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**DIAGNOSTIC SERVICES OF MANITOBA  
BOARD OF DIRECTORS POLICY**

**Policy Name:** Patient Safety Committee  
Terms of Reference

**Number:** GP-8.4

**Policy Type:** Governance Process

**Date Approved:** Sept 10, 2008

**Date Amended:** May 12, 2010

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## **1. Product**

The Patient Safety Committee will support the board in ensuring that it is being accountable and achieving sustainable results in the following areas:

- 1.1. Fosters and supports a client safety culture throughout the organization,
  - 1.1.1. Promotes patient safety through setting clear expectations, goals, and objectives to reduce harm.
  - 1.1.2. Monitors performance against goals and objectives.
  - 1.1.3. Makes client safety part of the governance and strategic planning process.
  - 1.1.4. Encourages open communication and a blame-free dialogue about client safety issues, incidents, and potential problems.
  - 1.1.5. Monitors system-level measures of client safety.
  - 1.1.6. Supports organization-wide client safety initiatives.
- 1.2. Works with Senior Management to identify risks<sup>1</sup> to the organization and promote ongoing quality improvement:
  - 1.2.1. Reviews reports of incidents and new or increased risks to identify trends and opportunities for improvement.
  - 1.2.2. Identifies and implements leading practices and benchmarking opportunities.
  - 1.2.3. Ensures leadership for quality improvement and fosters a quality improvement culture throughout the organization.
  - 1.2.4. Reviews reports of accreditation status to identify risks, trends and opportunities for improvement.

## **2. Authority**

The Committee reports to the Board of Directors

## **3. Composition**

- 3.1 The Committee shall be composed of 6 members appointed by the Board as follows: 5 Board members, 1 non-voting individual with specific laboratory expertise and DSM Quality and Safety staff acting in a support role as non-voting members.
- 3.2 The Chair will be chosen by the members of the Committee.

#### **4. Term of Office**

The Term of Office is governed by Policy GP-8, clause 7.

#### **5. Quorum**

A quorum shall consist of a simple majority of the Committee. No meeting of the Committee shall be held without a quorum in attendance.

#### **6. Frequency of Meetings**

Meetings shall be at least quarterly.

#### **7. Distribution of the Minutes**

Minutes will be distributed to the Committee by email for corrections as soon as possible after a meeting, then distributed to the full Board with the agenda material for the next Board meeting.

<sup>1</sup>Risks are defined as:

- Clinical risks – diagnostic practices
- Safety risks to patients, visitors and staff