

Terms of Reference for the Safety, Quality & Performance Measurement Committee

1. Purpose

The purpose of the Board's Safety, Quality and Performance Measurement Committee ("the Committee") is to assist the Board in fulfilling its goal of ensuring the safest and best quality care for every individual. The Committee achieves this by working with Management to monitor care in all of its dimensions (patient and family centered, culturally safe, accessible, appropriate, effective, equitable, efficient and free of racism). The Committee and Management will agree on target goals and will work together on actions to achieve these goals. The Committee operates *in camera* to review, evaluate and improve the practices of the health authority in carrying out quality assurance activities under s. 51 of the *Evidence Act*.

2. Composition and Operations

- 2.1. The Committee shall be composed of not fewer than three directors.
- 2.2. The Committee shall operate in a manner that is consistent with the Board Policies, General Guidelines for Committees (D-00-11-30082).
- 2.3. The Committee shall meet at least four times each year and hold other meetings as necessary to ensure continuous, timely and effective focus on quality and safety issues and performance measurement.
- 2.4. The Committee shall operate following the protocols for meetings, information and records consistent with S. 51 of the *Evidence Act* as outlined in Appendix A.

3. Duties and Responsibilities

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

- 3.1. Review and approve the annual quality and safety plan and quality and safety structure provided by Management. The plan will include the identification of performance measures for safety and for all dimensions of care for hospitals, the community and indigenous health.
- 3.2. Ensure that actions are taken to meet target goals for performance measures.
- 3.3. Review Critical Patient Safety Incident Reviews, Patient Safety Event Reviews and reports from the Patient Safety Learning System. Ensure that Management completes timely reviews that result in actions to correct safety risks and improve systems across the organization.
- 3.4. Review reports from regional, community of care, and site-specific quality and safety committees including standing committees, councils and *ad hoc* committees. Appendix

B sets out the regional, community of care and site-specific quality and safety committees that are approved as s. 51 committees.

- 3.5. Approve quality and safety committees as defined in s. 51 of the *Evidence Act*.
- 3.6. To ensure that care is meeting standards for respect and cultural safety, the Committee will:
 - 3.6.1 Review reports of complaints and compliments from all sources including the Patient Care Quality Office and the Patient Care Quality Review Board.
 - 3.6.2 Review reports from Patient Experience Teams.
 - 3.6.3 Review reports from the Indigenous Health team on indigenous specific patient experience and culturally safe quality of care.
 - 3.6.4 Review reports from the Office of the Ombudsperson
- 3.7. Review reports from the Health Authority Medical Advisory Committee regarding the provision of medical care within the facilities and programs operated by VCH including but not limited to quality and effectiveness of care, adequacy of medical staff resources, and goals for meeting the medical care needs of the population.
- 3.8. Make regular (2 – 3 times each year) visits to program sites across the region including community and acute care settings to enhance the Committee’s understanding of our organization.
- 3.9. Review reports on care for populations for key conditions and services to ensure equitable access and outcomes across race, gender, ethnicity, language and age and consideration of sustainability and appropriateness related to planetary health.
- 3.10 Oversee the preparation and implementation of accreditation activities including readiness for accreditation surveys and compliance with all applicable accreditation bodies’ standards.
- 3.11 Ensure the identification and mitigation of enterprise risks that compromise patient experience and safety.

4. Accountability

The Committee shall report its discussions to the Board by maintaining minutes of its meetings and providing an oral report at the next Board meeting in accordance with the general guidelines for committees.

5. Committee Timetable

The Terms of Reference Calendar outlines the Committee’s schedule of activities (attached as Appendix “C”).

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6. Current Membership Effective –September 27, 2023

- Board Chair, ex-officio, voting
- CEO, ex-officio, non-voting
- Chair
- Two to four additional Directors

The quorum for any committee of the Board shall be two (2) members of the committee.

Appendix A

Protocols for meetings, information and records under Section 51 of the *Evidence Act*.

Appendix B

Regional, Community of Care, and organization based quality and safety committees and councils.

Appendix C

Terms of Reference Calendar

Approved by: VCH Board			Board Last Approved: Feb. 29, 2024
Policy Created: 2003	SQPM Last Reviewed: Feb 21, 2024		
Revision Dates:	2006-06-20	2023-09-27	2012-06-20
2020-06-23	2008-12-10	2024-02-21 (Appendix B)	2013-10-09
2021-04-14	2012-02-14		2015-02-25
2022-09-15	2013-04-23		2016-02-17
2023-09-20	2015-01-25		2017-02-22
2024-02-21 (Appendix B)	2016-02-16		2018-02-21
	2017-02-21		2019-04-11
	2018-02-20		2020-06-24
	2019-04-10		2021-04-15
	2020-06-23		2022-09-22
	2021-04-14		2023-10-05
	2022-09-29		2024-02-29 (Appendix B)

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Appendix A – Protocols Pertaining to Matters before the Committee: Applicability of Section 51 of the Evidence Act

1. Overview

The purpose of the Safety, Quality and Performance Measurement Committee (“the SQPM Committee”) is to assist the Board in fulfilling its goal of ensuring the best quality of care for every individual.

Section 51 of the BC *Evidence Act* prohibits the production of records and information arising from quality assurance activities undertaken at the request of a s. 51 committee (defined in part 3 below) and related to hospital-based care¹ (i.e., medical or hospital practice or care in hospitals or during transportation to or from a hospital) in the course of legal proceedings² or in the response to a request for information under the *Freedom of Information and Privacy Protection Act*. To ensure compliance with s. 51, information before the SQPM Committee must be reviewed and protected in accordance with the protocols outlined below.

2. SQPM Committee Meeting Protocols

- Due to the nature of the SQPM Committee’s duties and responsibilities, its meetings are typically held *in camera*.³
- SQPM Committee meeting agendas and minutes will document that the SQPM Committee is meeting *in camera*.

¹ Hospitals are defined in legislation - in particular, the *Hospital Act*, *Hospital Insurance Act* and the *Mental Health Act* - to include acute care hospitals, convalescent and rehabilitation hospitals and units, provincial mental health facilities, among other entities.

² Per the *Evidence Act*, “legal proceeding” is defined as “an inquiry, arbitration, inquest or civil proceeding in which evidence is or may be given, and includes a proceeding before a tribunal, board or commission, but does not include any of the following proceedings: (a) a proceeding before a board of management; (b) a proceeding before a board or body connected with an organization of health care professionals, that is a hearing or appeal concerning the conduct or competence of a member of the profession licensed, certified, registered or represented by that organization; (c) a proceeding in a court that is an appeal, review or new hearing of any matter referred to in paragraph (a) or (b).”

³ *In camera* refers to meetings or portions of meetings that exclude members of the public from attending. The SQPM Committee members may invite senior management, employees or consultants who are required for full discussion of an *in camera* agenda item to attend and participate in the discussion of the applicable agenda item. S. 8(3) of the *Health Authorities Act* authorizes the Board (and its committees) to hold meetings that exclude members of the public:

s. 8(3) Meetings of a board are open to the public, but the board may exclude the public from a meeting if the board considers that, in order to protect the interests of a person or the public interest, the desirability of avoiding disclosure of information to be presented outweighs the desirability of public disclosure of the information.

- The SQPM Committee will pass a resolution at the start of its meetings confirming the Committee’s decision to hold the meeting *in camera*, in reliance on s. 8(3) of the *Health Authorities Act*, and will ensure that the resolution is recorded in the meeting minutes.
- Board members and any staff who attend an SQPM Committee meeting will maintain strict confidentiality of the *in camera* sessions.

3. Protocols for Information and Records Pertaining to Quality Assurance

- Records and information arising out of quality assurance activities undertaken by s. 51 committees to improve **hospital-based care** (i.e., medical or hospital practice or care in a hospital, or during transportation to or from a hospital) are protected from disclosure under s. 51, provided they are created or produced by or at the request of a properly constituted s. 51 committee. Eligible committees include:
 - A medical staff committee as defined in s. 41 of the *BC Hospital Act*;
 - A committee that meets certain requirements under s. 51 of the *Evidence Act* with respect to its establishment, membership, and function; or
 - A group of persons designated by the minister by regulation.
- Information or records from a s. 51 committee that are provided to the SQPM Committee or to the Board as a whole must not be disclosed or published by the Board (or by the SQPM Committee) other than as permitted under the *Evidence Act*.
- Information and records that are covered by s. 51 of the *Evidence Act* are not disclosable in response to a request for information under the *Freedom of Information and Protection of Privacy Act*, or as part of legal proceedings.

Records and information must fall into an eligible category. Eligible categories include:

- A record that was used in the course of or arose out of the study, investigation, evaluation, or program carried on by a committee, if the record:
 - i. Was compiled or made by a witness for the purpose of producing or submitting it to a committee;
 - ii. Was submitted to or compiled or made for the committee at the direction or request of a committee;
 - iii. Consists of a transcript of proceedings before a committee; or
 - iv. Consists of a report or summary, whether interim or final, of the findings of a committee;
 - Information concerning a proceeding before a committee; or
 - Resulting findings or conclusions of a committee
-
- Management should ensure that quality assurance documents submitted to the SQPM Committee by a quality and safety committee are marked “Confidential – for Quality Assurance Purposes Only – protected from disclosure by s. 51 of the *Evidence Act*”. All materials prepared to be reviewed *in camera* will be marked as “confidential” and “*in camera*” and “not for distribution”.

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- Agenda items pertaining to quality assurance activities undertaken by s. 51 committees to improve hospital-based care (i.e., medical or hospital practice or care in hospitals or during transportation to or from a hospital) must be discussed *in camera*.
 - The Agenda will include the following header: “Confidential - Quality Assurance matters – protected from disclosure by s. 51 of the *Evidence Act*”
 - Management who are not required for the purposes of discussion of a particular quality review or quality assurance report will be excused for that particular agenda item’s discussion, at the discretion of the Committee members .

- The minutes will document the name of the s. 51 committee that the quality assurance information and/or records were submitted to, compiled for or made at the request of.

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Appendix B – Regional, Community of Care, and site-specific quality and safety committees

1. Overview

In order for the Safety, Quality and Performance Measurement Committee (“the SQPM Committee”) to fulfill its objectives, it establishes and approves quality and safety committees as defined in section 51(b) and (b.1)¹ of the *Evidence Act*. Membership of these committees includes health care professionals employed by or practicing in the hospital² for which the care is being reviewed, and the committees have as their purpose, improving medical or hospital practice or care in that hospital or during transportation to or from that hospital.

These committees carry out or are charged with the studying, investigating or evaluating the medical or hospital practice of, or care provided by, health care professionals in a particular hospital or during transportation to or from that hospital or studying, investigating or carrying on medical research or a program.

These committees are empowered to further establish standing committees, *ad-hoc* committees, panels, or task groups as required to fulfill their work. Each of these bodies are empowered to further delegate s. 51 protection.

In addition to the committees established or approved by the SQPM Committee in accordance with s. 51(b) and (b.1), medical staff committees, including the Health Authority Medical Advisory Committee (“HAMAC”) and subsidiary committees, attract protection under s. 51 of the *Evidence Act*. Other committees, documents and records may attract s. 51 protection as well, and the applicability of the protection should be determined on a case by case basis.

2. Quality and Safety Committees

Set out below are the regional, community of care, and site-specific committees that are approved by the Board for the quality assurance purposes described in s. 51(b) and (b.1). For clarity, these committees are not the only committees at VCH that generate information and records that are protected under s. 51 of the *Evidence Act*.

¹ S. 51(b.1) refers to committees that are established or approved by the Boards of two or more hospitals, whereas s. 51(b) refers to committees established or approved by the Boards of one hospital.

² Hospitals are defined in legislation - in particular, the *Hospital Act*, *Hospital Insurance Act* and the *Mental Health Act* - to include acute care hospitals, convalescent and rehabilitation hospitals and units, provincial mental health facilities, among other entities.

VCH Operational Quality & Patient Safety Governance Structure



February 22, 2024
 VCH Board Approved February 29, 2024

* Section 51 Committees

Final - September 27, 2023

**Safety, Quality & Performance Measurement Committee
Terms of Reference Reporting Calendar**

	Feb	April	June	Aug * (Board In-camera Approval)	Sept	Nov
Annual Quality and Safety Plan						✓
Annual Terms of Reference Review					✓	
SQPM Quality Scorecard	✓	✓	✓		✓	✓
SQPM Safety Scorecard	✓	✓	✓		✓	✓
Community of Care Report: Vancouver Acute, Vancouver Community, Richmond Acute, Richmond Community, Coastal, LGH, Coastal Rural (One CoC to report each meeting)	✓	✓	✓		✓	✓
Patient Experience Reports: Patient Experience Teams, PCQO & PCQRB, Ombudsperson Reports, Indigenous Patient Experience. <i>Presentation and Optional update for information only</i>	✓	✓	✓		✓	✓
HAMAC Report <i>Update for information only</i>	✓	✓	✓		✓	✓
Enterprise Risk Management Reporting						✓
Policy Compliance Review <i>received for information only</i>	✓	✓			✓	✓
As Needed						
Accreditation Updates						
Appointments of Designation of Environmental Health Officers under Public Health Act						
Annual Population Health Report <i>Optional: Update for information only</i>						
Annual Planetary Health Report <i>Optional: Update for information only</i>						
Annual Diversity, Equity & Inclusion Report <i>Optional: Update for information only</i>						

* No SQPM Committee meeting in August.

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	2018-02-20		2020-06-24
	2019-04-10		2021-04-15
	2020-06-23		2022-10-04
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