Ontario

Ministry of Health
Integrated Community Health Services Centres Program
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Appointment & Acknowledgement of Quality Assurance Advisor

Instructions

Please return the completed form to the above email address. Please notify the Integrated Community Health Services Centres Program of any changes in the following information.

Confidential when completed.

Fields marked with an asterisk (*) are mandatory.

1. Centre Operator

Sole proprietor, partnership or corporation name

2. Integrated Community Health Services Centre

Centre Name *

Centre Address

Unit Number	Street Number *	Street Name *	PO Box
City/Town *		Province *	Postal Code *
Telephone Number *	Centre Email *		ICHSC Billing Number **A**

3. Quality Assurance Advisor

Last Name *	First Name *		
OHIP Solo Billing Number	CPSO Number *	Telephone Number *	Effective Date of Appointment (yyyy/mm/dd)

Email Address *

4. Acknowledgement

In being appointed quality assurance advisor, for

Name of the Integrated Community Health Services Centre (ICHSC) **A** ICHSC Billing Number

I, Certified health professional acknowledge that:

I am experienced and qualified to hold the position of quality assurance advisor within the centre as outlined in the *Integrated Community Health Services Centres Act, 2023* (ICHSCA) and the applicable standards for the services provided by the centre under the ICHSCA. I have read and understand the role and responsibilities of a quality assurance advisor (QAA) as outlined in O Reg 213/23 of the ICHSCA, including being required to ordinarily provide insured services in or in connection with the centre.

I acknowledge that I am required to advise the centre licensee, and to document the provision of that advice, in the following areas:

- **Health professional staff hiring decisions** in order to ensure that potential candidates have the appropriate qualifications, knowledge, skills and competency required to provide the types of ICHSC services provided in the centre.

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- **Continuing professional education** and appropriate certification for all health professional and/or staff members employed in and/or affiliated with the centre, as may be required by their respective regulatory Colleges, accepted clinical guidelines and/or quality assurance standards.
- **Leadership and management skills** as may be required to address and resolve any care-related disputes that may arise between patients, families, caregivers and the health professional and administrative staff.
- **Appropriate continuing quality improvement resources** for health professional staff members employed in the centre.
- **Review** the staff credentials, licenses and certifications on a yearly basis.
- **Formal yearly performance appraisals** for all health professional staff, including but not limited to implementing the appropriate Peer Review Programs as outlined in the standards.
- **Technological competency** of patient related service systems that are used in the centre, in order to ensure that all quality standards are met, maintained and improved through a regular review of the service program to ensure optimal performance at all times.
- **Establishment and/or updating of patient safety and care policies and procedures** for the centre, e.g. service requests, performance protocols, infection control, and standardized reports, and other issues as may be appropriate.
- **Equipment maintenance and efficacy** as it pertains to patient services, report generation and discharge criteria.
- **Issues or concerns** identified by any staff member, if related to conditions within the centre that may affect the quality of any aspect of patient care. Complaints submitted to the centre by patients and families, staff and/or system partners will be investigated with a standardized protocol and the QAA will oversee the process to ensure ongoing quality improvement at the Centre.
- **Establishing and/or updating system(s)** for monitoring the results of the service(s) provided in the centre, including incident reporting, as required in the ICHSCA (s.23).
- **Risk management** shall be utilized to evaluate the impact of work processes as they affect staff, patient safety, or the ability to achieve objectives. This includes risks and opportunities for improved patient care. The service shall modify processes to reduce or eliminate the risks.
- There shall be a **documented process or procedures** for risk and opportunity management.

In order to fulfill this duty, I shall:

- Personally attend the centre at least once each quarter, and may attend more frequently, where in my opinion it is necessary based on the volume and types of services provided in the centre. The visits may be coordinated as part of the Quality Assurance Committee (QA Committee) meetings.
- Document all visits to the centre made in connection with my role as quality assurance advisor.
- Be available or ensure that a member of the Quality Assurance Committee is available for consultation and/or immediate decision during the centre's hours of operation.
- Seek advice from other health professionals where necessary to ensure that all aspects of the services provided in the centre are provided in accordance with ICHSC Quality Assurance facility standards and generally accepted professional standards.
- Chair the QA Committee; the QA Committee shall meet at least ten times a year where at least four are held in the Centre or as per the standards applicable to the services provided by the centre under the ICHSCA. Regular agenda items should include: review of cases; policies and procedures; quality control matters on equipment; incidents; complaints and concerns; continuous quality improvement; staffing issues. All QA Committee meetings shall be documented.
- Obtain copies of inspection reports from the licensee/owner/operator. If deficiencies were identified in the inspection, I shall review same with the QA Committee and document such review. My signature is required on any written plan submitted by the licensee to the inspecting body.

I acknowledge that if I have reasonable grounds to believe the licensee is not complying with the licensee's obligation to ensure that services are being provided in accordance with the generally accepted standards and to ensure that the persons who provide services in the centre are qualified to provide those services, I must inform the Director of Integrated Community Health Services Centres promptly in accordance with the provisions and regulations under the ICHSCA.

I understand that the licensee is, at all times, responsible for fulfilling the statutory and regulatory requirements that pertain to licensees, in accordance with the ICHSCA, and that my role is to provide advice to the licensee as set out above.

Collection of this information is for the administration of the ICHSCA. It is collected/ used for these purposes under the authority of the ICHSCA, Section 58(1). For information about collection practices, please contact the Program Manager, Integrated Community Health Services Centres Program by email ICHSC@ontario.ca.

Name of Quality Assurance Advisor	Date (yyyy/mm/dd)
Name of Licensee	Date (yyyy/mm/dd)