

NAME OF COMMITTEE

SUB-COMMITTEE

QUALITY OF CARE COMMITTEE

Terms of Reference

Revised draft: **DATE**

1. Purpose

The purpose of the Peter Munk Cardiac Centre (PMCC) Sub-Committee Quality of Care Committee (Sub-QCC) is to carry on activities for the purpose of assessing and evaluating the provision of health care with a view to maintaining or improving the quality of health care and includes conducting reviews of critical data and incidents as defined by the Public Hospitals Act, Regulation 965.

2. Responsibilities of the Committee

[The following are provided as suggestions and examples.]

The Sub-QCC:

- a. May review any incident or activity for the purpose of studying, assessing or evaluating the provision of health care with a view to improving or maintaining the quality of health care.
- b. May review Serious Safety Events 1 through 4 as defined in Patient Safety Event Reporting & Review Policy 3.20.005. (Note: SSE 1- 4 include critical incidents as defined by the Public Hospitals Act, Reg. 965).

Public Hospitals Act	
Death	On the balance of probabilities, death was caused or brought forward
Severe Harm	Patient outcome is symptomatic, requiring life-saving intervention or major surgical/medical intervention, shortening life-expectancy, or causing major permanent or long-term harm or loss of function

UHN Incident Severity Categories	
SSE 1	Death
SSE 2	Severe Permanent Harm
SSE 3	Moderate Permanent Harm
SSE 4	Severe Temporary Harm

- c. May conduct Mortality & Morbidity (M&M) rounds. M&M rounds conducted by the Sub-QCC may sometimes be subject to the Quality of Care Information Protection Act, 2016 (“QCIPA”). The decision to invoke QCIPA will be made by the individual(s) leading the M&M rounds in consultation with the Sub-QCC.
- d. Based on the above deliberations, may suggest any further steps to be taken to avoid or reduce the risk of further similar incidents, as well as oversee and advise on the conduct of quality improvement projects
- e. Forwards Quality of Care recommendations that have wider system applications to their respective Portfolio QCC for approval and implementation.
- f. May implement actions on behalf of the Portfolio QCC, for example:
 - i. Monitor implementation of system quality priorities identified by Portfolio QCCs or UHN QCC
 - ii. Share lessons learned and implement relevant recommendations from Safety Event Reviews
- g. Reviews and analyzes quality of care metrics by comparing current performance in comparison with earlier data where applicable, and with industry statistics where available.
- h. Ensures awareness exists on the subject of quality of care management.

3. Responsibilities of the Individuals

[The following are provided as suggestions and examples.]

The Sub-QCC's Chair or Co-Chairs:

- a. Will guide the activities and work of the Sub-QCC;
- b. Will coordinate and communicate with the **Program/ Departmental/ Divisional Leadership Team** and other relevant stakeholders related to the activities of the Committee;
- c. Prepare, as required, an annual activity report;
- d. Will, if the individual(s) is/are a physician, represent the Sub-QCC on the UHN Physician Council on Quality & Safety;

The Sub-QCC's Committee members:

- a. Will advise the Chair or Co-Chairs and collaborate with other members of the Sub-QCC to advance the quality and safety of care provided in the **program/ department/ division**;
- b. Will disseminate information and recommendations from the Committee to their respective constituency.

4. Quality of Care Information Protection Act/ Prohibited and Permitted Disclosures

Unless expressly stated otherwise, reviews and activities undertaken by the **NAME** Sub-QCC are conducted under the Quality of Care Information Protection Act (QCIPA).

To support the application of QCIPA to **NAME** Sub-QCC review:

- a. At the outset of a review it should be stated that:

'QCIPA will be applied for safety events that will be reviewed by the quality of care committee and that the purpose of the debrief is for quality improvement, to learn from the event and to suggest changes to prevent similar incidents from happening in the future. We recognize that safety events are often a result of system/process issues, and seldom the fault of one individual. We promote a fair and just safety culture, so that everyone can feel comfortable sharing their thoughts, ideas and concerns.'

Please remember that everything discussed in this meeting is confidential and for the purposes of quality improvement.'

- b. The statement "Quality of Care Information - Privileged and Confidential" should be added to all **NAME** Sub-QCC documentation and to every **NAME** Sub-QCC email subject line

QCIPA provides that no person shall disclose Quality of Care Information collected for a **NAME** Sub-QCC except as permitted by QCIPA. Therefore, the QCIPA privilege that protects Quality of Care Information is mandatory and cannot be waived.

Quality of Care Information

'Quality of care information' means that information collected by or prepared for a quality of care committee for the sole or primary purpose of assisting the committee in carrying out its functions; and/or information that relates solely or primarily to any activity that a quality of care committee carries on as part of its functions. Such information cannot be disclosed except as permitted under QCIPA. Quality of care information includes information that is:

- (a) is collected or prepared by or for a quality of care committee for the sole or primary purpose of assisting the committee in carrying out its quality of care functions,
- (b) relates to the discussions and deliberations of a quality of care committee in carrying out its quality of care functions, or
- (c) relates solely or primarily to any activity that a quality of care committee carries on as part of its quality of care functions, including information contained in records that a quality of care committee creates or maintains related to its quality of care functions.

Permitted Disclosures to Patients/Families

The following information arising from a QCC review may be disclosed to patients/families and as otherwise required by law as it not considered to be Quality of care Information:

1. Information contained in a patient record.
2. Information contained in a record that is required by law to be created or to be maintained.
3. Information relating to a patient in respect of a critical incident that describes,
 - i. facts of what occurred with respect to the incident,
 - ii. what the quality of care committee or health facility has identified, if anything, as the cause or causes of the incident,
 - iii. the consequences of the critical incident for the patient, as they become known,
 - iv. the actions taken and recommended to be taken to address the consequences of the critical incident for the patient, including any health care or treatment that is advisable, or
 - v. the systemic steps, if any, that a health facility is taking or has taken in order to avoid or reduce the risk of further similar incidents.
4. Information that consists of facts contained in a record of an incident involving the provision of health care to a patient.

Permitted Disclosures to Management and Staff

QCIPA also permits the disclosure of Quality of Care Information in the following circumstances:

- To management, if the committee considers it appropriate to do so for the purpose of improving or maintaining the quality of health care provided by the facility
- Management may disclose quality of care information to an agent or employee of the facility if the disclosure is necessary for the purposes of improving or maintaining the quality health care provided by the facility, with the proviso that the agent or employee shall only use the information for the purpose for which it was disclosed.
- Where disclosure is necessary for the purposes of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

Disclosure of Quality of Care Information to management and staff shall not contain more personal health information that is reasonably necessary for the purpose of the disclosure.

5. Membership

Core Members

Represent their areas / professions with the expectation to report any quality and safety issues arising in their areas and report back key issues discussed at meetings. Members may send a designate should they not be available to attend a meeting.

- 1.
- 2.

Executive Members

Core members who provide leadership, determine the overall direction and set the agendas for Sub-QCC

- 1.
- 2.

6. Meetings

Frequency of meetings

7. Quorum

At least 50% of the voting members must be present for a vote to take place.

8. Decision Making

Decisions will be made by agreement among 50% plus 1 of core members present at any meeting fulfilling quorum, or through electronic means outside of meetings as determined by the Chair or Co-Chairs.

9. Accountability

NAME Sub-QCC reports to its respective Portfolio QCC and provides them with updates on a regular basis. The Chair(s) of the **NAME** Sub-QCC will act as the liaison between the **NAME** Sub-QCC and the relevant Portfolio QCC.

Standing meetings will be held as required to carry out the mandate of the Sub-QCC, typically quarterly in addition to *ad hoc* meetings as necessary. Members who miss >50% of meetings may be asked to step down from the Committee and appoint an alternate at the discretion of the Chair(s).

10. Resources

The **Program/ Departmental/ Divisional** Leadership Team will provide resources for administrative and coordinator support for the Sub-QCC.

11. Review

These Terms of Reference will be reviewed every 2 years.