April 2019

Radiology Peer Learning Toolkit

5.3.2 Quality Committee Terms of Reference Template

(Please note that the following document is a template and should be customized to suit the needs of your organization)



 



**1.0 Purpose** (please read through this section and make changes as needed)

The purpose of the **Name of Departmental Quality of Care Committee** is to carry on activities for the purpose of studying, assessing or evaluating the provision of care with a view to improving or maintaining the quality of care. In accordance with delegated authority from the **Organization-Level Quality Oversight Entity**, the Radiology Peer Learning Program established hereunder is designated a sub-committee of the **Name of Departmental Quality of Care Committee** under the *Quality of Care Information Protection Act, 2016.*

The **Name of Departmental Quality of Care Committee** (hereinafter “the Committee”) will enable a coordinated, integrated and comprehensive approach to improve quality of health care within the Department (please refer to figure 1 that illustrates the relationship between the different Quality of Care Committees).

The mission of the Committee is to ensure the optimal functioning of the **Department Name**inthe provision of quality patient care and to ensure an ongoing environment of learning and improvement for staff. The scope of the Committee includes clinical and research activities related to:

<List out activities here; Examples of scope beyond Peer Learning provided below>

* *Reduction in critical and severe incidents and overall risk management*
* *Facilitating departmental learning from incidents*
* *Monitoring risk related performance indicators and taking action to improve quality and safety accordingly*

**2.0 QCIPA Designation** *(please read through this section and make changes as required)*

In accordance with delegated authority from **Organization-Level Quality Oversight Entity** the Committee established hereunder is designated a quality of care committee under the Quality of Care Information Protection Act (QCIPA), 2016. As a delegate committee, *Quality of Care Information* collected and/or discussed by the Committee is protected under QCIPA.

*Quality of care information* is defined as information collected by or prepared for a quality of care committee for the sole or primary purpose of assisting the committee in carrying out its functions; and/or information that relates solely or primarily to any activity that a quality of care committee carries on as part of its functions.

Quality of Care Information reviewed, analyzed, presented, and/or discussed in the Committee within the Radiology Peer Learning Program is protected by QCIPA. Such information cannot be disclosed, except as permitted under QCIPA, and it is not subject to the Freedom of Information and Protection of Privacy Act (FIPPA).

**3.0 Roles and Responsibilities** *(please read through this section and make changes as required)*

The roles and responsibilities of the Committee include:

<List out roles and responsibilities here; Examples of scope beyond Peer Learning provided below>

1. Reviewing and analyzing departmental incidents which may give rise to significant quality of care concerns by:
* Evaluating and monitoring incident review corrective action plans and improvement strategies
* Ensuring accountability in the implementation of learning as a result of incident review and changes in practice
* Ensuring appropriate disclosure practices and communications are followed
1. Facilitating efforts to improve the quality and safety of care
2. Monitoring risk related performance indicators and taking action to improve the provision of care and/or recommending actions to other relevant stakeholders

**4.0 Principles for Decision-Making** *(please read through this section and make changes as required)*

Recommendations and decisions made by the Committee will be guided by the following principles:

<List principles here; examples provided below>

* Support a just culture of reporting and follow-up action
* Foster a quality centric culture of transparency, learning, and continuous improvement
* Support a philosophy of continuous quality improvement
* Support strategies and initiatives that are sustainable

**7.0 Reporting Relationships and Accountability**

**Figure 1. Recommended Quality Improvement Framework**

The **role (e.g. Radiologist in Chief)** will act as liaison between the Committee and the **Organization-Level Quality Oversight Entity**

**1. Organization-Level Quality Oversight Entity**

**2. Departmental Quality of Care Committee**

**3. Quality of Care**

**Sub-Committees**

The Committee automatically delegates, via sub-committee Terms of Reference, quality of care review activities to certain sub-committees that have expertise consistent with the type of quality of care information/issue under review. Such committees include:

<List all sub-committees>

All other quality-related activities and functions that are not undertaken by the Committee directly will be delegated to ad-hoc taskforces and working groups.

*If Radiology Peer Learning is being deemed a sub-committee the reporting relationship must be specified here.*

**5.0 Information to the Committee**

<Summarize reporting content and frequency from sub-committees to the Committee, where applicable>

*Content and frequency of reporting from the Radiology Peer Learning Program to the Oversight Entity and/or Departmental Quality of Care Committee can be documented here once it is confirmed in Guide 6.0: Monitor and Sustain Program, section 6.1*

**6.0 Information Disseminated by the Committee**

<Summarize reporting content and frequency from Committee to Organization Level Oversight Entity>

*Content and frequency of reporting from the Radiology Peer Learning Program to the Oversight Entity and/or Departmental Quality of Care Committee can be documented here once it is confirmed in Guide 6.0: Monitor and Sustain Program, section 6.1*

**8.0 Membership**

**The Committee will comprise of the following members:**

<Enter the names and designations of the Committee members here>

Recommended members for Departmental Quality of Care Committee:

* Senior leadership team (Management representative of clinical operations, IT, quality & safety, Diagnostic Imaging, etc.)
* Medical leadership (Radiologist in Chief)

**9.0 Meeting Frequency**

<Specify meeting frequency of the Committee here>

Recommendation: the committee should meet on a regular basis (i.e. monthly or bi-monthly)

**10.0 Meeting Quorum**

<Specify the minimum attendance (i.e. who and how many) required to conduct a Committee meeting here>

**11.0 Standing Agenda**

<Specify reoccurring agenda items here>