

	<input type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol <input checked="" type="checkbox"/> Terms of Reference	Section Board Governance	Number 02-021
Board Quality, Utilization and Risk – Terms of Reference			
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Owner: President & Chief Executive Officer	Reviewer(s): Executive, Governance & Planning Committee, Board Quality, Utilization and Risk Committee	Approver: Board of Governors	
Cross Reference:			

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Purpose

The Excellent Care for All Act (ECFAA) requires every health care organization to establish a quality committee responsible for monitoring and reporting on quality issues of South Huron Hospital Association (SHHA; the Hospital). This committee is a sub-committee of the Board with at least one third of the membership being voting members of the Board.

This committee is responsible to assist the South Huron Hospital Association (SHHA; the Hospital) Board in the performance of the Board's governance role for the quality of patient care and services, as well as perform functions of the Quality Committee under the ECFAA.

Policy

Membership

Minimum of Two Directors (*Chairperson of the Committee shall be appointed by the Board*)
(*voting*)

President & CEO (*voting*)

Director of Patient Services/Chief Nursing Executive (*voting*)

President, Medical Staff or Designate (*voting*)

One person who works in the hospital and **who is not a physician or a nurse**. This individual can be either a manager or an individual who provides direct care (*voting*)

Health Records Coder (*non-voting*)

May include other members at the discretion of the Committee as ad hoc

Frequency of Meetings

The Committee shall meet a minimum of four (4) times a year with the primary focus on quality, utilization, and risk issues. The Committee will also meet at the call of the Chair.

Responsibilities

To the extent that the Board delegates these tasks to the committee, the Board remains responsible for the oversight and decision-making for the following duties:

1. To monitor and report to the Board on quality and patient safety issues and on the overall quality of services provided in the health care organization. This includes:
 - Reviewing aggregated critical (level 5 and 6) and near miss incident data at least two times per year and ensuring completion and evaluation of all actions.
 - Considering Medical Advisory Committee's recommendations that relate to systemic or recurring quality of care issues at the hospital.
 - Publically reported patient safety indicators.
 - All other reports and indicators such as balanced scorecards or reports from staff, interdisciplinary Professional Practice Committees or patient safety officers.
 - Utilization numbers for the hospital.
 - Monitoring patient satisfaction.
2. To consider and make recommendations to the Board regarding quality improvement initiatives and policies.
3. To ensure that best practice information is shared with Hospital staff and monitor the use of these materials.
4. To oversee the preparation of annual Quality Improvement Plan (QIP). Review the progress on the QIP to ensure goals and objectives are met and direct corrective action.
5. To ensure a quality program is established which monitors quality, utilization and risk of hospital services in compliance with mandated Acts and legislated requirements.
6. Oversee the Hospital's plan to prepare for accreditation, review accreditation reports and any plans required to be implemented to improve performance and correct deficiencies.
7. Review and make recommendations with respect to:
 - Hospital's standards on emergency preparedness;
 - policies for risk management related to quality of patient care and safety;
 - areas of unusual risk and the Hospital's plans to protect against, prepare for, and/or prevent such risks and services.

Quorum

A majority of voting members.

Reporting

The committee Chair shall report to the Board at each meeting of the Board.

Evaluation

Annually (last meeting of the year) each committee member will complete the committee self-assessment template (Appendix A). The results of the self-assessment will be utilized to measure and improve committee effectiveness.

The Chair of the committee will receive completed forms and report results to committee members at the first meeting of the year.

Related Documents

Appendix A Committee Self-Assessment

APPENDIX A

**SOUTH HURON HOSPITAL ASSOCIATION
Board Quality, Utilization and Risk Committee**

**Committee Self-Assessment
(voting and non-voting to complete)**

	Strongly Agree	Somewhat Agree	Disagree	Strongly Disagree	Not Applicable
Terms of Reference and Composition					
1. The committee has clear and appropriate Terms of Reference					
2. The committee has the right number of members					
3. The committee has members with the skills and expertise that are needed by the committee					
Committee Management					
4. The committee meets at the appropriate time of day					
5. I received orientation to the committee that was helpful to me as a member of the committee					
6. The committee is receiving the support from hospital management that it requires					
7. Information is received sufficiently in advance of the meeting					
8. The committee meets the right number of times over the year					
Committee Effectiveness					
9. The committee is working effectively					
10. The committee performed its annual work plan					
Chair Effectiveness					
11. The chair is prepared for committee meetings					
12. The chair keeps the meetings on track					
13. The chair fairly reports on committee's work to the board					
14. The chair encourages participation and manages discussion					
Overall Committee Performance					
15. Overall, I am satisfied with my contribution to the committee					
16. Overall, I am satisfied with the committee's contribution to the board					

Comments and suggestions for improvement to committee processes:
