

NWT GOVERNMENT LIBRARY



3 1936 00019 115 3

REVIEW OF MEDICAL SERVICES  
AT THE  
FORT SMITH HEALTH CENTRE

TERMS OF REFERENCE

The Review Committee referred to in these Terms of Reference is the Committee hereby established by the Fort Smith Health Centre Board of Management, with members provided by the College of Physicians and Surgeons of Saskatchewan.

1. Purpose

The Review Committee will conduct a comprehensive evaluation of medical services provided at the facility. This evaluation will be general in nature and will utilize the requirements of the Canadian Council on Health Facilities Accreditation and the standard requirements under a total Quality Assurance and Risk Management program. The Review Committee will evaluate medical services and ensure they are within accepted medical and ethical standards of practice.

2. Membership

The Committee will be comprised of at least four to five (4 - 5) Members as selected by the Saskatchewan College of Physicians and Surgeons.

3. Mandate of the Committee

3.1 To evaluate medical services provided at the Fort Smith Health Centre in accordance with the standards set by the Canadian Council on Health Facilities Accreditation and guidelines from standard Quality Assurance Risk Management Programs.

3.2 To submit its report to the Board of Management of the Fort Smith Health Centre.

4. Activities of the Committee

The Review Committee will conduct its review through a process consistent with generally accepted principles of medical quality assurance reviews, taking into consideration the recommendations of the Medical Services section of the Accreditation Survey Report dated September, 1991.

The responsibilities of the Committee will include:

4.1 A review of Medical Staff By-Laws, Rules and Regulations to determine if these are consistent with current standards for facilities similar in nature to the Fort Smith Health Centre.

4.2 A evaluation to determine if medical services provided at the Fort Smith Health Centre are consistent with the Medical Staff By-laws, Rules and Regulations and acceptable standards of medical practice through the following:

- (a) a review of the principal functions provided by the physicians as indicated in the Medical Staff Minutes;
- (b) an audit of in-patient, out-patient and clinic records;
- (c) an analysis of records of the following:
  - (i) complications,
  - (ii) morbidity and mortality,
  - (iii) autopsies,
  - (iv) cardiac arrests, and
  - (v) any such other records as the Committee may deem appropriate; and
- (d) any other review or analysis as the Committee may determine, and consistent with these Terms of Reference.

4.3 Recommendations for the development of a medical human resource plan for the Fort Smith Health Centre and the community.

4.4 An evaluation of the continuing education activities of the medical staff, with particular attention to developing a Policy on Certification for Advanced Cardiac and Trauma Life Support.

4.5 A review and evaluation of the current level of Quality Assurance Risk Management Activities of the Medical Staff, in order to recommend any improvements which may be necessary to meet Accreditation Guidelines and standard Quality Assurance Risk Management Programs.

4.6 An evaluation of the current level of the Medical Staff's involvement in health promotion and patient education, in order to provide guidance on future direction.

4.7 A utilization review.

## 5. Confidentiality

5.1 The records and legal documents of the Committee shall be deemed Confidential. Any information to which a Member of the Committee shall become privy shall be treated as confidential both during the review and after submission of the final report to the Board of Management. No Member of the Committee shall divulge, release or publish any information submitted to or compiled for the Committee in confidence, save and accept as such information may be part of the Report submitted by the Committee to the Board of Management.

5.2 Neither the Committee nor any Member of the Committee shall divulge, release or publish the name of any patient of the Fort Smith Health Centre, or any information tending to identify any patient of the Fort Smith Health Centre.

6. Legal Protection

If required to testify in a legal proceeding as defined in the Evidence Act, R.S.N.W.T. 1988, c. E-8, a Member of the Committee may not be asked, or be required to answer, any question about the proceedings of the Committee, nor may a Member be required to produce any document prepared by the Committee during the course of its review.

7. Time Frame

The Review Committee shall submit a Report within thirty (30) days of completing its Review.

8. Cost

The Review will be conducted on a cost recovery basis.

## M&M Protection Consultants

- 6 -

### B5 Sample Terms of Reference for Medical QA/RM Committee

#### Composition

Representation from all bona fide medical departments, Hospital QA/RM Co-ordinator.

#### Responsibilities

1. Will receive annual departmental goals from all bona fide medical departments.
2. Will summarize information in any suitable form prior to submission to the Medical Advisory Committee and to the QA/RM Committee of the Board.
3. Will receive reports from the following Committees:
  - a) Medical Records;
  - b) Infection Control;
  - c) Pharmacy and Therapeutics;
  - d) Perinatal review;
  - e) Utilization;
  - f) Any other designated committee struck for the purpose of analysing appraisal of care or Risk Management in medical practice;
4. Will conduct analysis of:
  - 1.) chart reviews;
  - 2.) complication reviews;
  - 3.) morbidity and mortality reviews;
  - 4.) autopsy reviews;
  - 5.) surgical-pathology reviews;
  - 6.) cardiac arrest reviews;
  - 7.) all department clinical audits;
  - 8.) analysis of unusual occurrences;
  - 9.) on-going medical education.
5. The Medical Advisory Committee will receive the reports and recommendations of the Medical QA/RM committee prior to the submission of the report to the QA/Rm Committee of the Board;
6. The Medical Advisory Committee will also provide analysis and feedback on all reports to Medical QA/RM Committee and the QA/RM Committee of the Board.

## M&M Protection Consultants

- 7 -

### B6. Medical Staff QA/RM Responsibilities

- 1) lending active support to Quality Assurance and other Risk Management activities and assisting, as appropriate, in the implementation of a QA/RM system;
- 2) reporting regularly to the Board via the appropriate mechanism on the quality of care provided by the hospital;
- 3) recommending action to the Board via the appropriate mechanism regarding granting and reissuance of appointments and clinical privileges to medical staff members.

