TERMS OF REFERENCE COMPLIANCE – COMMITTEE WORK PLAN
KHSC PATIENT CARE & QUALITY COMMITTEE
2026-27

Committee Chairs Planning Session Discussed: August 26, 2026
Patient Care & Quality Committee Endorsed: October 5, 2026
KHSC Board of Directors Approved: October 26, 2026

		Month	MRP	October	November	January	March	April	May
		Date		**5th**	**16th**	**11th**	**1st**	**12th**	**31st**
		Board Reporting		**October 26 Board**	**December 14 Board**	**January 25 Board**	**March 22 Board**	**May 10 Board**	**June 21 Board**
		Focus		**Q1**	**Q2**	**HAPs/CAPs**	**Q3, QIP & HSAA MSAA**	**ACP & Indicators**	**Q4**
Terms of Reference Requirements									
1.0 General Responsibilities	1.1	**Recommend** an annual work plan to the Board based on the committee terms of reference	Hann	Review and endorse draft committee work plan as part of committee orientation including review of committee ToR					Final executed work plan provided with year-end committee report
	1.2	Present a year-end **report to the Board**	Hann					Review draft year-end committee report & ensure report captures the committee's achievements	Finalize year-end committee report and **recommend to June Board** & ensure report captures the committee's achievements
	1.3	Annually review, confirm, and **recommend** revisions to the Board policies for which the committee has oversight	Hann	Review Patient Care & Quality oversight policies at committee orientation	As required	As required	As required	As required	All updated/revised policies to Governance for **reporting at June Board**
	1.4	Ensure principle-based decision-making guides all committee discussions and decision-making	Hann	Opening Value Statement	Opening Value Statement	Opening Value Statement	Opening Value Statement	Opening Value Statement Report on Ethical Dimensions of KHSC Care Delivery	Opening Value Statement
	1.5	Serve as the Quality Committee as required by the Excellent Care of All Act	Hann & Fitzpatrick	Review KHSC's Patient Declaration of Values as part of orientation					
	1.6	Oversee the preparation and implementation of the annual French Language Services Plan	Naraine		Annual Inclusion Compliance Report **to December Board**				
	1.7	Other duties as assigned by the Board	Multiple	Receive CEO Report	Receive CEO Report	Receive CEO Report	Receive CEO Report	Receive CEO Report	Receive CEO Report
	1.8	**Update to the Board** re committee activities from most recent meeting Most recent approved committee minutes **provided to the Board**	Committee Chair (TBC) Bellemare	To October Board	To December Board	To January Board	To March Board	To May Board	To June Board

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Terms of Reference Requirements								
2.0 Quality Oversight and Quality Improvement	2.1	Monitor and **report to the Board** on quality issues and on the overall quality of services provided by the Corporation, with reference to appropriate data including: - Performance indicators used to measure quality of care and services and patient safety - Reports received from the Medical Advisory Committee making recommendations regarding systemic or recurring quality of care issues - Publicly reported patient safety indicators - Critical incident reports; and Other reports as required	Hann	Q1 reporting Access and Flow Update Q1 Patient Safety and Quality Report Q1 Critical Incident Report	Q2 reporting Access and Flow Update Q2 Patient Safety and Quality Report Q2 Critical Incident Report	Access and Flow Update	Q3 reporting Access and Flow Update Q3 Patient Safety and Quality Report Q3 Critical Incident Report	Access and Flow Update	Q4 reporting Access and Flow Update Q4 Patient Safety and Quality Report Q4 Critical Incident Report
	2.2	Regularly review and approve the quantitative and qualitative performance metrics and targets by which the quality of services delivered by the Corporation are monitored by the committee, with onward reporting to the Board. This includes the ongoing review and refinement of reporting templates and accompanying tables and data (e.g., definitions, benchmark information, etc.) to support analysis and understanding	Hann	Review of strategic performance index indicators				Review 2027-28 ACP & QIP and associated indicators for **recommendation to May 10 KHSC Board** Session on ACP & SPI	
	2.3	Review patient experience survey strategy and related results	Hann	Q1 Patient Experience Report	Q2 Patient Experience Report		Q3 Patient Experience Report		Q4 Patient Experience Report
	2.4	Consider and make **recommendations to the Board** regarding quality improvement initiatives and policies	Fitzpatrick	As required Overview of KHSC's quality structure and reporting as part of committee orientation	As required	As required	As required	As required	As required

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Terms of Reference Requirements										
	2.5	Ensure that best practices information supported by available scientific evidence is translated into materials that are distributed to employees, members of the professional staff and persons who provide services within the Corporation, and subsequently monitor the use of these materials by such persons		Hann	Program & Service Presentation: TBD	Program & Service Presentation: TBD	Program & Service Presentation: TBD	Program & Service Presentation: TBD	Program & Service Presentation: TBD	Program & Service Presentation: TBD
	2.6	**Recommend to the Board** the priorities for quality and patient safety improvement at the Corporation, oversee the preparation of the Corporation's annual quality improvement plan ("QIP") ensuring that the QIP is prepared with reference to the Corporation's annual operating plan with goals, specific quality indicators and strategies for achievement to be reviewed and monitored periodically by the Board.		Hann		Approach to developing 2027-28 QIP	2027-28 QIP approach update and committee engagement	Review 2027-28 QIP for **recommendation to March 22 Board**		
	2.7	Oversee the preparation of the patient safety plan based upon information gathered from patient surveys, patient relations program, staff input, as well as aggregated clinical indicator data		Fitzpatrick	Q1 Patient Safety & Quality Report Q1 Patient Experience Report	Q2 Patient Safety & Quality Report Q2 Patient Experience Report		Q3 Patient Safety &Quality Report Q3 Patient Experience Report		Q4 Patient Safety & Quality Report Q4 Patient Experience Report
	2.8	Ensure that the QIP is made available to the public (posted on KHSC website) and monitor performance against QIP targets at least on a quarterly basis		Hann	Q1 update on 2026-27 KHSC QIP initiatives	Q2 update on 2026-27 KHSC QIP initiatives		Q3 update on 2026-27 KHSC QIP initiatives	Ensure posting of 2027-28 QIP to KHSC Website following Board Approval	Q4 Update on 2026-27 QIP Initiatives
	2.9	Monitor ongoing improvement to the quality of the patient experience by overseeing the implementation of the patient and family centred care philosophy that fosters an atmosphere of collaboration among all parties, and work to embed this philosophy into all policies, procedures and programs at the Corporation's hospitals		Fitzpatrick	Q1 Patient Experience Report	Q2 Patient Experience Report Annual Report of the Patient and Family Advisory Council		Q3 Patient Experience Report		Q4 Patient Experience Report

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Terms of Reference Requirements										
	2.10	Oversee the implementation of procedures to encourage potential organ donation, and to make potential donors and their families aware of the options of organ and tissue donation. The Patient Care & Quality Committee will receive a report with respect to these activities at least annually		Multiple						Trillium Gift of Life Annual Report
	2.11	Review 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		Hann	Program & Service Presentation: TBD	Program & Service Presentation: TBD	Program & Service Presentation: TBD	Program & Service Presentation: TBD	Program & Service Presentation: TBD	Program & Service Presentation: TBD
	2.12	Ensure and **report periodically to the Board** on structures, policies, and processes that related to the ethical dimensions of the Corporation's professional practice and patient care activities.		Multiple			Receive report on Professional Practice for **report to March Board**		Receive report on Ethical Dimensions of KHSC Care Delivery for **report to May Board**	
	2.13	Receive annual reports about the Patient and Family Advisory council as well as the work related to embedding the voice and experience of the patients into the planning and decision-making processes of the Corporation		Fitzpatrick		Receive Annual Report of the Patient and Family Advisory Council				
	2.14	Perform such other responsibilities as may be provided under regulations under the Act (PHA/ECFAA).		Hann / Fitzpatrick	As required	As required	As required	As required	As required	As required

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			Terms of Reference Requirements							
3.0 Critical Incidents	3.1 & 3.3		"**Critical Incident"** means any unintended event that occurs when a patient received treatment at the Corporation: a) that results in death, or serious disability, injury or harm to the patient; and b) does not result primarily from the patient's underlying medical condition or known risk inherent in providing treatment In accordance with Regular 965 under the Public Hospitals Act, receive from the CEO, at least twice a year, aggregate critical incident data related to critical incidents occurring at the Corporation since the previous aggregate data was provided to the committee The Patient Care & Quality Committee will review reports of critical incidents and oversee any plans developed to address, prevent, or remediate such events	Fitzpatrick / Pichora	Q1 Critical Incident Report	Q2 Critical Incident Report		Q3 Critical Incident Report		Q4 Critical Incident Report
	3.2		Annually review and **report to the Board** on the Corporation's system for ensuring that, at an appropriate time following disclosure of a critical incident, there be disclosure as required by Regulation 965 under the Public Hospitals Act of systemic steps, if any, that the Corporation is taking or has taken to avoid or reduce risk of further similar critical incidents	Fitzpatrick						Annual review and report on the Corporations system for ensuring disclosure of critical incidents as required by the PHA to **report to May Board Meeting**

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Terms of Reference Requirements										
4.0 Compliance	4.1	Monitor the Corporation's compliance with legal requirements and applicable policies of funding and regulatory authorities related to quality of patient care and services.		Naraine		Annual Inclusion Compliance Report				
5.0 Financial Matters	5.1	As and **when requested by the Board,** provide advice to the Board on the implications of budget proposals on the quality of care and services		Hann/Toop	As required	As required	As required	As required	As required	As required
6.0 Hospital Services Accountability Agreement and Hospital Annual Planning Submission	6.1	As and **when requested by the Board,** provide advice to the Board on the quality and safety implications of the Corporation's HAPs and quality indicators proposed to be included in the Corporation's HSAA or in any other funding agreement		Hann/Toop	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

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7.0 Risk Management	7.1	**Monitor and report** on the integrated risk domains assigned to the Patient Care & Quality Committee - Patient Care - Compliance **Review and recommend to the Board** with respect to: - The Corporation's standards on emergency preparedness - Policies for risk management related to quality of patient care and safety; and - Areas of unusual risk and the Corporation's plans to protect against, prepare for, and/or prevent such risks and services	Hann	Review risk domains for which the committee has oversight as part of committee orientation Receive Approach to 2026/27 Integrated Risk Management Plan	As required	As required	Receive updated Risk Profile and review domains assigned to this committee	As required	As required
8.0 Accreditation	8.1	Oversee the Corporation's plan to prepare for accreditation	Fitzpatrick	As Required Progress update on preparations being made for the accreditation review	As Required	As Required	As Required	As Required	As Required
	8.2	Review accreditation reports and any plans that need to be implemented to improve performance and correct deficiencies	Hann	Patient Story/Video Q1 Patient Safety and Quality Report Q1 update on 2026-27 KHSC QIP initiatives	Patient Story/Video Q2 Patient Safety and Quality Report Q2 update on 2026-27 KHSC QIP initiatives	Patient Story/Video	Patient Story/Video Q3 Patient Safety and Quality Report Q3 update on 2026-27 KHSC QIP initiatives	Patient Story/Video	Patient Story/Video Q4 Patient Safety and Quality Report Q4 update on 2026-27 KHSC QIP initiatives

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9.0 Professional Staff Process	9.1	Annually review with the Chief of Staff the appointment and re-appointment processes for the professional staff, including: - Criterial for appointment - Application and re-application forms; - Application and re-application processes; and - Processes for period reviews		Fitzpatrick/ Gillies	Review of KHSC Credentialing Process					
	9.2	Ensure that the appointment and re-appointment processes for the professional staff are consistent with the strategic direction of the Corporation and take into account the available resources at the Corporation (impact analysis) and the needs of the community		Fitzpatrick/ Gillies	Review of KHSC Credentialing Process					
10.0 Interprofessional Education	10.1	Promote strong educational relationships with its partner hospitals; Queen's University and St. Lawrence College as affiliated partners		Fitzpatrick/ Gillies	Update on KHSC Education Strategy & Partnerships					Update on Canadian Matching Resident Service Results
	10.2	Review and advance linkages between the Corporation and other education institutions		Fitzpatrick/ Gillies	Update on KHSC Education Strategy & Partnerships					
	10.3	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		Hann/ Naraine/ Gillies		Receive update from November SEAMO Retreat including status on SEAMO 3-year HHR plan **(to December Board)**	Report on Professional Practice		Annual Learning & Leadership Report	Annual Report of the Chief Nursing Executive and Chief of Staff
	10.4	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		Hann/ Fitzpatrick/ Gillies						

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11.0 Strategy and Performance Targets	11.1	Ensure progress on the Corporation's 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 2027-28 ACP & QIP and associated indicators for recommendation to May 10 KHSC Board Session on ACP & SPI	Receive Q4 Strategy Performance Report
12.0 Policy Implementation	12.1	Oversee implementation of policies, processes, and programs to ensure quality objectives are met and maintained		Hann	Patient Story/Video Program & Service Presentation: TBD	Patient Story/Video Program & Service Presentation: TBD	Patient Story/Video Program & Service Presentation: TBD	Patient Story/Video Program & Service Presentation: TBD	Patient Story/Video Program & Service Presentation: TBD	Patient Story/Video Program & Service Presentation: TBD
Board Reporting Requirements		Board reports due at CEO's office Board mailing date Board meeting date		Bellemare	October 16 October 19 October 26	December 4 December 7 December 14	January 15 January 18 January 25	March 12 March 15 March 22	April 30 May 3 May 10	June 11 June 14 June 21