

Please print in block letters and return the completed form to the above address.

In being appointed quality advisor, for:

\_\_\_\_\_  
Name of the Independent Health Facility (IHF)

\_\_\_\_\_  
IHF Registration Number

I, Dr. \_\_\_\_\_ acknowledge that:

I have read and understand the roles and responsibilities of a quality advisor as outlined below, and detailed in the "Roles and Responsibilities of a Quality Advisor" document published by the College of Physicians and Surgeons of Ontario (CPSO).

I acknowledge that I am required to advise the facility 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 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.

*(also available in French)*

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I acknowledge that, as the quality advisor, I am responsible for advising the licensee with respect to the quality and standards of services provided. In order to fulfill this duty, I shall:

- Personally attend the facility at least twice each year, and may attend more frequently, where in my opinion 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.
- Document all visits to the facility made in connection with my role as quality advisor.
- Be available, or ensure that a qualified physician is available for consultation during the facility's hours of operation.
- Seek advice from other health professionals where in my opinion it is necessary to ensure that all aspects of the services provided in the facility are provided in accordance with generally accepted professional standards.
- 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; staffing issues. All QA Committee meetings shall be documented.
- Obtain copies of assessment reports from the licensee/owner/operator. If deficiencies were identified in the assessment, 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 College of Physicians and Surgeons of Ontario.

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 facility are qualified to provide those services, I must inform the Director of Independent Health Facilities forthwith in accordance with the provisions and regulations under the *Independent Health Facilities Act*.

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 *Independent Health Facilities Act*, 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 *Independent Health Facilities Act*, 1989 (IHFA). It is collected/used for these purposes under the authority of the *Independent Health Facilities Act*, Section 37.2. For information about collection practices, please contact: Program Manager, Health Services Branch at 613 548-6637 or by mail to 49 Place d'Armes, PO Box 48, Kingston ON K7L 5J3.

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Signature of the Quality Advisor

Date

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Signature of Licensee

Date