**TERMS OF REFERENCE COMPLIANCE – COMMITTEE WORK PLAN**
**KHSC PATIENT CARE & QUALITY COMMITTEE**
**2021-22**

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<td>Q4</td>
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**Terms of Reference Requirements**

1. **General Responsibilities**
   - 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
   - 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
     - Policies for Sept Meeting
     - III-7 Quality Improvement & Safety
     - Policies for Nov Meeting
     - III-8 Patient Feedback
     - Policies for Feb Meeting
     - III-7 French Language Services
     - Final bylaw and policy revisions
   - Ensure principle based decision-making guides all committee discussions and decision-making;
     - Bardon
     - COVID Recovery Generative Topic (aligns with IACP and IRM)
     - Redevelopment Generative Topic (aligns with IACP and IRM)
     - HIS Generative Topic (aligns with IACP and IRM)
   - 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
     - Ontario Health Team Update
   - Ontario Health Team Update

**Reviewed by Committee:** September 27, 2021
**Approved by KHSC Board:** October 25, 2021
**Revised:**
**Posted on KHSC Website:** November 11, 2021
## Terms of Reference Requirements

### 2.0 Quality & Patient Safety

<table>
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<tr>
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<td>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;</td>
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<td>Carter</td>
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<td>Q1 reporting including overview of strategy performance index indicators</td>
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<td>Consider and make recommendations to the Board regarding quality improvement initiatives and policies;</td>
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<td>Overview of KHSC’s quality structure and reporting to include an assessment of the governing body’s impact over the past 12 months in terms of driving improvements to patient safety</td>
<td>Access to Care Update</td>
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<td>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);</td>
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<td>Quarterly Patient Safety &amp; Quality Report</td>
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<td>Annual Trillium Gift of Life Program Update</td>
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<td>Program &amp; Service Presentation: Mental Health &amp; Addictions Program</td>
<td>Program &amp; Service Presentation: Infection Prevention &amp; Control Program</td>
<td>Program &amp; Service Presentation: Critical Care Program</td>
<td>Program &amp; Service Presentation: Emergency Program</td>
<td>Program &amp; Service Presentation: Transitions in Care</td>
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### KHSC PATIENT CARE & QUALITY COMMITTEE
#### 2021-22

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### Terms of Reference Requirements

- **Carter**
  - 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**
  - Ensure at Committee orientation update on 2021-22 KHSC QIP initiatives
  - Quarterly Patient Feedback Update – Q1 (ECFFA requirement that hospitals have a patient relations process)
  - Orientation to Patient Safety Plan
  - Progress update on ROPs compliance with QIP deliverables
  - Critical Incident Presentation to Committee + report to December Board meeting
  - Critical Incident Presentation to Committee + report to May Board meeting

- **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 MOHLHIN reporting requirements
  - Q3 HSAA Performance Indicators Dashboard
  - Briefing on HSAA & MSAA submission to MOHLHIN (if rec’d – dependent on MOHLHIN approval timelines)

- **Multiple**
  - Topic deliverable: to be confirmed

- **Fitzpatrick/Bardon**
  - 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);
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  - 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);

- **Multiple**
  - Topic deliverable: to be confirmed
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- **Trillium Gift of Life Annual Report**
  - Report on Ethical Dimensions of KHSC Care Delivery in the COVID environment

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;

- Ensure at Committee orientation update on 2021-22 KHSC QIP initiatives
- Quarterly Patient Feedback Update – Q1 (ECFFA requirement that hospitals have a patient relations process)
- Orientation to Patient Safety Plan
- Progress update on ROPs compliance with QIP deliverables

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;

- 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);

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;

- Progress update on ROPs compliance with QIP deliverables
- Quarterly Patient Feedback Update – Q2 (ECFFA requirement that hospitals have a patient relations process)
- Draft KHSC Patient Safety Plan
- Draft KHSC Patient Safety Plan
- Quarterly Patient Feedback Update – Q3 (ECFFA requirement that hospitals have a patient relations process)

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);

- Progress update on ROPs compliance with QIP deliverables
- Quarterly Patient Feedback Update – Q2 (ECFFA requirement that hospitals have a patient relations process)
- Draft KHSC Patient Safety Plan
- Draft KHSC Patient Safety Plan
- Quarterly Patient Feedback Update – Q3 (ECFFA requirement that hospitals have a patient relations process)
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**Monitor the preparation processes for accreditations and ensure implementation of relevant recommendations arising from surveys:**

- **Carter**: Recommendations from 2020 Patient Safety Culture Survey
- **Bardon**: Annual Report of the Patient and Family Advisory Council
- **McDonald**: Report on Professional Practice at KHSC

**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 French Language Services Compliance Report

**Receive annual report from the Chief Nursing Executive on professional practice at KHSC:**

- **McDonald**: Annual French Language Services Compliance Report

**Oversee the preparation and implementation of the annual French Language Services plan for KHSC:**

- **Bardon**: Annual French Language Services Compliance Report

**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**: 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 credentialled staff as aligned with the strategic priorities of the hospital:**

- **Carlton/Gillies**: Report on Professional Practice

**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**: Update on review of KHSC – Queen’s Affiliation Agreement

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#### Terms of Reference Requirements

4.0 **Strategy Performance Targets**  
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  
- Receive Q4 Strategy Performance Report

5.0 **Integrated Risk Management**  
- Monitor and report on the integrated risk management domains assigned to this committee which include:  
  - Care: Ensure alignment of IRM framework with strategic / corporate planning – IACP 2021-22 + committee work plan  
- As required

6.0 **Accreditation Requirements**  
- Standard 10.5: The governing body regularly hears about quality and safety incidents from the clients and families that experience them  
  - Carter: Included in generative discussion item re: COVID Recovery  
  - Patient story or video: Critical Incident Presentation  
  - Patient Story or Video: Include in generative discussion item re: redevelopment

7.0 **Board Reporting Requirements**  
- Board reports due at CEO’s office  
- Board mailing date  
- Board meeting date

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Page 5