

DEPARTMENT OF MIDWIFERY

Quality Assurance & Improvement Committee

Terms of Reference

1. Mandate

1.1. The Department of Midwifery Quality Assurance & Improvement Committee is responsible for overseeing quality of midwifery care provided by the department members and for determining whether members are practicing according to acceptable standards of care. The work of the committee is protected under Section 51 of the Evidence Act.

2. Intentions

2.1. To be objective and fact-seeking.

2.2. To include and reflect best available evidence and midwifery community standards.

2.3. To be constructive to both the individual midwife and the department as a whole.

2.4. To fulfill the department's obligation to the hospital as well as other involved parties, including families.

2.5. To provide midwives with support and feedback for practicing in a manner that protects them as well as their clients.

2.6. Not intended to be punitive.

3. Duties

3.1. To review a minimum of five charts of all Provisional medical staff to ensure that they meet acceptable standards of care before promotion to Active medical staff, and then a subsequent random audit of five charts in every three year period, as required by the In-depth Review process.

3.2. To conduct ongoing random chart audits of all department members to ensure that they continue to meet acceptable standards of care.

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3. Duties continued

- 3.3. The QA committee will participate as needed in the In-depth Review process.
- 3.4. To review charts as requested by the department Head for reportable outcomes, PSLS reports or special audits arising from a case review.
- 3.5. To determine which, if any, additional charts are pertinent to the review of any specific case.
- 3.6. To oversee assignment of department members to various hospital or professional committees and monitor committee meetings and attendance.
- 3.7. To review QA documents biennially and revise as required.
- 3.8. To review annually the Emergency Transport Documents submitted to the department by Registered Nurses and Registered Midwives, and to make appropriate recommendations to department members and other relevant parties, i.e. BC Ambulance Service, nursing, etc.

4. Membership

- 4.1. Membership will consist of a minimum of five active members of the department with a range of experience level in the practice of midwifery. These members will comprise a core committee. The committee is permitted to have additional supporting members to help with the chart audits who are not required to attend regular meetings and therefore not a part of the core committee.
- 4.2. Committee members will be appointed by the department for a minimum of two years.
- 4.3. All QA committee members are required to sign a confidentiality agreement prior to participating in any chart reviews or random chart audits.
- 4.4. The Chair of the Committee will be appointed by the department for a term of two years. The Head of the department will review the contract at the end of each term.
- 4.5. All active members will have Provisional or Active medical staff privilege status at either SPH or BCW hospital.

5. Operational Protocol

- 5.1. The Committee meets at the call of the Chair.
- 5.2. A QAC member who has participated at any point in the care of a client whose case or chart is under review will excuse herself from that review.
- 5.3. To ensure random chart selection when indicated, the assistant to the Department Head or QA committee member personally selects charts from the birth rosters on file at the department.

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5. Operational Protocol continued

- 5.4. Minutes of any meeting are sent to the Department Head.
- 5.5. Administrative support is provided by the Department Administrative Coordinator.
- 5.6. After review, charts are to be returned to Medical Health Records.
- 5.7. After completion, copies of the Chart Audit Forms and Chart Audit Summary are to be returned to the Department's Administrative Coordinator.

6. Documentation Protocol

- 6.1. Any written recommendations are privileged and confidential and are protected under Section 51 of the Evidence Act.
- 6.2. Maintenance of the minutes, agenda and other documentation related to the Committee is the responsibility of the Committee Chair with the assistance of the Department's Administrative Coordinator.

7. Accountability and Reporting Relationships

- 7.1. The Committee shall be accountable to the Department Head.
- 7.2. The Committee shall provide written reports on individual midwife practice if requested by the Department Head. The Department Head or delegate will provide feedback to individual midwives based on the written report of the Committee.
- 7.3. The Committee will summarize its other activities with reports to the Executive Committee twice yearly, and to the department as a whole once yearly (written report submitted at a Business Meeting).
- 7.4. If, through any review process, the practice of the Department Head is in question, the President of Medical Affairs should be informed and any completed reports should be submitted to him/her.