TERMS OF REFERENCE QUALITY AND PATIENT SAFETY COMMITTEE OF THE BOARD

ROLE:	• The Quality and Patient Safety Committee operates under the authority of the Board and is the Quality Committee for the purposes of the Excellent Care for All Act, 2010 (the "Act"). The Quality and Patient Safety Committees role is to: • Assist the Board in the performance of the Board's governance role for the quality of patient care and services; and • Perform the functions of the Quality Committee under the Act. • Guide the strategic priority of Quality & Safety.

RESPONSIBILITIES:	The Quality Committee, in accordance with the responsibilities in the Act, shall:
	
	Quality Oversight and Quality Improvement
	1. Monitor and report to the Board on quality issues and on the overall quality of services provided in the hospital, with reference to appropriate data including:
	  • Performance indicators used to measure quality of care and services and patient safety;
	  • Reports received from the Medical Advisory Committee identifying and making recommendations regarding systemic or recurring quality of care issues;
	  • Publicly reported patient safety indicators;
	  • Critical incident and sentinel event reports;
	  • Patient Satisfaction Survey Results;
	  • Complaints, source of complaints, and interventions;
	  • Quality Indicator Dashboard.
	2. Consider and make recommendations to the board regarding quality improvement initiatives and policies;
	3. Ensure that best practices information supported by available scientific evidence is translated into materials that are distributed to employees, members of the professional staff and persons who provide services within the hospital, and subsequently monitor the use of these materials by such persons;
	4. Oversee preparation of the hospital's annual quality improvement plan; and
	5. Perform such other responsibilities as may be provided under regulations under the Act.
	
	Critical Incidents and Sentinel Events
	"Critical incident" means any unintended event that occurs when a patient receives treatment in the hospital:
	  a. That results in death, or serious disability, injury or harm to the patient; and
	  b. Does not result primarily from the patient's underlying medical condition or known risk inherent in providing treatment.
	
	In accordance with Regulation 965 under the Public Hospitals Act, receive from the Chief Executive Officer, at least twice a year, aggregate critical

	incident data related to critical incidents occurring at the hospital since the previous aggregate data was provided to the quality committee.
	Annually review and report to the board on the hospital's system for ensuring that, at an appropriate time following disclosure of a critical incident, there be disclosure as required by Regulation 965 under the Public Hospitals Act of systemic steps, if any, the hospital is taking or has taken to avoid or reduce the risk of further similar critical incidents.
	
	The quality committee shall review reports of sentinel events and oversee any plans developed to address, prevent or remediate such events.
	
	Compliance
	• Monitor the hospital's compliance with legal requirements and applicable policies of funding and regulatory authorities related to quality of patient care and services.
	
	Financial Matters
	• As and when requested by the board, provide advice to the board on the implications of budget proposals on the quality of care and services.
	
	Hospital Services Accountability Agreement and Hospital Annual Planning Submission (HAPS)
	• As and when requested by the board, provide advice to the board on the quality and safety implications of the hospital annual planning submission and quality indicators proposed to be included in the hospital's service accountability agreement or in any other funding agreement.
	
	Risk Management
	Review and make recommendations with respect to:
	• The hospital's standards on emergency preparedness;
	• Policies for risk management related to quality of patient care and safety; and
	• Areas of unusual risk and the hospital's plans to protect against, prepare for, and/or prevent such risks and services.
	
	Accreditation
	• Oversee the hospital's plan to prepare for accreditation.
	• Review accreditation reports and any plans that need to be implemented to improve performance and correct deficiencies.
	
	Professional Staff Process
	• Annually review with the chief of staff/chair of the medical advisory committee the appointment and re-appointment processes for the professional staff, including:
	  ○ Criteria for appointment;
	  ○ Application and re-application forms;
	  ○ Application and re-application processes; and
	  ○ Processes for periodic reviews.

TERMS OF REFERENCE QUALITY AND PATIENT SAFETY COMMITTEE OF THE BOARD

	• Ensure coordination and alignment with the Corporation's medical advisory committee for physician human resource planning. ***Policy Implementation*** • Oversee implementation of policies, processes and programs to ensure quality objectives are met and maintained. ***Other*** • Perform such other duties as may be assigned by the board from time to time.
CHAIR:	• A member of the Committee appointed by the Board on the recommendation of the Board Chair or a committee established by the Board for that purpose. • Term of office will be for a minimum of two (2) years.
MEMBERSHIP:	• The Chief of Staff • The Chief Executive Officer • The Chief Nursing Executive • One (1) health professional other than a nurse or doctor • Five (5) voting board members (minimum one bilingual Director in English and French), and • Such other persons as appointed by the hospital's board.
VACANCY:	• When a vacancy occurs among the appointed members, the Chair of the board may appoint a member to fill the vacancy for the unexpired portion of the term.
VOTING MEMBERS:	• Only Board Directors appointed to this committee may vote.
FREQUENCY OF MEETINGS AND MANNER OF CALL	• At least six (6) times annually, at the call of the committee chair.
QUORUM:	• 51% of voting members.
RESOURCES:	• VP of Clinical Services, Quality & Chief Nursing Executive
REPORTS TO	• Board of Directors
DATE OF LAST REVIEW	• September 2025