

Maternal morbidity regional review panels

Terms of reference

Approved by Maternal Morbidity Working Group 13 December 2016

Background

1. The maternal morbidity regional review panels are established under the governance of the Maternal Morbidity Working Group (MMWG). MMWG is a working group of the Perinatal and Maternal Mortality Review Committee (PMMRC) who are appointed under section 59e of the New Zealand Public Health and Disability Act 2000 ('the Act') by the Health Quality and Safety Commission (the Commission). The MMWG is time-limited and has funding until June 2019.
2. The aim of the MMWG is 'to improve the quality and experience of health care for women, babies and whanau, informed by robust, consistent, reportable and women-centred maternal morbidity review'.
3. The MMWG achieves this aim by reviewing cases of severe maternal morbidity. Severe acute maternal morbidity can be defined as 'a very ill pregnant or recently delivered woman who would have died had it not been luck or good care was on her side'¹. The MMWG identifies cases of severe maternal morbidity from notifications from Intensive Care and High Dependency Units.
4. The MMWG selects a subset of Intensive Care and High Dependency Unit cases for panel review. The criteria for this subset will be reconsidered each year. Approximately 60 maternal morbidity cases across New Zealand will be reviewed each year.
5. The MMWG has established panels to review cases. The reviews will identify potentially avoidable factors. MMWG will then consider the findings from the panels, and develop evidence-based recommendations and quality improvement initiatives.

Function

6. The wider functions of Mortality Review Committees are set out in section 59e (1) (a) and (b) of the Act. The panel members will fulfil their role as 'agents' of the PMMRC and the legislative responsibilities that apply to PMMRC will apply to the panel review members.
7. The panels are required to review cases of severe maternal morbidity. These cases will be selected by the MMWG.

¹ MMantel GD, Buchmann E, Rees H, Pattinson RC. Severe acute maternal morbidity: a pilot study of a definition for a near-miss. 1998. *British Journal of Obstetrics & Gynaecology*. 105: 985-990.

8. The panels will review the cases to identify potentially avoidable factors in the care of pregnant or recently-pregnant women. The review will focus on systems and processes rather than on individual clinician performance.
9. The panels will report their findings to the MMWG.

Scope

10. The panels are required to review cases of severe maternal morbidity. The regional panels will not review maternal deaths. The cases will be selected by the MMWG.

Expected Activities

11. Each member of the regional panel will:
 - 11.1. Ensure the security of personal information referred to in Clause 3 of Schedule 5 of the Act.
 - 11.2. Read the case summaries in advance of the meeting. This information will be provided by the Commission at least two weeks prior to the panel meeting.
 - 11.3. Discuss discrepancies in the interpretation of events/care provision and reach a consensus on the opportunity to alter the outcome.
 - 11.4. *Clinical members only*: present one case per panel. This requires preparation in advance of the meeting. Presenting cases is optional for clinical development positions after they have attended at least one panel meeting.
12. The panel will follow these key principles²:
 - 12.1. Focus is to learn and not to apply blame
 - 12.2. Review is evidence-based and not based on opinion
 - 12.3. Individual members of the multidisciplinary panel must be aware of how their biases can affect interpretation of evidence
 - 12.4. Compassion must be applied to both the women and clinicians directly involved
 - 12.5. Reviews and recommendations must be system focused and not person focused³
13. Meetings will follow a standard format:
 - 13.1. Each panel meeting will open and close with a karakia.
 - 13.2. The commencement of each case review will begin by reading/listening to the woman's story when available.
14. A modified version of the expanded London protocol will be used to review each case.
15. Each panel will review a case that a previous panel has reviewed (unbeknown to them). This re-review will form an internal audit mechanism.

² Key principles of adverse clinical reviews presentation by Dr J Carthey, Human factors and patient safety expert. Available at <http://bit.ly/2hayoto>

³ System focused recommendations are more effective and could be related to standardising care or simplifying pathways. Person focused recommendations are less effective, an example would be reminder memos

Composition

16. There are four regional panels covering the Northern, Midland, Central and South Island regions. Each regional panel pool comprises:
 - 16.1. At least one representative from each DHB in the region.
 - 16.2. At least one member with knowledge and expertise in Māori and/or Pacific health.
 - 16.3. At least one representative from hospital midwifery, self-employed midwifery, obstetrics, anaesthesia, intensive care specialists, and general practitioners.
17. The regional panels have development positions for clinicians who have been identified as emerging leaders. These clinicians would ordinarily not score highly enough on the selection criteria to be accepted, because of their limited professional experience. The development positions are part of the MMWG's commitment to building capability within the sector. The clinicians appointed in these positions will actively participate in the panel.
18. Each regional panel has two co-chairs: the Maternity Specialist at the Commission and a panel member appointed by the MMWG chairs.
19. The co-chairs of each panel will manage the panel discussion, ensure that all members of the panel contribute to the discussion, and assist the panels to come to a consensus. The co-chairs will ensure that the panel focuses on system and process.
20. Commission staff and members of the MMWG may attend meetings.

Terms and Conditions of Appointment

21. Members of the review panels are appointed by the Commission for a one-year term. The MMWG will review membership annually to ensure that there is an appropriate mix of skills depending on the selection criteria for cases to be reviewed. There is no guarantee of reappointment.
22. Panel members who are also members of PMMRC or its associated working groups, or are agents of the PMMRC for another purpose, will retain their terms and conditions associated with those roles.
23. Members will be appointed by the MMWG following a call for nominations by the Commission and a review of credentials by the Commission and MMWG. The MMWG chairs will make the final decision on panel members.
24. The responsibilities of the co-chairs will include but are not limited to:
 - 24.1. Setting the meeting agendas
 - 24.2. Ensures each case reviewed as a completed review template that is forwarded to the Commission
 - 24.3. Facilitating the panel to achieve its functions
 - 24.4. Making the final decision if the panel is not able to reach consensus.



25. Any member of a panel may resign at any time by advising the Commission or the MMWG in writing.
26. The Commission may, by written notice, terminate the appointment of a member or co-chair of a panel.
27. The Commission and MMWG may from time to time alter or reconstitute a panel, or discharge any member of a panel, or appoint new members to a panel for the purpose of decreasing or increasing the membership or filling any vacancies.

Management of Conflicts of Interest

28. Management of Conflicts of Interest

- 28.1. The Commission will allocate cases to each region so that no region will review its own case. If a member of a panel was involved in a case to be reviewed by them, they must advise the Commission as soon as practicable and withdraw themselves from the review of that case.
- 28.2. Members must perform their functions in good faith, honestly and impartially and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest. Proper observation of these principles will protect panel and its members and will ensure that it retains public confidence.
- 28.3. When members believe they have a potential conflict of interest on a subject that will prevent them from reaching an impartial decision, they must declare that conflict of interest and withdraw themselves from the discussion and/or activity.

Confidentiality

29. The maintenance of confidentiality is crucial to the functioning of the regional panels

- 29.1. Members must note the statutory requirements in section 59E (6) of the Act, which prevent disclosure of information of the kind described in clause 3 of Schedule 5 of the Act.
- 29.2. Under this clause, information means any information that is personal information within the meaning of section 2(1) of the Privacy Act 1993; and that became known to any member or executive officer or agent of a Mortality Review Committee only because of the Committee's functions being carried out (for example, because it is contained in a document created, and made available to the member or executive officer or agent, only because of those functions being carried out), whether or not the carrying out of those functions is completed.
- 29.3. Members must note that the disclosure of information contrary to Schedule 5 of the Act is an offence and is liable on summary conviction to a fine not exceeding \$10,000 (s 59E(6)).

Meetings

30. The venue, timing and frequency of the meetings will be coordinated with the Secretariat to fit within the allocated budget. It is anticipated that each regional review panel will meet twice per annum.

31. Whenever possible, meetings will be held on the date that suits the majority of panel members and has adequate representation from all disciplines and DHBs.
32. Whenever possible, each member of the panel pool will have the opportunity to attend at least half of all panel review meetings.
33. Panel members will be given at least eight weeks' notice of a panel meeting.
34. Members of the panels are entitled to actual and reasonable travel and accommodation expenses. Members not employed by DHBs will be paid in line with the Cabinet Office Circular CO (12) 6 (Group 4, level 2).

Communication

35. All media comment in relation to the work of the panels will be via the PMMRC chair, unless the responsibility has been delegated to a MMWG member.

Secretariat

36. The Commission employs staff to assist and convene the maternal morbidity regional review panels.

Review

37. The terms of reference will be reviewed by the MMWG annually.

