

College of Midwives of Manitoba

STANDARD ON QUALITY ASSURANCE FOR MIDWIVES

BACKGROUND

All midwives must participate in continuing quality assurance activities. The purpose of quality assurance (QA) activities is to promote sound practice and maintain high standards of care. The College of Midwives of Manitoba (CMM) mandates that quality assurance is a professional responsibility of each midwife. Midwives take part in activities that maintain and enhance their knowledge, skills and judgment. The CMM monitors quality in practice by monitoring adherence to practice standards and conducting practice assessments.

COMPONENTS OF QUALITY ASSURANCE IN MIDWIFERY PRACTICE

The following comprise the Quality Assurance Program of the CMM

1. Requirements for Currency of Practice
2. Requirements for Reflective Practice
3. Requirements for Clinical Practice Reporting and Review
4. Requirements for Peer Case Review
5. Requirement for Referral to Perinatal Review
6. Requirements for Professional Development
 - a) Requirements for mandated skills competencies (ES, CPR, FHS, NRP)
 - b) Requirements for additional professional development
7. Requirements for Client Evaluation of Midwifery Care
8. Random Practice Assessment (RPA)

QA Yearly Record: A form for recording a midwife's quality assurance activities and learning plans. See section on **Recording and Reporting on QA Activities**

DESCRIPTION OF THE COMPONENTS

1. Requirements for Currency of Practice

The College recognizes that current clinical experience contributes to a midwife's knowledge skill and ability to continue to provide ongoing safe clinical care. Midwives are required to stay clinically active in prenatal, intrapartum, postpartum and newborn care as per the *Standard for Currency of Practice*.

2. Requirements for Reflective Practice

Reflective practice is integrated within every component of the Quality Assurance Program. Through reflective thinking, professionals construct meaning and gain knowledge that guides their actions in their present and future practice. Reflective practice differentiates from straightforward recounting or summarizing an experience because it focuses thinking and discussion on analysing the case or experience, identifying strengths and areas for change, applying research and evidence and making a plan for future practice through learning plans or

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goal setting. The purpose of reflective practice is to promote life-long learning for on-going quality assurance and improvement. Reflective practice models may include debriefing with colleagues, thoughtful self-assessment, case study, and peer review.

The following fulfill the Reflective Practice Requirements of the CMM.

- a) Document insights/knowledge gained for each component of the Quality Assurance Program on the QA Yearly Record.
- b) Sign the self-declaration of completion of the QA Yearly Record on the Annual Renewal of Registration.

3. Requirements for Clinical Practice Reporting and Review

Collection and analysis of data from clinical practice reporting is used to evaluate midwifery practice from both broad and narrow perspectives. Midwives are required to review their personal data and reflect upon the care they provide on an annual basis.

The following comprise the Clinical Practice Reporting and Review Requirements of the CMM.

- a) Upon discharge from midwifery care, a Manitoba Midwifery Discharge Summary Form must be completed for each client accepted into care. Midwives must ensure that this form is completed in a timely fashion and forwarded to the appropriate authority as required.
- b) Each midwife shall collect data on their own practice in a manner of their choice for the purpose of self-reflection and tracking of clinical experiences. A sample Clinical Record is included in the Quality Assurance Workbook and may be used or adapted. Midwives are required to tally and reflect upon their Clinical Record on a yearly basis (at least once) and record this reflection on the QA Yearly Record. Midwives are required to report the date of this annual review on their Annual Renewal of Registration.

4. Requirements for Peer Case Review

Peer Case Review is an educational forum to discuss and learn from completed midwifery cases and to demonstrate accountability of the midwife to their peers and to CMM standards. The intention of Peer Case Review is supportive and educational, not punitive.

The following comprise the Peer Case Review Requirements of the CMM.

- a) Midwives shall participate in at least four Peer Case Reviews per year according to the following guidelines. Each Peer Case Review will:
 - Involve member(s) from at least two (2) practice groups with a minimum of four (4) midwives participating;
 - Include a presentation of a case history, management and outcome;
 - Involve a discussion of CMM guidelines, standards and policies and their application to the case;
 - Consider observations and comments from the participants.
- b) Students and non-practising midwives registered with the CMM may attend Peer Case Review. Other individuals may also be invited to attend.
- c) The participants in Peer Case Review must maintain confidentiality of everyone involved. Identifying features such as names and dates are not to be discussed. Pertinent issues of the case should not be recorded.
- d) The group selects a facilitator who is responsible for ensuring that confidentiality is maintained and that the discussion and feedback is respectful and educational.

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- e) Questions, feedback and discussion regarding the case should be directed to the presenting midwife respectfully.
- f) Reference should be made to the CMM Standards and Guidelines.
- g) Midwives shall actively participate as both presenters and attendees. During the course of the twelve-month period, it is expected that each member will present at least one case at Peer Case Review.
- h) Each midwife shall record their participation in the Peer Case Review and their reflective practice on the QA Yearly Record, along with the number of practice groups represented. Details of the case or any identification of people involved should not be recorded. The midwife must record when they themselves presents a case.

Suggestions for Case Presentations

The midwife may select cases for presentation that were educational, resulted in unexpected or poor outcomes or where they desire input. Peer Case Review is distinct from midwife-to-midwife discussions as required by the Standard for Consultation and Transfer of Care. Midwives should come prepared to present their case with reference to guidelines, research and CMM Standards and Guidelines.

The case presentation should include:

- significant medical/obstetrical history, relevant lab work and test results
- management and care plans
- evidence-informed practice research and guidelines
- client choices and actions
- consultations and transfer of care with other care providers
- CMM guidelines, relevant policies and protocols

5. Requirement for referral to Perinatal Review

Midwives shall report cases to the Perinatal Review Committee (PRC) that meet the criteria as per the PRC *Criteria for Case Review*

6. Requirements for Professional Development

a) Requirements for mandated skills competencies

Midwives shall complete the following mandated continuing professional development as per the relevant standards.

- Cardiopulmonary Resuscitation
- Neonatal Resuscitation
- Emergency Skills
- Fetal Health Surveillance

b) Requirements for additional professional development

Midwives shall participate in continuing education and other professional activities. The purpose of professional development is for midwives to enhance midwifery-related knowledge, skills and judgment.

The following comprise the Professional Development Requirements of the College of Midwives of Manitoba:

- i. Midwives are required to complete 20 hours per year of professional development activities or 60 hours over 3 years.

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- Professional development may include formal and/or independent learning. Learning must be relevant to the midwife's current or planned work.
 - A minimum of 50% of professional development hours must be related to direct clinical practice. It is the responsibility of the midwife to demonstrate to the CMM how a professional development activity relates to their work.
 - A minimum of 10% of professional development hours must be related to increasing cultural competence in the midwife's current or intended practice.
 - The calculation of professional development hours shall not include the CMM requirements for fetal health surveillance (FHS), emergency skills, CPR and NRP courses.
- ii. The midwife shall maintain a record of their professional development activities on the QA Yearly Record, including date, type of activity, length in hours and relevance of learning to the midwife's practice.

7. Requirements for Client Evaluation of Midwifery Care

The purpose of client evaluation of midwifery care is to give each client the opportunity to provide feedback to their midwives regarding the care they received. Midwives shall use the client evaluation of midwifery care as part of reflective practice to improve the quality of care they provide and to ensure that the practice is responsive to the needs of the clients. In addition, Midwives are encouraged to solicit and respond to feedback about the client's experience throughout the course of their care.

The following comprise the Client Evaluation of Midwifery Care Requirements of the CMM:

- a) At the completion of midwifery care, the midwife is required to give an opportunity for each client to anonymously evaluate the care that they received, typically through a written questionnaire. In cases where a written questionnaire is not appropriate, other means to obtain client evaluation should be available.
- b) If the client received care from more than one midwife, the client shall be given the opportunity to give feedback on the care of each midwife.
- c) The midwife must document that a client evaluation form was provided to the client.
- d) There must be an accessible method of return for written feedback (e.g. stamped envelopes, visible drop off box).
- e) The client shall be informed that the midwives will have access to the evaluations.
- f) Each midwife is required to review client's evaluations regularly, reflect on the comments and record their reflective practice on the QA Yearly Record.

Note: Client evaluation forms may be developed by individual midwives, a practice group or by an employer.

8. Requirements for Random Practice Assessments

The CMM conducts Random Practice Assessments (RPA) annually on a select number of randomly selected midwives. The process for the RPA is included as an Appendix to this Standard, and may include self-assessment, off-site documentation review, an on-site visit and chart review. As members of the CMM, midwives are responsible for participating fully in the process if selected. Upon completion of an RPA, each midwife must participate in any activities indicated as requirements to address recommendations identified by the practice assessment.

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RECORDING AND REPORTING ON QA ACTIVITIES

Midwives must keep on-going records of their quality assurance activities and provide evidence of their adherence to the Standard on Quality Assurance. The first way is through the Annual Registration Renewal process and the QA Yearly Record self-declaration of completion. The second method of keeping midwives accountable to the Standard is through the RPA process.

1. Every year, midwives are required to complete the QA Yearly Record and retain a copy in their personal records for a minimum of five (5) years.
2. Every year, midwives are required to complete their Registration Renewal and submit a declaration of their completion of the QA Yearly Record.
3. When a midwife is selected through the RPA process, the midwife must submit their past five (5) years of QA Yearly Records.