

**Section:** Corporate- Administration

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## **PURPOSE**

The Quality/Governance & Planning Committee of the Board will review the quality of patient care and service delivery at Ross Memorial Hospital and make recommendations to the Board. The Committee also supports and advises the Board in developing and maintaining its governance process and responsibilities.

## **DUTIES AND RESPONSIBILITIES**

### **Quality/Patient Safety**

The Quality/Governance & Planning Committee, in accordance with the responsibilities in the *Excellent Care for All Act*, shall:

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 incidents and patient safety incidents;
  - Other reports and indicators such as balanced scorecards or reports from staff quality committees or patient safety officers; and
  - Quality-based procedure performance.
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.

5. Perform such other responsibilities as may be provided under regulation under the *Excellent Care for All Act*.
6. Monitor the patient experience.

### **Planning**

The Quality/Governance & Planning Committee shall ensure processes are established to:

1. Review the Hospital's mission, vision and values.
2. Recommend to the Board a strategic plan for the development of the Hospital's related services and shall evaluate, update and make recommendations on the strategic plan to the Board at least annually.
3. Participate in the ongoing assessment of the health care needs of the Hospital community and catchment area.
4. Develop, evaluate, update and make recommendations to the Board on the Hospital's mission and role for its community and catchment area.
5. Develop, evaluate, update and make recommendations to the Board on annual objectives that support the Hospital's key strategies for achieving its mission and role.
6. Develop an annual Board Work Plan which supports the advancement of Hospital objectives and Strategic Directions.

### **Succession/Board Development**

1. The Quality/Governance & Planning Committee shall establish a Nominating Sub-Committee which shall:
  - (a) Nominate persons for election as Governors to the Board to fill any vacancies on the Board; and
  - (b) Nominate Governors for consideration by the Board for election or appointment as Officers of the Corporation.
2. The Quality/Governance & Planning Committee shall ensure adequate orientation and continuing education of Governors.

3. The Quality/Governance & Planning Committee shall coordinate a regular Board evaluation process.

**Other**

1. The Quality/Governance & Planning Committee shall advise the Board of Governors in regard to public relations including:
  - (a) The public relations methods and techniques to be employed by the Hospital; and
  - (b) The establishment and operation of effective lines of communication between the Hospital and the news media and between the Hospital and various levels of government.
2. The Quality/Governance & Planning Committee shall perform a regular review of the Bylaws and governance structure of the Hospital.
3. The Quality/Governance & Planning Committee shall provide liaison among the Board, the Hospital management and the medical staff and shall discuss sensitive issues which are not appropriate to be dealt with by any other existing Committee of the Board.

**MEMBERSHIP AND VOTING**

All of the following members shall be voting members of the Quality Committee:

1. Six or more voting members of the Board;
2. Chief Executive Officer;\*
3. Chief Nursing Executive;\*
4. A member of the Medical Advisory Committee selected by the Medical Advisory Committee;\*
5. A person who works in the Hospital who is not a member of the College of Physicians and Surgeons or the College of Nurses;\*
6. A Patient Experience Partner (PEP); and
7. Up to three community representatives.

\*as set out regulation 965 under the *Public Hospitals Act*

**CHAIR**

The Chair of the Quality Committee shall be appointed by the Board from among the members of the Quality Committee who are voting members of the Board.

**FREQUENCY OF MEETINGS AND MANNER OF CALL**

The Committee shall meet at least nine times per year at the call of the Chair of the Quality/Governance & Planning Committee, or as requested by the Board.

**QUORUM**

A quorum will be considered a majority of the members of the Committee.