

Name of Program/Service Quality Improvement Team TERMS OF REFERENCE

Version:	5.0
Date:	21 Aug 2025

1. BACKGROUND

Quality Improvement (QI) is a proven and effective strategy for advancing patient, resident and client care and safety. In healthcare, there are continuous opportunities to recognize risks, prevent harm, and improve the reliability of processes. QI supports a culture of safety by encouraging continuous learning, testing, and refinement of practices. It's a shared responsibility—embedded in the work of every team member, regardless of role or title, to ensure safer, more effective care for all.

2. PURPOSE

The Program/Service Quality Improvement Team (QIT) is a standing committee of the Health PEI Leadership Quality Improvement Team. QITs are responsible for identifying areas for improvement, measuring and monitoring performance, and making and implementing recommendations on matters related to continuous quality improvement, so that patients/clients/residents and families receive quality, safe care.

3. RESPONSIBILITIES

- Lead processes to meet and sustain Accreditation Canada and other relevant standards.
- Identify and implement quality improvement (QI) initiatives for the **DEPARTMENT/UNIT/PROGRAM**.
- Develop action plans for QI initiatives that are identified by the QIT or assigned to the QIT by the Leadership Quality Improvement Team or Health PEI's Executive Leadership Team.
- Apply continuous improvement models (e.g., PDSA) and other QI tools to guide QI initiatives.
- Develop and monitor indicators to examine quality within the organization at a program level. Indicators can be from a variety of sources including Canadian Institute for Health Information (CIHI), Required Organizational Practices (ROPs), incident reports, strategic plans, and leadership priorities.
- Share QIT updates, indicator data, and meeting minutes via the department/program/unit public-facing Quality Board.
- Track opportunities for improvement and patient safety concerns through incident reports and client feedback.

4. MEMBER ROLES

Executive Sponsor	<ul style="list-style-type: none"> • Ensures QIT activities are aligned with Health PEI's Quality and Safety priorities. • Oversee QIT reporting and progress, ensuring accountability. • Serve as an ad-hoc member of the QIT, attending meetings intermittently and as needed. • Provide clarity on strategic and provincial direction. • Assign administrative support for the QIT. • Support the Director, Chair, and Co-Chair in managing challenges/barriers and resolving conflict.
Director:	<ul style="list-style-type: none"> • Regularly attend QIT meetings. • Champion a culture of continuous quality improvement and patient safety. • Support the identification of QIT priorities and oversee the development and progress of QIT action plans. • Ensure integration of QIT work into broader program/service goals, including accreditation standards and patient safety strategies. • Be accountable for and support the timely reporting of QIT improvement efforts. The Director may co-present QIT updates alongside the Chair • Foster partnerships across sites to standardize and integrate practices throughout the continuum of care. • Support the Chair and Co-Chair in QIT efforts, including managing challenges/conflict and removing barriers to progress. • In collaboration with the Chair, provide regular updates to the Executive Sponsor on QIT progress.
Chair:	<ul style="list-style-type: none"> • Ensure QIT meetings are scheduled and lead meetings per the Terms of Reference; designate an alternative Chair when needed. • Ensure the agenda package is prepared and circulated prior to each QIT meeting. • Facilitate discussions among committee members on QIT initiatives, indicators and improvement opportunities. • Promote stakeholder engagement, including input from frontline and patient/family partners on QIT initiatives. • Monitor attendance and participation of team members; identify need for ad hoc representation. • Ensure meeting minutes are complete, accurate, reviewed by the team at the next QIT meeting, and stored in the appropriate location. • Lead and facilitate the development of action plans and indicator monitoring, in collaboration with the QPSC.

	<ul style="list-style-type: none"> • Liaise with the Director on team priorities/action plans, and provide regular updates to the Executive Sponsor on QIT progress. • Support knowledge sharing across departments, sites, and units to scale successful practices; maintain up-to-date Quality Boards. • Prepare and deliver QIT reports and relevant documentation as required. • In collaboration with the QPSC, provide an orientation to the team's patient/family partners and maintains periodic contact to support ongoing engagement.
Members (including Patient/Family Partners):	<ul style="list-style-type: none"> • Champion quality improvement and safety within the organization. • Actively participate in or lead quality improvement initiatives. • Identify barriers to quality improvement and assist in developing action plans to overcome them. • Share QIT initiatives with co-workers, management, physicians, other staff, teams, committees. • Represent the perspective of the patient, staff, service, program, facility, or organization, and be prepared to provide feedback accordingly. • Review and provide feedback on quality improvement initiatives, indicators, trending reports, data. • Support team celebrations and recognition efforts.
Quality Patient Safety Consultant (QPSC):	<ul style="list-style-type: none"> • Advise the Chair/Co-Chair and Director in the development of action plans and indicator monitoring. • Communicate updates from Accreditation Canada, providing clarification and expertise on standards, Required Organizational Practices (ROPs), self-assessments, instruments, tracers, and related topics. • Provide the team with updates on patient safety and incident data (PSMS trends, incidents, near misses/good catches, and patient/family feedback). • Offer advice and expertise on quality improvement methodologies and tools (e.g., PDSA cycles, flowcharts). • Support and deliver team training and education related to quality improvement and accreditation. • In collaboration with the Chair, provide an orientation to the team's patient/family partners. • Advise the Chair/Co-Chair in the development of presentations and reports. • Liaise with Health Analytics as needed to obtain data on behalf of QIT.
Administrative Support:	<ul style="list-style-type: none"> • Coordinate meeting dates and times, reserve meeting locations, and circulate meeting appointments to all QIT members. • Arrange technology support (i.e., videoconferencing) for each QIT meeting. • Distribute agenda packages to team members prior to each meeting. • Record meeting minutes during QIT meetings, clearly identifying actionable items. • Submit minutes to Chair for approval and circulate them to all members once finalized. • Maintain meeting records and documentation in the designated location.

	<ul style="list-style-type: none"> • Track QIT member attendance and notify Chair or Co-Chair if a member misses three (3) consecutive meetings.
Health Analytics (HA) Specialist:	<ul style="list-style-type: none"> • Ad-hoc member of the QIT – attends QIT meetings on an as needed basis. • Collaborate with the Chair, QPSC, and QIT members to identify a minimum of two indicators for reporting, ideally those available through automated systems. • Advise the QIT on the standardization of operational processes (e.g., data standards, data collection). • If data/indicators are not automated on the Rstudio Connect platform, work with the Chair and QPSC to develop a process and schedule for reporting data back to the QIT. • Regularly distribute indicator updates electronically to team members, including highlights of successes and any issues or concerns with the data. • Develop indicator materials for presentations and reports when data is not readily available on the Rstudio Connect platform.

5. TEAM CODE OF CONDUCT

- QIT members attend at least 75% of meetings annually.
- If a member misses three (3) consecutive meetings, the Chair or Co-Chair will meet with them to determine whether they wish to continue participating on the team.

6. ACCOUNTABILITY

Reporting:	<p>The work of the QIT is regularly shared with frontline staff, relevant QITs, committees, and other groups. QIT updates are posted on Quality Boards.</p> <p>The NAME Quality Improvement Team shares progress and provides updates to the Leadership Quality Improvement Team upon request. The Chair/Co-Chair and Director prepares a report as specified by the Leadership QIT. The QIT may also be asked to report to the Quality and Safety Subcommittee of the Board at the request of Leadership QIT.</p> <p>The QIT Terms of Reference standard template is reviewed every two (2) years by the Quality and Patient Safety Division.</p>
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7. DECISION MAKING PROCESS

Decisions are made by consensus. Consensus is defined by the following parameters:

- Have members had the opportunity to discuss the issue?
- Do members understand the decision to be made?
- Has there been input from stakeholders, including patient and family partners, as well as frontline staff?
- Can members defend the decision?
- Are members committed to moving the decision into action?

All decisions should be made in alignment with Health PEI's Strategic Plan and organizational policies, and be evidence-based, ethically sound, and culturally sensitive.

8. MEETING LOGISTICS

- The QIT meets monthly or at the call of the Chair or Co-Chair.
- Meetings may be held in person and/or virtually (e.g., via Microsoft Teams) to accommodate members working from various locations. Travel should be minimized. In the event of inclement weather, meetings should proceed virtually as scheduled, and storm dates avoided when possible.
- Quorum is defined as more than 50% of members, including either the Chair, Co-Chair or Director.
- Approximately one week prior to the QIT meeting, a pre-meeting is held to develop the agenda and address any concerns. Team members attending the pre-meeting are: QIT Chair/Co-Chair, QPSC, QIT administrative support, and HA or Director, as needed.
- QIT administrative support will circulate meeting minutes as soon as reasonably possible following each meeting.
- All QIT meeting materials and documentation will be consistently stored in a central location designated by the Quality and Patient Safety Division.

9. MEMBERSHIP

Composition

Director:	<ul style="list-style-type: none">• Team Director, as designated by Executive Leadership Team
Members:	<ul style="list-style-type: none">• Manager(s) of DEPARTMENT/PROGRAM/UNIT at applicable sites/facilities• Quality Patient Safety Consultant (QPSC)• Clinical Leader/Supervisor(s) – from applicable sites/programs/facilities• Clinical Educator(s) – from applicable sites/program/facility• Minimum of one Patient/Family Representative(s)• Physician Representation from applicable program• Representative from other discipline(s), program(s), service(s)
Ad-hoc Members:	<ul style="list-style-type: none">• Health Analytics (HA) Specialist• Executive Sponsor, as designated by Executive Leadership Team• Representative from other discipline(s), program(s), service(s)

Working Groups/Sub-committees (if applicable)

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10. AUTHORIZATION

Approved by Leadership Quality Improvement Team

Date: Sept.
2025

11. APPENDICES

QIT Agenda Template, QIT Minute Template, QIT Workplan Template

Health Quality Ontario. (2020). *Quality improvement*. Retrieved from <https://www.hqontario.ca/Quality-Improvement>

Health Standards Organization, Canadian Patient Safety Institute. (2020). *The Canadian Quality & Patient Safety Framework for Health Services*. Retrieved from <The Canadian Quality & Patient Safety Framework for Health Services>

Institute for Healthcare Improvement. (2020). *How to improve*. Retrieved from <http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx>