TERMS OF REFERENCE – QUALITY ASSURANCE WORKING GROUP

Purposes

1.) The Quality Assurance Working Group acts as a forum within the medical quality leadership framework to bring health authorities and regulatory colleges [1] together to share information, experiences and practices with the goals of coordinating activities, sharing tools and approaches, and reducing duplication of effort in order to assure the quality and safety of patient care across all medical practice[2]. 2.) Initially, the focus is on medical staff within HAs. 3.) The QA Working Group also serves as the User Group for the Credentialing and Privileging System (CACTUS) and for the technical support arm (BC MQI Office).

Definition

Quality Assurance is defined in this context as common processes and systems for medical staff (health authority and community-based) to assure patients, organizational Boards and the Ministry of Health of the delivery of appropriate, safe and evidence-based clinical care / services.

Roles and Responsibilities

- Collaborate on the development of common quality assurance tools, processes and systems for medical staff, minimizing duplication of effort wherever possible;
- Share information on QA activities across organizations;
- Respond to changes in the legislative and regulatory framework to support effective credentialing and privileging;
- Implement standardized privileging processes across the province including both public and private facilities, ensuring medical staff have the necessary credentials and privileges to safely support delivery of services in the context of care in which they work;
- Support the introduction of consistent and clear standards for quality and safety across the province;
- Establish agreed upon performance indicators and targets that are reflective of the QA working group's scope of activity;
- Facilitate access to Ministry of Health databases and requirements for information sharing;
- Develop an effective performance appraisal and enhancement system throughout the province based on a common currency for monitoring; share tools and strategies and reduce duplication of effort; and
- Exchange information with and support the work of the Quality Improvement Working Group.

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[1] Membership from regulatory colleges includes all potential members of the medical staff: physicians, dentists, midwives, nurse practitioners, podiatric surgeons.

[2] Medical Practice to include but not limited to services provided by physicians, NPs, dentists and midwives and to include hospital based and community based practitioners.

Guiding Principles

In fulfilling its role and mandate the QA Working Group will be guided by the following values and principles:

- Value for the continuum of care, providing benefits to patients and families, providers and to the healthcare system as a whole;
- Partnership and collaboration;
- Clear objectives, accountability, roles and responsibilities;
- Transparent decision making;
- Knowledge exchange and an information-sharing culture, supported by technology;
- Communication and engagement strategies that reflect current ideas about adult learning;
- Alignment of activities across processes and organizations;
- Realistic and manageable scope of responsibilities in light of available resources and system supports;
- Measureable and relevant scope of work with established baseline and improvement targets.

Objectives

- Undertakes an environmental scan and shares best practices and innovative approaches to broader quality assurance activities, such as performance appraisals and multisource feedback processes used by the College;
- Serves as a vehicle for examining and sharing metrics/outcome measures and promoting learning opportunities that support QA activities;
- Provides direction and support to the Credentialing and Privileging Project Team and to the BC Medical Quality Initiative Office in implementing new business processes and in facilitating change management in support of CACTUS system adoption;
- Creates time-limited task groups to address credentialing and privileging operational and implementation issues such as: review and refresh of the privileging dictionaries; prioritizing enhancements requests for CACTUS; and issues and risk management protocols / pathways;
- Supports ongoing operational and sustainability resourcing requirements for the Credentialing and Privileging System and escalates requirements with strategic or financial consequences, as necessary, to either the Medical Quality Oversight Committee (MQOC) or Physician Services Strategic Advisory Council (PSSAC);
- Works with the Advisory Group and individual subject matter experts on emerging issues; and
- Advocates for and promotes medical staff quality assurance initiatives in the province of BC

Reporting

The Quality Assurance Working Group will report through its members to their respective health authority and college organizations. Regular reports will be provided by the Co-Chairs to the Medical Quality Oversight Committee (MQOC).

Membership and Committee Functioning

The QA Working Group has representation from organizations involved in medical quality assurance with a regulatory role. In the first couple of years of its functioning the QA group is including organizational representatives with a good understanding of the operational details of credentialing & privileging and some medical leaders with an interest in the privileging dictionaries. All the HAs have different structures for their medical affairs functions, so it is up to each HA to determine the individual that might be most appropriate.

Represented organizations include, but are not limited to:
- College of Physicians & Surgeons of BC
- College of Registered Nurses of BC
- College of Dental Surgeons of BC
- College of Midwives of BC
- College of Podiatric Surgery
- First Nations Health Authority
- Provincial Health Services Authority
- Vancouver Coastal Health
- Providence Health Care
- Island Health
- Fraser Health
- Interior Health
- Northern Health
- BC Patient Safety & Quality Council
- BC Medical Quality Initiative Office

Note: consideration to be given in the early stages of work to inviting patients to participate in these meetings.

Alternates – attendance at meetings is restricted to committee members, their appointed alternates, invited guests and the secretariat. Alternate members are requested to provide prior notice to the Co-Chairs.

Chair – The QA Working Group will be co-chaired by one senior member from the College of Physicians and Surgeons, BC or one of the other Colleges and a senior Medical Leader from one of the Health Authorities. Terms of office are suggested for a 2-year period and should be reviewed on an annual basis.

Individual Member responsibilities –
- Work collaboratively to resolve issues and reach decisions to support successful outcomes;
- Be accountable to connect and communicate with their organization and/or the committee they represent, to help integrate and align activities across the system;
- Ensure that meeting materials for discussion are forwarded to the secretariat according to a predetermined schedule;
- Represent organization or roles for which they are nominated and no others (unless specified).

Out of pocket Expenses – Participating organizations are responsible for remunerating individuals for time investment, travel, and any other out of pocket expenses for their participating representative.

Funding for specific work / project activity – will come from a variety of sources and will be discussed once the scope and focus of work is prioritized.

Meeting logistics – the Co-Chairs will set out a tentative meeting schedule 6 months in advance. Meetings may be held in person or by video/teleconference. All in-person meetings will be held in Vancouver. There will be 8 monthly teleconference meetings and 4 quarterly face-to-face meetings.

Secretariat – a common secretariat function will support the MQOC (Medical Quality Oversight Committee) and all working groups in the medical quality governance structure and will be responsible

for booking meeting space, distributing agendas, taking minutes and preparing related information. The secretariat will work closely with the co-chairs.

Confidentiality

QA Working Group members may possess documentation or information of a confidential nature. Members are requested not to disclose this to any person(s) other than the members of the committee without consultation with and agreement of the committee. As these situations arise, the committee will discuss wording that can be shared within the represented organizations in the context of being transparent and communicating with partners.

Evaluation / Review

The terms of reference of the Quality Assurance Working Group will be reviewed annually to ensure ongoing relevance and appropriateness to current work and emerging opportunities.