

Accreditation Governance Tracer (QGRM Session)

November 5, 2025

3.1.1 – Governance Structure
3.1.2 Accountability and Transparency
1. Can you describe the hospital's governance structure? 2. What are some fiduciary responsibilities? 3. How does the Board ensure it fulfills its accountability to the community and the MOH? 4. How does organizational performance get reported to the Board?
• The hospital's governance structure includes a Chair, Vice Chair, Treasurer, Secretary (the CEO), and elected board members vetted for appropriate skill sets. The Medical Advisory Committee (MAC) reports to the Board through the Chief of Staff. • Fiduciary responsibilities include oversight of the fiscal budget, patient safety policies, and quality and risk management programs. The Operational Plan houses all of these items. • Through the Annual Report, audited financial statements, public reporting on website, annual meeting, social media and community sessions. • Annual review of operational plans covering patient safety, infection control, HR, communications and environmental stewardship. • Quality Goals and Objectives, Strategic Initiatives, monthly financial reports, quality of care metrics (patient safety, staff safety, patient satisfaction reports, patient complaints, ethics report, health equity, HHR etc.) This information is all on the workplan on the Board portal.
3.1.3 Oversight of Professional Staff
1. How does the Board ensure physicians and other privileged staff are competent to provide care? 2. What happens if concerns arise about a physician's performance? 3. How often are professional staff reappointed?
• Applications for professional staff (physicians, nurse practitioners, midwives) are reviewed by the Credentialing Committee, then approved by MAC and finally by the Board. • Applications are assessed for good standing with regulatory colleges, references, and any active complaints or investigations. • Concerns about performance are reviewed by the Chief of Staff; privileges may be restricted or suspended per bylaws and CPSO guidance. • Professional staff are reappointed annually, with verification of good standing and license status.
3.1.4 Quality and Safety Oversight & 3.1.5 Risk Management
1. How does the Board stay informed about patient safety incidents? 2. How does the Board support a culture of safety? 3. How does the Board include the patient voice in discussions and decision making? 4. Do you use a framework to address quality? 5. Do you use an action plan to address quality of care?
• Quarterly reports summarize patient safety incidents, trends, and action plans with resolution status using a color-coded system. • Board supports a culture of safety through resource allocation, QIP reviews, staff pulse surveys, and policies including whistleblower protection. • The Safety and Quality of Care Framework is used to guide decisions and is integrated with the Strategic Plan.

• Patient voice is included via a voting Patient and Family Advisor on the Quality Governance Committee and participation in strategic planning.
3.1.6 Strategic Direction and Performance Monitoring
1. What are the current strategic priorities of the hospital? 2. How does the Board monitor progress on the strategic plan? 3. How is the community engaged in strategic planning?
• Strategic priorities are visibly posted in boardrooms, meeting rooms, and huddle boards throughout the hospital. • Progress is monitored through quarterly updates, performance indicators, and strategic initiative reports. • Community engagement includes stakeholder surveys and participation of Patient and Family Advisors in planning retreats.
3.1.7 Financial Oversight and Resource Allocation
1. How does the Board ensure financial sustainability? 2. How are major capital projects approved? 3. If the hospital experiences a financial shortfall, what is the Board's role?
• Finance Committee reviews monthly financial reports and variances; Board approves annual budgets and capital expenditures. • Line of credit and investment portfolio used to manage shortfalls; ethical decision-making can be guided by the A4R Framework. • Major capital projects are prioritized by management, reviewed by Finance Committee, and approved by the Board.
3.1.8 Equity, Anti-Racism, and Cultural Safety
1. Does the organizations policies reflect cultural safety and humility? 2. Is there an action plan to address systemic racism for the organization? Does it include community partners? 3. Is there a framework that addresses racism, including indigenous specific racism, for the organization?
• Policies reflect cultural safety and humility, including Indigenous Cultural Safety and EDI plans. • Mandatory education on anti-racism and EDI is provided to staff. • Community partners such as SOAHAC and the Family Health Team are engaged in EDI initiatives. • A reflection room is available for all to use. • Translation services are available 24/7 in over 150 languages; website includes accessibility features and multilingual support. • Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework
3.1.5 Risk Management
1. What are risks are identified as highest for the hospital? 2. How are risks assessed?
• Annual HIROC high-risk assessment identifies top organizational risks and informs action plans. • Current top risks include funding instability and emergency department capacity challenges due to regional pressures.