Health Quality Ontario

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Ontario
Health Quality Ontario

Ontario Quality Standards Committee Draft Terms of Reference

1. Introduction

The Ontario Health Quality Council (Health Quality Ontario) officially commenced operation on April 1st, 2010. Created under the provisions of the Excellent Care for All Act, 2010, Health Quality Ontario (HQO) is an arms-length agency of government. The Ontario Quality Standards Committee ("the Committee) is a committee of the Health Quality Ontario Board ("the Council"). It was established under bylaw on June 28, 2017.

2. Preamble

The *Patients First Act, 2016* amended the *Excellent Care for All Act*, expanding Health Quality Ontario's mandate and functions.

The *Excellent Care for All Act* specifies that one of Health Quality Ontario's functions is: "to promote health care that is supported by the best available scientific evidence by making recommendations to health care organizations and other entities on clinical care standards, and making recommendations to the Minister concerning … clinical care standards and performance measures relating to topics or areas that the Minister may specify."

A clinical care standard is a concise set of evidence-based, measurable statements that establish important elements of high-quality health care for patients with specified conditions.

These standards support:

- patients to know what care may be offered by their health care system, and to make informed decisions in partnership with their clinicians;
- clinicians to make decisions about appropriate care for their patients; and
- health services to examine their performance and make improvements to care.

Clinical care standards play an important role in helping clinicians ensure their patients receive consistent, appropriate care, with the goal of reducing unwarranted variation. They define the care patients should expect to be offered or receive, regardless of where they are treated in Ontario, and support health system planners in ensuring that appropriate access to care. They take into account current evidence-based clinical guidelines and standards, information about gaps between evidence and practice, the professional expertise of clinicians and researchers and issues important to patients.

The Council established the Ontario Quality Standards Committee to support patients, clinicians and health system experts in producing and communicating clinical care standards. The standards addressed by the Committee focus on health conditions that would benefit from a coordinated provincial approach.

At Health Quality Ontario, the production of clinical care standards, associated performance measures, and recommendations for adoption are centralized in the Quality Standards Program. Quality Standards are clinical care standards that are produced by operational committees of Health Quality Ontario known as Quality Standards Advisory Committees (QSACs). The QSACs consist of clinical experts, providers with extensive experience in care delivery, patients, and health system experts.

3. Values and Principles

In carrying out its mandate, Health Quality Ontario adheres to four stated values: collaboration, integrity, respect and excellence. Members of the Ontario Quality Standards Committee will also be expected to adhere to these values in their work.

To ensure consistency in its approach to decision-making, all Committee activities are guided by the following principles:

- **Patient-centred and focused on the whole person** – Decisions recognize the importance of partnering with patients, families and caregivers and consider the contributions of medical, psychosocial and behavioural aspects of health to overall quality of life.
- **Transparent** – Committee decisions and the processes that inform them are communicated transparently to enhance clarity and inform the expectations of patients, providers and health services.
- **Integrated** – Decisions emphasize improving care across sectors, settings and providers and enhance coordination and collaboration in the system.
- **Equitable** – Decisions are focused on opportunities to reduce unwarranted variation and improve outcomes for populations, regardless of language, race, age, gender, ethnicity, income, geographic location, or other demographic factors.
- **Evidence-based** – With standards themselves rooted firmly in evidence and established by experts, Committee decisions should also be based on evidence related to impact and adoption.
- **Achievable** – Decisions should take into account issues of feasibility, scalability and capacity in order to maximize impact on the system.
- **Future-oriented** – Decisions should be made in the interest of achieving a long-term vision for clinical care standards and should focus on investing in the future of Ontario's health care system.

4. Purpose

The objective of the Ontario Quality Standards Committee is to improve outcomes and reduce unwarranted variation in care quality through a more coordinated provincial approach to clinical care standards.

The Committee will accomplish this objective in two ways:

1. By providing advice to the Council and Health Quality Ontario on the Quality Standards Program, including on opportunities to enhance the adoption and impact of its Quality Standards; and
2. By formulating recommendations concerning clinical care standards. Recommendations are directed to health care organizations, the Minister of Health and Long-Term Care and other entities and will be submitted to the HQO board of directors for approval.

Through these two mechanisms, the Committee will work towards a more coordinated and aligned approach to the prioritization, development, adoption and measurement of clinical care standards in Ontario.

While the term “clinical care standard” has a relatively narrow definition, these standards must be considered within the broader Ontario context. A number of organizations currently develop tools and products that provide guidance to clinicians and patients on clinical care (e.g. practice guides, clinical pathways, decision tools). The Committee will be tasked with identifying approaches to achieving greater coordination and alignment between clinical care standards and these other products within the broader environment to more successfully support the consistent delivery of high-quality clinical care to all Ontarians.

The Committee’s mandate does not replace that of existing bodies tasked with producing standards for professionals (e.g. the Health Regulatory Colleges) or facilities (e.g. accrediting bodies). The Committee will work in partnership with these organizations to coordinate and align efforts.

The purpose of the Committee is also not to develop the clinical care standards; that work is undertaken by specially convened clinical expert groups such as the Quality Standards Advisory Committees at Health Quality Ontario. Rather, the Committee will review standards once developed and will weigh in on mechanisms to support their adoption.

5. Role and Function

The role of the Ontario Quality Standards Committee is to:

- recommend topics for Quality Standards to the Council;
- review Quality Standards and recommend for Council approval;
- review Quality Standard recommendations for adoption for Council approval;
- develop, in the first year, a partnership strategy for alignment and coordination of clinical care standards with other clinical guidance in Ontario;
- provide advice on and input to Health Quality Ontario’s Quality Standards Program;
- provide advice on the development of clinical care standards and on approaches to supporting adoption;
- assist Health Quality Ontario in communicating with relevant groups (e.g. clinicians, health system planners) about its own Quality Standards and about clinical care standards more generally;
- provide advice on the best ways of presenting and disseminating information on clinical care standards;
- inform Health Quality Ontario of relevant research, programs, activities, policies or other developments that may be relevant to the Quality Standards Program; and
- advise health care organizations, the Minister of Health and Long-Term Care, and other entities through recommendations concerning clinical care standards and related performance measures that are approved by the HQO board of directors.

6. Composition

Membership includes voting and non-voting members. The non-voting members include the ex officio representatives from Health Quality Ontario and the Ministry of Health and Long-Term Care (MOHLTC). All other members, including the Chair and Vice-Chair are voting members.

- Members are appointed by the Council, and the chair is selected by the Council.
- Membership is based on a skills matrix that includes current clinical expertise, experience in wide-scale implementation and thorough knowledge of and experience with the Ontario health care system.
- The Committee will be made up of no fewer than 16 and no more than 22 members.
- Members may be nominated by organizations, but do not serve as representatives of those organizations.
- Members are appointed on the basis of their nomination and on their individual skills, knowledge and expertise; they holds their appointments at the discretion of the Council.
- The President and CEO of Health Quality Ontario shall be an ex-officio, non-voting member of the Committee. This position will be delegable.
- Two Ministry of Health and Long-Term Care staff shall be ex-officio, non-voting members of the Committee. These positions are also delegable.

7. Terms of Appointment

- Members are appointed as individuals for terms of up to three years. Following each term, a review occurs. Member terms may be renewed twice, for a maximum term of office of nine years.
- Members may resign from the Committee by presenting a letter stating their intention to resign to the Chair at least four weeks prior to the date of resignation.
- The Council will consider appointments to vacancies, as appropriate.
- The Council retains the discretion to terminate a member's appointment to the Committee at any time and for whatever reason.

8. Confidentiality

Committee members may, on occasion, be provided with confidential material. Members are not to disclose this material to anyone outside the Committee and are to treat this material with the utmost care and discretion and in accordance with terms of their confidentiality agreement. Members will be expected sign this confidentiality agreement before taking part in Committee activities.

9. Conflict of Interest

Conflict of interest is defined as any instance where a Committee member, partner or close family friend has a direct or indirect financial or non-financial interest in matters under consideration or proposed matters for consideration by the Committee. A member must disclose to the Chair any situation that may give rise to a conflict of interest or a potential conflict of interest, and seek the Committee’s agreement to retain the position giving rise to the conflict of interest. Where a member gains agreement to retain their position on the Committee, the member must not be involved in any related discussion or decision making process.

All members of the Committee are expected to read and abide by Health Quality Ontario’s conflict of interest policy. Committee members are not to participate in Committee business until the Confidentiality and Conflict of Interest form has been signed.

10. Deliverables

The Committee will contribute clinical expertise, health system knowledge and patient representation to clinical care standard work, including:

- advising on the development and/or refinement of key processes;
- advising on approaches to presenting and disseminating information on clinical care standards;
- prioritizing topics for clinical care standards for board approval or, when a topic is not suited to a standard, recommending an alternate pathway for that topic;
- advising on the production of standards, as needed (including scoping, development of recommendations for adoption and evaluation of success);
- making recommendations, through the Council, concerning clinical care standards;
- informing the development of a three-year roadmap for the Committee;
- informing the criteria for a future evaluation of the Committee's effectiveness, including an update to terms of reference following its first year of operation.

11. Timeframes

Committee will commence operations on September 25, 2017.

12. Reporting

The Committee will be a committee of the Health Quality Ontario Board and will report directly to the Board. Reporting structures for the Committee are designed to facilitate collaboration as it carries out its mandate coordinating a provincial approach to the production and dissemination of clinical care standards in Ontario.

This means:

- the work of the Committee will be transparent and communication will target all partners engaged in the shared goal of improving the consistent delivery of high quality care through the production and dissemination of clinical care standards;
- the Quality Standards Program staff at Health Quality Ontario will ensure that close communication occurs between the Committee and the program and between the Committee and the Board.

13. Support for Committee

In collaboration with the Chair, staff at Health Quality Ontario will:

- provide support and advice to the Committee;
- develop agendas and materials for Committee meetings;
- schedule committee meetings;
- distribute relevant information in a timely manner to promote robust discussion and feedback;
- ensure all members are kept informed of issues and information relevant to the work of the Committee;
- arrange venues and catering for meetings;
- arrange appropriate travel and accommodation; and
- verify reimbursement of eligible expenses.

14. Operation of the Committee

The Chair

The Chair is ultimately responsible to the Council for the operations of the Committee. The Chair will preside at all meetings at which they are present. If the Chair is absent from a meeting, a Vice-Chair will preside.

Key Responsibilities of the Chair

In collaboration with the Committee, the Chair is responsible for:

- chairing the meetings—in particular, in ways that make patient and caregiver members feel meaningfully engaged and supported;
- providing leadership on matters relating to the work of the Committee;
- reporting into the Board of Directors on Committee operations;
- promoting the work of the Committee; and
- ensuring any conflict of interest disclosures are appropriately managed.

Key Responsibilities of the Vice-Chair

The Vice-Chair is responsible for performing all functions as are necessary to carry out the terms of reference when the chair is unable to do so. The Vice-Chair also assists the Chair in the following:

- chairing meetings in the event the chair is unable to attend, including any pre-meeting planning or preparatory work;
- chairing specific items for which the chair has declared a conflict of interest, or where requested;
- assisting the chair with the development of meeting agendas and review of materials, where requested;
- assisting the chair with the recruitment of nominees for the Committee.

Members' obligations and expectations

- Members are appointed for the term specified in the instrument of appointment.
- Members are appointed for clinical, health system or patient experience.
- Members are to actively participate in all meetings and share information.
- Members will declare any potential competing interests with the Committee, including any change or update as required.
- Where members have missed two consecutive meetings, it will be at the discretion of the Chair to declare the seat vacant and seek a replacement member.
- Members will sign a deed of confidentiality.
- Members' expenses will be remunerated according to the Travel, Meal and Hospitality directive. Members will not be eligible to be remunerated if they are full-time employees of the province of Ontario.

Other participants

The Committee may invite other individuals or groups to present or observe at meetings. Advisors and observers are not voting members.

Meetings

- It is intended that the Committee will hold a minimum of six and a maximum of 12 meetings per year.
- Where members cannot attend in person, the Committee will offer access to video and teleconference facilities to assist members.
- Out of session meetings may be held from time to time by teleconference.
- Out of session papers may be circulated for member's attention from time to time.

- Consideration will be given to any arising need to meet more frequently based on advice from the Chair to the Committee.

Proxies
Due to the expert nature of the Committee, proxies for meeting attendance cannot be accepted.

Travel and accommodation
Travel, accommodation and related expenses for non-Government members will be met by the Committee in accordance with the Ontario Public Service Travel, Meal and Hospitality directive.

Quorum
A quorum for a meeting is half the Committee membership plus one. Any vacancy on the Committee will not affect its power to function.

In the absence of a quorum, the meeting may continue at the Chair's discretion, with any items requiring decision to be deferred and circulated to members as an out of session item following the meeting.

Decision-Making
The Committee will strive for consensus on decisions where possible. When unable to reach agreement, decisions will be made by vote and will be determined by a majority of members at a quorate meeting. If an equality of votes occurs, the Chair will be granted a second casting vote.

Discussion and advice will be inclusive of all members as far as possible and project timelines will be taken into consideration in reaching a preferred position.
The Council will carefully consider all recommendations made by the Committee alongside with evidence, consultation findings and approaches taken with previous clinical care standards.

Communication
Health Quality Ontario staff will provide communications and issue management support. Committee members are requested to refer all media enquiries to the Health Quality Ontario staff. The Chair is typically the public spokesperson for the Committee.

Agenda and minutes
The agenda and related papers are normally circulated to members one week prior to the meeting.

The minutes of the meeting will be prepared by Health Quality Ontario staff. They will provide a concise and focused report of decisions and actions taken. Minutes will be made available to members in a timely manner.

15. Personal Information

The personal information a Committee member provides to the Council will be kept in compliance with relevant privacy legislation.