Muskoka Algonquin Healthcare		**Policy/Procedure Name:**	**Quality Improvement and Patient Safety Governance Policy**
Manual:	Governance	**Number:**	
Section:	Program Quality and Effectiveness	**Effective Date:**	10 NOV 2022
Pages:	1 of 2	**Revision Date:**	12 FEB 2026

Purpose

This policy outlines the Board's commitment to quality improvement, patient safety, risk oversight, and accountability in the delivery of health care services at Muskoka Algonquin Healthcare (MAHC).

Policy

The Board, in accordance with the *Excellent Care for All Act, 2010*, recognizes that a high-quality health care system is one that is accessible, appropriate, effective, efficient, equitable, integrated, patient-centred, population health–focused, and safe.

The Board is committed to ensuring that MAHC is responsive and accountable to the public and focused on creating positive patient experiences and achieving exceptional outcomes. The Board believes that quality is the responsibility of everyone involved in delivering health care in Ontario and holds MAHC's executive team accountable for achieving and sustaining high standards of quality and safety.

MAHC will meet or exceed established and evolving standards of quality and patient safety. MAHC is committed to identifying, addressing, and acting upon opportunities for continuous improvement in patient care and service delivery. The Board recognizes the importance of monitoring, evaluating, and continuously improving the quality and safety of patient care and services at MAHC.

The Board also recognizes the importance of the safe delivery of services at MAHC, and of reducing or preventing potential harm or loss to patients, families, visitors, staff, Credentialed Staff, volunteers, students, and MAHC's assets.

A culture of patient safety is fundamental to the success of quality improvement. Patient safety is understood as a patient's freedom from preventable harm while receiving health care. Care and management standards are integral to achieving this goal. Quality planning and standards will align with MAHC's mission, vision, values, corporate priorities, and strategic plan.

The Board is ultimately responsible for oversight and decision making related to quality and safety issues including:

- reviewing and recommending policies and standards;
- overseeing compliance with quality and safety related issues, including accreditation;
- and reviewing and making recommendations following adverse events.

In keeping with the requirements under *the Excellent Care for All Act, 2010*, MAHC will:

- conduct patient satisfaction surveys and employee satisfaction surveys;
- develop and publicly post a Patient Declaration of Values;
- establish and publicly post a patient relations process consistent with the Patient Declaration of Values;
- develop, approve, and publicly post an annual Quality Improvement Plan (QIP) through the Quality & Patient Safety Committee and submit it in accordance with provincial requirements; and
- establish annual performance targets and performance indicators related to quality and patient and staff safety for monitoring by the Quality & Patient Safety Committee, and oversee enterprise risk identification and monitoring through the Resources and Audit Committee.

Committee Responsibilities:

At least quarterly, the Quality & Patient Safety Committee will monitor MAHC's performance against established quality and safety targets and indicators and report its findings to the Board.

The Quality & Patient Safety Committee will also oversee the development and ongoing implementation of MAHC's Patient and Family Centred Care philosophy and supporting systems that enhance the delivery of care responsive to patient and family needs, and will report regularly to the Board.

At least bi-annually, the Resources and Audit Committee will review and monitor enterprise risks related to quality, patient safety, and staff safety, and report its findings to the Board.

Cross Reference

Board Committees and Terms of Reference Policy

Notes