



Board of Directors  
Policy Manual

Subject: **QUALITY COMMITTEE TERMS  
OF REFERENCE**

Policy # 4-060

Approved by: Board of Directors

Issue Date: Oct 6 2010

**Revised (R) / Reconfirmed (RC) Dates**

Nov 4, 2010 (r); Nov 3, 2011 (r); Mar 8, 2012 (r); Sept 2, 2014 (rc); Aug 25, 2015 (rc); Sept 2016 (rc); Oct 2018 (r); Oct 2021 (r), Oct 2022 (r)

## **POLICY**

The Quality Committee (“the Committee”) of Campbellford Memorial Hospital (“the Hospital”) is established by and operates under the authority of the Hospital’s Board of Directors (“the Board”). It is the quality committee for the purposes of the *Excellent Care for All Act, 2010*, and performs the functions of the quality committee under that Act.

The Committee reports and is responsible to the Board to oversee and advocate for excellence in the quality and safety of patient care and to ensure, on behalf of the Board, that effective processes are in place to monitor and review quality, safety, and quality risk management activities.

## **PURPOSE**

These terms of reference identify the Committee’s role, responsibilities, membership and procedures.

## **PROCEDURE**

### Specific Responsibilities

1. Quality and Safety
  - a. Advise the Board on matters pertaining to the quality and safety of patient/client care;
  - b. Recommend to the Board the Quality Improvement Plan,
  - c. Ensure annual goals for quality and safety along with patient/client experience are developed.
    - i. Establish annual quality goals and specific quality indicators to be monitored by the Board;
    - ii Review recommendations from management to address variances from performance standards and targets in quality of patient care, patient safety within the Hospital
  - d. Review public performance monitoring reports;
2. Patient Experience
  - a. Receive and review patient/client experience measures and comments including:
    - i. Report from PFAC
    - ii. Summary of patient experience surveys
    - iii. Complaints and Compliments Summary
  - b. Make recommendations as to how to “hear” the voice of the patient at the board
3. ; Ensure that processes are in place to identify and control quality, safety, risk and review relevant reports;

- a. Near Miss Reports.
  - b. Injury and Lost Time Incident Report
  - c. Exposure Incident Report.
  - d. Sentinel Event Report
4. Make recommendations, as appropriate, to the Board, on the quality implications of budget proposals within the annual planning process;
5. Recommend education programs concerning quality and patient safety for members of the Committee and the Board;

### Membership

The voting members of the Committee shall be composed of:

- President and Chief Executive Officer
- One member of the Medical Advisory Committee (Chief of Staff or delegate)
- Chief Nursing Officer
- A person who works in the hospital who is not a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario.
- Up to three Community Members
- One PFAC member
- Board Chair (ex officio)
- At least three elected Directors, one of whom shall be appointed as Chair.

### Frequency of Meetings

The Committee will meet quarterly, or at the call of the Chair.

### Quorum

At least 50% of the voting members constitute a quorum.