

DEEP RIVER AND DISTRICT HEALTH

Terms of Reference: Quality, Risk and Safety Committee	
Original Date: 2016-11-30	Policy Manual: Governance
Approved by: <input checked="" type="checkbox"/> Board of Directors <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Nursing Executive	

Purpose

The Quality, Risk, and Safety Committee is responsible for monitoring and advancing quality performance, risk management, and safety across the organization.

Objectives

The Committee is responsible to the Board of Directors for the following, in accordance with the responsibilities in the Excellent Care for All Act, 2010:

- Quality
 - Recommend to the Board of Directors the priorities for quality and patient safety improvement, establish an annual Quality Improvement Plan with goals, specific quality indicators and strategies for achievement to be reviewed and monitored periodically by the Board and ensure the quality improvement plan is made available to the public.
 - Monitor and report to the Board on:
 - Quality care issues as identified and addressed by the Medical Advisory Committee and the Quality, Risk, and Safety Committee
 - Critical incident and sentinel event reports
 - Disclosure of Patient Safety Incidents in alignment with organizational policy
 - Recommendations resulting from any quality of care reviews (QCIPA)
 - To oversee the functions of the Patient and Family Advisory Council
 - Review and report to the Board on the outcomes of stakeholder satisfaction surveys, patient/resident relations process and patient declaration of values and any issues to be addressed.
 - To monitor the organization's preparation for accreditation by Accreditation Canada and to ensure that the resulting recommendations are addressed.
 - Ensuring an annual Operational Plan is developed in alignment with the current Strategic Plan.
- Risk
 - To ensure that an appropriate risk management process is in place to identify and mitigate risks.
 - To review and monitor progress related to risk assessment and risk mitigation.
 - To review and monitor incident reporting identifying trends, priorities and ensuring appropriate action plans are in place.

Note: This committee is not responsible for overseeing all risks and liabilities of the organization. Financial risks, certain operational risks, and specific liabilities are monitored throughout the governance structure of the organization.

- Safety
 - To review progress annually on:
 - Multi-Year Patient Safety Plan
 - Multi-Year Accessibility Plan
 - Joint Health and Safety Committee activities
 - Emergency Preparedness activities
 - To annually review the Terms of Reference
 - To review the Committee portion of the Board Work Plan at the first meeting each year
- Receive quarterly reports on patient safety that include recommended actions arising out of patient safety incident analysis, as well as improvements that were made.

Membership

- At least 4 voting members of the Board of Directors who must comprise at least one-third of the Committee's membership, voting
- Chief of Staff or their delegate from the Medical Advisory Committee (MAC), voting
- Chief Executive Officer, voting
- Chief Nursing Executive, voting
- Manager of Clinical Services – Director of Care, voting
- Board Chair (ex-officio), voting
- May include Board appointed Patient / Resident Representative(s), voting

Chairperson

- A Chairperson will be appointed by the Chair of the Board.

Recorder

- Executive Assistant

Terms of Appointment

- Based on position
- All Board Committee Members will be appointed annually, by the Board Chair.

Quorum

- A majority of Members (50% plus 1) entitled to vote shall constitute a quorum.

Frequency and Format of Meetings

- The Committee will meet a minimum of 4 times a year, or at the call of the Chair.
- The length of each meeting shall not normally exceed two hours.
- The Committee may hold meetings in-person or virtually.

Circulation

- Minutes will be circulated to all Committee members with the forthcoming agenda - no less than seven days prior to the meeting.
- All minutes and agendas will be posted electronically in the document management system.

Reporting Relationship

- The Committee reports to the Board of Directors.

Confidentiality

- In the course of Committee business, confidential information about staff and/or patients and/or residents may become known to Committee Members and those in attendance. Members, and all those in attendance, have the responsibility to keep such information confidential.

Reference Documents	<ul style="list-style-type: none"> • Public Hospitals Act, R.S.O. 1990
Acknowledgements	<ul style="list-style-type: none"> •
Review Process	<ul style="list-style-type: none"> • Quality, Risk and Safety Committee: 2024-11-07 • Governance Committee – 2024-12-06
Revision Approval Date	<ul style="list-style-type: none"> • Board of Directors - 2024-12-17