

## Terms of Reference

### Department of Nurse Practitioners

#### Quality Committee

#### 1. Authority:

1.1 The Quality Committee is established by the PHC Board of Directors upon recommendation of Providence Health Care Medical Advisory Committee consistent with 2.1.2, and 2.2.2 of the Medical Staff Bylaws and 5.7.1 of the Medical Staff Rules.

1.2 The Quality Committee is established for the purposes of s. 41(1) of the Hospital Act and, as such, meet the definition of “committee” for the purposes of s. 51 of the Evidence Act. **The Nurse Practitioner Department Quality Committee will function under section 51 of the Hospital Act.**

#### 2. Accountability

2.1 The Quality Committee is established consistent with s. 8.3.3 of the Bylaws.

2.2 Consistent with s. 8.3.3.1 of the Bylaws, Quality Committee is accountable to report their activity to the Providence Health Care MAC Council for Excellence (MAC CfE) via the NP Department head.

#### 3. Purpose:

3.1 Consistent with the requirements of the s. 41 of the Hospital Act, the QUALITY COMMITTEE will...

- (a) Evaluate, control and report on the Nurse Practitioner practice in order to continually maintain and improve the safety and quality of patient care, and
- (b) Perform a function for the appraisal and control of quality of patient care.

3.2 Assume the roles of the Nurse Practitioner Department as articulated in Section 5.7 of the Medical Staff Rules. That is...

Nurse Practitioner Department shall participate in a program of professional practice evaluation and structured quality improvement (where appropriate, this should be externally accredited) regarding the care provided to patients by its members which shall at a minimum include reviews of:

- critical incident reviews (harmful or near-harmful)
- morbidity and mortality Rounds
- QI activities/project

3.3 Fact finding, investigation and problem assessment by review of specific cases, adverse clinical events and audits of the care provided by members of the Department.

3.4 Provide advice to Providence Health Care Medical Advisory Committee with respect to patient care.

3.5 Provide advice to Department Head and/or Providence Health Care Medical Advisory Committee with respect to the education of the Medical Staff and other health care professionals.

4 Objectives/Functions/Roles:

4.1 To conduct general reviews of specific areas of patient care and related topics such as protocols for specific diseases and therapeutic intervention measures, with a view to establishing meaningful criteria by which care can be measured, compared and improved.

4.2 To review complications in patient care including morbidity and mortality.

4.3 To conduct special audits of individual patient care cases and/or nurse practitioners as the Committee may determine is necessary in order to carry out its tasks or as requested by the Providence Health Care Medical Advisory Committee, Program Quality Performance Committee or Department Head or other member of medical administration. Written requests from individuals will also be considered.

4.4 Where concerns relative to the medical management of cases are recognized by the Committee...

- The member(s) involved shall be given the opportunity to respond to any concerns in writing, or, at the option of the Committee, by way of an oral discussion with the Committee.
- The Committee will provide the member(s) with a confidential written memorandum setting out the issues to which a response is requested.
- If the Committee determines, after review, that the issues need to be further addressed through the disciplinary processes set out in Article 11 of the Medical Staff Bylaws, the Committee will provide a report of its concerns to the Department Head to be forwarded to the Providence Health Care Medical Advisory Committee.
- Establish and maintain confidentiality with respect to the individual member(s) involved.

4.5 The Committee will adhere to the protocol for managing confidential quality assurance information set out in s. 5.7.2 of the Medical Staff Rules.

4.6 The Committee will review all cases as required by a Nurse Practitioner accrediting body.

4.7 The Committee may (when appropriate to the situation) recommend to medical administration that outside hospital individuals or agencies be engaged to perform audits or reviews on its behalf.

5 Membership:

- Minimum of 4 Nurse Practitioners with various clinical backgrounds (suggested: 1 Primary Health Care NP(s), 1 acute and 2 Specialty NPs)
- Department Head
- Ad hoc members by invitation (Data Analysis, CNO, subject matter expert, committee approved guest)

Inactive Members

- Members become inactive in the Committee at the request of the individual Nurse Practitioner for planned absences (for example: maternity leave, illness) or when an individual member does not meet the minimum attendance requirements
  - Planned absences: when leaving for a planned Committee absence, the individual member will inform the Chair of the expected length of absence. Upon returning, the returning member will contact the Chair to return to Active status
  - Not meeting minimum attendance: when a member does not attend the minimum 50% attendance in the preceding 6 months, a notice will be sent to the member outlining this as well as the 50% minimum attendance requirement. If there is no contact from the member by the next Committee meeting, that member will be deemed an Inactive Member. To return to Active Member status, the Inactive Member should contact the Chair and begin attending meetings.

Non-Voting Members:

- All Ad Hoc Members will be non voting
- All inactive members will be non voting

Quorum:

For committee decisions requiring a vote, quorum shall be met if 50% of the voting members are in attendance.

NOTE: In any instance where a concern of the committee involves a committee member who has been involved in the medical management of the case being reviewed, that member may be excused from deliberations and afforded the opportunity detailed in item 4.4 of the functions above.

6 Appointment of Chairperson:

6.1 The Chairperson is appointed by Providence Health Care Medical Advisory Committee upon the recommendation of the NP Department Head in consultation with the committee. The Chair will be a rotational position with a term of 12 months. This term may be renewed once.

6.2 In the event of a planned absence of the Chairperson, a Chairperson pro tempore will be appointed to temporarily fill the duties and responsibilities of the Chairperson. The Committee will choose by consensus of acclamation a member willing to fulfil the role of Chairperson. The name and contact details of the Chairperson pro tempore will be forwarded to the NP Department Head, with information regarding the timeframe for fulfilling the duties of the Chairperson.

6.3 In the event of an unplanned absence of the Chairperson, the NP Department Head will appoint a Chairperson pro tempore after consultation with the Committee for a term not exceeding 8 weeks. At the end of this period, the Chairperson will re-assume the role or another Chairperson will be appointed to complete the balance of the 12 month appointment following the usual procedure set out in section 6.1 of the Terms of Reference.

## 7 Subcommittees:

Provision may be made at the discretion of the Committee for the establishment of permanent or temporary subcommittees which will assume responsibility for specific aspects of the Committee's mandate. Subcommittees will report on their activities to the Quality Committee Chair.

## 8 Committee Reports to:

The Committee reports via the Quality Committee Chair through the Department Head to Providence Health Care MAC Council for Excellence (MAC CfE) who then reports to Medical Advisory Committee.

The Committee maintains integration with the relevant Program Quality Performance Committee (MAC Council for Excellence (MAC CfE) through regular reporting and cross-appointments between the two committees.

## 9 Frequency of Meetings:

The Committee shall meet at least four (4) times per year and at the call of the Chair, Department Head and/or Providence Health Care Medical Advisory Committee. Meeting dates and times will be established by the Chairperson in consultation with the Committee members.

9.1 Attendance: There is a minimum attendance requirement of 50% meetings calculated over the preceding 6 months.

## 10 Distribution of Minutes:

Minutes shall be kept of the meetings and deliberations and will be organized to ensure confidentiality. Minutes will be available to all Committee members and following approval of the Committee shall be posted to a secure drive for review by Department Head, and the Nurse Practitioner department. All Approved by e-mail vote following department meeting APRIL 16, 2020  
Updated February 25<sup>th</sup>, 2021

documentation and activities are protected under Section 51 of the Evidence Act provided they are in compliance with Section 5.7.3. of the Medical Staff Rules.