

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. A patient and family representative will be invited to attend and participate in Committee meetings as a regular guest.
- 2.3. The Committee shall operate in a manner that is consistent with the Board Policies, General Guidelines for Committees (D-00-11-30082).
- 2.4. 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.
- 2.5. 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 quality and safety structure, and Quality and Safety Scorecard provided by Management. The Scorecard will include 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 and accept commissioned 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 the Regional Experience in Care team and the Community Advisory Engagement Network.
 - 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, 2024

- 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

Appendix D

VCH Pillars

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VCH Board Policy Created: 2003 Revision Dates: 2020-06-23 2021-04-14 2022-09-15 2023-09-20 2024-02-21 (Appendix B) 2024-11-27	SQPM Last Reviewed: Nov 27, 2024 2006-06-20 2008-12-10 2012-02-14 2013-04-23 2015-01-25 2016-02-16 2017-02-21 2018-02-20 2019-04-10 2020-06-23 2021-04-14 2022-09-29 2023-09-27 2024-02-21 (Appendix B) 2024-11-27	Board Last Approved: Dec 5, 2024 2012-06-20 2013-10-09 2015-02-25 2016-02-17 2017-02-22 2018-02-21 2019-04-11 2020-06-24 2021-04-15 2022-09-22 2023-10-05 2024-02-29 (Appendix B) 2024-12-05
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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.

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.

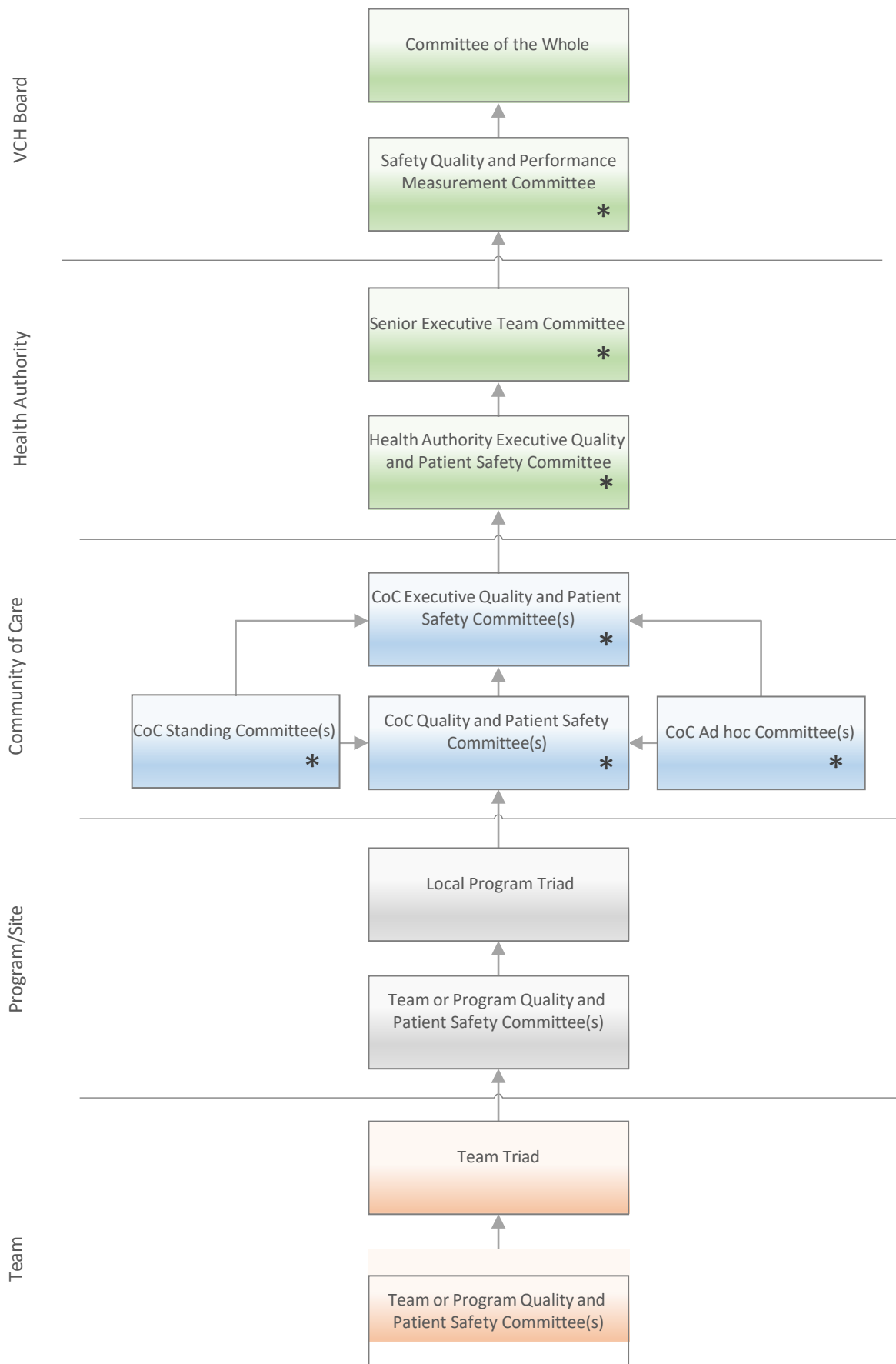
2. Quality and Safety Committees

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.

Appendix D – VCH Pillars

As part of VCH's commitment to delivering an exceptional care experience for all, we continually look for ways to improve health care programs and services to help ensure they are safe, respectful and appropriate, and advance health equity. In 2023, VCH identified four pillars – Indigenous cultural safety; equity, diversity and inclusion (EDI); anti-racism; and planetary health – to support us in continuing to deliver safe, quality care and support an equity-led, intersectional approach to caring for patients, clients and residents and to caring for our staff and medical staff. These pillars need to be taken into consideration across all aspects of the work the Board oversees as part of its fiduciary and governance responsibilities for VCH.

VCH's Pillars

- **Indigenous Cultural Safety:** Committing to reconciliation and learning, and providing the best care informed by the history and culture of Indigenous peoples.
- **Equity, Diversity and Inclusion:** Promoting a sense of belonging where we can bring our whole selves to VCH.
- **Anti-Racism:** Creating a community where we dismantle attitudes, practices and processes that impact people based on their race or ethnicity.
- **Planetary Health:** Restoring, stewarding and conserving healthy ecosystems for generations to come.

The Board has the responsibility to oversee the conduct of VCH as it pertains to the implementation of equitable access and outcomes related to the pillars and is accountable to help ensure VCH delivers a full continuum of patient-centred services to meet the diverse needs of all British Columbians living in the region through services that are accessible, high-quality, appropriate, equitable and cost-effective.

The following sections outline the Board's areas of responsibility, aligned with the 2023/24 Ministry of Health mandate letter as they relate to VCH's four pillars.

Indigenous Cultural Safety

The Board will continue working towards lasting and meaningful reconciliation with Indigenous Peoples by supporting opportunities for Indigenous Peoples to be full partners in the province, and delivering on specific commitments as outlined in the *Declaration on the Rights of Indigenous Peoples Act* action plan and by:

- Working with Indigenous partners and communities to support Indigenous-led solutions to improve culturally safe services grounded in traditional practices.
- Developing and maintaining effective working relationships with the First Nations Health Authority (FNHA), Métis Nation BC (MNBC), the BC Association of Aboriginal Friendship Centres (BCAAFC) and associated Friendship Centres, other Urban Indigenous service providers and directly with First Nations and communities to ensure a high-quality, culturally safe, integrated and well-coordinated systems of care for Indigenous people in B.C., which is free of racism.
- Working with FNHA, MNBC, BCAAFC and Indigenous partners to help ensure VCH continues the work to action the recommendations of the *In Plain Sight Report* working towards the elimination of Indigenous-specific racism; including implementing policy,

practices, standards and other changes as directed by the Ministry of Health or the Ministry of Mental Health and Addictions.

- Helping ensure VCH works collaboratively with Indigenous partners in service planning and delivery activities and in the implementation of plans that already exist.
- Addressing gaps in health and mental health and substance use care services experienced by Indigenous people and vulnerable populations, including addressing access, cultural safety and humility, and eliminating Indigenous-specific racism.

Equity, Diversity and Inclusion

The Board has a moral and ethical responsibility to tackle systemic discrimination in all its forms, to improve the health and wellbeing of the people we serve. As part of this work, VCH will adopt the Gender-Based Analysis Plus (GBA+) lens to help ensure gender equity is reflected in its operations and programs. The inclusive application of an equity lens through Gender-Based Analysis+ (GBA+), should inform service delivery design and service delivery.

Anti-Racism

The Board will address the broader challenges of systemic racism, inequity and discrimination in B.C. and will help ensure VCH continues to play a critical role in making sure our systems and institutions are safe and inclusive for everyone. A large portion of that work will include using data acquired from the *Anti-Racism Data Act*, to help take action to dismantle systemic racism and advance racial equity in B.C. and to address Indigenous-specific racism.

Planetary Health

As required by the Climate Change Accountability Act, the Board will help ensure VCH implements targets and strategies for minimizing greenhouse gas emissions and managing climate risk, including achieving carbon neutrality each year and aligning with the CleanBC plan and targets. VCH will also work closely with government to report out on these plans and activities as required by legislation.

Following are some questions for each of the four pillars that may be incorporated as part of the Board's considerations. In addition to the positive elements of planned initiatives, the Board should consider the likelihood of unintended negative outcomes related to each pillar.

VCH Pillar	Considerations
Indigenous Cultural Safety	Does the initiative seek to reduce barriers that Indigenous People face in the health care system? Can this initiative support improved access and experience of quality health services for Indigenous Peoples?
Equity, Diversity and Inclusion	Does this initiative consider the needs of underserved patient populations? Have we considered any barriers to access?
Anti-Racism	How does this initiative proactively address and dismantle systemic racism at VCH? Have we applied an antiracist approach to improve outcomes for racially marginalized patients, clients, staff and medical staff?
Planetary Health	Has a climate lens been applied that considers the greenhouse gas implications for the work, and/or the risks that future climate conditions could introduce?

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