



Arnprior & District

Family Health Team

Arnprior & District Family Health Team (ADFHT) Quality Improvement Committee **Terms of Reference**

I. PURPOSE

The ADFHT Quality Improvement Committee (QIC) has been created to ensure high quality clinical, operational, and administrative practices and processes across the organization as part of the ADFHT commitment to excellence, accountability, and patient-centred care.

II. ROLES, RESPONSIBILITIES AND FUNCTIONS

Our goal is to seek out and support improvements within our organization's communication, operations, processes and client satisfaction. We will do this by:

- Assisting in the development of the QIP (Quality Improvement Plan) as required by the MOH.
- Reviewing the QIP to ensure we are progressing toward the targets we established.
- Advocating for quality improvement, standardized practice and innovation to both internal and external stakeholders – including ADFHT staff, community and our Board.
- Review, on a regular basis, critical incident reports and patient concerns or other pertinent issues and assist in resolution and improving the identified cause to reduce occurrences.
- Identifying areas for improvement and opportunities for partnerships while ensuring strong staff involvement in the selection of priority areas.

The scope of ADFHT QIC will not include:

- Discussions / Decisions around specific practice/physician issues
- Discussions / Decisions around employee issues
- Budgeting Discussion / Decisions
- Discussions around broader political issues (except in how such issues may influence the development and implementation of the Quality Improvement Plan)

III. MEMBERSHIP, RESPONSIBILITIES, TERMS OF MEMBERSHIP, AND MEETING

Section 1: Membership & Membership Structure

To be successful in meeting our goals, we will need to draw on the experience and expertise of ADFHT staff along with physician and clinic management representation. Membership shall include*:

- Executive Director
- ADFHT Lead Physician
- 2 Interdisciplinary Health Provider(s)
- 1 Physician Representative

- 1 Physician Offices Representative (Reception/Nursing)
- ADFHT Administrative Assistant
- ADFHO Administrative Assistant
- Champlain QIDSS

*Additional Members may be added at the discretion of the Chairs

The QIC will have 2 Chairs: The Executive Director, and the ADFHT Lead Physician.

The appointment of the Secretary role will be voluntary with a rotation of members enacting the role at each meeting.

Section 2: Responsibilities

The Chairs will:

- Act on behalf of the committee
- Report on QIC activities to the ADFHT Board and FHO Meetings
- Appoint additional members when necessary
- Delegate tasks to the appropriate member
- Oversee and assist in preparation of reports
- Prepare the meeting agenda and circulate to all members
- Ensure relevant deadlines are met

The Secretary will:

- Keep a record of the QIC proceedings utilizing a template, and post a meeting summary to the shared drive after the meeting
- Update the work plans as required after each meeting

Members will:

- Contribute to QIC discussions and decisions
- Communicate decisions and discussions as necessary
- Solicit feedback from staff or community for the consideration of the QIC
- Perform work as required in the development of change initiatives
- Be a positive agent of change

Section 3: Terms of Membership

Membership will be reviewed annually.

Section 4: Meetings

- Meetings are held once a month, except during December, July and August.
- If necessary, more frequent meetings can be held at the call of the Chair.
- Committee members are expected to attend regular meetings, either in person or via teleconference.
- A minimum of 50% QIC members must be present, including a minimum of 1 Chair for Quorum to be met. If Quorum is not met for a meeting, motions and approvals will need to be deferred to the next meeting or may occur through email approval.

- Meeting agendas and relevant supporting documents will be circulated a minimum of 1 week prior to the meeting
- Meeting summaries will be posted to the shared drive within 1 week of the meeting occurrence.

IV. DECISION MAKING CAPACITY

- Decisions within the QIC are taken by consensus of the majority. If consensus is not reached, a vote will occur, and the majority's position will be upheld. Recommendations arising from QIC will be tabled at the ADFHT Board and FHO meetings as required.
- Those decisions related to clinical quality that affect all offices across the ADFHT will be taken to the Family Health Organization (FHO) monthly meeting for review, approval and the development of the implementation plan.
- Those decisions related to clinical quality that affect the Integrated Health Providers within the ADFHT will be taken to the Integrated Healthcare Provider (IHP) staff meeting for review, approval and the development of the implementation plan. Those decisions related to ADFHT Operations will be reviewed by the Executive Director and ADFHT Lead Physician, and depending on need for Governance oversight – will be brought to the ADFHT Board for approval.

The QIC will act as a reviewing body for all ADFHT Sub-Committees as it relates to quality improvement and performance measurement. At minimum, each Sub-Committee's work plan will be reviewed bi-annually by the QIC to ensure strategic alignment.

V. COMMITTEE EVALUATION

The QIC will annually evaluate its success by determining its effectiveness in meeting the following broad objectives:

- Developing and submitting the annual QIP submission by the posted deadline
- Review of the goals and targets associated with the QIP
- Completing the annual QIP Final Report by the posted deadline
- Completion of an annual self-assessment by each member of their perceptions of their personal contributions, effectiveness, goal-setting and attainment, leadership and followership behaviours and activities as a committee member
- Completion of a group reflection on their challenges and achievements in furthering the mission, vision, and values of the ADFHT and engaging the other members of the ADFH Team in embracing the Quality objectives for that year. Opportunities for improvement will be discussed and plan for implementing recommendations developed for next year.

VI. COMMUNICATION

Communication of ADFHT QI committee recommendations will be made to the appropriate clinical groups. Communication about quality initiatives and updates will be communicated via email, inter-office memos, and in person at sub-committee meetings, staff meetings, All-Hands-On Meetings, FHO and ADFHT Board meetings. All QIC members will have access to the meeting documents posted on the shared drive.

VII. CONFIDENTIALITY

Organizational performance issues as well as clinical or administrative practices or processes will not be shared outside the context of the QI Meeting unless authorized by the Chair under specific conditions. It is important that all members respect the privacy of all information divulged during the meetings.

VIII. COMMITTEE AUTHORIZATION

Signatures affixed below indicate that the undersigned...

- Have read the Terms of Reference (TOR)
- Certify that the TOR accurately represents their expectations and conditions required for committee work
- Are unaware of any condition that prevents this TOR agreement from being followed.

<i>Role</i>	<i>Name</i>	<i>Signature</i>	<i>Date</i>

Version 3: October 13, 2016
ADFHT Board Approval: Pending