# PERINATAL QUALITY COUNCIL

## **CONTEXT**

The Perinatal Quality Council is interdisciplinary and functions within the context the Island Health Board approved Quality Structures. The council address quality matters that pertain to the scope of a clinical service, ensuring both organizational and medical perspectives in the development of Island-wide expectations/standards in care.

The Council is primarily focused on learning for improvement. Discussion and opinions are protected under Section 51 of the Evidence Act.

## **SCOPE, ROLE & RESPONSIBILITES**

For the Perinatal Population (hospital and hospital outpatient clinics the Perinatal Quality Council will:

1. Monitor and report on quality issues and on overall quality services provided in the service delivery care area/program with reference to appropriate data including:
	1. Performance indicators used to measure quality of care and services and patient safety;
	2. Publicly reported patient safety indicators e.g. Accreditation required organizational practices (ROPs), clinical care management (CCM), care sensitive adverse events (CSAE);
	3. Critical incident and sentinel event review, implementation and evaluation reports (e.g. PSLS 4 and 5 patient safety events).
2. Develop and monitor Island-wide metrics and key performance indicators to evaluate clinical outcome and adherence with clinical standard setting organizations (e.g. Accreditation Canada, BC Ministry of Health, and Professional Associations)
3. Prioritize and steward quality improvement initiatives and policies within the program
4. Develop and revise Island Wide (IW) Practice Standards for approval by the CYF Quality Council
5. Ensure population practice standards are based on best evidence and current standards of care (see appendix 1 for appropriate committee approval)
6. Approve Clinical Order Sets applicable to the pediatric population to support practice guidelines
7. Support implementation of Island Wide (IW) Practice Guidelines
8. Contribute to development and implementation of the CYF Quality Council Annual Improvement plan for specific population focus area
9. Review findings and recommendations from Geography/Site based PSLS reviews processes to inform the Island wide risk registry and the quality improvement plan
10. Utilize data from PSQO and PSLS aggregate data to steward implementation of opportunities for quality improvements for pediatrics
11. Identify items for risk registry and respond as required
12. Develop working /ad hoc groups as needed to complete the work
13. Develop and approve patient educational materials for IW use
14. Support accreditation for the pertinent Child and Youth Standards at sites across the Health Authority
15. Provide knowledge exchange leadership for speciality practice
	1. Curate and maintain content for CYF specific web page (following guidelines)
	2. Other communication strategies e.g. practice bulletins, webinars etc.

## **PRINCIPLES**

The Perinatal Quality Committee aligns with the organization values of Courage, Aspiration, Respect and Empathy. Additionally, the committee is guided by the following principles;

1. Collaboration & Interdisciplinary care
2. Distributed leadership
3. Cultural Humility
4. Family Centred Care/Parents as Partners
5. Trauma informed practice
6. Shared accountability for quality across the organization and between professions.
7. Shared information relating to quality in order to promote learning and spread of good practice
8. Timeliness and responsiveness, recognizing that matters presenting an urgent threat to safety are expedited, signaling quality and safety as a top priority in Island Health. This also applies to formative improvement through education and learning.

## **REPORTING**

The Quality Council reports directly to the Quality Operations Council.

Regular reports will be submitted to the Quality Structures as directed by the Quality Operations Council.

This committee where appropriate might commission and provide oversight to ad-hoc working groups or project teams established to carry out required work.

**Key Linkages include:**

* Other Program Quality Councils (PQCs)
* Geographical Quality Councils (GQCs)
* Other Committees, Councils, and groups within the Quality Structures;
* Clinical standard setting/regulatory bodies (e.g. MoH, NSQIP, Accreditation Canada, CIHI, etc.);
* [Perinatal Services BC](http://www.perinatalservicesbc.ca/)
* Canadian [Pediatric](https://www.cps.ca/) Society
* [Society for Obstetricians and Gynecologists of Canada](https://sogc.org/)

## **MEETINGS**

##### membershiP\*

1. Medical Director Perinatal
2. Medical Director Pediatrics
3. Director, Child Youth and Family
4. Patient/Family Partner (2)
5. Director Child Youth and Family
6. Perinatal Program Lead
7. Section Head Neonatology
8. Pediatrician Representative
9. Medical Lead, Maternity Campbell River
10. Medical Co-Leads Maternity Comox Valley Hospital (3)
11. Medical Co-Leads, Maternity, (3) Nanaimo Regional General Hospital
12. Medical Lead Maternity, West Coast General Hospital
13. Medical Lead, Maternity, Cowichan District Hospital
14. Medical Co -Leads, Maternity , Victoria General Hospital (3)
15. Manager Maternity or delegate North Island Hospital - Comox Valley
16. Manager Maternity or delegate North Island Hospital - Campbell River
17. Manager Pediatric /Maternity (or delegate) - Nanaimo General Regional Hospitals
18. Manager Pediatric/Maternity (or delegate) – Cowichan District Hospital
19. Manager Perinatal Services – Victoria General Hospital
20. Quality Project Lead, Child Youth and Family
21. Perinatal Representative Lady Minto
22. Perinatal Representative Port Hardy, Port McNeill? (Which one or both?)
23. West Coast General Nursing Representative
24. Family Physician OB
25. Deputy Department Head - Midwifery
26. Perinatal Services BC Representative
27. Tier 5 site Administration Representative (PSBC Tiers of Services)
28. Public Health Representative
29. CYF Nurse Informaticist – Perinatal
30. Lead, Evidence, Evaluation & Knowledge Translation, Research
31. Ad Hoc members as required e.g. Data, Research, Knowledge Exchange Coordinator, CYMHSU

*\*when medical leaders at a site share duties, they will share one vote*

##### Chairs

The Perinatal Quality Council will be co- chaired by a Medical Director, Perinatal and the Perinatal Program Lead

Chairs will ensure:

1. Agendas have a manageable number of items with a realistic time allotment per item and expected outcomes (Information/Decision/Action/Discussion)
2. Agendas will be circulated, 1 week before the meeting. Lengthy documents will have an executive summary
3. When possible SBAR’s with options and recommendations provided for agenda items requiring decisions
4. Email and SharePoint will be preferred means of communication and document distribution
5. Begin and end meeting on time

##### Frequency

 Meetings will be monthly (minimum 10 times per year) with options for virtual attendance.

##### Decision Making

Ideally, decisions will be by consensus. If consensus cannot be achieved the last resort will be decision by simple majority with dissenting opinions noted.

###### quorum

 50% of members including at least one chair

##### Responsibility of all Committee Members:

1. Arrive on time for meetings
2. Come prepared; read the agenda and be prepared to contribute to decision making
3. Share information and gather input with/from the group you represent
4. Discussions are respectful , brief and focussed on the topic
5. Follow the basic principles for a respectful workplace expected of all staff in Island Health <https://intranet.viha.ca/admin_resources/Documents/RespectWork_GuidingPrinc.pdf>

##### Secretary

Decision/action based minutes taken by Darcie Reid (Darcie.Reid@VIHA.CA) and stored on the CYF SharePoint.

##### STANDING COMMITTEES

Committees report directly to the Program Quality Council. This reporting relationship provides delegated authority for completing Section 51 Reviews. The following are standing committees of the Pediatric Quality Council;

1. Perinatal Nursing Focus Committee
2. Neonatal Intensive Care Nursing Focus Committee
3. Infant Mortality Review Committee

Committees may change over time reflecting evolving clinical governance and/or priorities. The Committees will review their membership annually or more frequently, if required.

##### Review

The terms of reference will be reviewed an annual basis. Typically, the September meeting of each year.

**Council Accountability by subpopulation**

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| **CONTENT** | **WORK, REVIEW AND APPROVAL**  |
| Pediatric including PICU  | Pediatric Quality Council |
| Perinatal | Perinatal Quality Council  |
| Newborn1. NICU Specific content/ most associated with NICU (intensive care standards)
2. General Newborn, low risk babies applicable to most sites
 | Perinatal Quality Council as primary approving body with Pediatrics when appropriate  |
| Perinatal Quality Committee |