



COLLEGE OF
MIDWIVES
OF BRITISH COLUMBIA

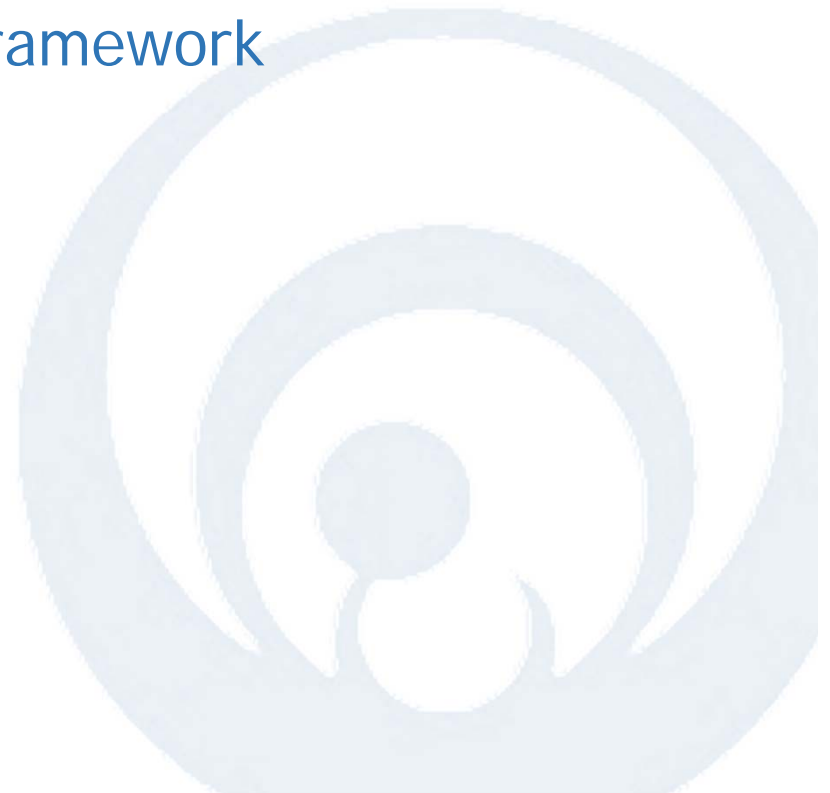
QUALITY ASSURANCE PROGRAM

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Deputy Registrar & Director of Finance



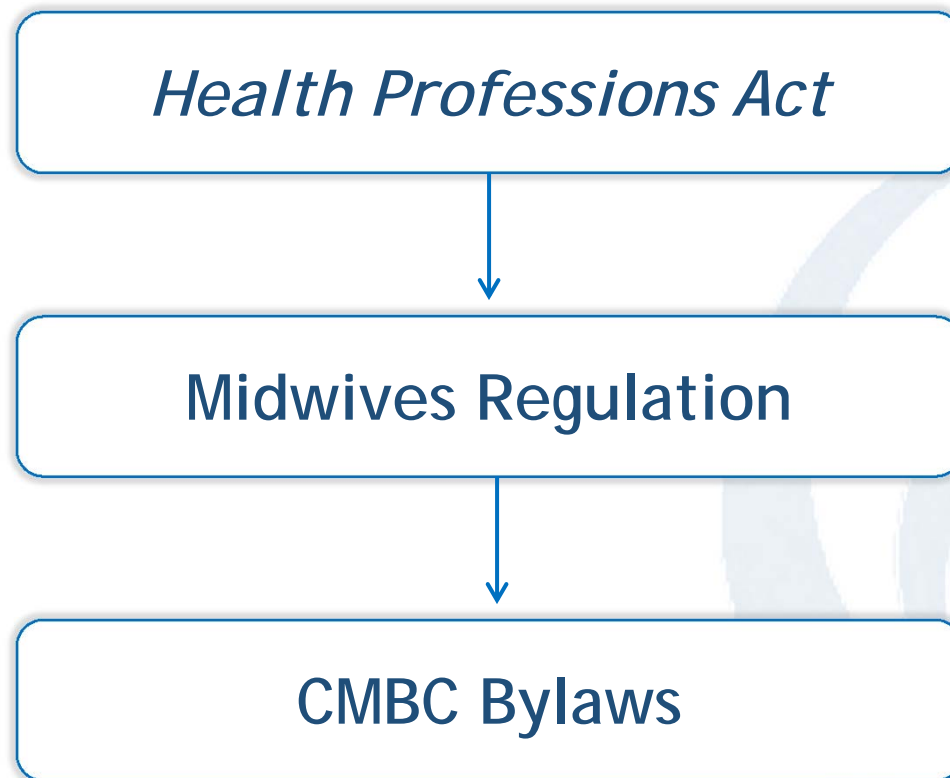
Overview

- CMBC Role and Regulatory Framework
- Registered Midwives Responsibilities
- Quality Assurance Program Framework
- Implemented Components
- Random Practice Review
- Lessons Learned
- Questions



College Role and Regulatory Framework

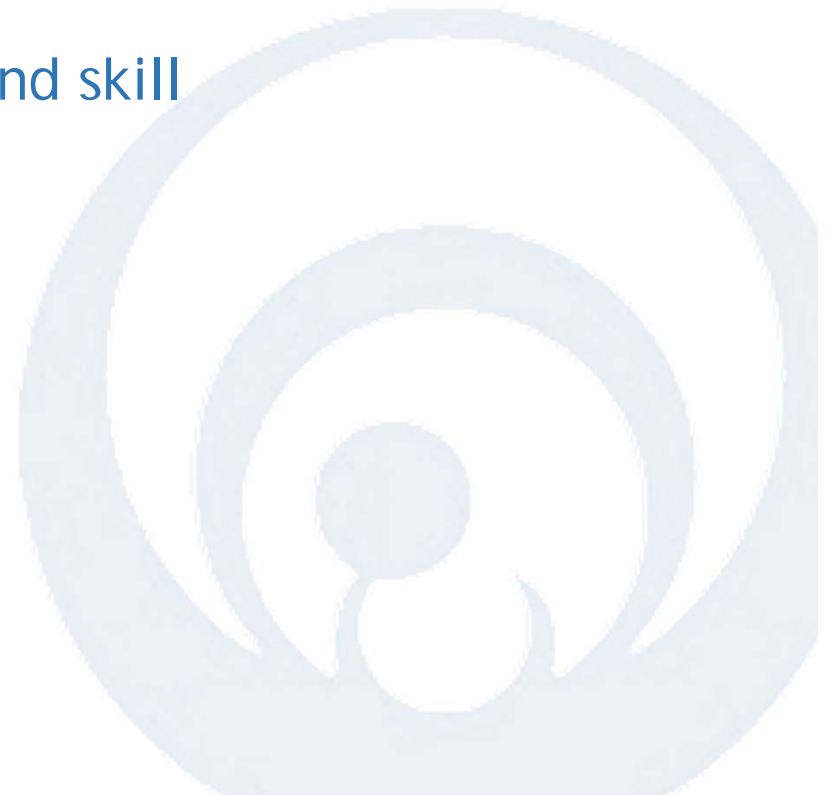
- Regulate midwifery profession in the public interest





Registered Midwives Responsibilities

- Standards, Policies and Guidelines
- Continuing Competencies
- Evidenced-based knowledge and skill
- Active Practice
- Record Keeping
- Quality Assurance





Health Professions Act

Section 16

(2)(d) to establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants

Section 26.1

(1) The Quality Assurance Committee must administer a quality assurance program in accordance with the bylaws (enacted but not in force)





Quality Assurance Program Framework

- Provision of Clinical Information
- Continuing Competencies
- Peer Case Review
- Client Evaluation of Midwifery Care
- Random Practice Review





Quality Assurance Program Framework

- Provision of Clinical Information
- Continuing Competence
- Peer Case Review
- Client Evaluation of Midwifery Care
- Random Practice Review



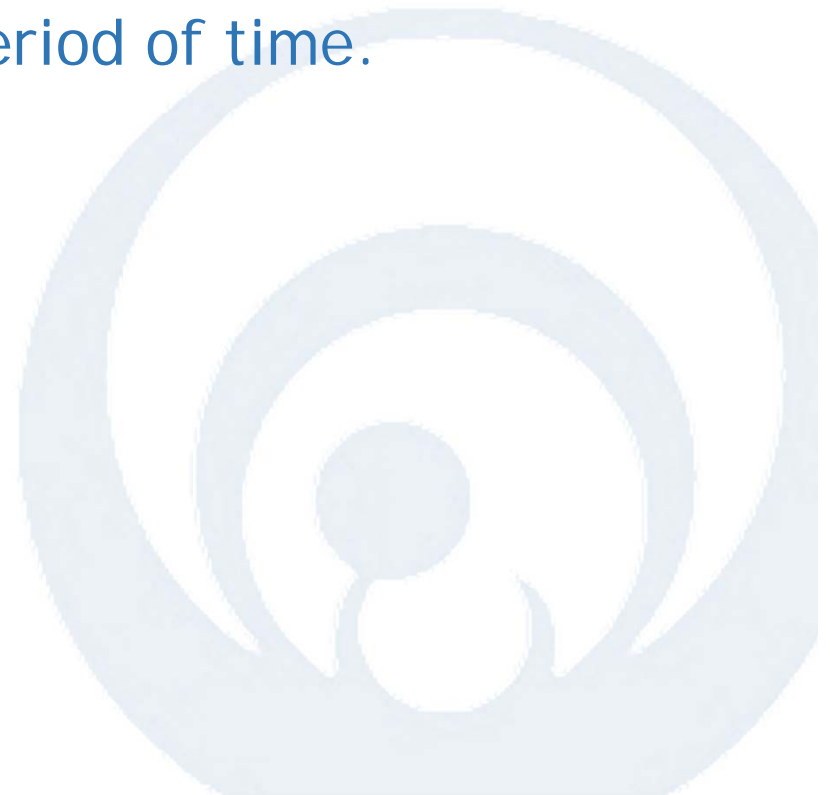
Implemented

Development



Provision of Clinical Information

- Provide to Quality Assurance Committee on request information relating to the care given to clients during a specified period of time.





Continuing Competencies

- Neonatal Resuscitation (NRP)
- Cardiopulmonary Resuscitation (CPR)
- Emergency Skills (ESW)





Peer Case Review

- A minimum of 4 sessions every year, reflect on
 - Clinical Management
 - Decision-making Process
 - Quality of Care

- Learning opportunity for both the midwife presenting a case and the midwives in attendance
 - Educational, Confidential, Non-punitive





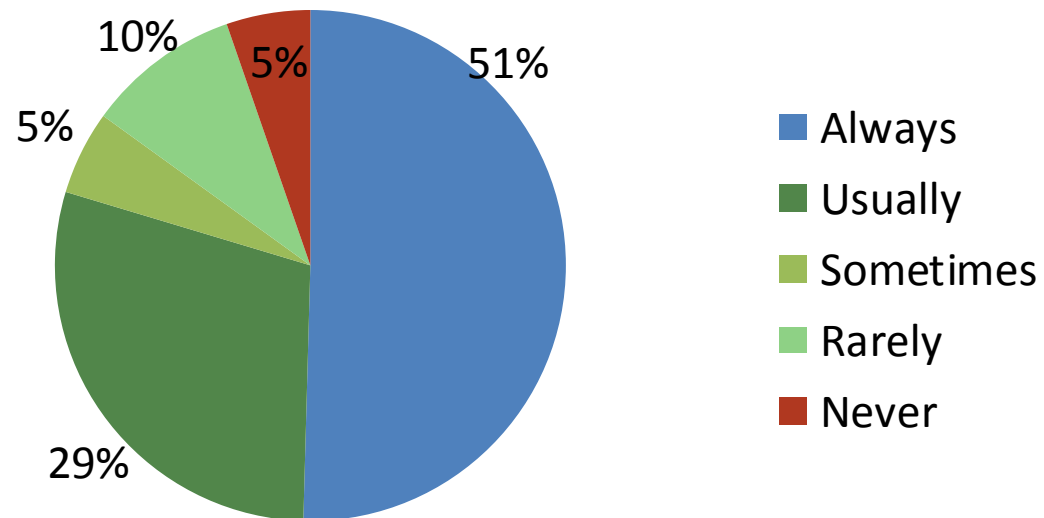
Peer Chart Review Check List Items

- Informed Choice Discussion, Decision, Care Plan
 - Continuity of Care
 - Choice of Birth Place
 - Indications for Discussion, Consultation and Transfer of Care
 - Tests, Diagnostics and Drugs
 - Consultation and Report
 - Client Communication
 - Documentation
- 



Peer Case Review

Registrants recording participation in Peer Case Review



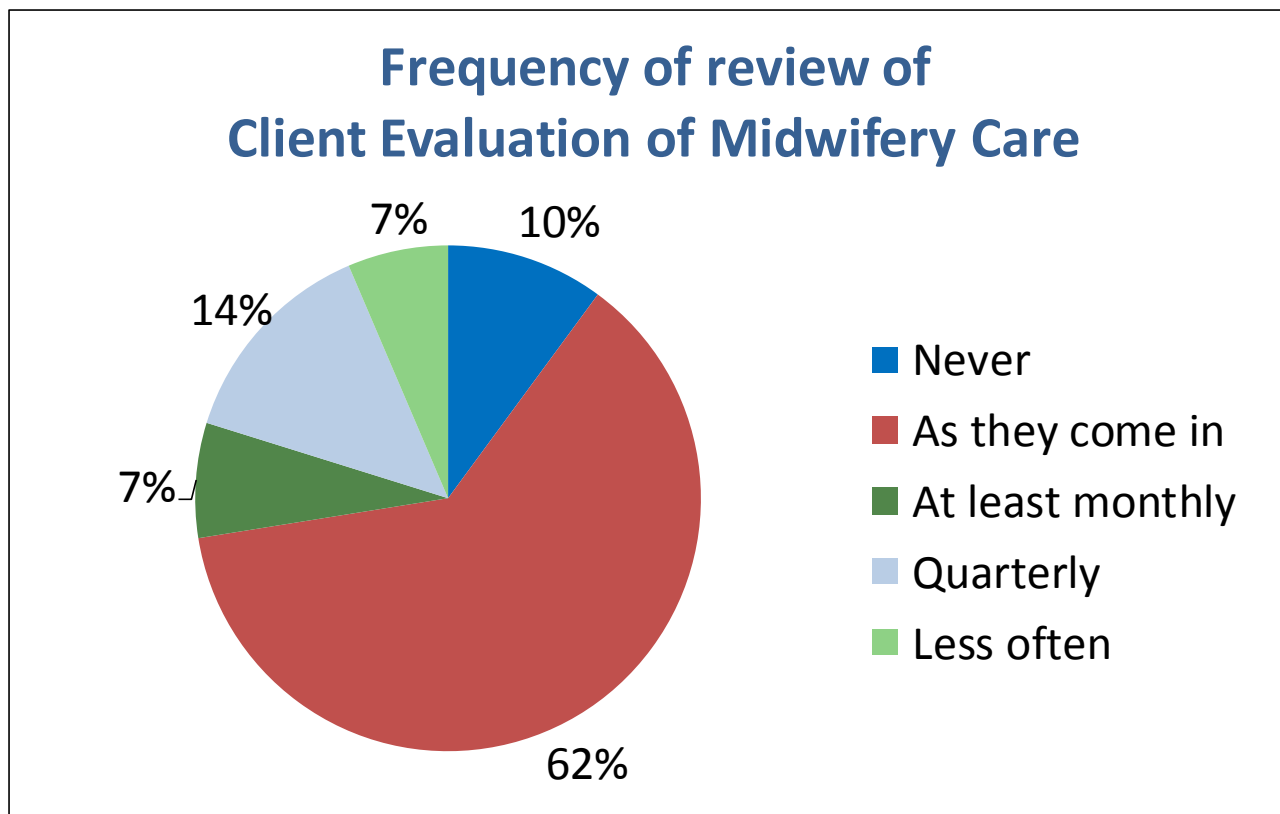


Client Evaluation of Midwifery Care

- Provide client with Quality of Care Evaluation
- Review completed evaluation
- Keep record of action taken in response
- Maintain evaluation and record for 10 years




Client Evaluation of Midwifery Care






Random Practice Review (Work in Progress)

- Last component of Quality Assurance Program
 - Supportive and educational process
 - Purpose
 - Assess professional performance
 - Ensure competence and public safety
 - Promote high standards amongst registrants
 - Promote ongoing learning and continuous improvement
 - www.cmbc.bc.ca - Newsletter section
- 



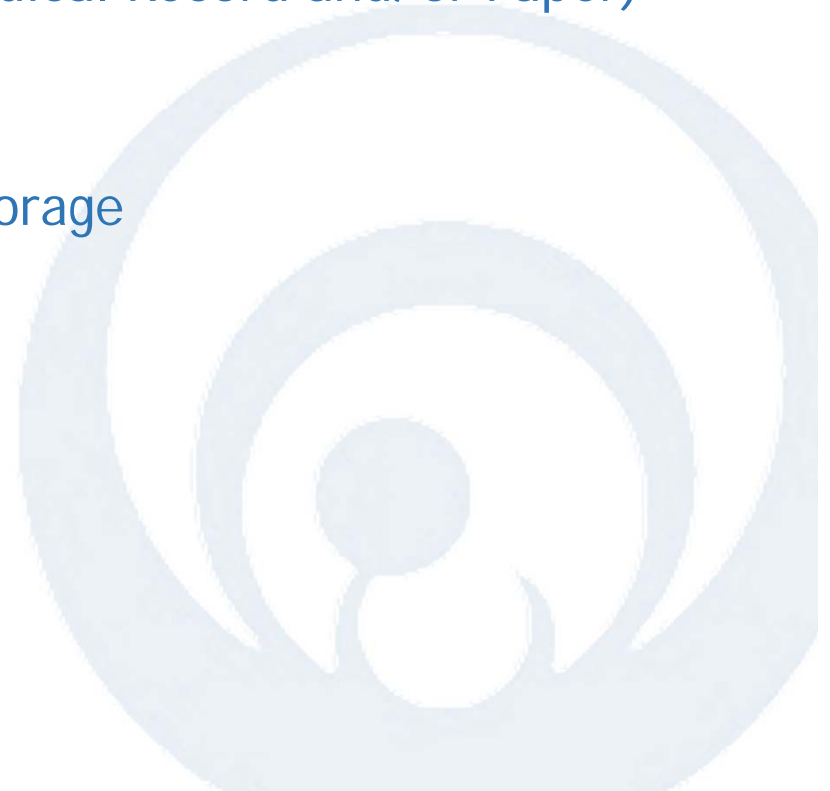
Random Practice Review Process

- College randomly selects midwives
 - Trained College assessors conduct reviews
 - Assessors report to Review Panel
 - Midwives address Panel recommendations
 - Midwives removed from selection pool for 5 years
- 



Random Practice Review Process

- During a review, done both remotely and on site, trained College assessors review
 - Client Records (Electronic Medical Record and/or Paper)
 - Record Keeping / Charting
 - Equipment and Medication Storage
 - Practice Protocols
 - Client Evaluations
 - Site Inspection

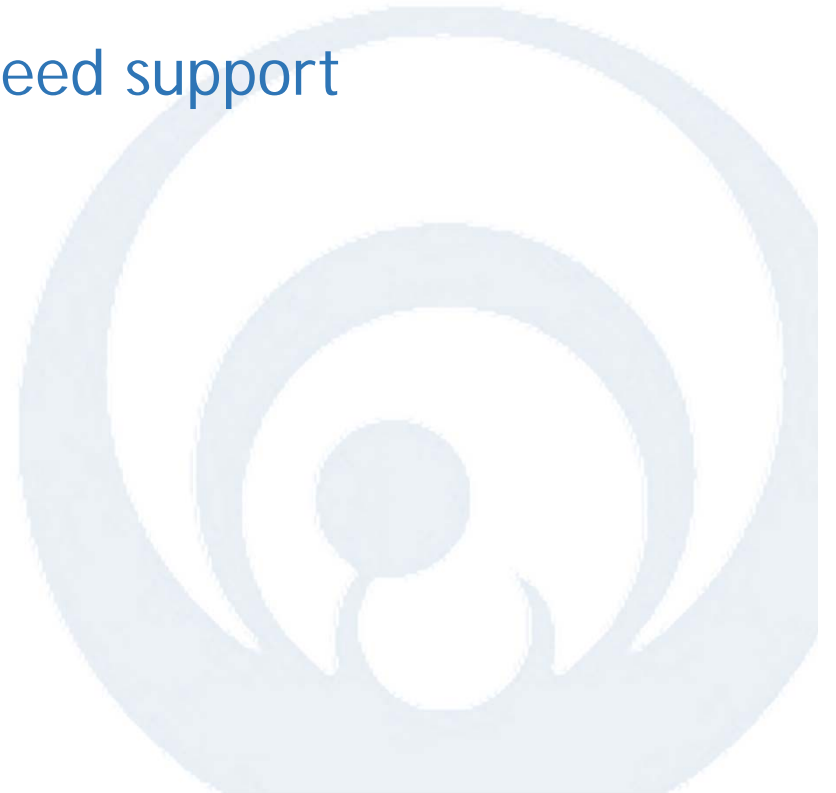




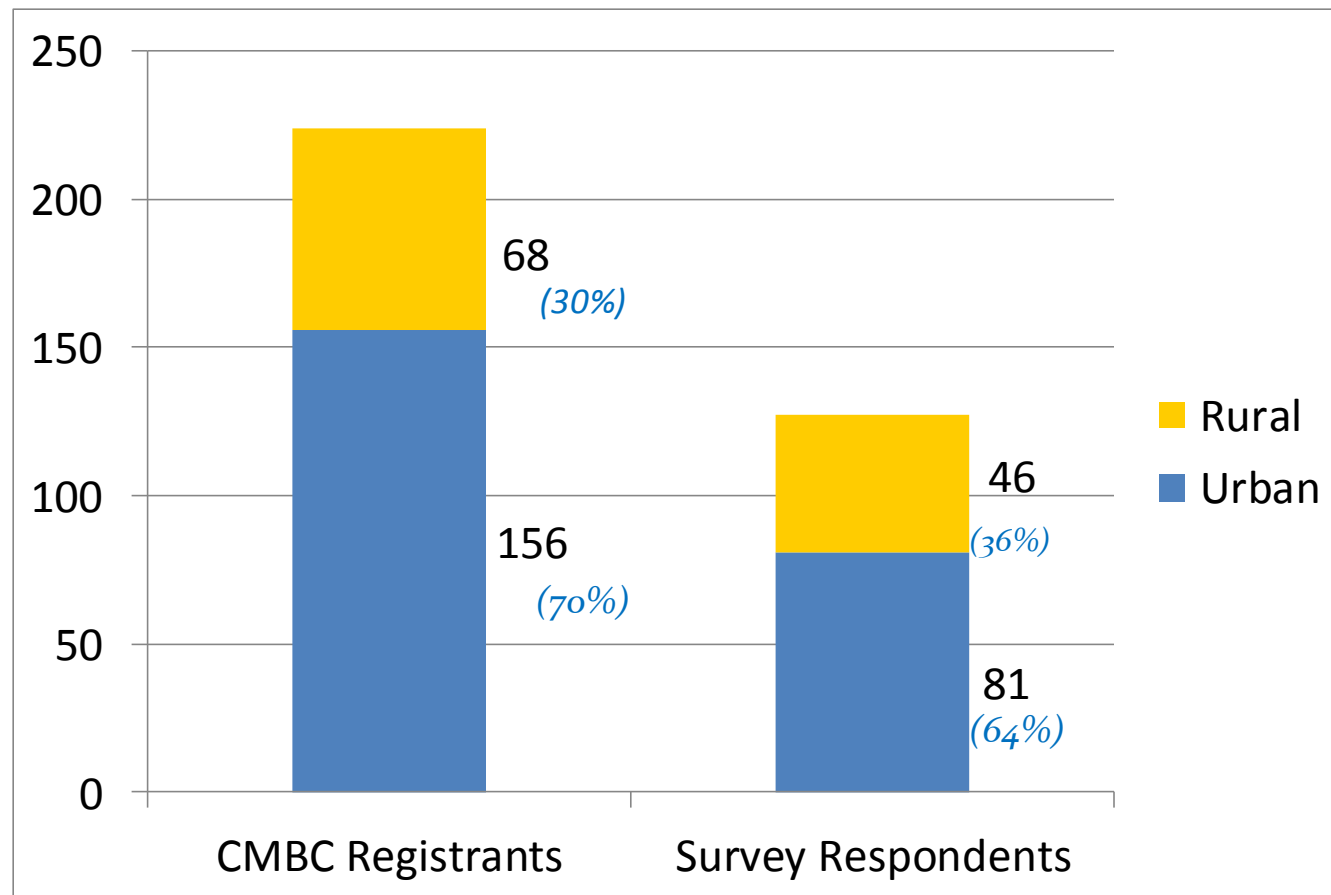
Random Practice Review Initial Survey

Purpose

- Learn how practices and records are organized
- Identify where registrants need support
- Get initial feedback

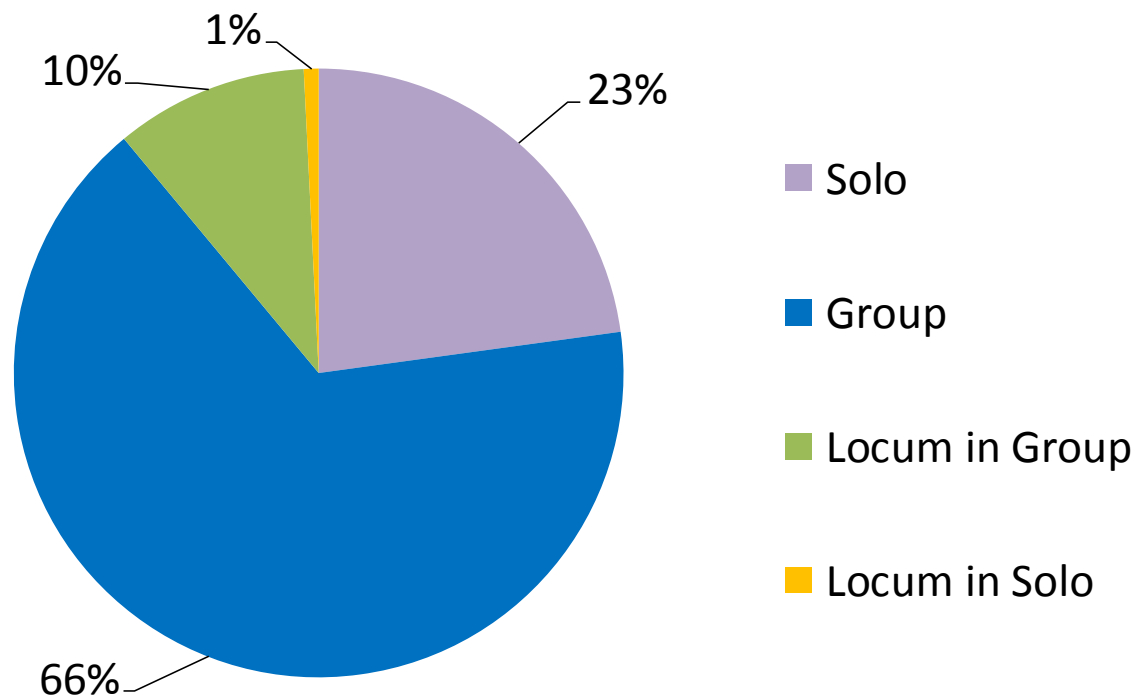


Random Practice Review Survey - Profile of Midwife Respondents

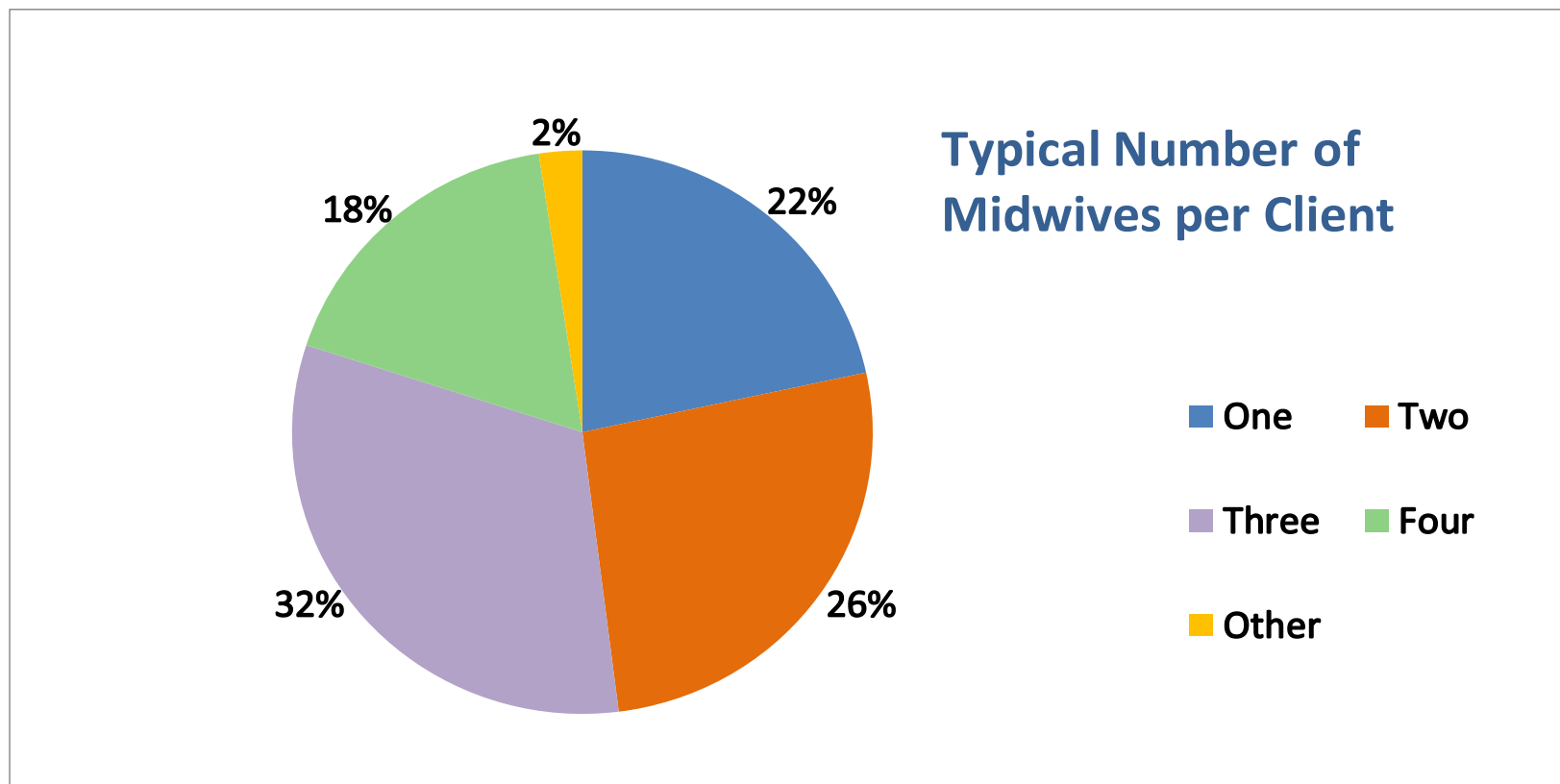


Random Practice Review Survey - Profile of Midwife Respondents

Way of Practicing as a Midwife



Random Practice Review Survey - Profile of Midwife Respondents

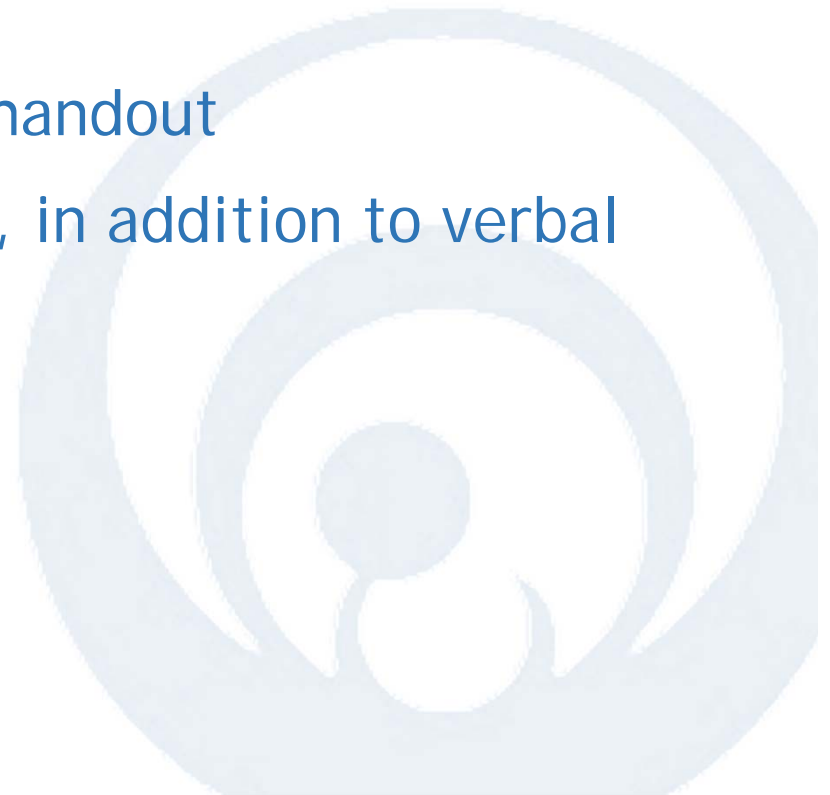




Random Practice Review Survey - Informed Choice

Methods of providing clients with informed choice information at onset of care

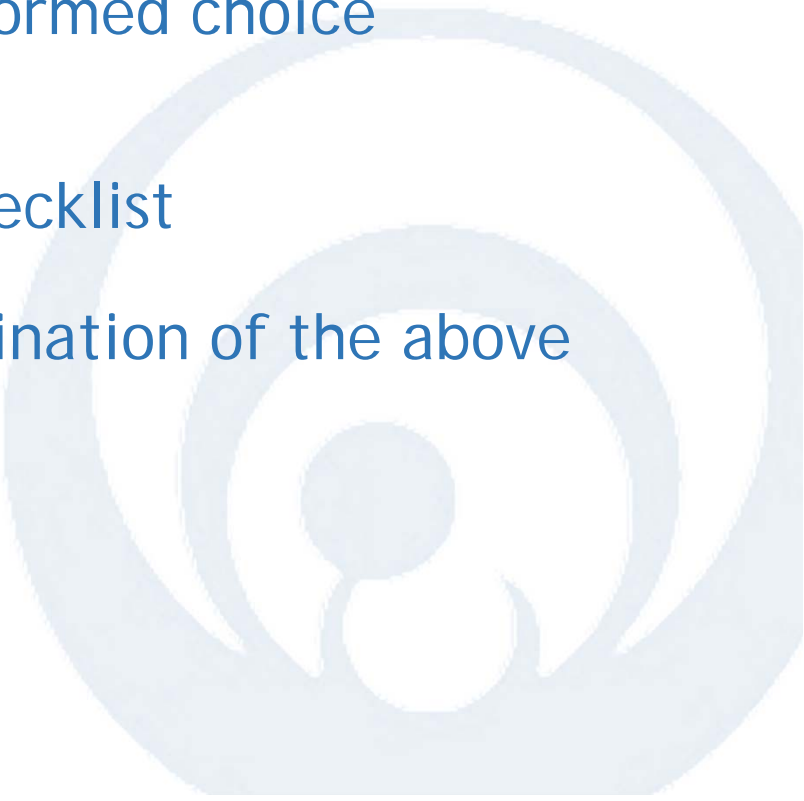
- 95% verbally
- 63% verbally and via client handout
- 16% also use other methods, in addition to verbal and/or client handouts



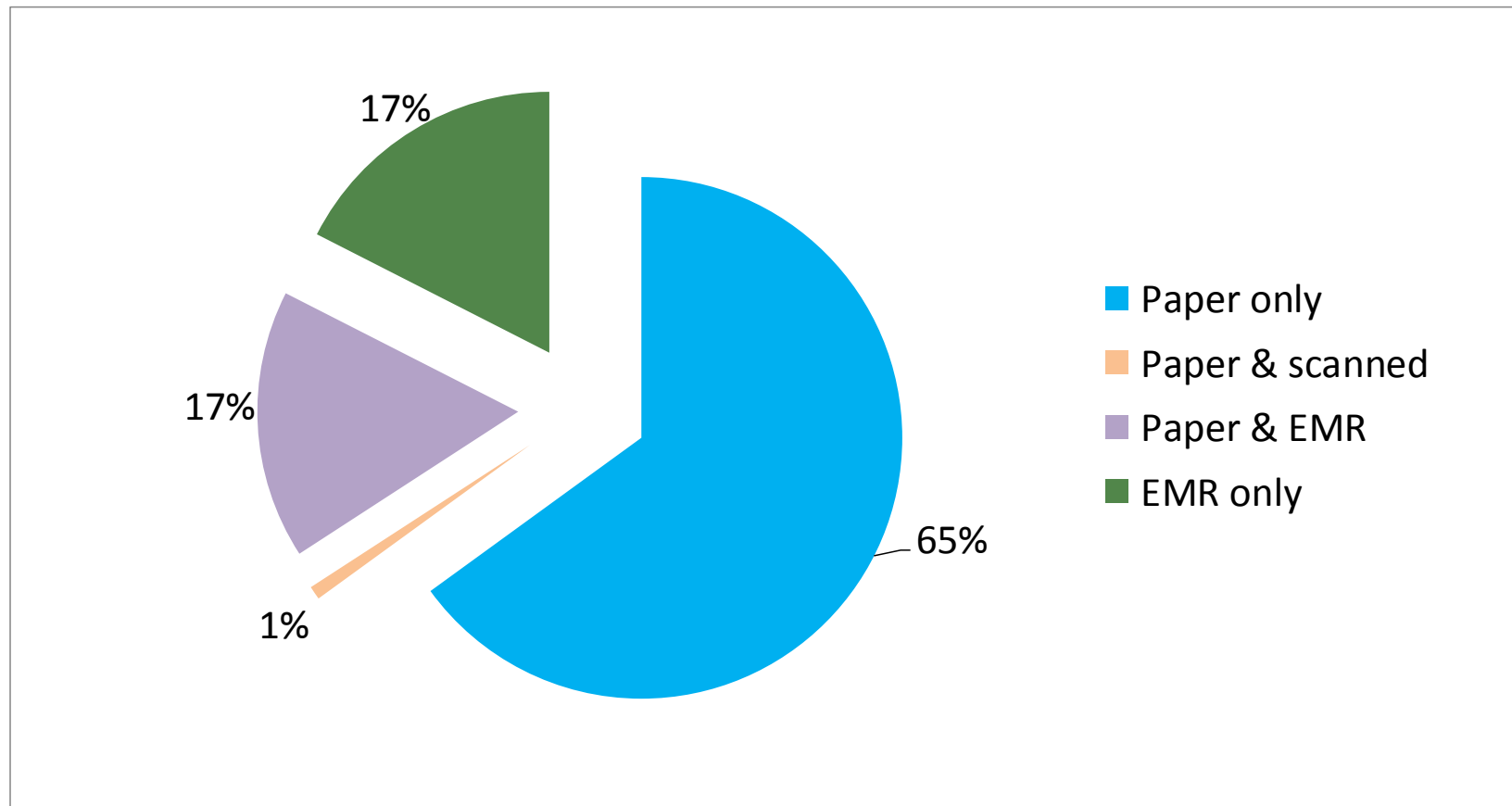


Random Practice Review Survey - Informed Choice

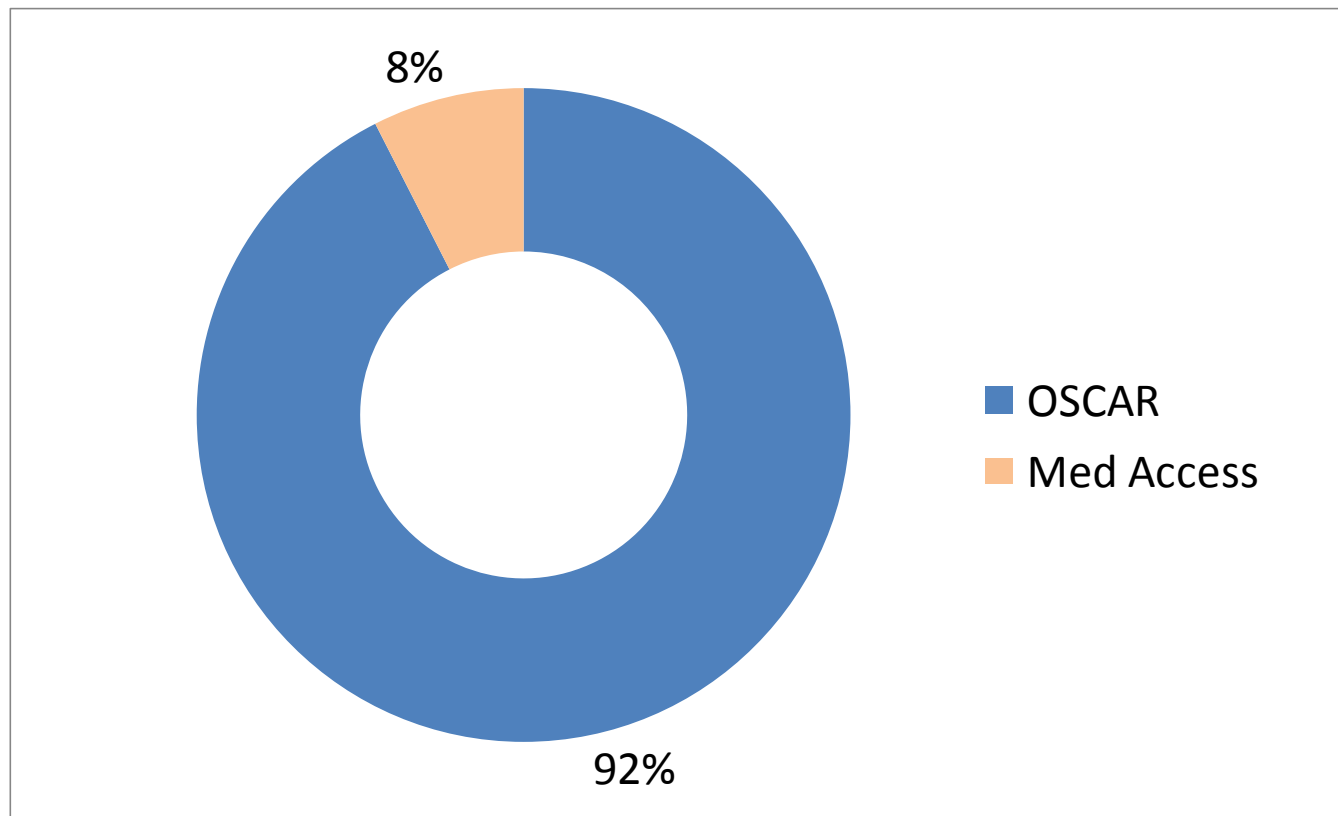
Document informed choice at onset of care

- 39% document only via narrative in the record
 - 8% document only via an informed choice discussion checklist
 - 44% use both narrative & checklist
 - 5% use other and/or a combination of the above
- 

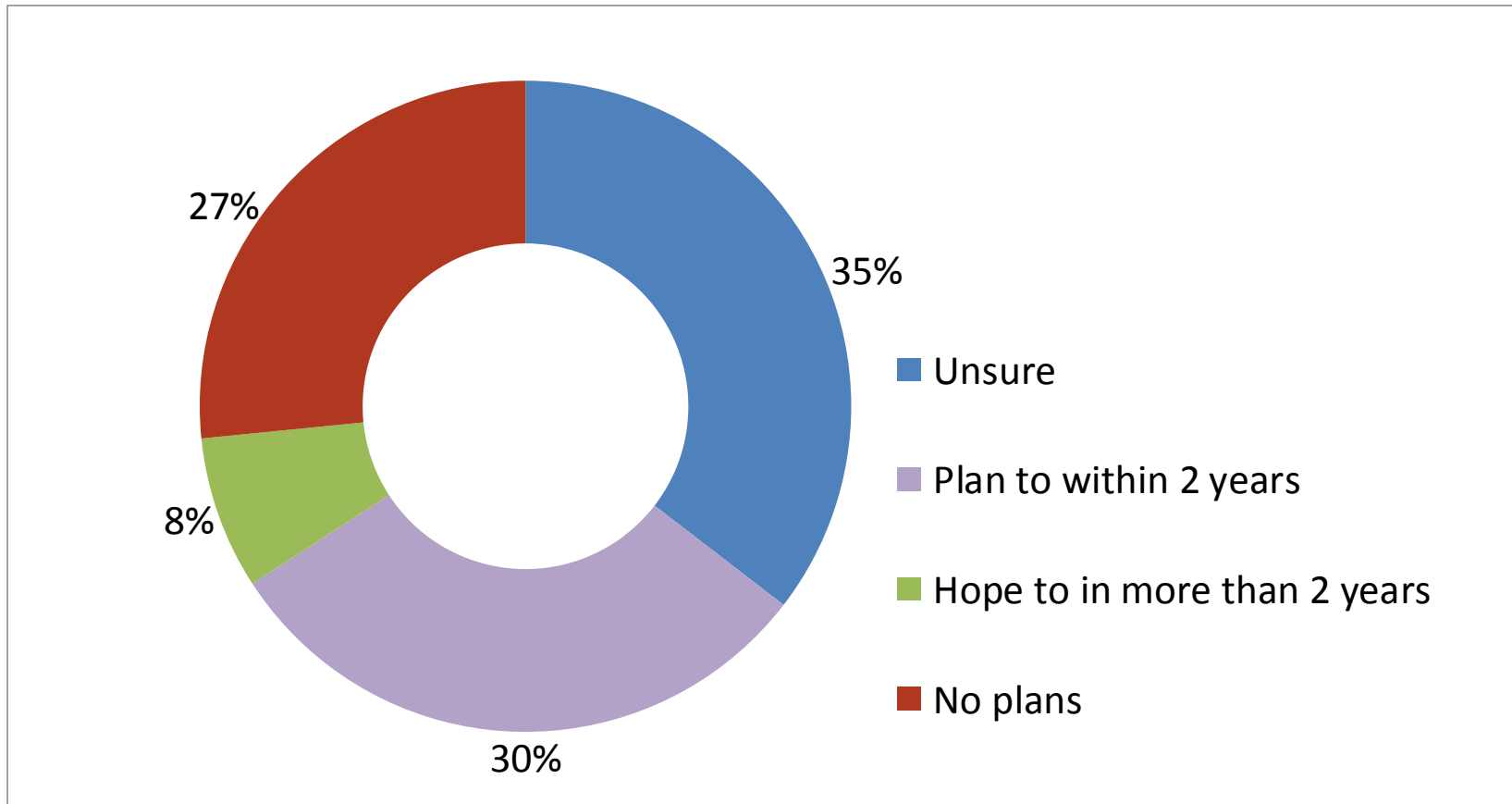
Random Practice Review Survey - Format of Charting



Random Practice Review Survey - EMR Software

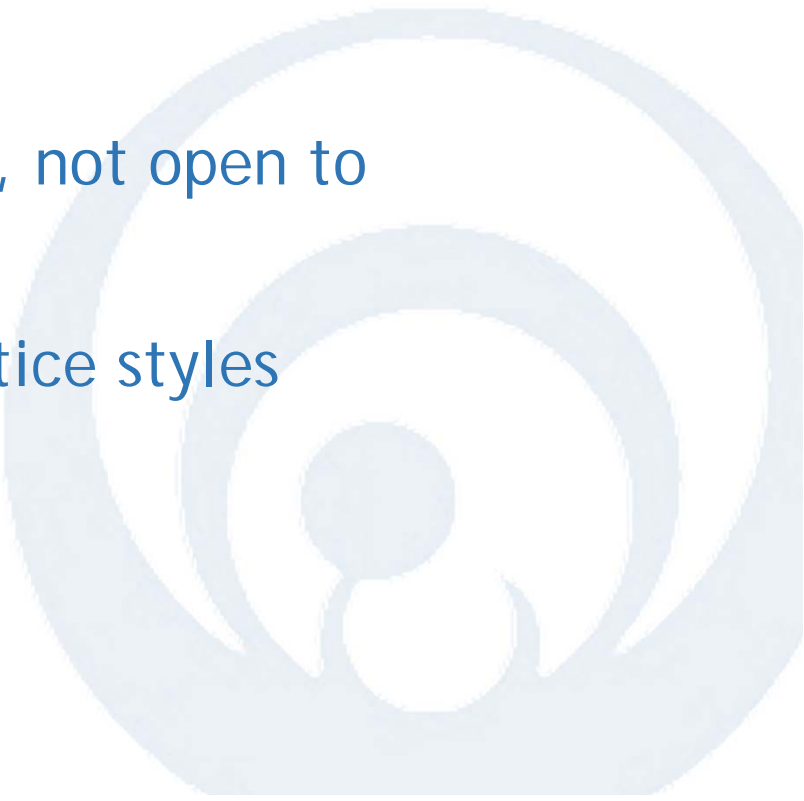


Random Practice Review Survey - Planned EMR Uptake



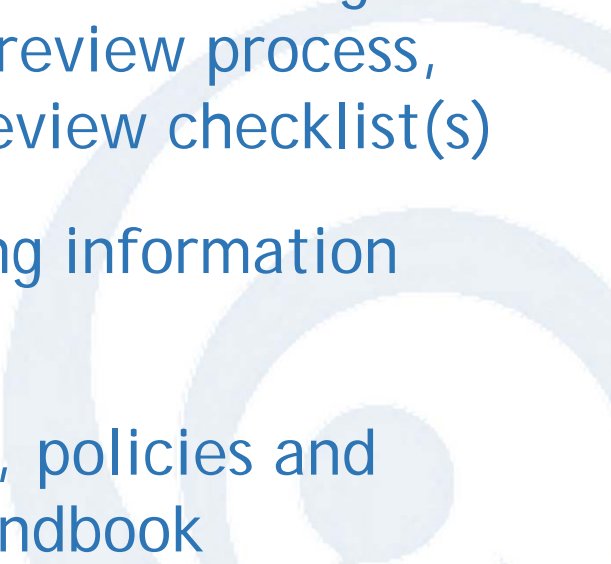


Random Practice Review Survey - Registrants Feedback

- Simple and straightforward
 - Relevant and meaningful
 - Full information
 - Based on clear expectations, not open to interpretation
 - Allow for a diversity of practice styles
 - Advance notice
- 



Random Practice Review Survey - Registrants Feedback

- Provide preparation tools, check lists, templates, access to staff
 - Apply reviews to charts created after registrants have full information about review process, including random practice review checklist(s)
 - Create mechanism for sharing information amongst registrants
 - Improve access of standards, policies and guidelines in Registrant's Handbook
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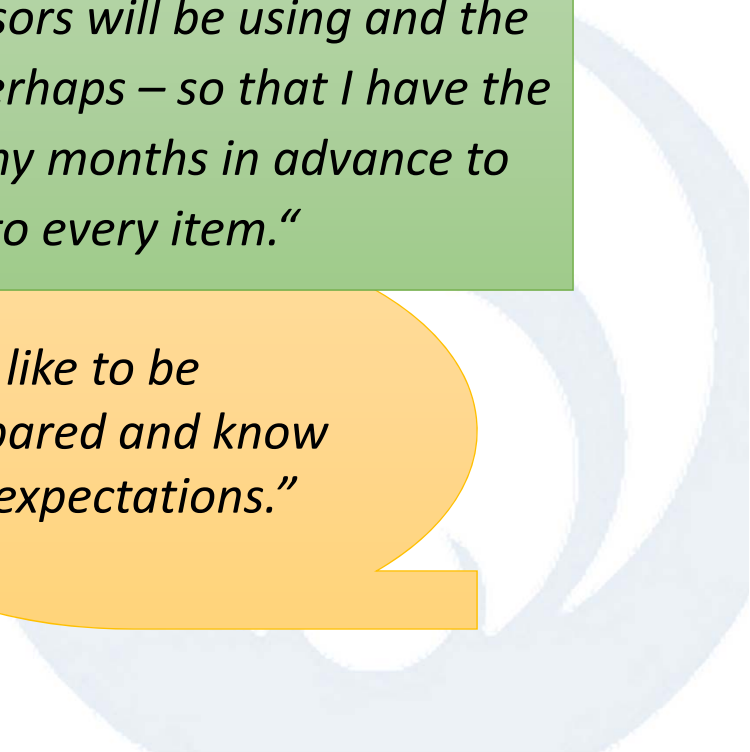


Random Practice Review Survey - Registrants Feedback

“I want to feel safe and come away with encouragement [and] positive criticism.”

“I would like to see the documents the assessors will be using and the criteria they will be assessing – a checklist perhaps – so that I have the opportunity to go through that checklist many months in advance to ensure that I can check completed/done/ok to every item.”

“ I’d like to be prepared and know the expectations.”





Random Practice Review Next Steps

College to

- Provide support tools
 - templates, checklists and access to resource person
 - Train assessors
 - Random select midwife participants
 - Provide advance notice to selected participants
- 

Random Practice Review

Tool # 1 - Checklist for Chart Review

The following checklist is meant to assist midwives evaluate their record-keeping practices. It is also recommended that you refer to the standards, policies and guidelines of the College related to record-keeping when filling in the checklist.

Item	Question	Yes	No
Completeness of Record	Are all areas and sections complete? If not, include notation below in the notes section.		
	Antenatal 1		
	Antenatal 2		
	Labour Record		
	Birth Summary		
	Postpartum Record		
	Maternal record		
	Newborn record		
Access and Retrieval of Record	Can past client records be easily located and retrieved?		
	Was a copy of the chart offered to the client at time of discharge?		
	If the client has a copy, was this noted on the record?		
Organization of the Record	Is the coordinating midwife identified?		
	Is the record legible?		
	Is there a signature sheet in the hospital record that includes the printed name, signature, initials and CMBC registration number of all midwives that provided and documented care?		
	Is each visit initialed by the midwife making the entry?		
	Are all midwives and midwifery students present at the visit documented in the chart?		
	Is there a client identifier on every page of the record?		
	Are allergies clearly documented?		

Random Practice Review

Tool # 2 - Checklist for Equipment, Medications and Supplies

EQUIPMENT

Fetoscope ¹	<input type="checkbox"/>	Measuring tape	<input type="checkbox"/>
Stethoscope	<input type="checkbox"/>	Doppler fetoscope	<input type="checkbox"/>
Sphygmomanometer with appropriate sized cuff	<input type="checkbox"/>	Paediatric stethoscope	<input type="checkbox"/>
Two haemostats (optional four)	<input type="checkbox"/>	Thermometer	<input type="checkbox"/>
Ring forceps	<input type="checkbox"/>	Speculum	<input type="checkbox"/>
One pair of blunt-ended scissors	<input type="checkbox"/>	One pair of scissors for episiotomy	<input type="checkbox"/>
		Newborn intubation equipment	<input type="checkbox"/>

MEDICATIONS

Uterotonic drugs ⁴	<input type="checkbox"/>	Eye prophylaxis	<input type="checkbox"/>
Local anaesthetic	<input type="checkbox"/>	Vitamin K	<input type="checkbox"/>
Epinephrine (adult and newborn doses)	<input type="checkbox"/>	IV fluids	<input type="checkbox"/>
Oxygen with regulator (sufficient for transport)	<input type="checkbox"/>		

SUPPLIES

Amnihook or alternative for rupturing membranes	<input type="checkbox"/>	Amnicator or suitable method for assessing amniotic fluid	<input type="checkbox"/>
Cord clamps or ties	<input type="checkbox"/>	Antiseptic solution	<input type="checkbox"/>
Sterile gloves	<input type="checkbox"/>	Non-sterile gloves	<input type="checkbox"/>
Sterile lubricant	<input type="checkbox"/>	Syringes	<input type="checkbox"/>
Needles (appropriate sizes)	<input type="checkbox"/>	Suture material	<input type="checkbox"/>

Random Practice Review

Tool # 3 - Self-Assessment Checklist for Privacy of Information

Questions	Yes	No
Does your practice have a process for ensuring security and privacy regarding client information?		
Is the process for ensuring security and privacy of client information in a written document?		
Is every midwife familiar with and using the security measures that are part of your electronic and/or paper charting system?		
Do you maintain electronic and/or paper client records in a secure manner (eg. In a locked cabinet or password protected)?		
Do you use a password for accessing electronic records?		
Do you use encryption for accessing electronic records?		
Do you have a designated staff person or midwife to assist with orientation of privacy systems to midwives, locums, students, staff and clients?		
i) For paper files?		
ii) For electronic files?		
Do you maintain client information in a way that ensures privacy of information?		
Do any of your electronic devices carry client information?		



Quality Assurance Program Lessons Learned

- Education and Expectation
- Early Registrants Involvement
- Right touch regulation
- Thorough Planning
- Phrases in implementation
- Non-compliance





Questions?

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