## TERMS OF REFERENCE

### PATIENT SAFETY AND QUALITY COMMITTEE

#### QUALIFICATIONS FOR COMMITTEE MEMBERS

To be eligible for nominations, candidates for Committee membership:

- Must be committed to the Hospital's mission and goals.
- Must be willing to dedicate quality time to participate actively on the committee(s).
- Must have interest and expertise in the areas that advance the Committee's mandate.
- Must be willing to serve, attend regularly and actively participate on the Committee. An attendance level of at least 75% is suggested. A committee member who misses three consecutive meetings, if applicable, without consulting the Chair shall be deemed to have resigned.
- Must be committed to participate in a committee orientation program and the continuing education of members.
- Must have a commitment to the philanthropic objectives of the Hospital.

#### EVALUATION OF COMMITTEE MEMBERS

To be eligible for a renewed nomination as a Committee member, each candidate will be evaluated annually on the following criteria:

- Regular attendance at meetings of the committee. An attendance level of at least 75% is suggested. A committee member who misses three consecutive meetings without consulting the Chair shall be deemed to have resigned.
- Necessary background preparation and effective participation on the committee on which the member served.
- Work positively, co-operatively and respectfully as a member of the Hospital's team with other members and with the Hospital's management and staff.
- Demonstrated commitment to the Hospital in the form of attendance at special events, promoting the Hospital within government and the community, and commitment to the philanthropic objectives of the Hospital.

#### MISSION

The Patient Safety and Quality Committee shall provide oversight and support to the Board of Directors by serving as a forum for Medical Staff, Senior Management and Directors to dialogue on issues related to quality of care. The Committee will ensure that the Hospital fulfils its obligation to achieve high standards in everything that it does for patients, staff, and stakeholders.

#### COMPOSITION

The composition of the committee shall ensure balanced representation from the Board, Medical Staff, Management and the community at large. The Quality Committee shall consist of no fewer than three members of the Board of Directors, at least one member of Leadership Sinai and four members from the Community. Ex Officio membership shall include the Senior
VP Nursing, the Chair of the Medical Advisory Council, President & CEO, Chair of the Board, Director of Research Samuel Lunenfeld Research Institute, nursing representation and such other members as may be appointed in accordance with the By-Law.

The term of each member will be three years. Members will be eligible to serve two 3-year terms. Terms will be staggered to ensure continuity and expertise is maintained.

NOMINATIONS AND ELECTIONS
Membership to the Patient Safety and Quality Committee of the Board will be a combination of nominations for community members and appointments for Board members. Members will be selected on the basis of skills and competencies ensuring expertise in such areas as: Legal, Communications/Marketing, Industrial Engineering, Healthcare, Manufacturing (Quality Improvement Processes), Service/Hospitality, Finance and Academia.

The selection process will consider:

- The individuals’ ability to commit to at least 75% of the meeting per year lasting 1.5 hours in length
- The individuals’ ability to commit to 2 hours of time per month required to prepare for meetings and to engage in initiatives designed to support the Board of Directors
- Expertise and demonstrated leadership to Mount Sinai Hospital

CHAIR
The Chair and Vice-Chair of the Committee are designated by the Board of Directors. If the Chair is unable to chair a meeting of the Committee, the Vice-Chair acts as chair for that meeting.

The Committee Chair will serve an initial term of two years, renewable for an additional term at the discretion of the Board.

DIRECT HOSPITAL LIAISON/COMMITTEE SUPPORT
Dr. Matthew Morgan, VP, Strategy and Organization Development

MEETINGS AND CALLING OF MEETINGS
The Patient Safety and Quality Committee will meet at least five times a year.

Meetings of the Committee are held on the pre-scheduled date and at the time and place set by the chair in writing. An unscheduled meeting may be called at any time by the Chair with appropriate notification no less than 24 hours prior to the time and date set for the meeting. Meetings of the Committee may be held by telephone or any other means which enables all participants to communicate with each other adequately and simultaneously. Persons participating in a meeting by telephone or by any other means of communication are deemed to have attended that meeting.

QUORUM
A majority of the Committee shall constitute a quorum.
MINUTES
The minutes of each meeting will be administered by Hospital Support Staff and circulated to committee members 7 days prior to each meeting. Minutes will be labelled draft until approved by consensus by the committee. The minutes of each meeting of the Committee, duly approved by the committee, are held in the Office of the President & CEO.

FUNCTIONS AND RESPONSIBILITIES

The functions of the Patient Safety and Quality Committee of the Board must be aligned with those of the Board of Directors.

The Patient Safety & Quality Committee of the Board must annually engage in a planning exercise that identifies the committee’s key initiatives and expected results. This activity must take place no later than 90 days following the hospital’s Annual Meeting. A corresponding report must be forwarded to the Board of Directors for their review.

The primary function and responsibility of the Quality Committee of the Board is to provide oversight and to support management in analyzing the infrastructure that supports all hospital quality, patient safety and relevant risk activities including but not limited to:

- Policy Infrastructure for all quality activities ensuring a culture of safety and disclosure
- Performance Measurement/Management of select indicators and initiatives related to the organizational strategy
- Knowledge/Information transfer between Medical Staff, Administration and the Board of Directors
- Care process systems, patient safety, clinical outcomes and quality of care initiatives
- Disclosure mechanisms related to critical incidents and quality indicators concerning hospital acquired infections, mortality and any others as required and/or deemed advisable
- Relevant risk areas including, clinical risk/patient safety and related reputational risk

The Patient Safety and Quality Committee makes recommendations related to the aforementioned to the Board of Directors for the purpose of ensuring that the Corporation continues to maintain and improve the quality of care that the Corporation provides to its patients and families. Updates on the activities of the Quality Committee of the Board will be forwarded to the Board a minimum of quarterly basis.