

**1. Purpose**

The purpose of the Quality and Safety Committee (the Committee) is:

- to assist the Saskatchewan Health Authority Board (the Board) in carrying out its governance roles and responsibilities related to matters of policy and procedure in the areas of quality of care, a culture of safety, and ethics of the Saskatchewan Health Authority (SHA); and,
- to undertake other duties, as directed by the Board from time to time, to assist the Board in delivering exemplary governance practices.

**2. Membership - Attendance**

- 2.1 The Committee members and Chair of Committee will be appointed by the Board.
- 2.2 The Committee shall consist of a minimum of three (3) members of the Board.
- 2.3 The Committee shall be chaired by one of the appointed committee members.
- 2.4 The Board Chairperson sits on the Committee as a voting member.<sup>1</sup>
- 2.5 Where a vacancy occurs at any time in the Committee membership, it may be filled by the Board and shall be filled by the Board if the membership of the Committee is less than three (3) members as a result of the vacancy.
- 2.6 A quorum for meetings shall be a majority of the Committee members entitled to vote<sup>2</sup>. Committee members may be present either in person or by telephone or other telecommunications device that permits all members participating in the meeting to speak to and hear each other.
- 2.7 The Committee may invite such members of management and staff of the SHA, as it may see fit from time to time, to attend meetings of the Committee, it being anticipated that there will be regular attendees from management who may be asked to leave the meeting before a vote is taken.<sup>3</sup> As defined by Bourinot's Rule of Order and by virtue of the office and position the Chief Executive Officer (CEO) may attend as ex-officio.
- 2.8 The Committee shall also consist of non-voting members including:
  - 2.8.1 The Chief Medical Officer (CMO), Vice President, Quality, Safety and Chief Information Officer (VP, QS & CIO) and Chief Human Resources Officer (CHRO);
  - 2.8.2 A representative from the Patient and Family Leadership Council (PFLC).

**3. Authority**

- 3.1 Except where specifically so authorized by the Board, the Committee is not a decision making body.
- 3.2 The Committee is accountable to the Board and conducts its business through processes consistent with the governance philosophy and decision making model.
- 3.3 The Committee will provide effective oversight on matters of Board quality and safety strategies and ensure compatibility in these areas with the SHA Strategic Plan.
- 3.4 The Committee members hold office by appointment from the Board and at the discretion of the Board.

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<sup>1</sup> August 21, 2019 Public Meeting, Board Motion SHA 45-19

<sup>2</sup> General Bylaws, s. 16(8)

<sup>3</sup> General Bylaws, s. 15(5)

**4. Accountability and Responsibility**

- 4.1. The Committee, (in consultation with SHA staff and physicians), will:
  - 4.1.1 Work with the CMO, VP, QS & CIO and CHRO to recommend to the Board an integrated quality improvement plan<sup>4</sup>;
  - 4.1.2 Review management's plans to improve the quality of care and a culture of safety throughout the SHA;
  - 4.1.3 Monitor performance on quality, safety and delivery indicators related to patient, resident and client concerns, patient satisfaction, critical incidents, and other quality and safety reports;
  - 4.1.4 Review, evaluate and make recommendations to the Board regarding initiatives to build and maintain a culture of patient and family centered care.<sup>5</sup>
  - 4.1.5 At least quarterly, monitor and evaluate the quality performance of SHA against agreed-upon goals and objectives<sup>6</sup>; and provide these reports to the Board along with recommendations.
  - 4.1.6 Review summary reports of client and family complaints received by the organization and provide to the Board.<sup>7</sup>
  - 4.1.7 Monitor the SHA's compliance with Accreditation Canada and other accreditation standards;
  - 4.1.8 Monitor the SHA's participation in local, provincial and national quality improvement initiatives;
  - 4.1.9 Build awareness and skills among Committee members to enable them to carry out their governance roles related to quality and safety;
  - 4.1.10 Designate a Board member representative and alternate to participate on the Public Health Appeal Board as required;
  - 4.1.11 Periodically review summary reports from other organizational committees (e.g. Ethics);
  - 4.1.12 Assist the Board to promote learning from results, and making recommendations that are informed by research and evidence, and ongoing quality improvement<sup>8</sup>; and
  - 4.1.13 Make recommendations to the Board to recognize team members for their quality improvement work.<sup>9</sup>

**5. Function**

The Committee will provide effective oversight of the dimensions of quality to be addressed by the Committee including accessibility, equity, patient and family centered care, efficiency, effectiveness, safety and competency.

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<sup>4</sup> Accreditation Canada, Governance Standards, s. 12.2

<sup>5</sup> Accreditation Canada, Governance Standards, s. 5.4

<sup>6</sup> Accreditation Canada, Governance Standards, s. 12.1.4

<sup>7</sup> Accreditation Canada, Governance Standards, s. 12.4

<sup>8</sup> Accreditation Canada, Governance Standards, s. 12.6

<sup>9</sup> Accreditation Canada, Governance Standards, s. 12.7

**6. Commitment**

- 6.1. The Committee will meet at a minimum on a quarterly basis in advance of a scheduled Board meeting.
- 6.2. Meetings of the Committee shall be held at the call of the Chairperson of the Committee or at the request of a majority of members.<sup>10</sup>
- 6.3. The Chairperson will establish agendas for Committee meetings in consultation with the CMO, VP, QS & CIO and CHRO.
- 6.4. The Chairperson will submit minutes, reports and any recommendations to the Board<sup>11</sup> on a timely basis following any meeting of the Committee.
- 6.5. Annually, conduct an evaluation of the committee, review its Terms of Reference and determine necessary revisions or recommendations to the Board, through the Governance and Human Resources Committee.
- 6.6. The Committee will meet in-camera for a portion of each meeting.

**7. Resources**

Administrative support will be provided by the Executive Assistant to the VP, QS & CIO.

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**DOCUMENT OWNER:** Chairperson, Quality and Safety Committee

**Approved by the Board:** May 29, 2019

**Revision History:**

September 26, 2024
September 28, 2023
September 28, 2022
September 29, 2021
August 19, 2020

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<sup>10</sup> General Bylaws, s.16(7)

<sup>11</sup> General Bylaws s. 15(4)