



TERMS OF REFERENCE FOR LOCAL QUALITY COMMITTEES *D R A F T*

WEST COAST GENERAL HOSPITAL QUALITY COMMITTEE

PURPOSE

- To identify, review, and evaluate the quality of care and services provided to patients within the West Coast General Hospital (WCGH), and make recommendations to improve patient care processes while operating within the vision, mission and values of the Vancouver Island Health Authority and with consideration of clinical ethics.
- To facilitate the implementation of patient care quality, safety and process improvement initiatives at WCGH.
- To promote the use of a multidisciplinary, patient-centred approach in process improvement initiatives and the use of quality improvement tools and methodology.

FUNCTIONS

1. Develop processes to review, monitor, improve and evaluate the quality of care and services provided within WCGH.
 - Support the established regional incident reporting program and process to enhance WCGH staff participation in identifying and reporting incidents.
 - Develop internal competency and self-sufficiency amongst WCGH staff in the use of quality improvement tools and methodology.
2. Identify and select patient care issues for review and improvement.
 - Review cases referred from health care providers, patients' and families' concerns, incidents, and other sources, pertaining to the care and services provided within WCGH.
 - Review mortality and morbidity cases within WCGH.
 - Review clinical practice guidelines, standards of care and care maps for utilization within WCGH.
 - Review utilization of clinical practice guidelines, standards of care, and care maps at WCGH.
 - Direct patient care and health service quality reviews.
3. Assess, monitor and evaluate quality indicators to identify areas requiring improvement.
 - Study, assess and evaluate patient care incidents using quality improvement tools and methodology.

- Assess, monitor and discuss significant individual and/or aggregate incidents and/or issues, as they relate to the quality of care and services provided at WCGH.
 - Evaluate care provided, based on accepted standards for practice and care delivery, and identify deviations.
 - Study, assess and evaluate patient care outcomes in relation to standards of care.
 - Evaluate appropriateness of health services delivered.
 - Assess and identify areas requiring continuing health care provider education and/or where individual health care providers may need assistance or improvement.
4. Identify and review local trends, set improvement goals, and develop strategies to achieve goals.
- Identify and review local trends in incident reports.
 - Recommend strategies to prevent or minimize future occurrences of incidents and morbidity/mortality.
 - Receive and review reports from WCGH clinical areas regarding quality of care and services at WCGH and make recommendations for improvement.
 - Develop policy recommendations to maintain or enhance the quality of care and services provided.
 - Review and recommend improved or additional quality assurance activities.
 - Prioritize quality assurance activities for resolution and design strategies for change.
 - Make recommendations for improvement in clinical practice guidelines, standards of care, care maps, and utilization of same.
 - Develop specific plan of action regarding identified quality improvement patient care issues.
 - Make recommendation, where appropriate, for peer reviews of the medical staff in accordance with the Medical Staff By-Laws and the Medical Staff Rules, and for review of practice methods and patterns of other health care professionals.
5. Identify, prioritize as necessary, and facilitate implementation of patient care quality, safety, and process improvement initiatives.
6. Facilitate dissemination of learnings to staff at WCGH.
7. Facilitate the accreditation process and the implementation of accreditation recommendations.

MEMBERSHIP

- Site Administrator
- Chief of Staff
- Physician Representatives
- Clinical Coordinator (Nurse Manager) Representatives

- Clinical Nurse Educator/Clinical Nurse Specialist and/or Nursing Professional Practice Committee Representative(s)
- Pharmacy Representative
- Laboratory Services Representative
- Diagnostic Imaging Representative
- Quality Improvement Consultant
- Other ad hoc multidisciplinary members as required, including expertise in facilitating resolution of ethical issues

An annual self-evaluation of the effectiveness of the committee and the appropriateness of the membership will be conducted.

An annual review of the effectiveness of the Terms of Reference of the committee will be conducted, for review by the Community Hospitals Quality Council.

CHAIR

The Committee shall be co-chaired by the Site Administrator (or management designate) and the Chief of Staff (or medical designate).

QUORUM

A quorum shall consist of a simple majority of regular members.

MEETING SCHEDULE

Meetings will be held quarterly, at minimum.

AGENDA

The Co-Chairs will work with the Quality Improvement Consultant to set the agenda. Standing agenda items to include the following:

- Quality Initiatives Tracking Report
- Reviews of incident report trends
- Reports of quality improvement and patient safety issues
- Reports of quality improvement and patient safety activities
- Reports of educational initiatives pertaining to quality improvement and patient safety

ACCOUNTABILITY

The committee is accountable to, and shall report on its activities, findings and recommendations through the Co-Chairs, to the Community Hospitals Quality Council.

