

Title:	QUALITY AND PATIENT SAFETY  SOUTH BRUCE GREY HEALTH CENTRE CHESLEY DURHAM KINCARDINE WALKERTON		
Category:	<i>Board Policy</i>	Issue Date:	<i>June 28, 2023</i>
Policy #:	<i>BOD-P31</i>	Revision Date:	<i>June 28, 2023</i>
Version:	<i>1.1</i>	Last Reviewed:	<i>June 28, 2023</i>
Owner:	<i>Board of Directors</i>	Pages:	<i>Page 1 of 2</i>

STATEMENT

The purpose of this policy is to specify the Board's responsibilities associated with Quality and Patient Safety.

It is a strategic priority of SBGHC to provide high quality patient care and the safest possible environment for our patients. The Board is committed to addressing quality and patient safety issues and acting upon opportunities for improvement.

APPLICATION

This policy applies to the Board and the CEO

PROCEDURE

1. Responsibilities

The Board is responsible to:

- a. ensure that it complies with relevant legislation such as the *Public Hospitals Act* and associated Regulations, the *Excellent Care for All Act* (ECFAA) and associated Regulations,
- b. ensure that the Corporation fosters a culture of continuous quality improvement, patient safety and patient-centred care throughout the organization;
- c. ensure that the Corporation establishes comprehensive processes to effectively manage quality and patient safety issues, including but not limited to the following:
 - i. Establishing a Quality and Patient Safety Framework
 - ii. Establishing a Quality Improvement Committee under the ECFAA
 - iii. Establishing comprehensive performance metrics
 - iv. Establishing a Patient Safety Plan with input from physicians, staff and patient partners.
 - v. Establishing a Patient and Family Advisory Committee
 - vi. Establishing a Patient Relations process
- d. oversee the development and the effective execution of a Quality Improvement Plan;
- e. ensure that quality and patient safety is integrated into the Strategic Plan;
- f. ensure that it receives regular reports on quality and patient safety issues including performance metrics;
- g. ensure that quality and patient safety expertise exists on the Board and that training is provided to the Board to ensure the directors have an understanding of quality and safety issues.
- h. ensure that quality and patient safety is integrated into the risk management process.

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2. Delegation of Authority

The Board delegates responsibility and authority to the CEO to develop, implement, monitor, and evaluate a quality and patient safety program which is consistent with the Strategic Plan goals and objectives and consistent with the provisions of this policy.

DEFINITIONS

“Board”- The Corporation’s Board of Directors

“Corporation” -South Bruce Grey Health Centre

“CEO”- The Corporation’s President and Chief Executive Officer

“ECFAA” -Excellent Care for All Act (2010)

REFERENCES

Accreditation Canada, Required Safety Practice

0. Accountability for Quality of Care

3. Overseeing Organizational Activities and Outcomes

Guide to Good Governance (4th Edition) Function 3: Overseeing Quality

Governance Centre of Excellence – Quality and Patient Safety Governance Toolkit

Health Quality Ontario

Excellent Care for All Act (2010) and associated Regulations

Public Hospitals Act (1990) and associated Regulations

VERSION HISTORY

Version	Review Date	Changes Made By	Brief Summary of Revisions Made
1.0	June 28, 2023	By-Law and Policy Review Sub-Committee	New policy
1.1	May 28, 2026	By-Law and Policy Review Sub-Committee	Minor revisions to add the Policy number, new Policy Template header, footer and Version History. Updated the references. No changes made to the policy content.

APPENDIX

*** NOTE: This is a controlled document. Documents appearing in print form are not controlled and must be checked against the server version prior to use. ***