

**TERMS OF REFERENCE COMPLIANCE – COMMITTEE WORK PLAN
KHSC PATIENT CARE & QUALITY COMMITTEE
2022-23**

Finalize: August 17, 2022 Senior Leadership Planning Session
Discuss: August 31, 2022 Committee Chairs Planning Session
Endorse: Review & Endorse at September 2022 committee Mtg
Approved by KHSC Board – October 25, 2022

	Month	MRP	September	November	January	February	April	May
	Date		26	28	16	27	24	29
	Focus		Q1	Q2	HAPs/CAPs	Q3, QIP & HSAA MSAA	ACP & Indicators	Q4
Terms of Reference Requirements								
1.0 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						Review draft year-end committee report and recommend to Board & ensure report captures governing body achievements
	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 September meeting III-7 Quality Improvement and Safety	Policies for Nov Meeting III-6 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;	EVPs Ilse - Lead	Generative Topic (aligns with IACP and IRM) ALC, LTC and the patient choice	Generative Topic Resource Allocation & Board Accountability	Generative Topic TBD	Generative Topic TBD	Generative Topic TBD	Generative Topic TBD
	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	

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2.0 Quality & Patient Safety	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 to Care Update Q1 Quarterly Patient Safety Report	Q2 reporting Access to Care Update Q2 Quarterly Patient Safety Report	Access to Care Update	Access to Care Update	Q3 reporting Access to Care Update Q3 Quarterly Patient Safety & Quality Report	Access to Care Update	Q4 reporting Access to Care Update Q4 Quarterly Patient Safety & Quality Report
	consider and make recommendations to the Board regarding quality improvement initiatives and policies;	Carter & Fitzpatrick	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						
	review patient experience survey strategy and related results;	Carter	Quarterly Patient Feedback Report & Patient Survey Plan update	Quarterly Patient Feedback Report			Quarterly Patient Feedback Report		Quarterly Patient Feedback Report
	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); 2021-22 Presentations (background): Mental Health & Addictions Program Infection Prevention & Control Program Critical Care Program Transitions in Care Services	Carter	Program & Service Presentation: Cancer Care	Program & Service Presentation: CIO Portfolio	Program & Service Presentation: Professional Practice	Program & Service Presentation: Renal Care	Program & Service Presentation: Stroke Care	Program & Service Presentation: Partnerships	

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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	<p>update on 2022-23 KHSC QIP initiatives</p> <p>Quarterly Patient Feedback Update – Q1 (ECFFA requirement that hospitals have a patient relations process)</p> <p>KHSC's Patient Safety Plan</p>	<p>2023-24 Approach to developing QIP</p> <p>Quarterly Patient Feedback Update – Q2 (ECFFA requirement that hospitals have a patient relations process)</p> <p>Results from the 2022 Patient Safety Culture Survey</p>	<p>Progress update on ROPs compliance with QIP deliverables</p>	<p>2023-24 QIP briefing at February MAC meeting and recommendation to March 27 Board</p> <p>Quarterly Patient Feedback Update – Q3 (ECFFA requirement that hospitals have a patient relations process)</p>	<p>Touchpoint / adjustments to KHSC's Patient Safety Plan</p>	<p>Quarterly Patient Relations Update – Q4 (ECFFA requirement that hospitals have a patient relations process)</p>
review critical incident data at least two times per year and incorporate and public performance monitoring reports on at least a quarterly basis and make recommendations to the Board regarding quality improvement initiatives and policies;	Fitzpatrick		<p>Critical Incident Presentation to Committee + report to December Board meeting</p>			<p>Critical Incident Presentation to Committee + report to May Board meeting</p>	
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	<p>Q1 HSAA Performance Indicators Dashboard</p>	<p>Q2 HSAA Performance Indicators Dashboard</p>	<p>Report on clinical implications of HAPS/CAPS submissions (January) – timing of report dependent on MOH/LHIN reporting requirements)</p>	<p>Q3 HSAA Performance Indicators Dashboard</p>	<p>Briefing on HSAA & MSAA submission to MOH/LHIN (if rec'd – dependent on MOH/LHIN approval timelines)</p>	<p>Q4 HSAA Performance Indicators Dashboard</p>
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						<p>Trillium Gift of Life Annual Report</p>

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	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;	EVPs						Report on Ethical Dimensions of KHSC Care Delivery	
	monitor the preparation processes for accreditations and ensure implementation of relevant recommendations arising from surveys;	Carter	KHSC information submission due to Accreditation Canada – from 2022 survey						
	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;	Carter		Annual Report of the Patient and Family Advisory Council					
	receive annual report from the Chief Nursing Executive on professional practice at KHSC;	Hann				Report on Professional Practice at KHSC			
	oversee the preparation and implementation of the annual French Language Services plan for KHSC.	Carlton				Annual French Language Services Compliance Report			
3.0 Interprofessional Education	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 credentialed staff as aligned with the strategic priorities of the hospital;	Carlton/ Gillies				Report on Professional Practice		Annual Learning & Leadership Report	

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	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				
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	Review 2023-24 IACP & QIP and associated indicators for recommendation to May 8 KHSC Board Session on ACP & SPI	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: <ul style="list-style-type: none"> o Access to care o Unintentional harm o Pandemic Recovery 	Carter	Review plan for revised approach to IRM and development of Risk profile	As required		Receive updated Risk Profile		As required
6.0 Accreditation – GFT Survey	Standard 10.5: The governing body regularly hears about quality and safety incidents from the clients and families that experience them Question 33: Overall, what is your assessment of the governing body’s impact over the past twelve months, in terms of driving improvement to patient safety?	Carter Carter	Patient Story/Video Q1 Patient Safety Report Orientation to include KHSC’s Patient Safety Plan update on 2022-2023 KHSC QIP initiatives	Patient story or video Q2 Patient Safety Report Critical Incident Presentation/Update	Patient Story or Video Progress update on ROP’s compliance with QIP deliverables	Patient Story or Video Q3 Patient Safety Report	Patient Story or Video Critical Incident Presentation/Update	Patient story or video Q4 Patient Safety Report

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7.0 Board Reporting Requirements	Board reports due at CEO's office	Committee Secretary	October 10	December 2	January 19	March 13	April 27	June 5
	Board mailing date		October 17	December 5	January 23	March 20	May 1	June 12
	Board meeting date		October 24	December 12	January 30	March 27	May 8	June 19