



August 1, 2007

College of Midwives of Ontario summary of Patient Relations Activities since 2001

Our College's approach to patient relations can best be described as holistic; we have endeavored to incorporate the public interest and public protection into all programs and committees.

Since our inception we have had extremely limited resources due to our profession's small size. However the model of midwifery is based on a partnership between the midwife and her client; with this as our starting point we view all aspects of regulation with that partnership in our vision. We have also had to be mindful of not raising public expectations of the availability of midwifery services; the demand for midwifery services continually exceeds the profession's capacity to provide services.

Client (Patient) Relations Committee

The College's Client Relations Committee prepared a Sexual Abuse Prevention Plan and a Guide to Appropriate Professional Behaviour with Clients as required by the RHPA. The Committee also developed a policy on Funding for Therapy and Counselling. We limited the activities of the client Relations Committee to the administration of the sexual abuse provisions because we had incorporated the public interest throughout our programs.

Strategic Planning

Communication was identified as a strategic priority at every strategic planning session that has been held. Initially we had brochures for the public on the profession, the College and the Complaints process, we also published a newsletter aimed toward public education and member education for the first two years of our existence. We have always had an internal benchmark for prompt response times to members of the public and our members – calls will be returned within twenty-four hours. Finally in 2003 our website became functional (see attached pages). Information for members of the public includes *Role of the College, What is a Midwife, What to Expect from Midwifery Care, Finding a Midwife and Making a Complaint.*

Informed choice

One of the fundamental elements of midwifery care and a standard of the College is the provision of informed choice for midwifery clients. The standard sets out, among other things, what information must be provided to clients, it states:

In order to be “informed”, the client’s choice of midwifery care, procedures, tests, medications, and considerations of a management plan for care in the antenatal, intrapartum and postpartum period, should include a discussion of the following:

- *A description of the care proposed*
- *The potential benefits, risks, and alternatives*
- *Relevant community standards*
- *Relevant research evidence*
- *Information related to midwifery standards and scope of practice*
- *Recommendations from the midwife related to the client’s choices*
- *Implications, if any, of the client’s potential choices*
- *Identification of the midwife’s bias, if significant*

Complaints

In 2002 we began providing evaluation forms to all participants in our Complaints process. The Complaints Committee reviews all returned evaluation forms and considers whether any changes to the process should be instituted based on the feedback provided.

We also established an Internal Risk Management Working Group around the same time to review the decisions of the Complaints Committee in order to identify systemic issues requiring attention. This group makes recommendations to other College committees as well as to a stakeholder risk management working group. The recommendations have led to, for example, the development of a continuing education module to enhance members’ provision of informed choice; we linked this to Quality Assurance Program continuing education requirements and provided incentive through bonus credits for the QA Program. A ‘business basics’ workshop was also developed and presented jointly with other stakeholders at the professional association annual general meeting as a result of review of cases coming into the College.

Quality Assurance Program

As a part of our QAP we require all members to provide a “Quality of Care” client evaluation form to every discharged client. The forms are returned to the member’s practice for review and consideration for improvements to processes, procedures or care. Members are required to report actions that were taken as a part of this process in the

annual QAP reports. (see attached guideline) The College also may review these forms as part of the random practice audit component of the QAP.

We feel that we have been successful for the most part in our approach to “patient relations” and have been assisted by our profession’s strong client focus. One challenge that we, along with other midwifery stakeholders, continue to struggle with is how to more dynamically engage midwifery consumers in our work.

We thank you for the opportunity to share our accomplishments with you and look forward to future discussions of this issue.

Sincerely,

Original Signed

Robin Kilpatrick
Deputy Registrar