

SAHTU HEALTH AND SOCIAL SERVICE AUTHORITY
Policy

ADMINISTRATION POLICY

Health Services Committee

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Purpose:

Clearly outline the requirements for establishing and maintaining a SHSSA specific Health Services Committee.

Policy:

SHSSA has established a Health Services Committee under Board resolution 019-07 and in accordance with the Hospital and Health Care Facility Standards Regulations section 14. The Health Services Committee will operate under the attached terms of reference.

References:

Hospital Insurance and Health and Social Services Administration Act
Hospital and Health Care Facility Standards Regulations
Hospital Insurance Regulations
SHSSA Board Meeting Minutes Dated December 4, 2007

Approved by:



Chad Fehr, Chief Executive Officer

Health Services Committee Terms of Reference

Authority:

The Health Services Committee (HSC) operates under the authority delegated by the Chief Executive Officer of the Sahtu Health and Social Services Authority within the boundaries of these terms of reference.

Reporting Relationship:

The HSC Chair, or designate, reports to SHSSA Senior Management following each HSC meeting. A report outlining the initiatives undertaken, recommendations to the CEO, monitoring and review activities are required to be presented following each HSC meeting.

Membership:

- A person designated by the Chief Medical Officer of the NWT.
- The SHSSA Medical Director.
- The SHSSA Director Health and Social Programs.
- The Nurse In Charge from Deline, Tulita, Norman Wells, and Fort Good Hope.
- The SHSSA Public Health Coordinator, if not designated by the Chief Medical Officer.
- The SHSSA Supervisor of Social Workers.
- The SHSSA Mental Health and Addictions Coordinator.
- The SHSSA Regional Home Care Coordinator
- The Chief Medical Officer of the NWT at his/her discretion.
- One person from the medical staff selected by the CEO after consulting with the medical staff, which may include one member already listed from the above membership.
- One person from the professional staff selected by the CEO after consulting with the professional staff, which may include one member already listed from the above membership.
- The CEO will appoint a HSC chair from the members above.
- The HSC committee will nominate and elect a Co-chair from the members above.

Meeting Frequency, Mediums and Administration:

- The HSC will meet at least six times per year, or as requested by the CEO, with no longer than three months spanning meetings.
- The Executive Assistant to the CEO will provide administrative support including minute taking, conference call arrangements, and travel arrangements when required.
- One meeting per fiscal year will be face-to-face, all other meetings arranged via teleconference or telehealth.
- Subcommittee meetings held as and when required without administrative support and only using the most economical means necessary.

Responsibilities:

1. Examine, discuss, and make recommendations to the CEO with respect to:
 - i. Ways by which the hospital or health care facility can provide better service to the population it serves,

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- ii. Ways by which the hospital or health care facility can be used to promote public health,
 - iii. Ways to improve professional standards within the hospital or health care facility,
 - iv. Ways to improve hospital or health care facility records,
 - v. The provision of health education within the hospital or health care facility for the benefit of in-patients, outpatients and personnel,
 - vi. The medical examinations that should be required for each employment position category in the hospital or health care facility and the circumstances under which such examinations should be required,
 - vii. The more efficient operation of the hospital or health care facility;
2. Monitor the incidence of communicable diseases, nosocomial infections and other infections in the hospital or health care facility and advise the CEO on measures that should be taken to control the disease or infection.
 3. Make recommendations to the CEO in respect of the control of communicable diseases, nosocomial infections and other infections in the hospital or health care facility.
 4. Review and make recommendations to the CEO with respect to the following:
 - i. The work members of the medical or professional staff and other hospital or health care facility personnel who provide health care services to in-patients or outpatients,
 - ii. Any complaint relating to the care of an in-patient or outpatient that the committee considers to require review or that is referred to it by the CEO,
 - iii. Any issue relating to the lack of improvement or the a complication in the condition of an in-patient or outpatient that the committee considers to require review or that is referred to it by the CEO,
 - iv. Any issue relating to the death of an in-patient or outpatient that the committee considers to require review or that is referred to it by the CEO;
 5. Conduct periodic reviews of medical files of in-patients or outpatients to study, evaluate the health practices of, and the health care services provided by, the medical or professional staff or other hospital or health care facility personnel who provide health care services to in-patients and outpatients, for the purpose of determining ways to improve health care practices and health care services in the hospital or health care facility.

Notes on Responsibilities:

Review of medical files must be conducted in accordance with the Access to Information and Protection of Privacy Act of the NWT.