|  |  |  |
| --- | --- | --- |
| **Name of Program/Service Quality Improvement Team TERMS OF REFERENCE** | Version: | 4.0 |
| Date: | 6 Mar 2023 |
|  |

|  |
| --- |
| 1. **BACKGROUND**
 |
| Quality Improvement (QI) is a proven, effective way to enhance care and safety for patients, residents and clients. In healthcare, there are always opportunities to optimize, streamline, develop and test processes. QI is a continuous process and an integral part of everyone’s work, regardless of role or position within an organization (Health Quality Ontario, 2020; Institute for Healthcare Improvement, 2020).  |

|  |
| --- |
| 1. **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. |

|  |
| --- |
| 1. **RESPONSIBILITIES**
 |
| * Lead processes to enhance quality and standard of care by meeting and maintaining Accreditation Canada and other national, professional and legislated standards.
* Identify quality improvement (QI) initiatives pertinent to DEPARTMENT/UNIT/PROGRAM.
* Develop work plans for the implementation of 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.
* Use a plan-do-study act (PDSA) continuous improvement model or other QI tools to guide QI initiatives.
* Participate in the development and monitoring of 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)
	+ Provincial Safety Management System (PSMS) trending reports or other risk reports/data
	+ current Health PEI Strategic Plan and Strategic Performance Indicators
	+ Priorities as identified by Leadership Quality Improvement Team or Health PEI’s Executive Leadership Team.
* Using the public facing department/program/unit Quality Board to share QIT meeting minutes and progress on QI initiatives, performance indicator results and other QIT work.
* Identify and monitor risk issues (incident reporting, client feedback).
 |

|  |
| --- |
| 1. **MEMBER ROLES**
 |
| * QIT may be chaired by an Operational Leader (Director, Manager, Clinical Lead, Supervisor, Educator). If a volunteer does not come forward, a manager of the program/service area will assume the role of QIT Chair.
* A Co-Chair may be selected by the team and should be a representative from another site/location than the Chair.
* Terms of QIT Chair and Co-Chair shall alternate on a rotating basis of every two years.
* QIT can invite representatives from other programs/departments, or subject matter experts as needed.
 |
| Executive Sponsor | * Ad-hoc member of the QIT – attends QIT meetings on an as needed basis.
* Responsible to provide clarity on strategic and provincial direction.
* Responsible to assign administrative support for the QIT.
* Support the development of QIT reporting.
* Support the Director/Chair and Co-Chair in managing challenges/conflict resolution.
 |
| Director: | * Regularly attends QIT meetings.
* Provide support in identifying team priorities and developing action/work plans.
* Identify resources/budgetary requirements.
* Liaise with management at other sites to ensure standardized practices/processes across the continuum.
* In collaboration with the Chair, provide regular updates to Executive Sponsor on QIT progress.
* Support the development of QIT reporting. May co-deliver QIT presentations with Chair.
* Support and promote relationship building and team participation.
* Support the Chair and Co-Chair in managing challenges/conflict resolution.
 |
| Chair: | * Ensure QIT meetings are scheduled and take place in accordance to the QIT’s Terms of Reference and Health PEI mandate.
* Ensure the agenda package is prepared and circulated prior to each QIT meeting.
* Responsible to lead/facilitate QIT meetings. In absence of a chair, the QIT meeting must be chaired by a previously designated alternate.
* Monitor attendance and active participation of team members and determine when ad hoc representation is required.
* Ensure the meeting minutes are complete, accurate, reviewed by the team at the next QIT meeting and retained in the appropriate location.
* Collaborate with the Quality Risk Consultant (QRC) on development of work plans and indicator monitoring.
* Lead/facilitate the team in the development of work plans and indicator monitoring.
* Liaise with Director for approval on team priorities and work plans.
* In collaboration with the Director, provide regular updates to Executive Sponsor on QIT progress.
* Ensure Quality Boards are regularly updated with current QIT meeting minutes, progress reports and performance indicator results.
* Responsible to prepare and deliver QIT reporting and relevant documentation as required.
* In collaboration with QRC, ensure all required documentation (confidentiality agreements, etc.) is obtained and orientation to the QIT is provided to patient/family partners.
 |
| Members (including Patient/Family Partners):  | * Champion quality improvement and safety within the organization.
* Actively participate in or lead quality improvement initiatives.
* Identify barriers to quality improvement and assist with developing a plan of action to overcome.
* Share QIT initiatives with co-workers, management, physicians, other staff, teams, committees.
* Represent patient/staff/service/program/facility/organization and be prepared to provide feedback from the perspective of the patient/staff/service/program/facility/organization.
* Review and provide feedback on quality improvement initiatives, indicators, trending reports, data.
* Support team celebration/recognition.
 |
| Quality Risk Consultant (QRC): | * Advise the Chair/Co-Chair and Director in the development of work plans and indicator monitoring.
* Communicate updates from Accreditation Canada and provide clarification and expertise on standards, required organizational practices (ROPs), self-assessments, instruments, tracers, *etc*.
* Provide update to team on relevant risk data (PSMS trends, incidents, near misses/good catches, patient feedback, *etc*.).
* Provide advice and expertise on quality improvement methodology and tools (PDSA cycles, etc.).
* Provide and support team training/education needs on quality improvement and accreditation.
* In collaboration with Chair/Co-Chair, ensure all required documentation (confidentiality agreements, etc.) is obtained and orientation to the QIT is provided to patient/family advisors.
* Provide advice to Chair/Co-Chair in development of presentations/reports.
* Liaise with Health Analytics as needed on indicator data on behalf of QIT.
 |
| Administrative Support:  | * Coordinate meeting dates and times, reserve meeting locations, circulate meeting appointments to all QIT members.
* Coordinate technology (i.e., video and/or teleconferencing) for each QIT meeting.
* Distribute agenda packages to team members prior to each meeting.
* During QIT meetings, take minutes, identifying actionable items.
* Submit minutes to Chair for approval and circulate to all members once finalized.
* Maintain meeting records/documentation in appropriate location.
* Maintain record of QIT member attendance at meetings. Alert Chair/Co-Chair if a member misses three (3) consecutive meetings.
 |
| Health Analytics (HA) Specialist:  | * Ad-hoc member of the QIT – attends QIT meetings on an as needed basis.
* Work collaboratively with Chair, QRC, and QIT members to identify a minimum of two indicators for reporting.
* Advise QIT on standardization of operational processes (data standards, data collection, *etc.).*
* If data/indicators are not automated on the Rstudio Connect platform, in collaboration with Chair and QRC, create a process and schedule for reporting data back to the QIT.
* Regularly distribute indicator updates electronically to team members. Updates should include identifying successes and any issues/concerns with the data.
* Develop indicator materials to add to presentations/reports if data is not readily available on the Rstudio Connect platform.
 |

|  |
| --- |
| 1. **TEAM CODE OF CONDUCT**
 |
| * + QIT members are expected to attend at least 75% of meetings annually.
	+ If a member misses three (3) consecutive meetings, the Chair/Co-Chair will have a discussion with the member to determine whether they wish to continue on the team.
 |

|  |
| --- |
| 1. **ACCOUNTABILITY**
 |
| Reporting: | The work of the QIT will be regularly shared with front line staff, relevant QITs, committees or groups. QIT updates will be posted on Quality Boards. The NAME Quality Improvement Team shall report to the Leadership Quality Improvement Team. The Chair/Co-Chair and Director will prepare a report as specified by the Leadership QIT. The QIT may also report to the Quality and Safety Subcommittee of the Board at the request of Leadership QIT. The QIT Terms of Reference standard template will be reviewed every two (2) years by the Quality, Risk and Patient Safety Division. |

|  |
| --- |
| 1. **DECISION MAKING PROCESS**
 |
| Decisions will be 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?
* 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 (Vision, Mission, Values and Goals) and policies, and should be evidence based, ethically sound and culturally sensitive.  |

|  |
| --- |
| 1. **MEETING LOGISTICS**
 |
| * QIT shall meet on a monthly basis or at the call of the Chair or Co-Chair.
	+ QIT will convene using technology (such as teleconference, web/videoconferencing) to connect members working from various locations. Travel to attend meetings should be limited. In the event of inclement weather, every effort should still be made to convene meeting as scheduled and storm dates should be avoided if at all possible.
	+ Quorum will be at least six (6) members, one of which is the Chair or Co-Chair.
	+ One week prior to the QIT meeting, a pre-meeting will be held to develop the agenda and address any concerns. Team members attending the pre-meeting are: QIT Chair/Co-Chair, QRC, QIT administrative support, and as needed, HA and Director.
	+ Meeting minutes will be circulated by QIT administrative support as soon as reasonably possible after each meeting.
	+ All QIT meeting materials and documentation will be regularly stored in one central location, as identified by the Quality, Risk and Patient Safety Division.
 |

|  |
| --- |
| 1. **MEMBERSHIP**
 |
| *Composition* |
| Director: | * Team Director, as designated by Executive Leadership Team
 |
| Members: | * Manager(s) of DEPARTMENT/PROGRAM/UNIT at applicable sites/facilities
* Quality Risk Consultant (QRC)
* 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: | * 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)* |
|  |  |

|  |
| --- |
| 1. **AUTHORIZATION**
 |
| Approved by: Leadership Quality Improvement Team Date: May 2023 |  |

|  |
| --- |
| 1. **APPENDICES**
 |
|  QIT Agenda Template, QIT Minute Template, QIT Workplan Template |

**References**

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

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