

QUALITY Committee Terms of Reference

TITLE: ROHCG BOARD COMMITTEES

SECTION: Quality Committee Terms of Reference

NO: ROHCG Schedules Section 6.1.1

Issued and Approved By:	ROHCG Board of Trustees	APPROVAL DATE : February 20, 2020
		Date Initially Issued: 18/06/08
		Date Reviewed: 2020-10-13 2020-09-14 2019-09-09 2018-09-17 2017-09-05
		Date Revised: 2020-12-17 2020-02-20 2018-09-17 2017-09-05

Role	The Committee's role is to make recommendations to the Board of Trustees on matters relating to the overall quality of patient care and the safety of our patients, staff, volunteers and visitors at The Royal.
Responsibilities	<ol style="list-style-type: none"> 1. To monitor and report to the Board of Trustees on the quality of care provided by The Royal and to ensure there is an internal system for continuous quality improvement that incorporates innovation, evidence, and patient and family centered care 2. To make recommendations to the Board of Trustees about quality improvement policies. 3. To ensure the preparation of the annual Quality Improvement Plan that adheres to all requirements in the <i>Excellent Quality Care for All Act</i>. 4. To ensure that the process for preparing the annual Quality Improvement Plan engages patients and their caregivers and that the Plan, as well as the process for engagement, is made publically available. 5. To review critical incident aggregate trends compiled based on disclosures pursuant to regulations made under the <i>Public Hospitals Act</i>.

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	<ol style="list-style-type: none"> 6. To ensure there are reliable processes for a) investigating critical incidents and concerning trends/spikes in other patient incidents; b) developing recommendations to limit likelihood of recurrence; and c) implementing these recommendations in a timely manner. 7. To ensure The Royal's compliance with Accreditation Canada standards. 8. To monitor and report annually to the Board of Trustees on the provision of French Language Services within the ROHCG and to recommend changes as required. 9. To review the Terms of Reference annually to ensure its relevancy and make the appropriate recommendations to the Board of Trustees and 10. To Monitor The Royal's Integrated Risk Management Plan. 11. To review the Occupational Health and Safety Report
Standing Reports	<p>Each of the following reports will be provided with an executive summary to support the work of the Committee:</p> <ol style="list-style-type: none"> 1. Strategic Plan 2. Comparison Mental Health and Addictions Quality Indicator (MHAQI) Scorecard* 3. Quality Improvement Plan 4. Corporate Patient Safety Quarterly Report 5. Ontario Perception of Care (OPOC) Tool for Mental Health & Addictions 6. Client and Family Feedback System Report 7. Staff Engagement Survey 8. Occupational Health and Safety Report 9. Accreditation Compliance Report 10. Integrated Risk Management Report * 11. French Language Report 12. EHR Report <p>Notes: *Entire reports will be available to the members of the Quality Committee, however, only the indicators relevant to this Committee will be included in the agenda package.</p>
Membership & Voting <i>Note: At least <u>one third</u> of the members of the Quality</i>	<p><u>Voting Members of Committee</u></p> <ol style="list-style-type: none"> a) A minimum of three (3) Trustees, one of whom shall be the Chair and one of whom shall be the Vice Chair b) One (1) member of The Royal's Medical Advisory Committee c) The Royal's Chief Nursing Executive within the meaning of Regulation 965

 <p>Mental Health - Care & Research Santé mentale - Soins et recherche</p>	<p style="text-align: center;">QUALITY Committee Terms of Reference</p>
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<p><i>Committee must be voting members of The Royal's Board of Trustees.</i></p>	<p>under the <i>Public Hospitals Act</i></p> <ul style="list-style-type: none"> d) One person who works in the hospital who is not a physician or a nurse e) The Royal's Chief Executive Officer f) The Chair, Finance Committee g) Executive of Medical Staff (President, Vice-President or Secretary) <p>Except for the Medical Advisory Committee, the Chair shall be an <i>ex officio</i> voting member of all Committees.</p> <p>NOTES: Any member of the Quality Committee who is an <i>ex officio</i> Trustee or who is an employee or a Medical Staff or Dental Staff member shall have a vote on advisory matters but shall not have a vote on matters delegated for final disposition to such Committee by the Board.</p> <p>There shall be French-speaking representation on the Committee.</p> <p>Non-Voting Members of Committee</p> <ul style="list-style-type: none"> - Chair, Client Advisory Council - Chairs, Family Advisory Council (The Royal and Royal Ottawa Place)
<p>Chair</p>	<p>The Board of Trustees shall appoint a voting member of the Board of Trustees to be chair of the Quality Committee.</p>
<p>Appointment of delegates</p>	<p>Members of the Quality Committee mentioned in b), c), d) or e) above may, with the approval of the Board of Trustees, appoint a delegate to sit as a member of the Quality Committee in his or her stead.</p>
<p>Frequency of Meetings</p>	<p>The Committee shall meet at least four times a year and additionally at the call of the Chair.</p>
<p>▼</p>	<p>▼</p>
<p>Quorum</p>	<p>The quorum for meetings of the Committee shall be a majority (51%) of its voting members provided one third of those present are voting members of The Royal's Board of Trustees.</p>

Deleted: Structure of Meetings

Deleted: The Chair, in cooperation with the President & Chief Executive Officer, will invite leadership teams from The Royal's Clinical Programs to present to the Committee on discrete quality improvement initiatives that demonstrate in a practical way that the Committee is adhering to its responsibilities.¶

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Resources	<p>The Royal's Chief Executive Officer will identify staff member(s) to act as resources to Board Committees.</p> <p>The Royal's Chief of Staff/Psychiatrist-in-Chief will fulfil the role of the Committee Secretary.</p>
Reporting	<p>The Quality Committee shall report to The Royal's Board of Trustees.</p>