ALMONTE GENERAL HOSPITAL and CARLETON PLACE & DISTRICT MEMORIAL HOSPITAL
Joint Quality Committee of the Allied Boards of Directors

TERMS OF REFERENCE

REPORTS TO: The Almonte General Hospital (AGH) Board of Directors and the Carleton Place & District Memorial Hospital (CPDMH) Board of Directors and is the Quality Committee for the purposes of the Excellent Care for All Act, 2010 (ECFAA).

CHAIR: The Chair will be appointed annually by the Boards from amongst the members assigned to the committee

MEMBERSHIP:

Voting Members:

1. A minimum of 4 voting Board members , one of whom will be the Chair (at least 1/3 of total committee membership must be voting Board members)
2. Integrated President and Chief Executive Officer
3. Integrated VP Patient & Resident Services and Chief Nursing Executive
4. One member of each Medical Advisory Committee selected by the Medical Advisory Committees
5. One employee who works in each Hospital, appointed by the hospitals, who is/are not a member(s) of the College of Physicians and Surgeons or the College of Nurses
6. Chairs of the Patient and Family Advisory Committees
7. Such other persons as may be appointed by the Boards

QUORUM: A majority of voting members of the Committee, including at least two voting Board members.

PURPOSE:

The purpose of the Joint Quality Committee is to:

- Assist the Boards in the performance of their governance role for quality of patient care and services
- Perform the functions of the Quality Committee under the *ECFAA, 2010*
- Perform other duties as assigned by the Boards of Directors

DUTIES and RESPONSIBILITIES:

The Joint Quality Committee shall:

1. Excellent Care For All Act, 2010
   a) Monitor and report to the Board on quality issues and on the overall quality of services provided in the organizations, with reference to appropriate data including:

- Performance indicators used to measure quality of care and services and patient safety
- Publicly reported patient safety indicators
- Aggregate data relating to critical incident reports
- Aggregate data relating to the patient relations process
- Reports, if any, received from the Medical Advisory Committee identifying and making recommendations with respect to systemic or recurring quality of care issues

b) Consider and make recommendations to the Board regarding quality improvement and risk management initiatives and policies.

c) Ensure that best practices information, supported by available scientific evidence, is translated into materials that are distributed to employees and persons providing services within the healthcare organization, and subsequently monitor the use of these materials by these people.

d) Oversee the preparation, submission and public posting of the organizations' annual Joint Quality Improvement Plans[1] (AGH, Fairview Manor and CPDMH) having regard to:
  - results of surveys
  - data related to patient and resident relations processes
  - aggregate critical incident data
  - performance agreements and obligations to the Ministry of Health & Long Term Care (MOHLTC), Champlain Local Health Integration Network (LHIN) and other relevant legislative and/or regulatory requirements

e) Oversee the preparation of the hospitals' Joint Patient and Resident Safety Plan.

f) To perform such other responsibilities as may be provided under regulations under ECFAA, 2010.

2. Accreditation
   - Oversee the Hospital's plan to prepare for accreditation
   - Prepare for and participate in the accreditation survey as required
   - Review accreditation reports and any plans required to be implemented to improve performance and correct deficiencies and monitor progress against plans

3. Critical Incidents
   - Review at least twice a year, aggregated critical incident data related to critical incidents

---

[1] The manner in and extent to which executive compensation is linked to achievement of the performance targets will be determined by the Executive Committees of the Boards will be reflected in the Quality Improvement Plan.

occurring at the Hospital since the previous aggregate data was provided to the Committee.

- Annually review the Hospital's process for ensuring the appropriate disclosure and follow up of critical incidents in accordance with Regulation 965.

4. Risk Management
   Review and make recommendations with respect to policies for risk management, including emergency preparedeness, related to quality of patient care and safety.
5. Monitor compliance with Accountability Agreement and other applicable legislative, regulatory or contractual obligations related to the quality of patient care and services
6. Oversee and review the activities performed by the Patient and Family Advisory Committees
7. Committee meetings will include a standing agenda item to receive and discuss feedback of the patient and resident experience.
8. Other
   - To perform such other duties as may be assigned by the Board from time to time.
   - To review the Board Quality Committee Terms of Reference annually

FREQUENCY of MEETINGS:

Five times per year and at the call of the Chair.

RESOURCES:

The Recording Secretary is the Administrative Assistant to the Vice President of Patient and Resident Services .

REPORTING:

The Joint Quality Committee shall report to the Boards at each meeting of the Boards and shall annually prepare and provide a report to the Boards that provides an overview of the activities of the Joint Quality Committee over the previous year

Minutes shall be distributed to all members. Master copies of the minutes shall be stored in the AGH Administration office.

PRIVILEGE AND CONFIDENTIALITY:

Information provided to, or records prepared by, the Joint Quality Committee for the purpose of assessing or evaluating the quality of health care and directly related programs and services provided by the hospital are subject to an exemption from access under the *Freedom of Information and Protection of Privacy Act.*

REFERENCES:

1. Excellent Care for All Act, 2010, S.O. 2010, Chapter 14 obtained September 16, 2021 from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_10e14_e.htm
2. Public Hospitals Act, R.R.O, 1990, Regulation 965 obtained August 13, 2013 from: http://www.elaws.gov.on.ca/html/regs/english/elaws_regs_900965_e.htm
3. Public Hospitals Act – O.Reg.445/10 obtained August 13, 2013 from: http://www.e-laws.gov.on.ca/html/source/regs/english/2010/elaws_src_regs_r10445_e.htm
4. Quality and Patient Safety Governance Toolkit, 2011. *1.4 Quality Committee Terms of Reference* obtained August 2, 2013 from: http://www.oha.com/KnowledgeCentre/Library/QPSGT/Documents/Quality%20and%20Patient%20Safety%20Governance%20Toolkit%20-%20All%20Sections.pdf

Last review date: May 2022 approved