CENTRAL WEST LOCAL HEALTH INTEGRATION NETWORK
QUALITY COMMITTEE
TERMS OF REFERENCE

1.0 PURPOSE:

The Quality Committee (the "Committee") is a standing committee of the Central West LHIN Board of Directors (the "Board") to assist the Board in its leadership, oversight and evaluation of the quality of health care services and related impacts to patients/clients/residents of the Central West LHIN through:

- Meeting the requirements for "Equity, Quality Improvement, Consistency and Outcomes Based Delivery " As set out in the MOHLTC Mandate letter;
- Guiding the implementation of the *Excellent Care for All Act (ECFAA)* and its implications for the LHIN;
- Advancing a culture of quality, capability and capacity and its continuous improvement across the local health care system while maintaining alignment with provincial quality improvement priorities;
- Ensuring transparent plans, processes and resources are dedicated to drive improvement in the quality of the health care system with particular attention to cross-sector improvement/redesign;
- Supporting ethical decision-making and promoting research;
- Ensuring that measures, controls and accountabilities are in place and monitored that address elements of quality of the health care system intended to improve the health status of the Central West LHIN population; and,
- Supporting and brokering stakeholder engagement & population health/ service planning for our community;

2.0 DUTIES

In accordance with By-Law No. 1 of the Central West Local Health Integration Network (LHIN) which requires that the board establish a committee to "carry out any responsibilities specified by the board with respect to quality issues, overall quality of health services delivered by the Corporation, and quality improvement initiatives and policies", the Quality Committee shall:

- Provide oversight related to quality of care and risk management in the areas of patient services, patient safety, privacy, performance of contracted service providers, ethics, appeals and other matters;
- Oversee the establishment of system level aims for the Central West LHIN related to quality and specify the principal focus areas for the coming year(s) to be reflected in the annual Central West regional quality plan;
- Facilitate and monitor compliance with quality standards that are legislated or are otherwise required by regulatory bodies and/or those defined and approved by the board;
- Ensure that management has in place an appropriate system to capture, respond and report on patient and service provider complaints, including critical incident and adverse events reports or their equivalent;
- Ensure that appropriate patient and caregiver surveys are undertaken on an appropriate cycle, receive the results of such surveys and report these results to the board;
- Make recommendations to the board regarding quality improvement initiatives and policies intended to improve patient safety and quality measures;

- Receive and review reports from staff on quality improvement and patient safety measures in LHIN specific initiative areas to demonstrate the overall quality of patient care services provided by the LHIN, with reference to appropriate data
- Oversee the development and recommend to the board for approval an annual Quality Plan of which a Quality Improvement Plan is a part;
- Ensure that quality of care is an integral component of the organizational culture, governance practices and management processes of the LHIN, including risk management strategies and policies;
- Review the Terms of Reference for the Committee in September of every year and make recommendations to the Board as required; and
- Develop, implement and monitor an annual Committee work plan.

To assist in the execution of their duties, any patient personal health information (PHI) contained in reports, information and data will be redacted prior to presentation to the Quality Committee.

3.0 COMPOSITON AND PROCEDURES

3.1 Membership and Term of Office:

- The Quality Committee shall be comprised of a minimum of four (4) Board Members.
- The Board Chair will develop, on an annual basis, a proposed Committee membership, taking into consideration each potential Member's experience, background and interests for approval by the Board as a whole.
- The Chair of the Committee shall be appointed by the Board Chair with input from the Board Members.
- Members of the committee should exhibit an interest in, and an understanding of, quality and safety.
- The Board may appoint (2) other community members who bring a specific expertise in quality, as required

- Consistent with 'Roberts Rules of Order':

    - The Chair of the Board and the CEO shall be ex-officio Members of the Committee.
    - The Chair of the Board, when present, counts for the purposes of Quorum and can vote.
    - The CEO, when present, does not count for the purposes of Quorum, and cannot vote.
    - Community Members appointed to Committees by the Board, count for the purposes of Quorum and can vote at the Committee Meeting.

3.2 Accountability

- The Committee is accountable to the Board of Directors;
- The Committee will run its meeting in accordance with the Local Health Systems Integration Act, 2006, and the Board's bylaw on public meetings.

3.3 Meetings and Quorum:

a) The committee shall meet no less than quarterly or when necessary at the call of the Committee Chair
b) Quorum shall be 50% + 1 of the members entitled to a vote.

c) Meetings shall be open to the public with reasonable notice.

3.4 Reporting:

The Quality Committee will report through its Chair to the Board on a regular basis and make appropriate recommendations as they arise.

3.5 Evaluation:

The performance and effectiveness of the committee and its individual members shall be assessed annually and reported to the Board as part of the Board's evaluation process. The activities of the Quality Committee shall be assessed in relation to its purpose and its work plan. In this way the committee shall endeavour to be continually improving and updating its mandate to meet the current issues of the LHIN and the environment in which it operates. The process will be consistent with the LHIN Board evaluation framework.

4.0 AMENDMENT/REVIEW

Date of Last Review by Committee:	Monday, September 11, 2017
Date of Previous Review:	Monday, June 12, 2017
Date of last Approval by Board of Directors:	Wednesday, June 28, 2017