

PATIENT CARE & PEOPLE COMMITTEE

TERMS OF REFERENCE

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| ISSUED BY: | KGH Board of Directors | BOARD APPROVED: | December 8, 2016 |
| AUTHORIZED BY: | KGH Board of Directors | COMMITTEE REVISED: | |
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| REVIEW DATE: | Annually | | |

Role: The Patient Care & People Committee is responsible to the Board of Directors to promote and oversee excellence in the quality and safety of patient care and to ensure that effective processes are in place to monitor and review quality, safety and risk and academic activities. The Committee is responsible for “People” which includes all human resources and occupational health/wellness for employees, credentialed staff (physicians, dentists, midwives, and registered nurse (extended class) staff, learners and volunteers.

Reporting Relationship: The Board of Directors

1.0 GENERAL RESPONSIBILITIES

The Committee shall:

- 1.1 recommend an annual work plan to the Board based on following terms of reference;
- 1.2 present a mid-year and year-end report to the Board;
- 1.3 annually review, confirm, and recommend revisions to the Board policies for which they have oversight responsibility;
- 1.4 ensure principle based decision making guides all committee discussions and decision-making;
- 1.5 act as the Quality Committee as required by the *Excellent Care for All Act*; and
- 1.6 other duties as assigned by the Board.

2.0 QUALITY & PATIENT SAFETY

- 2.1 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;
- 2.2 Consider and make recommendations to the Board regarding quality improvement initiatives and policies;
- 2.3 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);
- 2.4 Oversee the preparation of the annual quality improvement plan (QIP) based upon information gathered from patient surveys, patient relations program, staff input as well as aggregated clinical indicator data;

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- 2.5 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;
- 2.6 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);
- 2.7 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;
- 2.8 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; and
- 2.9 Monitor the preparation processes for accreditations and ensure implementation of relevant recommendations arising from surveys.

3.0 PEOPLE

- 3.1 Review the hospital's talent management and leadership development plan annually;
- 3.2 Review health human resource plan and labour relations reports bi-annually;
- 3.3 Review and recommend to the Board the approval of the annual occupational health and safety report;
- 3.4 Review staff and physician engagement strategy and related results;
- 3.5 Review medical staff resource plan;
- 3.6 Ensure the integrity and completeness of the appointing and credentialing process for medical, dental, midwifery, and extended class nursing staff;
- 3.7 Ensure the integrity and completeness of the appointment and hiring process for employees and volunteers; and
- 3.8 Receive annual report from the Chief Nursing Executive on professional practice at KGH.

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4.0 INTERPROFESSIONAL EDUCATION

- 4.1 Promote strong educational relationships with its partner hospitals and Queen's University as an affiliated university partner; review and advance linkages between KGH and other educational institutions;
- 4.2 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; and
- 4.3 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.

5.0 KGH STRATEGY PERFORMANCE TARGETS

- 5.1 Ensure progress on KGH strategy and annual corporate plan by reviewing assigned performance indicators.

6.0 INTEGRATED RISK DOMAINS

- 6.1 Monitor and report on the integrated risk domains assigned to this committee which include:
 - Patient Care
 - Compliance
 - People

Membership:

The voting members of the committee shall be composed of:

- i) at least four (4) elected directors, one of whom will be appointed as chair
- ii) Board Chair, ex-officio
- iii) Up to (2) external members with specific skill sets that will support the work of the committee
- iv) KGH Patient Experience Advisor

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The ex-officio, non-voting members of the committee shall be:

- i) President and Chief Executive Officer
- ii) Executive Vice President Medical Administration & Chief of Staff

Ex-officio by legislation, non-voting members of the committee shall be:

- iii) One member of the Medical Advisory Committee
- iv) Chief Nursing Executive (mandated by ECFAA)
- v) One person who works in the hospital and who is not a physician or a nurse (mandated by ECFFA). This individual can be either a manager or an individual who provides patient care.

Staff resources to support the Committee and administrative support will be determined by the Board Chair, CEO and Committee Chair.

Term: Members shall be appointed bi- annually by the Board of Directors, based on their respective board terms.

Chair: Shall be appointed annually by the Board.

Quorum: At least 50% of the voting members constitute a quorum.

Vacancies: To be filled by the Board of Directors as appropriate.

Meetings: The Committee will meet at least eight (8) times per year at the call of the Committee Chair.

Rules of Order: Any questions of procedure at or for any meetings of the Corporation, the Board, the Medical or Professional Staff, or any committee, which have not been provided for in the KGH Bylaws or by the Act or by the Public Hospitals Act or Regulations or the Medical Staff Rules shall be determined by the chair of the meeting in accordance with the rules of procedure adopted by resolution of the Board.