

TERMS OF REFERENCE QUALITY & SAFETY COMMITTEE

(Approved October 27, 2016; Amended September 28, 2017, December 12, 2018)

A. PURPOSE

The Quality & Safety Committee (the **Committee**) is a standing committee established the Board (the **Board**) of Alberta Health Services (**AHS**). The purpose of the Committee is to assist the Board in fulfilling its oversight responsibilities with respect to promoting an environment of decision-making for clinical operations that ensures the quality and safety of health care, builds a culture of trust for patients and health care providers, provides equitable access to provincial health services for all Albertans, optimizes health outcomes, and adheres to the Alberta Quality Matrix of Health.

B. SCOPE

1. Committee Approval and Recommendations

The Committee may consider and provide feedback relating to matters forwarded by management or the Board, or on its own initiative, and:

- (a) may approve matters which are administrative and non-substantive in nature such as those customarily made to: confirm the accuracy and completeness of the Committee's own minutes; conduct all or a portion of the Committee meetings *in camera*; and approve the Committee's meeting agenda and changes to the agenda;
- (b) may refer matters to another committee of the Board for further consideration; and
- (c) may make recommendations for approval to the Board on matters of a substantive nature.

2. Quality Health Care and Services

The Committee shall oversee and make recommendations to the Board, if appropriate, regarding the AHS Executive Leadership Team's administration of the following responsibilities:

- (a) considering issues and practices that may impact the delivery of safe, quality health care and services;

(b) recommending the implementation of structures and processes to optimize equitable access to quality health care, health outcomes and services provided by AHS through:

- (i) consistent application of evidence-based care and public health practices;
- (ii) timely access;
- (iii) coordinated, integrated, and equitable patient-centered care;
- (iv) provincially aligned health outcome improvement strategies that support higher system performance;
- (v) a commitment to quality improvement; and
- (vi) the effective and efficient use of resources;

(c) identifying areas for advocacy for public policy based on strategies set by the AHS Chief Medical Officer;

(d) monitoring and evaluating quality of care, access to services, population health outcomes, and health system satisfaction;

(e) providing oversight to designating quality assurance committees in compliance with section 9 of the *Alberta Evidence Act*;

(f) receiving reports and making recommendation regarding research conducted, or proposed to be conducted, in AHS facilities or by AHS employees, senior officers, agents or members of the Board (**Members**); and

(g) promoting active involvement with physicians, allied health professionals, and health care providers in the planning and delivery of health care, services, and programs across the continuum of care.

3. Patient Safety

The Committee shall oversee and make recommendations to the Board, if appropriate, regarding the AHS Executive Leadership Team's administration of the following responsibilities:

(a) establishing and implementing safety management processes that focus on health system performance measurements,, analysis, evaluation, and improvements;

(b) promoting a just culture for patients and AHS employees, senior officers, agent and Members; and

- (c) facilitating health system improvements through the sharing of information about patient safety programs.

4. Governance Responsibilities

The Committee shall:

- (a) evaluate, on an annual basis, its performance and review its Terms of Reference and shall, as it considers appropriate, propose any changes to the Governance Committee for recommendation for approval by the Board, as required;
- (b) ensure adequate resources and support are in place to enable the Committee to fulfill its duties effectively and efficiently; and
- (c) fulfill such other duties as may be assigned to the Committee by the Board..

C. MEMBERSHIP

1. Members

The Committee comprises:

- (a) a minimum of two Members appointed to the Committee by the Chair of the Board, each of whom shall have voting rights;
- (b) any other individuals who are not Members, appointed by the Board, whose voting status shall be determined at the time of appointment;
- (c) the Chair of the Board shall be an *ex officio* member of the Committee and shall have full voting rights; and
- (d) the President and Chief Executive Officer (**CEO**) shall be a non-voting *ex officio* member of the Committee and all other Members not appointed by the Chair of the Board shall be non-voting members of the Committee. The CEO may appoint another individual to attend a Committee meeting as an *ex officio* non-voting Committee member in his or her absence.

2. Term of Office

The terms of individuals appointed C. 1.(b) shall be determined at the time of appointment.

3. Committee Chair and Vice Chair

The Chair of the Board shall appoint a Committee chair and a vice chair from among the voting members of the Committee. In the absence of the Committee chair, the vice chair shall chair the meeting.

4. Vacancies

The Chair of the Board may appoint a successor to serve for the balance of a vacated Committee member's term.

5. Advisors

The Committee may request the participation of advisors from time to time, including but not limited to AHS' employees, management, or external consultants, to provide advice or information to the Committee or to its members independently, with respect to any matter before or related to the Committee, at AHS' expense.

D. MEETINGS

1. Confidentiality

The nature and subject of discussions and deliberations on matters before the Committee are confidential until such time as an item is approved by the Board and released publicly.

2. Frequency

The Committee shall meet at least four times each year at the call of the Committee chair, or at the discretion of the Chair of the Board.

3. Quorum

A majority of Committee members entitled to vote shall constitute a quorum. Committee members may participate in person or by any other method that permits them to hear and participate in the meeting.

4. Notice

Notice of the time and place of every meeting of the Committee shall be given electronically, by postal service, or as agreed to by the Committee members, at least seven days in advance of a meeting. In the event the Committee chair or Chair of the Board determines an urgent requirement to meet, notice of the time and place of the meeting may be given electronically or by telephone at least 24 hours in advance. Notice may be waived by a Committee member in any manner, including by unanimous consent of all Committee members. Attendance of a Committee

member at a meeting is a waiver of the notice of the meeting, except where the Committee member attends for the express purpose of objecting to the transaction of any business on the grounds that the Committee member was not given adequate notice of the meeting.

5. Report and Recommendations

Subject to confidentiality requirements, the Committee shall submit an overview report on the business conducted at each meeting, and shall make recommendations, if appropriate, to the Board at its next public meeting.

6. Minutes

The Corporate Secretary or such other person acceptable to the Committee shall act as recording secretary to attend at every Committee meeting to take minutes. Minutes shall be approved by the Committee at its next meeting.

7. *In camera* Discussions

The Committee shall meet *in camera* with management in separate sessions to discuss any matters that should be discussed privately with the Committee.

8. Rules of Order

Unless provided otherwise in the AHS Amended General Bylaws or these Terms of Reference, Committee business and conduct of the Committee members shall follow Robert's Rules of Order as may be modified by the Committee chair.