



TITLE: Quality Improvement Committee – Terms of Reference

MANUAL: NURSING

SECTION: LONG TERM CARE

APPROVED BY: CHIEF NURSING EXECUTIVE

POLICY

The Quality Improvement Committee is established pursuant to the Excellent Care for All Act (ECFAA) for the purpose of monitoring the overall quality of care in the Long Term Care Home.

ROLES AND RESPONSIBILITIES

The Responsible Authority or his/her Delegate is responsible for implementing and maintaining this policy/procedure/protocol. Workers, Managers, and specific Departments may also have roles and/or responsibilities outlined in this document. Every continuous quality improvement committee has the following responsibilities:

- To monitor and report to the long-term care home licensee on quality issues, residents' quality of life, and the overall quality of care and services provided in the long-term care home, with reference to appropriate data.
- To consider, identify and make recommendations to the long-term care home licensee regarding priority areas for quality improvement in the home.
- To coordinate and support the implementation of the continuous quality improvement initiative, including but not limited to, preparation of the report on the continuous quality improvement initiative.
- The licensee is not required to comply with subsection (1) until six months after the coming into force of this section.

MEMBERSHIP

Quality Improvement Committee consists of a minimum of these members:

Every licensee of a long-term care home shall establish a continuous quality improvement committee. Composed of at least the following:

- The home's Administrator
- The home's Director of Nursing and Personal Care
- The Home's Medical Director
- Every designated lead of the home
- The home's Registered Dietitian
- Pharmacist from the pharmacy service provider
- At least one employee who is a member of the regular staff of the home
- At least one employee who has been hired as a personal support worker
- One member of the home's Residents' Council
- One member of the home's Family Council

LEAD

Every licensee of a long-term care home shall ensure that the home's continuous quality improvement initiative is coordinated by a designated lead.

MEETINGS

The Quality Improvement Committee shall meet as needed at the call of the Quality Committee Lead and at least quarterly.

QUORUM

A quorum of the committee will consist of a majority of the membership (50% +1).

DECISION MAKING PROCESS

Decisions of the Quality Committee shall be made by two-thirds (2/3rds) of the members present at a meeting of the Quality Committee. Every effort will be made to make consensus-based decisions. If consensus is not achievable, a vote will be required to confirm decisions of the Committee. A majority vote by members in attendance will be required for decisions. All decisions reached by the Committee will be reflected in the minutes. Where it is not appropriate for the committee to make a decision, a recommendation may be made to a higher decision body (i.e. Senior Leadership Team).

REPORTING

Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The report required under subsection (1) must contain the following information:

1. The name and position of the designated lead for the continuous quality improvement initiative.
2. A written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative for the next fiscal year.
3. A written description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the home's continuous quality improvement committee.
4. A written description of a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement in the next fiscal year.
5. A written record of:
 - i. The date the survey required under section 43 of the Act was taken during the fiscal year,
 - ii. The results of the survey taken during the fiscal year under section 43 of the Act, and
 - iii. How, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.
6. A written record of,
 - i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,
 - ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,

- iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
 - iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and
 - v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.
7. The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.
8. The first report under this section shall be for the fiscal year ending March 31, 2023.
9. Every licensee of a long-term care home shall, within three months of the coming into force of this section, prepare an interim report for the 2022-2023 fiscal year.
10. The interim report prepared under subsection (5) must,
 - a. be published on the home's website, subject to section 271;
 - b. be provided to the Residents' Council and Family Council, if any; and
 - c. include,
 - i. the name and position of the designated lead for the continuous quality improvement initiative,
 - ii. a written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative,
 - iii. a written description of the process used to identify the home's priority areas for quality improvement, and
 - iv. a written description of a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement.
11. Record of improvements- Every licensee of a long-term care home shall ensure that the continuous quality improvement initiative required under section 42 of the Act includes a record maintained by the licensee setting out the names of the persons who participated in evaluations of improvements in the report required under section 168 of this Regulation.

PRIVILEGE AND CONFIDENTIALITY

Information provided in confidence to, or records prepared with the expectation of confidentiality by the Quality Committee to assess or evaluate the quality of health care and directly related programs and services provided by the Home, where the assessment or evaluation is for the purpose of improving that care and the programs and services provided are subject to an exemption from access under the Freedom of Information and Protection of Privacy Act.

INFORMATION MANAGEMENT

I. External References

- Fixing Long-Term Care Act (FLTCA), 2021
- Fixing Long-Term Care Act Ontario, Reg 422.66