

**TERMS OF REFERENCE FOR THE QUALITY & ACCESS COMMITTEE**

**I. PURPOSE**

The purpose of the Quality & Access Committee (the “Committee”) is to assist the Board in fulfilling its responsibilities to ensure the quality of patient-centered care and equitable access to provincial health services by establishing and monitoring performance targets, standards of care and service, guidelines and policies for the population served by the Authority.

**II. COMPOSITION AND OPERATIONS**

- A.** The Committee shall be composed of not fewer than three directors and not more than six directors.
- B.** The Committee shall operate in a manner that is consistent with the Committee Guidelines outlined in section 3.2 of the Board Manual. It shall also take into consideration the requirements of Section 51 of the Evidence Act (Appendix A).
- C.** The Committee shall meet at least two times each year.
- D.** The Committee is formally approved as a quality assurance committee within the intent of Section 51 of the Evidence Act.

**III. DUTIES AND RESPONSIBILITIES**

Subject to the powers and duties of the Board, the Committee will:

- A.** Review the performance indicators currently available to measure the quality of care and access to services within the mandate and performance agreement within the PHSA.
- B.** Oversee the development of performance indicators across the PHSA that will be used to monitor quality and access and recommend these to the Board.
- C.** Regularly review relevant reports to monitor and evaluate the quality of care being provided and access to services in order to observe trends; and to identify problem issues or areas where further investigation may be warranted. Regularly report these concerns and the action planned to the Board.

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- D.** Periodically review reports with respect to unusual occurrences, complaints, and levels of satisfaction and regularly provide these reports to the Board.
- E.** Review major adjustments to any programs to ensure that the quality of care and access are not reduced or compromised.
- F.** Identify areas and make recommendation to the Board where opportunities exist to improve quality and access.
- G.** Oversee the preparation and implementation of accreditation activities including readiness for accreditation surveys and compliance with all applicable standards.
- H.** To meet the accreditation standards of the CCHSA (Canadian Council on Health Services Accreditation) and other applicable organizations, oversee the preparation and implementation of accreditation activities including readiness for accreditation surveys and compliance with all standards.
- I.** The Quality and Access committee receives reports from the Agency Medical Advisory Committee Chairs with respect to:
  - 1. cancellation, suspension, restriction, non-renewal, or maintenance of the privileges of all members of the medical staff(s) to practice within the facilities and programs operated by the PHSA.
  - 2. the monitoring of the quality and effectiveness of medical care provided within the facilities and programs operated by the PHSA including the adequacy of medical staff resources;
- J.** The Quality and Access committee reviews, evaluates and reports to the full Board on the privileges of members of the medical staff and other issues received.

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## APPENDIX A

### IMPLICATIONS OF *THE EVIDENCE ACT*

- A. Section 51 of the *Evidence Act* provides that records and information arising out of quality assurance activities in hospitals are privileged and are not subject to the *Freedom and Information and Protection of Privacy Act (FOIPP Act)*.

Within the *Evidence Act*, Quality Assurance is the component of the system related to care provided to patients, residents and clients by Health Professionals (See **Note**).

- B. The *Evidence Act* protects the Quality Assurance of hospitals as defined in the *Hospital Act*, the *Hospital Insurance Act* and the *Mental Health Act*. This includes private and non-profit:
- Acute Care Hospitals
  - Convalescent and Rehabilitation Hospitals and Units
  - Mental Health Facilities and Psychiatric Units
  - Private Nursing Homes where two or more patients (other than the spouse, parent, child of the owner or operator) are living at the same time

To Qualify under Section 51, a hospital must comply with the Specific set of rules laid out in the Act.

- C. Only those documents/deliberations specifically prepared by or for a Quality Assurance Committee are protected under Section 51. It will be the responsibility of management to ensure that it is made clear on the face of the document that it was created for ultimate submission to the Committee e.g. marked “Confidential – Quality Care Committee”
- D. The Quality Assurance activities of Home and Community Care, Public Health, and Community Mental Health are not protected by the *Evidence Act*. These programs may, however, be exempted from disclosure under certain segments of the *FOIPP Act*. In circumstances where, in the judgment of management, the activities reasonably fall within the exemptions provided by the

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*FOIPP Act*, any reports to the Committee should again be marked “Confidential – Quality Care Committee”

- E.** The Quality Care Committee should have an in-camera agenda for Quality Assurance and *FOIPP* exempted items and, if necessary, a regular agenda for other issues and reports.
- F.** While business conducted within Committees is not open to public participation, the Minutes of the Board may be. In these circumstances, the Reports of the Quality & Access Committee should appear on the in-camera agenda and must be so identified and presented to the Board only when the Board is in-camera.

**Note:** *Health Professionals are defined in the Health Professional Act as Medical Doctors, Registered Nurses, Dentists, Pharmacists, Registered Psychiatric Nurses, Pharmacists, and persons registered as a member of a College established under the Act.*