

**TERMS OF REFERENCE COMPLIANCE – COMMITTEE WORK PLAN  
 KHSC PATIENT CARE & QUALITY COMMITTEE  
 2020-21**

	Month	MRP	September	November	March	April	May
	Date		28	30	01	19	31
	Focus		Q1	Q2	Q3	ACP & Indicators	Q4
<b>Terms of Reference Requirements</b>							
<b>1.0 General Responsibilities</b>	recommend an annual work plan to the Board based on following terms of reference;	Carter	Review draft work plan & recommend to Board including review of committee TOR				
	present a year-end report to the Board;	Carter					Review draft year-end committee report and recommend to Board
	annually review, confirm and recommend revisions to the Board policies for which they have oversight responsibilities;	Carter	Review Patient Care & Quality oversight policies at committee orientation				Final bylaw and policy revisions
	ensure principle based decision-making guides all committee discussions and decision-making;	Bardon		ASSIST education module refresh at November KHSC Board Committee Meetings – decision making in an COVID environment			
	act as the Quality Committee as required by the Excellent Care of All Act;	Carter & Fitzpatrick	Review KHSC's Patient Declaration of Values as part of orientation (ECFFA requirement)				
	other duties as assigned by the Board;	Carter	Ontario Health Team Update – Presentation of FL&A-OHT submission with a focus on quality  Ensure orientation briefing at first meeting focusing on role to promote and oversee excellence in quality & safety of patient care  To ensure that effective processes are in place to monitor quality, safety, risk and academic activities	Ontario Health Team Update	Ontario Health Team Update	Ontario Health Team Update	Ontario Health Team Update

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<b>2.0 Quality &amp; Patient Safety</b>	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;	Carter	Q1 reporting including overview of strategy performance index indicators  Access & Flow Update  Patient Story  Briefing on 2020-21 Integrated Annual Corporate Plan & Associated Indicators	Q2 reporting  Access & Flow Update  Patient Story	Q3 reporting  Access & Flow Update  Patient Story	Access & Flow Update  Patient Story	Q4 reporting  Access & Flow Update  Patient Story
	consider and make recommendations to the Board regarding quality improvement initiatives and policies;	Carter & Fitzpatrick	Overview of KHSC's quality structure and reporting				
	review patient experience survey strategy and related results;	Carter		Update on 2019 Patient Safety & Culture Survey Results  Overview of framework for 2020 survey (ECFAA requirement to survey employees every two years)		2020 Patient Safety & Culture Survey Results	
	ensure that best practices information supported by available scientific evidence is translated into materials that are distributed to employees and persons providing services within the Hospital, and to subsequently monitor the use of these materials by these people (ECFAA);	Carter	Quarterly Patient Safety & Quality Report  Program & Service Presentation: Cardiac	Quarterly Patient Safety & Quality Report  Program & Service Presentation:	Quarterly Patient Safety & Quality Report  Program & Service Presentation:	Quarterly Patient Safety & Quality Report  Trillium Gift of Life Program Update (covering 2019-20 and 2020-21)  Program & Service Presentation:	Quarterly Patient Safety & Quality Report  Program & Service Presentation:

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	oversee the preparation of the annual quality improvement plan (QIP) and patient safety plan based upon information gathered from patient surveys, patient relations program, staff input as well as aggregated clinical indicator data;	Carter	Ensure at Committee orientation update on 2020-21 QIP submission  Quarterly Patient Feedback Update – Q1 (ECFFA requirement that hospitals have a patient relations process)	2020-21 Approach to developing QIP  Quarterly Patient Feedback Update – Q2 (ECFFA requirement that hospitals have a patient relations process)	2021-22 QIP briefing at February 9 MAC meeting and recommendation to March 29 Board  Quarterly Patient Feedback Update – Q3 (ECFFA requirement that hospitals have a patient relations process)		Quarterly Patient Relations Update – Q4 (ECFFA requirement that hospitals have a patient relations process)
	review critical incident data at least two times per year and corporate and public performance monitoring reports on at least a quarterly basis and make recommendations to the Board regarding quality improvement initiatives and policies;	Fitzpatrick		Critical Incident Presentation to Committee + report to December Board meeting		Critical Incident Presentation to Committee + report to May Board meeting	
	review and provide input to the board on the clinical implications of the Hospital Annual Planning Submission (HAPS) and the Hospital Services Accountability Agreement (H-SAA);	Bansal	Q1 HSAA Performance Indicators Dashboard	Q2 HSAA Performance Indicators Dashboard  Report on clinical implications of HAPS/CAPS submissions (January) – timing of report dependent on MOH/LHIN reporting requirements)	Q3 HSAA Performance Indicators Dashboard  Briefing on HSAA & MSAA submission to MOH/LHIN (if rec'd – dependent on MOH/LHIN approval timelines)		Q4 HSAA Performance Indicators Dashboard
	receive and be informed of reports, arising from programs, committees and services and from external groups, highlighting issues of quality, safety, risk and utilization that have an impact on patient care;	Multiple	COVID-19 Modelling Back-log management	Topic deliverable: to be confirmed	Topic deliverable: to be confirmed	Topic deliverable: to be confirmed  Trillium Gift of Life Annual Report (covering period 2019-20 and 2020-21) (Carter)	Annual Report of the Privacy Officer & Oversight of Personal Health Information (covering period 2019-20 and 2020-21) (Jones)
	ensure and report periodically to the board on structures, policies, and processes that relate to the ethical dimensions of the hospitals' professional practice and patient care activities;	Fitzpatrick/ Bardon	Report on Ethical Dimensions of KHSC's Care Delivery in the COVID environment focusing on family presence (Bardon)			Report on Ethical Dimensions of KHSC Care Delivery in the COVID environment	

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	monitor the preparation processes for accreditations and ensure implementation of relevant recommendations arising from surveys;	Carter		Update on recommendations from 2018 KHSC Accreditation Canada Survey (Next KHSC Accreditation Survey – April 2022)		As required – update on any changes to Accreditation Canada survey program, standards (Next KHSC Accreditation Survey – April 2022)	
	receive annual report about the Patient and Family Advisory Council (PFAC) as well as the work related to embedding the voice and experience of the patients into the planning and decision making processes at KHSC;	Bardon		Annual Report of the Patient and Family Advisory Council			
	receive annual report from the Chief Nursing Executive on professional practice at KHSC;	McDonald			Report on Professional Practice at KHSC		
	oversee the preparation and implementation of the annual French Language Services plan for KHSC.	Bardon			Annual French Language Services Compliance Report		
<b>3.0 Interprofessional Education</b>	promote strong educational relationships with its partner hospitals; Queen’s University and St. Lawrence College as affiliated partners; review and advance linkages between KHSC and other educational institutions;	Fitzpatrick/ Gillies		Review of education relationships			Update on Canadian Matching Resident Service Results
	review and, as appropriate, recommend to the Board for approval the annual reports of the education programs for employees and credentialed staff as aligned with the strategic priorities of the hospital;	Carlton/ Gillies			Report on Professional Practice	Annual Learning & Leadership Report	
	ensure structures, policies, and procedures pertaining to all levels of education are in place that are consistent with those of the relevant university, college or institute, and that any fiscal, resource or operational implications for educational initiatives are presented to the Board for approval;	Carter/ Fitzpatrick/ Gillies					

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<b>4.0 Strategy Performance Targets</b>	ensure progress on KHSC strategy and annual corporate plan by reviewing assigned performance indicators;	Multiple	Receive Q1 Strategy Performance Report	Receive Q2 Strategy Performance Report	Receive Q3 Strategy Performance Report	Review 2021-22 IACP & QIP and associated indicators for recommendation to May 10 KHSC Board Session on ACP & SPI	Receive Q4 Strategy Performance Report
<b>5.0 Integrated Risk Management</b>	monitor and report on the integrated risk management domains assigned to this committee which include: <ul style="list-style-type: none"> <li>○ Care</li> </ul>	Carter	Ensure alignment of IRM framework with strategic / corporate planning – 2020-21 (following January 2020 Board session) – Focusing on Care	As required	As required	Ensure alignment of IRM framework with strategic / corporate planning – 2020-21 (following January 2020 Board session) – Focusing on Care	As required
<b>6.0 Board Reporting Requirements</b>	Board reports due at CEO's office Board mailing date Board meeting date	Lloyd	October 12 October 19 October 26	December 3 December 7 December 14	March 15 March 22 March 29	April 26 May 3 May 10	June 7 June 14 June 21