

DEPARTMENT OF MIDWIFERY

Criteria for Chart Audit: Reappointment and Reportable Outcomes

The Quality Assurance & Improvement Committee (QAIC) will implement chart audits in the following circumstances:

Chart Audit for Appointment and Reappointment

Provisional to Active: Five charts will be reviewed of a registered midwife with general status granted provisional privileges. If any of the charts do not meet the standard of care required by the Department, the midwife will continue to have provisional privileges. Active privileges will only be granted after three subsequent charts have been audited that meet the standard of care.

Reappointment: Five random charts will be audited triennially.

The midwife is expected to meet all other criteria set by the QAIC before appointment or reappointment to the Department (See Criteria for Appointment and Criteria for Reappointment).

Chart Audit for Reportable Outcomes

Department members should notify the Department Head/Assistant Department Head within 24 to 48 hours in the event of any of the following clinical outcomes:

- Unexpected IUGR
- Non-anomalous term newborn admitted to NICU for >12 hrs
- Cord gases below 7.1 at delivery
- Unexpected intra-uterine fetal death in hospital
- Unexpected neonatal death in hospital
- Apgar less than 7 at 5 minutes
- Emergency transport from home (see emergency transport documents)
- PPH requiring transfusion or hysterectomy
- Poor maternal outcome (e.g. cardiovascular events, eclamptic or unexplained seizures, etc.)
- Uterine rupture
- Medication error in hospital (by MW dept member)
- Midwife request/discretion

The midwife will be notified as to whether the case will be reviewed with a chart audit. She may also be asked to present the case at the Section 51 protected Peer Review portion of a Department Business Meeting.

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Chart Audit and Process for Patient Safety & Learning System/Incident Reports

The online Patient Safety & Learning System (PSLS) for reporting patient safety events promotes good interdisciplinary communication via the follow up process and allows us to track and trend safety issues. Reported events are assigned a level of severity from 1 (no harm) to 5 (death).

Chart audits resulting from an Incident Report/PSLS Report that are designated level 1 – 3 will be at the discretion of the Department Head and will be performed by the Department Head, Assistant Department Head, or a member of the QAIC, depending on the severity of the incident. Recommendations, if any, from the chart audit will go to the Department Head and may include auditing further charts of the individual midwife, a meeting with the midwife involved and the Department Head or recommendations for educational and/or remedial support for the midwife.

If the Report is a Level 4 (resulting in permanent harm) or Level 5 (resulting in death) adverse event, it is reviewed by the Risk Management Committee (BCW) or the Maternal Safety and Quality Committee (MSQC) (SPH) to identify possible medical or systems errors that may have contributed to the adverse outcome. If medical error is suspected, the case is referred to the Department Head for further investigation, possible remedial or disciplinary action (including reporting to the College of Midwives of BC for further investigation).

Otherwise, the case is referred to the Patient Safety Committee (BCW) and proceeds to a Critical Patient Safety Event Review (CPSER). At SPH, the MSQC would perform this review which is multidisciplinary in nature and is a non-punitive process not intended to assign blame but rather to identify system issues or errors that may have contributed to the outcome, and to make safety or quality recommendations which would result in appropriate system changes.