

Leamington Mennonite Home
Long Term Care

**QUALITY & RISK MANAGEMENT
POLICY AND PROCEDURE**

CATEGORY: Standing Committees	SUBJECT: Standing Committee Structures	SECTION: B POLICY: 1
DATE: July 12, 2022	Administrator's Signature: _____	

STANDING COMMITTEE STRUCTURES

POLICY

An effective committee/team structure will be maintained within the Home.

PROCEDURE:

At a minimum, each Home shall maintain the following committees:

- Daily Morning Leadership Meeting
- Circle of Care
- Joint Health & Safety Committee
- Professional Advisory Committee (ON)
- Medication Safety Advisory Committee (BC)
- Infection Prevention & Control Committee
- Resident Safety Committee
- Leadership/Quality Committee
- Quality of Worklife Committee
- Labour Management Committee
- Quality Stakeholder Advisory Committee
- Compliance Action Committee

SUMMARY OF FUNCTIONS:

Each of the standing committees will meet on a regular basis as outlined in the terms of reference for each committee.

- **Daily Morning Leadership Meeting**
Provides a formalized review of daily risk issues and an interprofessional approach in the development of measures to reduce or eliminate identified challenges and evaluate the effectiveness of strategies that have been implemented. Topics discussed include: updates on current resident issues, daily infection prevention and control activities, social activities, addressing complaints and concerns, and changes.
- **Resident Safety Committee**
An interprofessional group with representation from all departments. This committee combines individual committees in the Home such as responsive behaviours, end of life

& pain and symptom management, wound care, falls prevention, and medication management, and reviews MDS outputs (Quality Indicators, Outcome Scores).

- **Joint Health & Safety Committee**

Co-chaired by a management and staff representative as mandated by law. This committee is responsible for reviewing workplace inspections and any incident reports which relate to safety matters.

- **Professional Advisory Committee (ON)**

Responsible for the ongoing provision of quality care to residents. This committee is also responsible for managing the Home's Infection Control program. Sub-committees reporting to PAC include the Resident Safety Committee, the Ethics Committee, and the Infection Prevention & Control Committee.

- **Medication Safety Advisory Committee (BC)**

Responsible for development of policies and procedures that govern dispensing, safe administration, recovery, disposal, storage and security of drugs and comply with the Community Care & Assisted Living Act and Pharmacists' Act. To safeguard the health of residents by making requests for further policies or changes to existing policies and making recommendations that facilitate effective use of drugs with minimal harm. To respond to educational needs of staff and contribute to the Quality Management program.

- **Ethics Committee**

Made up of interprofessional staff from the Home. The committee's mandate is to implement an ethics framework and best practices to address ethics related issues in the provision of safe quality care of residents. The committee conducts case studies of issues identified in the Home and provides recommendations to resolve them.

- **Infection Prevention & Control Committee**

An interprofessional committee reporting to the Professional Advisory Committee. This committee is responsible to ensure all aspects of the Infection Control program are implemented and reviewed annually and to make recommendations to PAC.

- **Leadership & Quality Committee**

The management team is responsible for overall quality management of all programs, staff, finances, and resources of the Home. The committee consists of all department heads and other key staff as needed. It meets at least monthly to review risk issues, MDS outputs, sentinel events, communications, financial reports, staff and payroll issues, performance indicators, program development, short-term planning needs, and overall risk management.

The committee is an interprofessional group representing each department. The membership will carry out a system for regular review of department process and audits, MDS quality outputs, CCRS data, and assist in the development of measures to reduce or eliminate identified problems and evaluate the effectiveness of implemented changes. The recommendations of the JHSC, PAC, and Stakeholder Advisory committees will be reviewed and approved by this committee. External reviews such as Practice Inspections, Compliance Reports, and Accreditation Reports will be reviewed by this committee.

- **Circle of Care/Resident Home Area Meetings**

This committee meets in each home area/neighbourhood on a regular basis to evaluate the services provided by each home area/neighbourhood to the residents residing there. The committee will also review changes to the physical environment that would enhance service delivery.

Meetings are held at least monthly and are attended by an interprofessional team of staff working in the home area/neighbourhood.

- **Quality of Worklife Committee**

An interprofessional group whose function is to develop, recommend, and implement strategies and activities to assist staff in their efforts to achieve a meaningful and sustainable quality of work life.

- **Labour Management Committee**

The committee structure and frequency is typically dictated by the Collective Agreement. The committee meets to discuss labour/management issues that arise. The terms of reference should be location-specific in accordance with the terms of the Collective Agreement.

- **Quality Stakeholder Advisory Committee**

Made up of community health partners and meets twice yearly. This forum provides an opportunity for networking, sharing of strategic vision, and opportunities for partnering with programs and initiatives. The feedback from this committee should be included in the Home's strategic planning process.

- **Compliance Action Committee**

An interprofessional group, which reviews all compliance reports and inspection outcome issued by the Ministry of Health Long Term Care (ON), Regional Health Authority (BC), Fire Dept., Ministry of Labour, and Public Health. Where areas of noncompliance are identified, the committee will develop a corrective action plan to address these areas.

Each Committee will:

- 1) Develop a terms of reference for the committee to provide clear parameters as its purpose and function; these will include at a minimum:
 - Membership composition
 - Purpose/responsibilities of the committee
 - Frequency of meetings
 - Reporting hierarchy
 - Recording requirements
- 2) Complete a review and make revisions to the Terms of Reference annually.
- 3) Complete and post minutes in a committee minutes binder and store in an accessible area for all staff to read.