

Section: Corporate- Administration

Approved By: Board of Governors

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Purpose

The Quality/Governance & Planning Committee is responsible for assisting the Board in the performance of the Board's governance role for the quality of patient care and services, and for performing the functions of the Quality Committee as legislated under the *Excellent Care for All Act, 2010* (ECFAA). The Committee is also responsible for supporting the Board in developing and maintaining good governance processes.

Quality Responsibilities

Role Requirements of the Excellent Care for All Act, 2010 (ECFAA)

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 incidents and sentinel event reports; and
 - Other reports and indicators such as balanced scorecards or reports from staff quality committees or patient safety officers.
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*.

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.

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 plan to protect against, prepare for, and/or prevent such risks.

Governance & Planning Responsibilities

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 every two years.
3. Develop, evaluate, update and make recommendations to the Board on annual goals that support the Hospital's key strategies for achieving its mission.
4. Develop an annual Board Work Plan which supports the advancement of the Hospital's goals and strategic directions.

Succession/Board Development

1. Establish a Nominating Sub-Committee which shall carry out the Board's annual recruitment and selection processes, including recommending to the Quality/Governance and Planning Committee candidates for election at the Annual Meeting of members, and recommending board officers.
2. Ensure adequate orientation and continuing education of Governors.
3. Coordinate regular Board evaluation processes.

Other

1. Review the public relations methods and techniques employed by the Hospital.
2. Perform a regular review of the Corporate Bylaws and governance structure of the Hospital.
3. Perform a regular review of governance policies and procedures, and corporate policies and procedures requiring Board approval.

Membership and Voting

The following members shall be voting members of the Quality/Governance & Planning Committee:

1. At a minimum five (5) voting members of the Board;
2. Board Chair, ex officio;
3. Chief Executive Officer;*
4. Chief Nursing Executive;*
5. A member of the Medical Advisory Committee selected by the Medical Advisory Committee;*
6. A person who works in the Hospital who is not a member of the College of Physicians and Surgeons or the College of Nurses;*
7. A Patient Experience Partner (PEP); and
8. Up to two (2) community representatives.

*mandatory per regulation under the *Excellent Care for All Act*.

Chair

The Chair of the Quality/Governance & Planning Committee shall be the Board Vice Chair, as appointed by the voting members of the Board.

Frequency of Meetings and Manner of Call

The Committee shall meet at least six times per year at the call of the Committee Chair, or as requested by the Board.

Quorum

A quorum will be considered a majority of the Committee Members who are voting members of the Board of Governors.

Privilege and Confidentiality

All Board Standing Committee meetings are Closed meetings. Information prepared for and reviewed by the Quality/Governance & Planning Committee is considered privileged and confidential until such time as it may be presented through an Open Board of Governors meeting.