

Quality and Performance Monitoring Committee Terms of Reference

Preamble:

The Quality and Performance Monitoring Committee is established by the Board of Directors as a requirement of subsection 3 (1) of the *Excellent Care for All Act, 2010*. It is a committee that oversees the health of the hospital's quality, family and patient-centred care, and patient safety related priorities in alignment with legislative requirements, Accreditation Canada and the Strategic Plan of London Health Sciences Centre.

In addition, the Committee, through their governance responsibilities, will continue to build on the priority of the hospital to provide respectful, compassionate, culturally appropriate, and competent care that supports mutually beneficial partnerships between clients, families, and London Health Sciences Centre.

Reporting Relationship:

Board of Directors

Chair:

Appointed by the Board of Directors from amongst Directors as recommended by the Governance Committee

Voting Membership : *(As per Regulation 445/10 A minimum of 1/3 total voting committee membership must be elected directors of the hospital board)*

- Up to seven board members (minimum 5)
- Up to six non Director community members
- Chair, Medical Advisory Committee
- One person who works in the hospital and who is not a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario

Ex-Officio Non-Voting Membership:

- President and Chief Executive Officer
- Chief Nursing Executive
- Chair, LHSC Board of Directors

LHSC Leadership/Resources:

- Executive Vice President, Chief Nursing and Quality Officer
- Executive Vice President, President Children's Hospital
- Board Liaison Officer

Roles:

The role of the Quality and Performance Monitoring Committee pertains to the governance and oversight of the following areas of the organization;

Legislative accountabilities with respect to quality, patient experience and patient safety including but not limited to:

- Public Hospitals Act, R.S.O. 1990, c. P.40
- R.R.O. 1990, Reg. 965: Hospital Management
- Excellent Care for All Act, 2010, S.O. 2010
- Local Health System Integration Act, 2006
- Quality of Care Information Protection Act, 2016 (QCIPA)
- Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A

Accreditation Canada Governance accountabilities as they relate to the quality, patient safety and experience of the organization including:

- Demonstrate accountability for the required organizational practice for the governing body for the quality of care provided by the organization;
- Incorporate the voice and opinion family and patients into work of committee;
- Review regular environmental scans to identify changes/challenges/risks/improvements from leadership or applicable committee structures;
- Ensure that patient safety is a priority of the organization
- Ensure best practices information supported by available scientific evidence is translated into materials that are distributed to employees and persons providing services within the health care organization, and to subsequently monitor the use of these materials by these people.
- Review committee effectiveness (i.e. orientation, evaluation, contribution of members)

Strategic Plan initiative oversight accountabilities to deliver exceptional Quality and Safety by:

- Ensure that the organization is accreditation ready everyday
- Advance clinical documentation
- Engage meaningfully patients and family

Quorum:

Majority

Meeting Frequency:

At least five (5) times per year and at the call of the chair.