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AUTHORIZATION Board of Directors Quality Performance Committee	**INITIALLY RELEASED DATE** September 2002	**VERSION DATE** February 2026

PURPOSE

To assist the Board in fulfilling its responsibility to ensure excellent quality of patient, client, resident care throughout the Health Authority by:

A. Ensuring that the Fraser Health Authority's Leadership Team establishes appropriate patient, client, resident-centered and performance-based quality culture;

B. Providing support, input and governance as the Fraser Health Authority's Leadership Team establishes and monitors performance targets, standards of care and service, guidelines and policies for patients, clients and residents, while reducing associated risks; and

C. Advising the Board on the Health Authority's progress and population health performance.

COMPOSITION AND OPERATIONS

A. The Committee shall be composed of not fewer than three directors and not more than five directors including an Indigenous Board member . The Board Chair is ex-officio with full voting privileges.

B. Non-voting membership to include:
   a. President & Chief Executive Officer, ex-officio
   b. Vice President, Medicine
   c. Vice President, Quality, Safety and Practice
   d. Chair, Health Authority Medical Advisory Committee (HAMAC) or designate
   e. Vice President, Indigenous Health and Cultural Safety
   f. Other members of the Executive as appropriate
   g. Staff support person

C. A quorum shall be a simple majority of the voting membership.

D. The Committee shall operate in a manner consistent with the Committee Guidelines of the Board Manual.

E. The Committee shall meet at least five times a year and hold as many additional meetings as are necessary to ensure there is a continuing, timely, and effective focus on the critical issue of the quality of patient care.

F. The Committee is formally approved as a quality assurance committee within the intent of Section 51 of the Evidence Act.

DUTIES AND RESPONSIBILITIES

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Subject to the powers and duties of the Board, the Committee will:

A. Provide leadership in promoting and supporting strategic plans designed to make overall improvements to quality of care and services;

B. Provide leadership in promoting and supporting implementation of the organizational quality framework relating to population health status, quality, cultural safety, risk management, organization performance and annual risk assessment;

C. Receive and regularly review summary reports of specified performance indicators; monitor the quality of care provided; monitor progress on strategic initiatives; monitor adherence and compliance of research and clinical ethics; observe trends; identify problem areas where further investigation may be warranted.
    a. Establish for Board approval, appropriate performance indicators relating to population health status, quality, risk management and organizational performance;

D. Ensure an effective process is established and applied for the communication of quality improvement and risk management initiatives between the Board, the organization and external stakeholders such as the public and the Ministry of Health.

E. Monitor and participate in the Accreditation self-assessment process and to take appropriate actions on opportunities for improvement.

F. The Quality Performance Committee receives reports from the Health Authority Medical Advisory Committee on issues related to:
    a. Quality of medical care including, but not limited to, access, medical people powerand utilization.
    b. Granting of new privileges, cancellation, suspension, restriction, non-renewal, or maintenance of the privileges of all members of the medical staff(s) to practice within the facilities and programs operated by Fraser Health Authority.
    c. The monitoring of the quality and effectiveness of medical care provided within the facilities and programs operated by Fraser Health Authority including the adequacy of medical staff resources.

G. The Quality Performance Committee reviews, evaluates and reports to the full Board on the privileges of members of the medical staff and other issues received from the Health Authority Medical Advisory Committee.

H. Undertake special assignments from the Board in matters related to quality in the Fraser Health Authority or make such inquiries or reports as the Board may request or the Committee considers appropriate.

ACCOUNTABILITY

The Committee shall report its discussions to the Board by distributing the minutes of its meetings and where appropriate, by oral or written report at the next Board meeting.

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IMPLICATIONS OF THE EVIDENCE ACT

A. Section 51 of the Evidence Act provides that records and information arising out of quality assurance activities in hospitals are privileged and are not subject to the Freedom and Information and Protection of Privacy Act (FOIPP Act).

   Within the Evidence Act, Quality Assurance is the component of the system related to care provided to patients, residents and clients by Health Professions (see **Note**).

B. The Evidence Act protects the Quality Assurance of Hospitals as defined in the Hospital Act, the Hospital Insurance Act, and the Mental Health Act.

   To qualify under Section 51, a hospital must comply with the specific set of rules laid out in the Act.

C. Only those documents/deliberations specifically prepared by or for a Quality Assurance Committee are protected under Section 51. It will be the responsibility of management to ensure that it is made clear on the face of the document that it was created for ultimate submission to the Committee, e.g. marked “Confidential – Quality Performance Committee”.

D. The Quality Assurance activities of Home and Community Care Public Health and Community Mental Health are not protected by the Evidence Act. The quality assurance activities of these programs may, however, be exempted from disclosure under certain segments of the FOIPP Act. In circumstances where, in the judgment of management, the activities reasonably fall within the exemptions provided by the FOIPP Act, any reports to the Committee should again be marked “Confidential – Quality Performance Committee”.

E. The Quality Performance Committee should have an in-camera agenda for Quality Assurance and FOIPP exempted items and, if necessary, a regular agenda for any other issues and reports.

F. While business conducted within Committees is not open to public participation the Minutes of the Board may be. In these circumstances, the reports of the Quality Performance Committee should appear on the in-camera agenda and must be so identified and presented to the Board only when the Board is in-camera.

   Note: Health Professionals are defined in the Health Professions and Occupations Act (HPOA) as Medical Doctors, Registered Nurses, Dentists, Pharmacists, Registered Psychiatric Nurses, Pharmacists, and persons registered as a member of a College established under the Act.

COMMITTEE WORK PLAN

The Committee will prepare and follow a work plan for the committee schedule of activities.

TERMS OF REFERENCE REVIEW

The Committee will review the Terms of Reference on every two to three years unless there is a significant change, as outlined in the Committee Work Plan.

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DATE(S) REVISED / REVIEWED SUMMARY

Version	Date	Comments / Changes	
1.0	September 2002	Initial Policy	
2.0	January 2003	Revision	
3.0	October 2004	Revision	
4.0	May 2005	Revision	
5.0	May 2007	Revision	
6.0	November 2008	Revision	
7.0	May 2014	Revision	
8.0	November 2015	Current	
9.0	December 2022	Revision	Updated membership and meeting frequency
10.0	February 2026	Revision:	Updates to titles/members, Adjust from annual review to every 2-3 years

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