

Home Birth Supplies Program Advisory Committee – Terms of Reference June 2020 - Final

The BC Home Birth Supplies Program (HBSP) came into effect April 1, 2016. The program is a standardized provincial program for all care providers attending home births to access supplies, medications and sterilization services. The HBSP also supports accurate and complete data collection for home births for the purposes of provincial and regional planning.

Name Home Birth Supplies Program (HBSP) Advisory Committee

Voting Members

- HA representatives (max. 6)
 - The HA representatives will be program leads representing Fraser Health Authority (1), Vancouver Coastal Health Authority and Providence Health Care Society (1 shared), Vancouver Island Health Authority (1), Interior Health Authority (1), Northern Health Authority (1), and Provincial Health Services Authority (1)
- Midwifery lead representing each HA (max. 6)
 - allocated in the same manner as the HA representatives
- Provincial Reprocessing Working Group representative (1)
- MABC representative (1)
- PSBC Data Management and Surveillance representative (1)
- PSBC Midwifery Lead representative (1)
- College of Midwives of BC (CMBC) representative (1)
- General Practice Services Committee (GPSC) representative (1)
- Chair – PSBC representative (1)

AD HOC (Non-Voting) Members – to be included in meetings as needed to provide information

- Pharmacy Director
- Product Distribution Centre (PDC) Customer Account Manager
- PDC Finance representative
- BC Clinical and Support Services Society (BCCSS) contact for Medical Gases vendors

Role of Committee Members

- All representatives are expected to serve as communication liaisons to their respective HAs' leadership, Board of Directors or Executive regarding the HBSP.
- With assistance from the PDC Customer Account Manager, annually review the PDC Access Agreement and associated schedules and propose amendments as necessary. Suggested amendments will then be reviewed as per the Access Agreement and agreed upon by both the HBSP Advisory Committee and the PDC.
- With assistance from the PDC Customer Account Manager annually review purchase volumes to assist with appropriate supplies management.
- Bring forward issues surrounding the HBSP that have been identified as potential concerns and require a provincial solution.

- When required, committee members may request a smaller working group be struck to address certain issues that have arisen or to complete required/requested work. If a smaller working group is struck at least one of the committee members will also be a committee member of the HBSP Advisory Committee.

Goals

- Evaluate HBSP to ensure program meets needs of HAs and care providers
- Support provincial efforts and strategies for improving the HBSP
- Support provincial homebirth data collection
- Suggest revisions to HBSP as identified
- Ensure supplies and medications available to care providers attending home births are consistent with provincial and HA standards and regulations
- When possible, incorporate client perspective into HBSP regarding relevant issues

Governance and Decision Making

- Two thirds of voting members participating in person or via remote connection will constitute a quorum.

Guidelines for Decision Making

- Decisions pertaining to the HBSP will be made by the Advisory Committee following open discussion of the issue in question. The goal for decision-making is full agreement on the part of all members of the Committee.
- If full agreement cannot be reached, decisions may be made by consensus, which is defined as the positive vote of at least two-thirds of the voting members of the HBSP Advisory Committee present in person or participating via remote connection at the meeting at which the matter is considered.
- Members may choose to abstain from the decision-making process.
- The decisions of the members will be documented in the minutes.
- Where quorum is met and a decision(s) is made, the absent members will be expected to “live with” the decision(s).
- Notwithstanding the definition of consensus in the guidelines for decision-making, any decision of the Committee regarding issues having material financial implications for the HAs or pertaining to the Access Agreement between the HAs and the PDC will be made solely by the HA representatives and will require the positive vote of all of the HA representatives following discussion by the Advisory Committee. Under the Access Agreement, liability for such decisions is joint and several and will be shared equally by all HA parties.

Deliverables

- Annual report including data and costs for province and HAs, recognizing this would occur following closure of the fiscal year of the PSBC Perinatal Database Registry (PDR) data set
- Review of PDC Access Agreement as required including associated schedules

Scope

In Scope:

- The HBSP Advisory Committee provides input and guidance regarding provincial issues pertaining to the HBSP.
- Support provincial initiatives for revising, improving and supplementing the HBSP.
- Provide a united voice for the HAs regarding HBSP processes.

Out of Scope:

- Ongoing or frequent analysis, report generation and monitoring of costs and data for home birth numbers for individual hospitals, regions, care providers or practices as this can be generated and evaluated by the primary hospital sites based on the Invoice Summary Reports that are sent to the HAs from the PDC each period.
- Making recommendations regarding provincial or HA standards for equipment or supplies as recommendations need to be based on best clinical practice evidence which involves multidisciplinary expert stakeholder involvement.

Accountability

- HA representatives of the Advisory Committee of the Home Birth Supplies Program report to their respective HA leadership.
- Other members of the Advisory Committee report to their respective organizations eg. MABC, CMBC, Provincial Reprocessing Working Group
- Advisory Committee reports to Perinatal Services Steering Committee

Frequency of Meetings

- 3 meetings per year
- Starting September 2016
- Occasionally an additional meeting may be called in the rare circumstance of an urgent matter.