing the quality of care being delivered across all services within the organization and assuring good health outcomes are achieved.

Duties and Responsibilities

Role Requirements of the Act

The Board Quality, Utilization and Risk Committee, in accordance with the responsibilities in the Act, shall:

Quality Oversight and Quality Improvement

1. Monitor and report to the Board on quality issues and on the overall quality of services provided in the hospital, with reference to appropriate data including:

    - Performance indicators used to measure quality of care and services and patient safety;
    - Reports received from the medical advisory committee identifying and making recommendations regarding systemic or recurring quality of care issues;
    - Publicly reported patient safety indicators;
    - Critical incident and sentinel event reports; and

2. Consider and make recommendations to the Board regarding quality improvement initiatives and policies;

3. Ensure that best practices information supported by available scientific evidence is translated into materials that are distributed to employees, members of the professional staff and persons who provide services within the hospital, and subsequently monitor the use of these materials by such persons;

4. Oversee preparation of the hospital's annual quality improvement plan (QIP); and

5. Perform such other responsibilities as may be provided under regulations under the Act.

Critical Incidents and Sentinel Events

"Critical incident" means any unintended event that occurs when a patient receives treatment in the hospital:

    a. That results in death, or serious disability, injury or harm to the patient; and
    b. Does not result primarily from the patient's underlying medical condition or known risk inherent in providing treatment.

6. The Board Quality, Utilization and Risk Committee shall review reports of sentinel events and oversee any plans developed to address, prevent or remediate such events.

In accordance with Regulation 965 under the *Public Hospitals Act*, receive from the Chief Executive Officer or Site Director/CNE aggregated critical (level 5 and 6) and near miss incident data at least two times per year and ensure completion and evaluation of all actions. The Committee reports their review and approval/disapproval on the Critical Incidents Report.

This is to monitor the hospital's system for ensuring that, at an appropriate time following disclosure of a critical incident, there be disclosure as required by Regulation 965 under the *Public Hospitals Act* of systemic steps, if any, the hospital is taking or has taken to avoid or reduce the risk of further similar critical incidents.

Compliance

7. Monitor the hospital's compliance with legal requirements and applicable policies of funding and regulatory authorities related to quality of patient care and services.

Financial Matters

8. As and when requested by the Board, provide advice to the Board on the implications of budget proposals on the quality of care and services.

Hospital Services Accountability Agreement and Hospital Annual Planning Submission

9. As and when requested by the Board, provide advice to the Board on the quality and safety implications of the hospital annual planning submission and quality indicators proposed to be included in the hospital's service accountability agreement or in any other funding agreement.

Risk Management

10. Review and make recommendations with respect to:
    - The hospital's standards on emergency preparedness;
    - Policies for risk management related to quality of patient care and safety; and
    - Areas of unusual risk and the hospital's plans to protect against, prepare for, and/or prevent such risks and services.

Accreditation

11. Oversee the hospital's plan to prepare for accreditation.

12. Review accreditation reports and any plans that need to be implemented to improve performance and correct deficiencies.

Other

13. Perform such other duties as may be assigned by the Board from time to time.

Membership

- Minimum of two Directors (Chairperson of the Committee shall be appointed by the Board) (voting)
- Site Director/Chief Nursing Executive (non-voting)
- President, Medical Staff or Designate (non-voting)
- One person who works in the hospital and who is not a physician or a nurse. This individual can be either a manager or an individual who provides direct care (non-voting)
- Health Records Coding Specialist/Privacy Officer (non-voting)
- Patient Advisor (voting)

Chair

The chair of the quality committee shall be appointed by the Board from among the members of the quality committee who are voting members of the Board.

Frequency of Meetings and Manner of Call

The committee shall meet at least four times per year at the call of the chair of the quality committee, or as requested by the Board.

Quorum

A quorum will be considered a majority of voting committee members.

Resources

Support for this committee will be provided by the Executive Assistant to the President & CEO

Reporting

The quality committee shall report to the Board following each meeting which shall include an overview of the activities of the quality committee and of the quality of care and services provided by the hospital.

Privilege and Confidentiality

Quality of care information prepared for and reviewed by the quality of care committee is protected under the *Quality of Care Information Protection Act*.

Regarding information provided in confidence to, or records prepared with the expectation of confidentiality by the quality committee for the purpose of assessing or evaluating the quality of health care and directly related to programs and services provided by the hospital: if the assessment or evaluation is for the purposes of improving the care and programs and services, this information or records are subject to an exemption from access under the *Freedom of Information and Protection of Privacy Act*.

Data that have been compiled from record-level data to a level of aggregation ensures that the identity of individuals cannot be determined by reasonably foreseeable methods. Aggregate data with units of observation less than 5 may constitute either de-identified data or personal health information therefore will not be disclosed in minutes or reports. (Privacy Policy on the Collection, Use, Disclosure and Retention of Personal Health Information and De-Identified Data, 2010 Canadian Institute for Health Information).

Evaluation

Annually (last meeting of the year) each committee member will complete the committee self-assessment template (Appendix A). The results of the self-assessment will be utilized to measure and improve committee effectiveness.

The Chair of the committee will receive completed forms and report results to committee members at the first meeting of the year.

References

https://secure.cihi.ca/free_products/privacy-policy-2017-en.pdf
Privacy Policy on the Collection, Use, Disclosure and Retention of Personal Health Information and De-Identified Data, 2010 Canadian Institute for Health Information

https://www.oha.com/Documents/OHA_QCIPA_Hospital%20Quality%20of%20Care%20Programs_oct24_FNL4.pdf

Hospital Quality of Care Programs Guidance Document October 2016 Ontario Hospital Association

(Role of the Board and Board Quality Committee in Patient Safety and Critical Incidents, OHA Guidance Document August 2017)

Related Documents

Appendix A Committee Self-Assessment

APPENDIX A

SOUTH HURON HOSPITAL ASSOCIATION
Board Quality, Utilization and Risk Committee

Committee Self-Assessment
(voting and non-voting to complete)

	Strongly Agree	Somewhat Agree	Disagree	Strongly Disagree	Not Applicable
Terms of Reference and Composition					
1. The committee has clear and appropriate Terms of Reference					
2. The committee has the right number of members					
3. The committee has members with the skills and expertise that are needed by the committee					
Committee Management					
4. The committee meets at the appropriate time of day					
5. I received orientation to the committee that was helpful to me as a member of the committee					
6. The committee is receiving the support from hospital management that it requires					
7. Information is received sufficiently in advance of the meeting					
8. The committee meets the right number of times over the year					
Committee Effectiveness					
9. The committee is working effectively					
10. The committee performed its annual work plan					
Chair Effectiveness					
11. The chair is prepared for committee meetings					
12. The chair keeps the meetings on track					
13. The chair fairly reports on committee's work to the board					
14. The chair encourages participation and manages discussion					
Overall Committee Performance					
15. Overall, I am satisfied with my contribution to the committee					
16. Overall, I am satisfied with the committee's contribution to the board					

Comments and suggestions for improvement to committee processes:

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