

Quality, Safety and Risk Committee – Terms of Reference

PURPOSE: The Quality, Safety and Risk Committee oversees all quality, safety and risk matters of the agency.

COMPOSITION

The Committee shall consist of the following:

- ▶ 1 Chair or 2 Co-Chairs from the voting Directors of the Board

In accordance with the agency's bylaws, the Quality, Safety and Risk Committee may be comprised of both directors and non-directors, with the proviso that at least three (3) appointees must be members of the Board in addition to the Chair of the committee (who shall be a Director). Staff as needed will act as a resource to, with non-voting status on, each Committee).

Additional members required:

- ▶ CEO
- ▶ VP, Client Services
- ▶ Director, Quality, Assessment & Performance Improvement
- ▶ Such other persons as appointed by the Board from time to time (e.g., Manager/Director, SHS or other person who provides direct care/oversees quality management).

RESPONSIBILITIES

The work of the Quality, Safety and Risk Committee of the Board (the "Committee") may be conducted through such Sub-Committees as the Committee considers appropriate.

The Committee acts as the Quality Committee mandated by the Home and Community Services Act (Ontario) ("HCSA"), as amended from time to time, and as per Part V11, Rules Governing Approved Agencies s.27, "an approved agency shall ensure that a quality management system is developed and implemented for monitoring, evaluating, and improving the quality of the community services provided or arranged by the agency. 1994 c.26, s.27".

The Committee is responsible for governance and oversight of the quality and delivery of the best patient outcomes across the defining dimensions of quality of care: safety, effectiveness, patient-centered, efficient, timely and equitable.

The Committee shall assist the Board by providing focused governance oversight, attention, and timely advice and discussion, where appropriate, on the following corporate objectives:

- 1) Annually engage in a planning exercise that identifies the Committee's key initiatives and expected results for the coming year. Such exercise to take place no later than ninety (90) days following the Annual General Meeting (AGM). A corresponding work plan based on this exercise is forwarded to the Board for review.
- 2) Monitor and report to the Board on quality issues and on the overall quality of services provided at Circle of Care, with reference to appropriate data including a dashboard of key performance indicators and outcomes; ongoing review of critical incident/adverse event data; patient feedback and complaints; and other consideration, as required.

- 3) Consider and make recommendations to the Board regarding quality improvement initiatives and policies.
- 4) Ensure that processes are in place at Circle of Care to translate available best practices information supported by scientific evidence into materials that are distributed to employees and persons providing services at Circle of Care, and to subsequently monitor the use of such materials.
- 5) Every three years, to approve and oversee the development and implementation of high level quality aims aligned with the strategic plan as well as key drivers associated with those aims; on an annual basis, to develop a quality improvement plan, including indicators, targets and associated quality initiatives.
- 6) Oversee compliance with Accreditation Canada requirements.
- 7) Review information or records, including critical incidents/adverse events, prepared with the expectation of confidentiality, for the purposes of assessing, evaluating and improving the quality of health care, programs and services.
- 8) On a 24-month cycle to be established, based on risk and priority, to oversee the preparation of a risk management report for presentation to and/or discussion with the Finance and Audit Committee. Each Committee report to include a summary of risk areas reviewed, identified gaps, management lead responsible, and action plans. Report to include a Risk Matrix.
- 9) Review and monitor reporting requirements related to quality performance based on organizational accountability and funding agreements (i.e., MSAA, LHIN, CCAC, Claims Conference).
 - ▶ On a yearly cycle, a focused discussion about key performance enablers, including Technology, Human Resources, Decision Support etc, will occur. Recommendations will be developed to support strategic Board decision-making about key investments for innovation and optimal operational effectiveness.
- 10) Other functions as directed by the Board or as mandated by applicable legislation.

Updates on the activities of the Committee will be forwarded to the Board at least quarterly and the Committee shall have a standing presentation at each meeting of the Board regarding quality and its mandate.