



ROLES AND RESPONSIBILITIES OF THE **QUALITY ADVISOR**

Clinical Practice Parameters and Facility Standards for Independent Health Facilities

The role of the Quality Advisor is an important one. Quality Advisors play a vital role in the overall operation of the Independent Health Facility to ensure that the services provided to patients are being conducted appropriately and safely.

Each IHF licensee is responsible for operating the facility and providing services in accordance with the requirements of the IHFA. Pursuant to O. Reg. 57/92 under the *Independent Health Facilities Act*, every licensee is required to appoint a Quality Advisor to advise the licensee with respect to the quality and standards of services provided in the independent health facility. The Quality Advisor must be a health professional who ordinarily provides insured services in or in connection with the facility and whose training enables him or her to advise the licensee with respect to the quality and standards of services provided in the facility.

The Quality Advisor is responsible for advising the licensee with respect to the quality and standards of services provided. In order to fulfill this duty:

- The Quality Advisor shall personally attend the facility at least twice each year, and may attend more frequently, where in the opinion of the Quality Advisor it is necessary based on the volume and types of services provided in the facility. The visits may be coordinated as part of the Quality Advisory Committee (QA Committee) meetings.
- The Quality Advisor shall document all visits to the facility made in connection with the Quality Advisor's role.
- The Quality Advisor shall ensure that a qualified physician be available for consultation during the facility's hours of operation.
- The Quality Advisor shall seek advice from other health professionals where in the opinion of the Quality Advisor it is necessary to ensure that all aspects of the services provided in the facility are provided in accordance with generally accepted professional standards and provide such advice to the licensee.
- The Quality Advisor shall chair the QA Committee. The QA Committee shall meet at least twice a year if the facility employs more than six full-time staff equivalents including the Quality Advisor; otherwise the QA Committee shall meet at least once a year. Regular agenda items should include: review of cases; policies and procedures; quality control matters on equipment; incidents, medical and technical staffing issues.
- All QA Committee meetings shall be documented.
- The Quality Advisor shall obtain copies of assessment reports from the licensee/owner/operator. If deficiencies were identified in the assessment, the Quality Advisor shall review same with the QA Committee and document such review. The Quality Advisor's signature is required on any written plan submitted by the licensee to the College.

The Quality Advisor shall advise the licensee on the implementation of an ongoing quality management (QM) program, which should include, but not be limited to, the following:

- Ensuring ongoing and preventive equipment maintenance

- Follow-up of interesting cases
- Follow-up of patient and/or medical and technical staff incidents
- Continuing education for medical and technical staff
- Ensuring certificates of registration, BCLS etc are current
- Regular medical and technical staff performance appraisals
- Patient and referring physician satisfaction surveys

The Quality Advisor will advise the licensee, and document the provision of such advice, in connection with the following:

- **Health professional staff hiring decisions**, in order to ensure that potential candidates have the appropriate knowledge, skills and competency required to provide the types of services provided in the facility.
- **Continuing education** for all health professional staff members employed in the facility, as may be required by their respective regulatory Colleges or associations.
- **Appropriate certification** for all health professional staff members employed in the facility with the respective regulatory Colleges or associations.
- **Leadership**, as may be required to address and resolve any care-related disputes that may arise between patients and health professional staff.
- **Appropriate resources** for health professional staff members employed in the facility.
- **Formal performance appraisals** for all health professional staff.
- **Technology** used in the facility, in order to ensure it meets the current standard(s) and is maintained through a service program to deliver optimal performance.
- **Establishment and/or updating of medical policies and procedures** for the facility, eg., consultation requests, performance protocols, infection control, and standardized reports, and other issues as may be appropriate.
- **Equipment and other purchases** as may be related to patient care.
- **Issues or concerns** identified by any staff member, if related to conditions within the facility that may affect the quality of any aspect of patient care.
- **Establishing and/or updating system(s)** for monitoring the results of the service(s) provided in the facility.

If the Quality Advisor has 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 facility are qualified to provide those services, the Quality Advisor must inform the Director of Independent Health Facilities forthwith in accordance with the provisions and Regulations under the *Independent Health Facilities Act*.

The Quality Advisor should acknowledge, in writing, his/her role in connection with Quality Assurance.