TERMS OF REFERENCE FOR THE QUALITY COMMITTEE

1. PURPOSE

(1) The Quality Committee (the "Committee") will assist the Board of Directors (the "Board") to ensure that the quality of patient, client and resident care meets an acceptable standard throughout the Interior Health Authority (the "Authority") by:

(a) ensuring the President and Chief Executive Officer (the "CEO") establish a strategic quality plan that supports the development of a performance based quality improvement culture;

(b) ensuring the Authority has in place appropriate operational plans to allow the organization to meet requirements set out by the Ministry of Health (the "Ministry") and Accreditation Canada;

(c) ensuring that the activities of the Committee are aligned with other broad strategic goals set out by the Audit & Finance, Governance & Human Resources, and Strategic Priorities Committees; and

(d) providing support, input and governance to the CEO and the Health Authority Medical Advisory Committee ("HAMAC") as they establish and monitor medical governance, performance targets, standards of care and service, and guidelines and policies for patients, clients and residents.

2. COMPOSITION AND OPERATIONS

(1) The Committee shall be composed of a minimum of three Directors with a maximum of all Board members.

(2) The Committee shall operate in a manner consistent with the *Committee Guidelines Board Policy 4.1*

(3) The Committee shall be formally approved by the Board as a quality assurance committee protected under Section 51 of the *Evidence Act (*the *"Act")* as outlined in Appendix 1.

3. DUTIES AND RESPONSIBILITIES

The Committee will:

(1) review with the CEO, key measures and indicators, including those identified by the Ministry, currently available to assess the quality of patient, client and resident services provided by the Authority.

TERMS OF REFERENCE FOR THE QUALITY COMMITTEE

(2) receive, review and make recommendations on reports from the HAMAC and the Vice President of Medicine & Quality on issues related to:

(a) medical staff appointments, reappointments and credentialing;

(b) medical staff membership and maintenance of privileges;

(c) cancellation, suspension, restriction, or non-renewal of the privileges of all members of the Authority medical staff to practice within the facilities operated by the Authority;

(d) clinical service delivery plan.

(e) the quality of medical care including, but not limited to, access, medical human resources and resource utilization; and

(f) the monitoring of the quality and effectiveness of medical care within the facilities and programs operated by the Authority as set out in the *Medical Staff By-Laws and Rules;*

(3) regularly review reports prepared by management, Internal Audit, and external third parties to monitor the quality of care being provided, observe trends, and identify areas where further investigation may be warranted;

(4) review management summary reports with respect to evaluations, unusual occurrences, complaints, and satisfaction levels;

(5) receive and review reports from the Patient Care Quality Office to identify any major issue or priority that needs to be addressed;

(6) monitor accreditation activities including readiness for accreditation surveys and compliance with all applicable standards;

(7) recommend that the Board request the CEO to conduct specific quality reviews where necessary;

Other Duties

(8) review terms of reference for the Committee and make any recommendations for changes to the Governance & Human Resources Committee; and

(9) undertake any special initiatives requested by the Board or the Board Chair.

TERMS OF REFERENCE FOR THE QUALITY COMMITTEE

4. RISK MANAGEMENT

The Committee will:

(1) as required, receive updates with respect to categories of risk for which the Committee is directly concerned;

(2) receive from time to time independent reports of the Internal Auditor;

(3) keep the Board informed of any major incident reports; and

(4) from time to time, recommend to the Board any changes in policy or process required to achieve the overall objectives of the Authority's risk management program

5. ACCOUNTABILITY

The Committee shall report its deliberations to the Board by maintaining minutes of its meetings and providing an oral report at the next Board meeting.

6. COMMITTEE TIMETABLE

The work of the Committee will be guided by a Timetable (Appendix 2) which will be reviewed at least annually. The timetable will have a number of standing reports, but the Committee, at its discretion, may request reports or analysis as appropriate and in alignment with the Terms of Reference of the Committee.

TERMS OF REFERENCE FOR THE QUALITY COMMITTEE APPENDIX 1 – SECTION 51 OF THE EVIDENCE ACT

1. IMPLICATIONS OF THE EVIDENCE ACT

(1) Section 51 of the *Evidence Act* (the *"Act")* provides that records and information arising out of quality assurance activities in hospitals are privileged and are not subject to the *Freedom and Information and Protection of Privacy Act (FOIPPA)* other than Sections 44(1)(b), 44(2), 44(2.1) and 44(3) of the *FOIPPA*

(2) Within the *Act*, quality assurance is the component of the system related to care provided to patients, residents and clients by health professionals as defined in the *Health Professions Act* or other persons registered as a member of a College established under the *Act*.

(3) The *Act* protects the quality assurance of hospitals as defined in the *Hospital Act*, the *Hospital Insurance Act* and the *Mental Health Act*. This includes private and non-profit:

(a) acute care hospitals;

(b) convalescent and rehabilitation hospitals and units;

(c) mental health facilities and psychiatric units; and

(d) private nursing homes where two or more patients, other than the spouse, parent, child of the owner or operator, are living at the same time.

(4) To qualify under Section 51, a hospital must comply with the specific set of rules laid out in the *Act*.

(5) Only those documents and deliberations specifically prepared by or for a quality assurance Committee are protected under Section 51 of the *Act*. It will be the responsibility of management to ensure that it is made clear on the face of the document that it was created for ultimate submission to the Committee e.g. marked "Confidential – Quality Committee".

(6) With the exception of quality assurance activities within the scope Section 1(3) above, the quality assurance activities of Community Care, Mental Health and Substance Use, Population Health and Wellness, and Residential Services are not protected by the *Act.* These programs may, however, be exempted from disclosure under certain segments of the *FOIPPA*. In circumstances where, in the opinion of management, the activities reasonably fall within the exemptions provided by the *FOIPPA*, any reports to the Committee should again be marked "Confidential – Quality Committee".

TERMS OF REFERENCE FOR THE QUALITY COMMITTEE APPENDIX 1 – SECTION 51 OF THE EVIDENCE ACT

(7) The Quality Committee should have an in-camera agenda for quality assurance and *FOIPPA* exempted items and, if necessary, a regular agenda for any other issues and reports.

While business conducted within Committees is not open to public participation, the Minutes of the Board may be. In these circumstances, the reports of the Quality Committee on an in-camera agenda must be so identified and presented to the Board only when the Board is in camera.

TERMS OF REFERENCE FOR THE QUALITY COMMITTEE
APPENDIX 2 – COMMITTEE TIMETABLE

Activity	Fiscal Year					
	Apr	June	Oct	Dec	Feb	As Required
3 Quality Reports/Indicators						
3(1) Review with management core performance measures as related to the Board Dashboard Indicators delegated by the Board of Directors to assess the quality of patient, client and resident services.	X	X	X	X	X	
3(2) Receive, review and make recommendations on reports from HAMAC and the VP Medicine & Quality on issues related to:						
a) Medical staff appointments, reappointments, and credentialing(In Camera)	X	X	X	X	X	
b) Medical staff membership and maintenance of privileges(In Camera)	X	X	X	X	X	
c) Cancellation, suspension, restriction or non-renewal of the privileges of all members of the Authority medical staff to practice within the facilities operated by the Authority(In Camera)	X	X	X	X	X	X
d) Clinical Service Delivery Plan. 1.		X				
2.						X

TERMS OF REFERENCE FOR THE QUALITY COMMITTEE APPENDIX 2 – COMMITTEE TIMETABLE

Activity	Fiscal Year					
	Apr	June	Oct	Dec	Feb	As Required
3.						X
e) Monitoring the quality and effectiveness of medical care within facilities and programs operated by the Authority as set out in the *Medical Staff Bylaws and Rules*, including, but not limited to, access and medical human resources	X	X	X	X	X	X
3(3) Regularly review reports prepared by management, Internal Audit and external third parties to monitor quality of care being provided, observe trends, and identify where further investigation may be warranted	-Laboratory -Anatomical Pathology	-Pharmacy -Long-Term Care	-Medical Imaging	-Mental Health & Substance Use	-Surgery	-Falls/Injury Prevention Program
3(4) Review management summary reports with respect to evaluations, unusual occurrences, complaints, and compliments		X		X		
3 (5) Receive and review reports from the Quality & Patient Safety department to identify any major safety issue or priority that needs to be addressed	-Annual Report: CI Recommendations -Patient Safety	-Critical Incidents -Patient Safety	-Critical Incidents -Patient Safety	-Critical Incidents -Patient Safety	-Critical Incidents -Patient Safety	

TERMS OF REFERENCE FOR THE QUALITY COMMITTEE
APPENDIX 2 – COMMITTEE TIMETABLE

Activity	Fiscal Year					
	Apr	June	Oct	Dec	Feb	As Required
3(6) Monitor accreditation activities including readiness for accreditation surveys and compliance with all applicable standards						X
3(7) Recommend that the Board request the CEO to conduct specific quality reviews where necessary						X
3(8) Review terms of reference for the committee and make any recommendations for changes to the Governance & Human Resources Committee		X				
3(9) Undertake any specific initiatives requested by the Board or the Board Chair						X