

Safety and Quality Committee Terms of Reference

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| Role | <p>The <i>Excellent Care for All Act, 2010</i> (ECFAA) requires every public hospital to establish and maintain a quality committee for the hospital. The committee's membership and composition is set out in <i>Ontario Regulation 445/10</i>, under ECFAA. The University Health Network's (UHN) Safety and Quality Committee of the Board reviews the quality of patient care and service delivery at UHN and makes recommendations to the Board of Trustees (Board) as required by monitoring key indicators of organizational performance. The Safety and Quality Committee was formed in April 2001 and remains in compliance with the requirements outlined in ECFAA.</p> |
| Responsibilities | <p>ECFAA Under ECFAA, safety and quality committees have the following responsibilities:</p> <ul style="list-style-type: none"> • To monitor and report to the Board on quality issues and on the overall quality of services provided in the hospital. • To consider and make recommendations to the Board regarding quality improvement initiatives and policies. • To ensure that best practices information is included in hospital policies that are made available to employees and persons providing services within the hospital, and to subsequently monitor compliance with those policies. • To oversee the preparation of annual quality improvement plans. <p>Safety</p> <ul style="list-style-type: none"> • To review and approve management's plan for harm reduction from a patient, staff and workplace safety lens including overarching goals, timelines and progress against harm reduction targets. • To review and make recommendations with respect to policies for risk management related to quality of patient care and safety <p>Patient Safety</p> <ul style="list-style-type: none"> • To foster and support a high reliability culture throughout the organization by encouraging learning through cause analyses of never events/serious safety events and implementation of best practice in order to reduce harm and improve patient safety. • To receive regular reports with respect to a validated safety culture survey instruments (e.g., Agency for Healthcare Research and Quality (AHRQ) Hospital Survey on Patient Safety Culture) including an analysis of high/low performing units, performance compared to leading benchmarks and progress towards management's goals • To review reports regarding the frequency and severity of adverse events. • To ensure management has processes in place for identifying, monitoring and managing clinical risks such as adverse events, hospital acquired infection rates, pressure ulcers, falls, medication errors and preventable deaths. <p>Workplace Safety</p> <ul style="list-style-type: none"> • To receive annual reports with respect to pertinent dimensions of the Employee Engagement Survey and/or other measures of workplace safety such as incidents resulting in harm and lost time injuries including an analysis of high/low performing units, performance compared to leading benchmarks and progress towards management's goals. • To ensure management has processes in place for identifying, monitoring and managing workplace safety risks (e.g., worksite hazards, incident investigations, human factors, infection prevention and control, environment of care, etc.) and compliance with workplace safety and training requirements (e.g., workplace |

- To ensure management has programs and systems in place to promote psychological safety (e.g., Respect and Civility, etc.) to enable blame-free reporting of adverse events, near misses and opportunities for system safety improvement.

Quality and Outcomes

- To promote a quality improvement philosophy for all UHN work environments by assigning clear responsibility to the Chief Executive for leading quality and safety as well as achieving the desired outcomes with respect to the improvement of, patient safety, quality, patient experience and clinical outcomes.
- To receive reports, from accountable executives and other internal stakeholders and from external groups, highlighting issues of patient safety, quality, patient experience and clinical outcomes. Provide constructive feedback on the effectiveness of safety programs, and clinical quality initiatives outlined in these reports.
- To approve the annual Quality Improvement Plan.
- To monitor and evaluate pertinent Corporate Scorecard/Quality Improvement Plan indicators on a quarterly basis and receive in depth reports from accountable executives and other stakeholders, as required.
- To ensure that a system of performance measurement and quality improvement is in place and that credible results enable the evaluation of the organization's performance against leading centres (e.g., NSQIP, Vascular, CIHI, etc.)
- To ensure that Senior Management has plans in place to address variances from standard performance indicators, and oversee the implementation of remediation plans

Patient Experience

- To receive annual reports with respect to a Patient Experience including an analysis of high/low performing units, performance compared to leading benchmarks and progress towards management's goals.
- To receive periodic updates from management regarding the Partners in Care strategy and progress against goals.

Accreditation Canada

- Oversee the Hospital's plan to prepare for accreditation.
- Review accreditation reports and any plans required to be implemented to improve performance and correct deficiencies.

Education

Committee Education

- To provide appropriate orientation and ongoing education for members of the Safety and Quality Committee including roles/responsibilities, the organization's mission, vision, and values; and, basic elements of healthcare safety and quality measurement (e.g., science of high reliability, fundamentals of cause analysis, role of human factors, etc.)

Staff Education

- Ensure the collection, analysis and response to safety and quality data is systemized and documented to reinforce learning opportunities for both the institution and UHN stakeholders (i.e., staff, Medical Staff, Volunteers, etc.).
- Review organizational programs designed to educate the staff in safety principles and practices

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| | <p>Health Professional Students Education</p> <ul style="list-style-type: none"> Review organizational programs and procedures to educate workforce trainees about UHN quality and safety practices and policies. <p>Patient Education</p> <ul style="list-style-type: none"> To ensure a system for developing and maintaining patient education materials is in place to support the safe delivery of care/service. <p>Bioethics</p> <ul style="list-style-type: none"> To ensure the organization has a process to address bioethics related issues. To regularly review the organization’s policies on bioethics related issues. <p>Evaluation</p> <ul style="list-style-type: none"> To prepare an annual report for the Board that summarizes relevant matters of safety, quality of care, and quality of service. To review the Committee’s own performance in improving clinical care and enterprise safety by assessing the extent to which Board practices and performance match recommended principles and practices of professional societies (e.g. Institute for Healthcare Improvement) and established high reliability organizations. |
| <p>Membership and Voting</p> | <p><i>Independent Trustees (Voting):</i> Ross Baker (Chair) Dean Connor Stu Kedwell Shirley Sharkey Cornell Wright</p> <p><i>Ex-officio Trustees (Voting):</i> John Granton (MSA) Joy Richards (CNO) Kevin Smith (CEO)</p> <p><i>Ex-officio (Voting):</i> Dr. Brian Hodges (EVP Education & CMO) Fei-Fei Liu (Chair-MAC) Mike Nader (EVP, Clinical Operations)</p> <p><i>Other (Voting):</i> Elaine Aimone Michael Baker</p> <p><i>Ex-officio (Non-Voting):</i> Dr. Anil Chopra (VP Medical Affairs) Emily Musing (Patient Safety Officer) Leona Tranter (Patient Partner) Laura Williams (Director Patient Relations) Kathryn Zander (Patient Partner)</p> |

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| | <p>Guest (Non-Voting): Susan Abbey (<i>Psychiatrist-In-Chief</i>) Mark Bayley (<i>PMD of TR</i>) Ed Cole (<i>PMD of MCC</i>) Runjan Chetty (<i>PMD of LMP</i>) Rod Davey (<i>PMD of AP</i>) Marnie Escaf (<i>Senior VP of PM</i>) Mary Gospodarowicz (<i>PMD of PM</i>) Atul Humar (<i>PMD of MOT</i>) Susan Jewell (<i>Senior VP of TR</i>) Shaf Keshavjee (<i>PMD of Surgical Services</i>) Scott McIntaggart (<i>Senior VP of TGH</i>) Janet Newton (<i>VP of TWH</i>) Barry Rubin (<i>PMD of PMCC</i>) Heidi Schmidt (<i>PMD of JDMI</i>) Gelareh Zadeh (<i>PMD of KNC</i>)</p> |
| Chair | <p>A member of the Safety and Quality Committee appointed by the Board.</p> <p>The Chair of the Safety and Quality Committee is responsible for reporting to the Board on behalf of the Committee on matters considered by the Committee, its activities and compliance with the Committee terms of reference, and for making recommendations to the Board as appropriate.</p> <p>The Committee Chair is also responsible for the leadership of the Committee, including meeting schedules, the approval of agendas, presiding over meetings and determining committee work plans.</p> |
| Frequency of Meetings and Manner | The Committee will meet at least 6 times per year |
| Quorum | 40% of voting members OR 6 voting members. |
| Resources | <ul style="list-style-type: none"> • Dr. Brian Hodges Executive Vice-President Education and CMO is the key organizational contact for the Safety and Quality Committee. • Ms. Wing-Si Luk, Director of Patient Safety, provides administrative support and coordinates the activities of the Safety and Quality Committee. |
| Reporting | To the board. |
| Date of Last Review | August 30 th , 2017 |