

Terms of Reference

Quality & Safety Committee

PHSA Board

1. Introduction

1.1. Purpose

The Quality & Safety Committee (the “Committee”) operates under the authority of the PHSA Board of Directors (the “Board”) and is responsible for:

- assisting the Board in the performance of the Board’s governance role for the quality of patient care and services;
- monitoring risk and relevant mitigating strategies related to the quality of patient-centred care and safety; and
- ensuring 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 Provincial Health Services Authority (PHSA) inclusive of all programs and services.

The committee is guided by the Coast Salish Teachings of Knowledge Keeper Sulksun (Shane Pointe):

- *Thee eat “Truth”*
- *Eyhh Slaxin “Good medicine”*
- *Nuts a math “We are One”*
- *Whax hooks in shqwalowin “Open your hearts & minds”*
- *Kwum kwum stun shqwalowin “Make up your mind to be strong”*
- *Tee ma thit “Do your best”*

2. Composition and Operations

- A. The Committee shall be composed of not fewer than three directors.
- B. The Committee shall operate in a manner that is consistent with the Board Standing Committee Guidelines.
- C. The Committee shall meet at least two times each year.
- D. The Committee is formally approved as a quality assurance committee in accordance with Section 51 of the Evidence Act

3. Duties and Responsibilities

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Subject to the powers and duties of the Board and using PHSA's Integrated Quality and Safety Framework, the Committee will:

3.1 Quality Oversight and Quality Improvement

- i) Monitor and report to the Board on quality issues and the overall quality of services;
- ii) Review relevant performance indicators to measure the quality of care, access to services and patient safety within the mandate of the PHSA;
- iii) Oversee the development of new performance indicators where necessary;
- iv) Regularly review reports on the quality of care and access to services being provided to the patients/clients of PHSA and the risks associated therewith;
- v) Where issues arise regarding the quality of care being provided or the access of services, ensure appropriate actions are taken to correct these;
- vi) Consider and make recommendations to the Board regarding quality improvement initiatives and policies;
- vii) Ensure a cultural safety and humility lens is applied to the work of the committee with a focus on anti-indigenous racism for all programs and services in PHSA
- viii) Receive reports from the Health Authority Medical Advisory Committee Chair with respect to the:
 - a) 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; and
 - b) 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.
- ix) Review, evaluate and recommend to the full Board approval of the privileges of medical staff and other issues received;
- x) Review major adjustments to any program to ensure that the quality of care and access are not reduced or compromised;
- xi) Identify areas and make recommendations to the Board where opportunities exist to improve quality and safety;
- xii) Review and approve the Quality and Safety goals as they are renewed.

3.2 Patient Safety Events

- i) Patient Safety Events are events or circumstances, which could have resulted or did result in unnecessary harm to the patient. Critical patient safety events are those events where there is:
 - a) A confirmed severe or catastrophic harm with a direct causal relationship between care or service provider (or care that should have been provided) and the harm; or
 - b) Any confirmed Never Event based on PHSA's defined list.

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- ii) Receive aggregate reports at least annually related to critical patient safety events within PHSA.
- iii) Periodically review reports with respect to patient safety events, patient care quality complaints, levels of satisfaction and regularly provide these reports to the Board. The Committee will oversee any plans developed to address, prevent or remediate such events.

3.3 Accreditation

- i) Oversee the preparation and implementation of accreditation activities including readiness for accreditation surveys and compliance with all applicable standards.
- ii) Review accreditation reports and any plans that need to be implemented to improve and correct deficiencies.

4. Privilege and Confidentiality

- A. Quality Improvement information is prepared for and received by the Committee under Section 51 of the Evidence Act.
- B. Section 51 of the Evidence Act provides that records and information arising out of quality assurance and improvement activities in hospitals or during transportation to or from that hospital are privileged and are not subject to the Freedom and Information and Protection of Privacy Act (FOIPP Act). It also prohibits the production in civil court proceedings, arbitrations and inquests any evidence compiled during the course of a quality assurance review.
- 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 "Privileged Confidential – for Quality Assurance Purposes Only."
- D. 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 Committee will contain no identifying or personal information.

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