

Regional Department Medical Quality Committee

Terms of Reference

1. Authority:

- 1.1 The Regional Department Medical Quality Committees (RDMQC) are established by the FHA Board of Directors upon recommendation of HAMAC consistent with s. 8.3.1.1 of the Medical Staff Bylaws and s. 2.3.3 of the Medical Staff Rules.
- 1.2 The RDMQCs are established by the Board as “Medical Staff Committees” 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*.

2. Accountability

- 2.1 The RDMQCs are established as standing committees of HAMAC consistent with s. 8.3.1.1 of the Bylaws.
- 2.2 Consistent with s. 8.3.3.1 of the Bylaws, RDMQCs are accountable to report their activity to HAMAC.

3. Purpose:

- 3.1 Consistent with the requirements of the s. 41 of the *Hospital Act*, the RDMQC will...
 - (a) Evaluate, control and report on the clinical practice in a hospital in order to continually maintain and improve the safety and quality of patient care in the hospital, and
 - (b) Perform a function for the appraisal and control of quality of patient care in the hospital.
- 3.2 Assume the roles of the Regional Department as articulated in s. 2.7 of the Rules. That is...

Regional Departments 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:

 - *patient clinical outcomes*
 - *adverse clinical events arising from patient care (harmful or near-harmful)*

- *morbidity and mortality*
- *mechanisms of care provision*

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

3.4 Provide advice to HAMAC with respect to patient care.

3.5 Provide advice to Regional Department Head and/or HAMAC 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 medical 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 and compared.

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 physicians as the Committee may determine is necessary in order to carry out its tasks or as requested by the HAMAC, a Program Quality Committee or Regional Department Head or other member of medical administration. Written requests from individuals will also be considered by the HAMAC Executive Committee.

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

- the member(s) of the medical staff 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 with a confidential written memorandum setting out the issues to which a response is requested.
- 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 HAMAC.
- 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. 5.4 of the Medical Staff Rules.
- 4.6 The Committee will review all cases required by the Canadian Council on Health Facilities Services standards.
- 4.7 The Committee may recommend to medical administration that outside hospitals, individuals or agencies be engaged to perform audits or reviews on its behalf.

5 Membership:

- Regional Department Head or delegate
- One (1) member from each site in which the Department has members
- One (1) member from the Department of Laboratory Medicine and Pathology as required
- One (1) or two (2) other staff physicians chosen by Regional Department Head in consultation with allied Program Medical Directors
- Representatives from non-medical staff chosen by Regional Department Head in consultation with allied Program Medical Directors

Non-Voting Members:

The Committee may invite staff from the Health Record Department and/or Decision Support Services to aid in documentation and or review as well as any other member of the Medical Staff on individual request.

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 4.0 of the functions above.

6 Appointment of Chairperson:

The Chairperson is appointed by the Board upon the recommendation of HAMAC and the Regional Department Head.

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.

8 Committee Reports To:

The Committee reports through the Regional Department Head to HAMAC.

9 Frequency Of Meetings:

The Committee shall meet at least ten (10) times per year and at the call of the Chair. Meeting dates and times will be established by the Chairperson in consultation with the Committee members.

10 Distribution Of Minutes:

Minutes shall be kept of the meetings and deliberations and will be organized to ensure confidentiality. Minutes will be circulated to all Committee members and following approval of the Committee shall be sent to the Regional Department Head.

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