


## Manual: Board of Directors

<b>Title:</b>	QUALITY OF CARE AND PATIENT SAFETY COMMITTEE	<b>No.:</b> CA-350
<b>Section:</b>	Board Committees	<b>Effective date:</b> 2024-04-23
<b>Issuing authority:</b>	Board of Directors	<b>Date of last revision:</b> 2022-06-21
<b>Approver:</b>	Board of Directors Thomas Soucy, Chairperson 	<b>Approved on:</b> 2024-04-23

### **PURPOSE**

The Quality of Care and Patient Safety Committee (the “Committee”) is responsible for ensuring that mechanisms are in place to monitor and improve the Network’s quality and patient experience performance. The Committee is responsible for promoting and overseeing all quality, patient safety, person-centred approach, diversity, equity and inclusion, ethics, and privacy activities so as to guide the Board of Directors (the “Board”) regarding its responsibilities in all aspects related to the delivery of health care services to patients. Lastly, it supports the Board in its review of the follow-up to strategic directions, in accordance with the Network’s purpose and values (AC: 1.1.3, 1.1.5)

### **Membership and operations**

1. The Committee is made up of at least two voting members from the Board, one of whom will act as Chairperson.
2. The Chairperson of the Board of Directors is an ex officio voting member and the President and CEO is an ex officio non-voting member.
3. The chairpersons of the Regional Medical Advisory Committee and the Professional Advisory Committee as well as the Patient and Family Advisory Committee are non-voting guest members.
4. The Committee operates within the guidelines set out in the Board of Directors Committees Policy (CA-300).
5. The Committee meets four times a year, according to a pre-set schedule.

### **Responsibilities**

1. The Committee oversees, advises the Board, and makes recommendations it deems appropriate on issues related to:
  - 1.1 The processes around client service, quality and patient safety, ethics and privacy processes (AC: 3.1.12):
    - 1.1.1 prioritizes quality and patient safety and sets the direction that the Network must follow in terms of quality;
    - 1.1.2 ensures that the Network takes a comprehensive approach to promoting and supporting health and safety (AC: 3.4.2);
    - 1.1.3 recommends frameworks on quality and patient safety, ethics and privacy to the Board, and monitors their implementation;
    - 1.1.4 regularly reviews the organization's progress in relation to the objectives of its integrated quality improvement plan (AC: 3.1.8);
    - 1.1.5 ensures that effective mechanisms are established to evaluate and improve the quality of care and services and to manage risks (AC: 3.4.3);
    - 1.1.6 regularly monitors and evaluates the Network's performance in terms of quality through its scorecard and other regular reports (AC: 3.1.6, 3.4.4);
    - 1.1.7 receives and analyzes reports from the Quality Committee and ensures that the necessary measures are taken to address discrepancies and improve the quality of care and services;
    - 1.1.8 reviews policies related to quality, patient safety, and ethics;
    - 1.1.9 recommends educational programs on quality and patient safety, and privacy protection for members of the Committee and the Board (AC: 1.1.7);
  - 1.2 the person-centred care approach and patient partners (AC: 1.1.6, 3.1.5);
  - 1.3 accreditation standards related to the person-centred care approach, service quality and safety and other processes related to the standards that are specific to a health network;
  - 1.4 patient/client satisfaction and experience and complaint management processes;
    - 1.4.1 ensures that mechanisms are established to evaluate and improve the experience of the patient/client satisfaction and to deal with complaints (AC: 3.1.7, 3.4.5, 3.4.6);
  - 1.5 protection of privacy and all stakeholder information (AC: 3.5.7);
  - 1.6 the approach to diversity, equity and inclusion, and the fight against racism, including in relation to Indigenous communities (AC: 5.1.1);
    - a) works with partners and communities to establish an action plan on these issues (AC: 5.1.2, 5.1.5, 6.1.2, 6.1.5);
    - b) ensures that Network policies reflect practices of cultural safety and humility and integrate the culture and rights of the communities served by the organization, especially Indigenous communities (AC: 5.1.4, 6.1.4);
    - c) draws inspiration from a recognized framework for assessing situations of systemic racism against Indigenous people (AC: 6.1.1);
    - d) implements an action plan, in partnership with Indigenous partners, to combat systemic racism against Indigenous people within the organization (AC: 6.1.2).
  - 1.7 processes for granting, renewing, suspending or changing medical staff privileges (AC: 3.3.2, 3.3.3, 3.3.4);
  - 1.8 processes related to the development and maintenance of professionals and physicians and to delegated professional and medical functions (AC: 3.3.1).

2. The Committee also performs any other duties assigned by the Board.

**Report**

1. The Committee submits a report on its activities at each meeting of the Board; including an annual review of quality, patient safety, ethics and privacy. Regular reports may include, among others:
  - 1.1 Quality indicators presented in a scorecard, including performance measurements on the quality of clinical services, patient safety, and client services;
  - 1.2 Progress in major improvements in performance and patient safety objectives;
  - 1.3 Root-cause analysis submitted by the Quality Committee;
  - 1.4 Summary of adverse events reviews;
  - 1.5 Patient satisfaction/perception;
  - 1.6 Fairness and patient safety culture;
  - 1.7 Accreditation;
  - 1.8 Verification of the credentialing and certification process;
  - 1.9 Report on ethics activities.
  - 1.10 Report on privacy.

**REFERENCE**

1. The criteria of the Accreditation Canada Governance standard (2022 edition) for the surveys are referenced in the document as follows: “(AC : 1.1.1).”

<b>Supersedes:</b>	<b>Zone 1:</b> _____	<b>Zone 5:</b> _____
	<b>Zone 4:</b> _____	<b>Zone 6:</b> _____