



Submission to:  
**AOM Board of Directors**

<b>Meeting date:</b>	<b>Agenda item</b>	<b>Lead</b>	<b>For:</b>
February 17, 2021	3.3	Allyson Booth	Approval
<b>Subject:</b> Quality, Insurance and Risk Management Committee Report			

### **SOGC IA Guidelines**

The SOGC updated its Fetal Health Surveillance: Intrapartum Consensus Guideline in March 2020, replacing the previous version of September 2007. Aspects of the new guideline differ from AOM Emergency Skills Workshop (ESW) guidance and standard midwifery practice, particularly as it relates to intermittent auscultation (IA) and the management of atypical and abnormal fetal hear rhythms. In short, the guideline would necessitate earlier/ more transports to hospital from out-of-hospital births to initiate EFM. The concerning portions of it are based on expert opinion, not evidence.

The Committee is concerned about the medico-legal risk that this guideline may pose. When guidelines differ (as the SOGC and AOM guidance do), expert witnesses typically expect midwives to offer informed choice of those differences. However, the Committee was concerned that informed choice around methods of fetal monitoring may not be realistic. The Committee is considering possible AOM strategies to mitigate the medico-legal risk associated with these competing guidelines.

### **Consultation and Transfer of Care Standard**

At its December 2020 Council Meeting, the College of Midwives of Ontario (CMO) rescinded the Consultation and Transfer of Care Standard (CTCS), effective June 2021. In addition, the CMO rescinded the standard Delegation, Orders and Directives; When a Client Chooses Care Outside Midwifery Standards of Practice; and made minor edits to the Professional Standards and Guideline on Ending the Midwife-Client Relationship.

The CMO anticipates communicating these changes to members in February 2021 and providing them a new Scope of Practice Guide (SPG) at the same time. The SPG is intended to explain how midwifery scope of practice is defined by law and how midwives must use

knowledge, skill, and judgement to determine their personal scope of practice. It does not provide a specific list of clinical indications for consultation or transfer of care.

The AOM is aligning its communication and education plan for members with that of the CMO and to fill any gaps in the CMO's plan.

### 3.3.1 Updates to QIRM Committee Terms of Reference

The QIRM Committee recommends to the Board revisions to its Terms of Reference (ToR) to include an equity lens on their work. These proposed revisions reflect both an acknowledgment of oppression of marginalized and equity-seeking groups and focus primarily on racial equity.

To center the concerns and needs of IBPOC populations in midwifery, the Committee is recommending changes to the composition of the Committee by cross-appointing one member of the Racial Equity Committee (REC) to the QIRM Committee.

The Committee is also recommending that the ToR make explicit that the AOM President will not count toward the maximum 2 AOM Board members who are able to join the Committee.

The Racial Equity Committee is aware and supportive of the addition of a cross-appointment from the REC.

*MOTION: To accept the QIRM Committee Terms of Reference as amended.*

### AOM On Call Themes: Period reviewed: July-October 2020

For the 4-month period, the AOM On Call received **323 calls** (including follow-up calls) for a total of **149 hours**, with **138 unique callers**. The following are the themes that arose during the reporting period and a few examples of what types of calls fall under those themes (in no particular order):

Theme	Sub-themes
COVID-19 (recurring since March 2020):	<ul style="list-style-type: none"> <li>• Exposure (e.g. clients testing positive, midwives testing positive)</li> <li>• IPAC/PPE</li> <li>• Occupational Health and Safety (e.g. letter for work, keeping staff safe)</li> <li>• Changes to care: virtual visits, limiting visitors</li> <li>• Clients/ support people refusing to mask</li> </ul>
College complaints/ Adverse Events/ Client	<ul style="list-style-type: none"> <li>• CMO notice of complaint and support during the hearing process</li> </ul>

complaints (recurring theme)	<ul style="list-style-type: none"> <li>• Adverse event management</li> <li>• Complaints related to COVID-19 public health measures (shortened visits, masking, etc)</li> </ul>
Hospital/ Interprofessional	<ul style="list-style-type: none"> <li>• Strategizing when privileges have been denied</li> <li>• Policy changes</li> </ul>
Practice Management:	<ul style="list-style-type: none"> <li>• Selling an MPG</li> <li>• Interpractice care agreements</li> <li>• Managing sudden leaves of absence.</li> </ul>
Midwife career management (recurring theme):	<ul style="list-style-type: none"> <li>• Incorporation</li> <li>• Navigating active vs. inactive status with the CMO</li> <li>• Contracts and employee status</li> <li>• Disability leave planning</li> </ul>
Infection prevention and control	<ul style="list-style-type: none"> <li>• Clinic leasehold improvements</li> <li>• Reprocessing</li> </ul>
The fairness of business practice/abuses of power/conflict (recurring theme)	<ul style="list-style-type: none"> <li>• Midwives leaving and contract termination/payment</li> <li>• Accommodations for midwives returning from leave, allegations of bullying.</li> </ul>
Client choices/ Care planning (recurring):	<ul style="list-style-type: none"> <li>• If/ how to support clients' choices (e.g., declining various interventions, refusing transfer of care, planned home birth or VBAC with risk factors)</li> <li>• Care planning for client with complex issues (social history, CAS, etc.)</li> </ul>

# Quality, Insurance and Risk Management Committee Terms of Reference

<b>Policy Type:</b> Board	<b>Approval Date:</b> <u>XX/XX/XX</u>
<b>Sub-Category:</b> Governance	<b>Amended:</b> <u>January 26, 2021</u> July 29, 2020 January 21, 2008 February 3, 2009 November 23, 2011 June 13, 2012 September 25, 2013 September 16, 2015 September 26, 2017
<b>Last Review Date:</b> <u>January 26, 2021</u>	<b>Next Review Date:</b> September 2023

## Purpose, responsibilities, and delegated powers of the committee:

The Quality, Insurance and Risk Management Committee (QIRM) provides guidance and support to the Board in a timely manner on the AOM’s work on member-related professional and general liability insurance policies and quality of care matters, including risk management activities, consistent with the philosophy and model of Ontario midwifery and the “*Quality, Insurance and Risk Management Committee Values Statement*” (2015), and in accordance with the AOM strategic plan.

The QIRM Committee will refer to the “*Quality, Insurance and Risk Management Committee Values Statement*” as a reference and guiding document in the carrying out of all of its responsibilities and activities. The QIRM Committee will also commit to building knowledge on, addressing, and deconstructing varying systems of oppression in midwifery including, but not limited to, racism, homophobia/ heterosexism, transphobia/ cissexism, xenophobia, and ableism. Although this Terms of Reference focuses in on addressing issues of racism for BIPOC populations in midwifery, the committee will strive to address the needs and concerns of other equity seeking groups as well.

## Regarding quality and risk management, the responsibilities of the QIRM Committee are to:

- Identify priority clinical and practice management risks and opportunities for quality improvement; Consider that priority clinical and practice management risks and opportunities may differ for BIPOC communities and therefore require different approaches
- Recommend and support the implementation of appropriate mitigation strategies

and quality improvement initiatives, some of which may need to be specific to the needs of BIPOC clients or midwives, such as educational events for members and/or students, providing information to members, resource development, and member support;

- Provide guidance, as requested, about and input to the development of any tools prepared as a result of the above, such as Clinical Practice Guidelines, and professional development programming such as the ESW program;
- Monitor trends in quality improvement and the prevention of and response to adverse events; Commit to monitoring quality improvement, prevention and response to adverse event trends that are specific to BIPOC clients, considering issues pertaining to maternal-child health has long been neglected for these communities
- Guide the evaluation of the AOM's quality and risk management program;
- Guide education about midwifery insurance, quality of care, and risk management to other health care professionals;
- Keep abreast of trends and new initiatives related to quality improvement and risk management; Trends and new initiatives for BIPOC communities may differ, and so special attention should also be given to keeping abreast of those developments
- Monitor potential threats to public health and identify supports for midwives to manage those threats;
- Make recommendations to the Board regarding program policies; and
- QIRM members who have the appropriate skills and experience to do so may advise and support midwives, as needed, on issues related to quality of care and risk management, including undergoing training in order to respond to such calls from members (i.e., AOM On Call service); At minimum, QIRM members should also have the ability to identify and navigate conversations and recommendations related to the experiences of racism in practice. Some of this may require guidance from the HEOHR department to address more complex calls.-

**Regarding insurance, the QIRM Committee will:**

- Maintain a relationship with the insurance carrier(s) on behalf of the AOM Board;
- Monitor the appropriateness of coverage and access to defense counsel through the AOM's policy of malpractice insurance for midwives;
- Monitor the availability and appropriateness of coverage through midwives' business insurance;

- Advise on midwives' Errors & Omissions insurance with new carrier if necessary;
- Monitor and advise the Board on insurance-related policies, including Group Funded Deductible policies.

**Composition of the committee:**

The QIRM Committee will be comprised of:

- President of the Board of Directors;
- Immediate Past President of the Board of Directors
- Eight AOM voting members, including one member from the Racial Equity Committee, up to 2 AOM Board members (not including the President)
- Executive Director, ex officio;
- Director, Quality and Risk Management;
- Manager, Quality and Risk Management;
- Other staff may attend as required as determined by the Executive Director or Director of Quality and Risk Management.

If the President determines that it would be in the best interests of the AOM that another Board member serve on the committee, the Board of Directors can fill the President's position by appointing another Board member. In this case, the President will be an ex-officio member of the Committee.

**Selection and term of office of committee members:**

Terms will be completed as of the Annual General Meeting each year.

**General members:** General committee members will be selected by circulating a call for nominations to membership. Interested members may be asked to submit a letter of interest. Selection will be recommended by the Committee to the AOM Board based on best representation of membership demographics and experience with current midwifery issues, interest in and commitment to risk management issues, and ability to commit to the committee on a long-term basis.

The general term of office for members will be a five year term, renewable once. The term can be renewable a second time if there are no other eligible candidates. The general term of office does not include any period of time in which the member served as Chair of the Committee or served as the President/ President's delegate.

The Committee term of office of the President/ President's delegate is the length of the full term(s) of the AOM President. The Committee term of office of the Past-President is the length of the first term of the AOM President. The general term of office for members and the

chairperson does not include any period during which the member served as the President or the President's delegate.

**Chair:** The committee members may recommend a member of the committee to the Board to serve as committee Chair.

The term of office of the Chair is 3 years, renewable once. The term can be renewable a second time if there are no other eligible candidates.

**Vice-Chair:** A vice-chair may be chosen as the Committee determines appropriate, and will be selected through the same process as the Chair.

The term of office of the Vice-Chair is 3 years, renewable once. The term can be renewable a second time if there are no other eligible candidates.

### **Rules for meetings:**

The Committee will have a minimum of six meetings per year, including one full day meeting to be in person with members off call. Committee members will also be required to provide input between meetings via telephone or e-mail. Members who miss more than three meetings in a row (except due to attending births or extraordinary circumstances) or who breach the confidentiality agreement may have their membership on the Committee revoked. Committee meetings can be called by the Chair, the Executive Director, or the Director, Quality and Risk Management if they consider one necessary.

Quorum will be a majority of committee members. Staff members will not be counted in quorum.

Decision-making will be done by consensus where possible. Where this is not possible and a decision needs to be made, this will be done by majority vote.

Minutes for each meeting will be recorded

### **Reporting and accountability requirements:**

The AOM QIRM Committee is a committee of the AOM Board and accountable to the Board. In accordance with the AOM constitution article 6, the committee is advisory in nature. It is established by the Board to carry out its mandate and to carry out the directions given to it from time to time by the Board. Committee members are responsible for implementing Board decisions with regard to the Committee's mandate.

Due to the highly sensitive nature of information that will form part of the Committee's work, prior to joining the Committee, members will be required to sign a confidentiality agreement. A signed confidentiality agreement, one that covers the term of their membership on the Committee, is a requirement to serve on this Committee.

The Committee Chair will provide a written report to the Board of Directors on at least a quarterly basis about the key issues affecting the program and the deliverables being achieved.

Any staff/consultants hired to undertake specific work related to the Committee's work will be hired by and report to the Executive Director.

The Board of Directors has the authority to dissolve the Committee, if they determine that there is no longer a need for it, or if there has been sufficient evidence to suggest that the committee is no longer productive.