

TERMS OF REFERENCE FOR THE HEALTH QUALITY COMMITTEE

I. PURPOSE

As part of maximizing the health and well being of the population, the Health Quality Committee will assure the Board that processes are in place to continuously improve the quality and safety of health and health care for the public, patients, clients and families, including the care process and outcomes. This will include assuring optimization and equity in all aspects of the health system, and establishing specific areas for improvement with targets. The system will embrace the organizational values.

In its deliberations the committee will assure the Board of authority-wide approaches to:

- The consistent application of evidence based care and public health practices
- Timely access
- Coordinated, integrated, patient-centered and equitable care
- Building a culture of, and a systematic approach to, quality improvement and patient safety
- Achieving desired results
- The wise use of resources

In fulfilling its purpose, the committee will demonstrate respect for the needs, opinions and preferences of the public, patients, clients, families and communities served. It will also have a bias towards supporting rapid improvement. The committee will align quality activities with the requirements of the Performance Agreement, Health Services Plan, and other areas of importance to the Board.

II. COMPOSITION AND OPERATIONS

- A. The Committee shall be composed of four (4) Board Members and one (1) alternate, with one member being designated as the Committee Chair. The Committee will be regularly supported by the President & CEO, the Chief Medical Officer, the Chief Operating Officer, the Vice President, People, Organizational Development, Practice & Chief Nurse Executive, and the Board Liaison. Other professional and senior staff will provide support as necessary.

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- B. The Committee shall operate in a manner that is consistent with the Committee Guidelines outlined in the Board Manual.
- C. The Committee shall meet at least six times each year.
- D. The Committee will develop and maintain an annual planning calendar to guide its activities.

III. DUTIES AND RESPONSIBILITIES

Subject to the powers and duties of the Board, the Committee will:

- A. Be assured that a comprehensive quality improvement and safety program for the health authority is in place that includes:
 - A plan that is imbedded in VIHA's overall vision; specific goals, strategies and plans including quality improvement projects/collaboratives, as well as a patient safety plan within a supporting risk management system; priorities for VIHA wide activity as well as for programs, special populations and areas of concern; the establishment of performance targets and plans to meet them; a system for benchmarking and identifying best practices for purposes of comparison; a process for periodic evaluation of the effectiveness of the program and making appropriate revisions.
 - A clearly defined process methodology that guides quality improvement and safety activity and facilitates rapid improvement.
 - A process to describe and regularly review health status (including sub-populations), risk behaviours, and determinants of health. The Committee will review and recommend broad health goals and targets and within each program/network will review health related targets and strategies for specific areas/diseases.
 - A process to establish and maintain standards of care and service delivery, clinical practice guidelines and standards of professionalism for all staff. This includes a process for making evidence-based care useful and accessible to programs, teams and care providers and effective methods to ensure consistent uptake/application.

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- A well developed resource infrastructure for quality and safety that includes clearly defined leadership, facilitation, support for teams and team processes, expertise in process redesign, quality improvement methods and tools, statistical analysis as well as computerized decision support and improvement guides.
 - A robust data management and performance measurement system that supports VIHA-wide activity as well as that of teams, programs, collaboratives and areas of special need, which enables assessment of current level of performance, peer/best practice comparisons and the achievement of targets.
 - A well-developed needs based education and training program on all aspects of quality improvement and patient safety for individuals, teams and programs.
- B.** Be assured that an appropriate organizational design and system for health and care delivery is in place that achieves coordination and integration of authority-wide activity through well organized and supported networks and programs for public health, clinical, diagnostic and support service areas, serving as a vehicle for the development of specific service delivery plans, standards, priorities, targets and their achievement.
- C.** Monitor VIHA-wide network and program specific indicators; identify priorities for improvement and track progress towards achievement.
- D.** Identify areas of advocacy for healthy public policy based on strategies identified by the Chief Medical Health Officer.
- E.** Identify areas for more in-depth review, receive reports of such, and recommend courses of action.
- F.** Be assured that a system for developing and maintaining competency for all professional and medical staff is in place, including a system for appointment, reappointment and privilege delineation for the medical staff.
- G.** Assure compliance with the requirements of the various accrediting bodies.

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- H.** Review and respond where necessary to:
- Patient/client satisfaction issues
 - The results of CIHI or any other valid peer group assessment
 - Major incidents/negligence litigation and staff action taken to reduce the risk of re-occurrence and review and respond, where necessary, to industry-wide judicial or quality issues that have arisen
 - Issues raised by the Patient Advisory Committee
 - Review summary of all complaints to the Patient Care Quality Review Board and ensure appropriate follow-up is undertaken by management on all recommendations received from the Patient Care Quality Review Board
 - Review and endorse the Enterprise-Wide Risk Management Program, and provide regular in-depth monitoring of extreme or high risk areas identified and/or referred by the Committee of the Whole, until the risk rating has been lowered or appropriate risk mitigation strategies have been implemented.
- I.** Hold regular dialogue sessions throughout the year with key medical staff leaders and senior administration.

IV. ACCOUNTABILITY

- A.** The Committee shall report its discussions to the Board by maintaining minutes of its meetings and an overview of activities for both regular and medical staff dialogue meetings, as well as providing an oral report at the next Board meeting.
- B.** The Committee shall regularly report on priorities, the targets identified and the plans to achieve them.