

**TERMS OF REFERENCE COMPLIANCE – COMMITTEE WORK PLAN
KHSC PATIENT CARE, QUALITY & PEOPLE COMMITTEE
2017-18**

Endorsed by KHSC Board - June 26, 2017 Board Meeting
Revised: Accreditation Updates included + other deliverables –
August 29, 2017
Revised: Patient Stories – Quarterly – October 5, 2017

Month	Task Lead (s)	April 2017	May 2017	June 2017	August 2017	September 2017	October 2017	November 2017	January 2018	February 2018	March 2018	April 2018	May 2018
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Focus						Q1		Q2		Q3 Approach to Annual Corporate Plan	IACP/QIP HSAA/ MSAA		Q4
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1.0 General Responsibilities	Recommend an annual work plan to the Board based on the following terms of reference;	Crawford	Draft work plan reviewed and recommend to Board										
	Present a mid-year and year-end report to the Board;	Crawford							Draft mid-year committee report reviewed and recommended to Board				Draft year-end committee report reviewed and recommended to Board
	Annually review, confirm and recommend revisions to the Board policies for which they have oversight responsibilities;	Crawford	Committee Orientation – Overview of KHSC Board Policy Manual										
	Ensure principle based decision making guides all committee discussions and decision-making;	Pichora		DECIDE Framework Presentation									

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	Act as the Quality Committee as required by the <i>Excellent Care of All Act</i> ; and	Crawford	TOR reviewed at orientation / confirm compliance with ECFAA quality committee responsibilities Orientation to ECFAA legislation	Bill 41 – Patients First Act, 2016 Overview OHA Education Session: Effective Gov of Quality & Patient Safety	Board committee comp finalized each year; ensure compliance with ECFFA requirement including voting status				Briefing from Committee Chair following OHA Session on Patient Safety					
	Other duties as assigned by the board	Varies	Ensure committee orientation briefing at first meeting of the committee year	As required	As required	As required	As required	As required	As required	As required	As required	As required	As required	As required

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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 Fitzpatrick	Overview of KGH & HDH Sites Quality Improvement Plans 2017-18 presented to Committee		Orientation to OHA Gov Overview of Quality & Patient Safety Toolkit Patient Flow Update		Q1 Reporting Patient Flow Update		Q2 Reporting Patient Flow Update		Q3 Reporting Patient Flow Update	Input into 2018-2019 Master Board & Committee Schedule Approval of QIP and associated indicators	Strategic Performance Index for 2018-19	Q4 Reporting Patient Flow Update
	Consider & make recommendations to the Board regarding quality improvement initiatives/policies	Carter Fitzpatrick	Committee Orientation – Overview of KHSC Board Policy Manual											
	Review patient experience survey strategy and related results	Carter												
	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)	Crawford	Education (professional practice, patient & family centred care,											

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	Oversee preparation of annual quality improvement plan (QIP) and patient safety plan based upon information gathered from patient surveys, patient relations program, staff input and aggregated clinical indicator data	Carter				Overview of Patient Concerns Processing	Quarterly Patient Relations Report			Quarterly Patient Relations Report			Quarterly Patient Relations Report	
	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	Carter / Fitzpatrick					Critical Incident Process and Report			Critical Incident Report			Critical Incident Report	Critical Incident Report
	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) and Multi-Sector Service Accountability agreement (M-SAA)	Crawford					Q1 HSAA Performance Indicator Results			Q2 HSAA Performance Indicator Results Report on clinical implications of HAPS submission (January)			Q3 HSAA Performance Indicator Results Briefing on H-SAA & M-SAA submission to LHIN (dependent on LHIN timelines)	

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	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	Carter				Quarterly Review of Patient Concerns Processing & Board	Quarterly Patient Relations Report			Quarterly Patient Relations Report		Annual Report of the Privacy Officer and Oversight of Personal Health Information	Quarterly Patient Relations Report	Trillium Gift of Life Update
	Ensure and report periodically to the board on structures, policies, and processes that relate to ethical dimensions of the hospitals' professional practice and patient care activities	Crawford / Bardon	Health Ethics Guide Shared – Catholic Health Alliance of Canada	DECIDE Framework Presentation						Clinical Ethics Report				
	Monitor the preparation processes for accreditations and ensure implementation of relevant recommendations arising from surveys	Carter					Overview of update on A/C Survey		Discuss relevant items requiring education, focus + action from Gov Functioning Tool Survey + self assessment Results)	Committee members invited to participate in walk-about, mock tracers	Discuss relevant items requiring education, focus + action from Gov Self Assessment Evaluation Results	Committee members invited to participate in walk-about, mock tracers		Discuss relevant items from A/C survey, items requiring action

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3.0 People	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				Report on Patient Feedback Process Patient Story	Annual Report of the Patient and Family Advisory Council		Patient Story				Patient Story
	Review the hospital's talent management and leadership development plan annually	Carlton								Report on corporate recruitment and retention plan/Report on hiring process for employees and volunteers			
	Review health human resource plan and labour relations reports bi-annually	Carlton							Report on Health Human Resource (HHR) planning	Review of attendance program/spotlight on wellness		Update on HHR	Annual Labour Relations Report
	Review and recommend to the Board the approval of the annual occupational health and safety report (includes update on Ministry of Labour Orders if received / consider financial impact & corporate reputation)	Carlton						Workplace Violence Prevention Update					Review Annual Occupational Health & Safety Report with recommendations to the Board

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	Review staff, volunteers and physician engagement strategy and related results	Carlton/ Fitzpatrick						Update on staff and physician engagement initiatives					
	Review medical staff resource plan	Fitzpatrick								Report on Medical & other credentialed staff resource plan by department including SEAMO recruitment & retention plans			
	Ensure the integrity and completeness of the appointing and credentialing process for medical, dental, midwifery, and extended class nursing staff;	Fitzpatrick					Report on credentialing process						
	Ensure the integrity and completeness of the appointment and hiring process for employees and volunteers	Carlton											

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	Receive annual report from the Chief Nursing Executive on professional practice at KHSC	Crawford								Report on Professional Practice infrastructure & relevance to quality and safety			Annual report from CNE discussed at committee and brought forward to Board
	Oversee the preparation and implementation of the annual French Language Services plan for KHSC	Bardon								French Language Services Compliance Report			
4.0 Interprofessional Education	Promote strong educational relationships with its partner hospitals and Queen's University as an affiliated university partner; review and advance linkages between KHSC and other educational institutions	Crawford							Review of education relationships including overview of affiliation agreement with Queens			Report of CAHO Practice & Education Committee	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/ Fitzpatrick		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	Crawford											
5.0 Strategy Performance Targets	Ensure progress on KHSC strategy and annual corporate plan by reviewing assigned performance indicators					Q1 HSAA Report on Performance Index	Report on Operational Performance :QBP's	Q2 HAPS		Q3 Report on Clinical Innovation Strategy	Report on Transforming the Patient Experience	Strategic Performance Index for 2018-19 People strategic indicators	Q4

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6.0 Integrated Risk Domains	Monitor and report on the integrated risk domains assigned to this committee which include:	Crawford								Annual Enterprise Risk Management Report to Board				
	o Patient Care													
	o Compliance													
	o People													
7.0 Board Reporting Requirements	Board reports due at CEO's office Board mailing date Board meeting date		Report due: 04/10 Mailing on: 04/13 Board: 04/04	Report due: 05/08 Mailing on: 05/11 Board: 05/29	Report due: 06/05 Mailing on: 06/08 Board: 06/26	Report due: 07/31 Mailing on: 08/03 Board: 08/21	Report due: 09/05 Mailing on: 09/07 Board: 09/25	Report due: 10/09 Mailing on: 10/12 Board: 10/30	Report due: 11/06 Mailing on: 11/09 Board: 12/11	Report due: 01/08 Mailing on: 01/11 Board: 02/12	Report due: 02/05 Mailing on: 02/08 Board: 03/05	Report due: 03/05 Mailing on: 03/15 Board: 03/28	Report due: 04/09 Mailing on: 04/12 Board: 05/7	Report due: 05/14 Mailing on: 05/10 Board: 06/11