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**Name of Protocol: Partner Responsibilities**

**Example 1 of 3**

**Practice Group Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Protocol Type:** | Administration | **Date Approved:**  | 1. 1. 2012 |
| **Sub-Category:** |  | **Date of Most Recent Revision:** |  1.1.2012 |
|  |  | **Next Review Date:** |  |

Managing Partner work often has timelines set by the MOH, TPA, CMO, AOM, HIROC etc. Managing Partners are responsible for ensuring that reports, forms, contracts, etc are submitted on time. Other areas where Managing Partners are responsible for ensuring timely follow up are hospital privileging for new midwives and liaising with hospital Dept. Chiefs to advocate for midwives (eg. scope of practice issues, case reviews). They are responsible for timely follow through with operational tasks, such as staff & midwife contracts, overseeing administrative duties, insurance renewals, student orientations, liaising with community organizations and education institutions (MEP, IMPP, Seneca, York University) and promotional tasks (website, brochures). All Partners must ensure the practice meets CMO requirements for clinical guidelines.

There are 3 categories of tasks that will be assumed by the Managing Partners: Leadership, Finance, and Human Resources. These categories consist of jobs that must occur to ensure the practice functions smoothly on an everyday basis. The remaining partnership responsibilities are assumed by the other partners. All partnership tasks have differing levels of responsibility and are correlated with compensation for the specified roles, once an annual performance review has taken place.

**Leader** –

Our Leader will have experience performing the tasks within the roles of Finance and Human Resources, as well as all other partner responsibilities. She will:

* be a mentor to all partners and associates and help to develop their knowledge, skills, and abilities, according to their goals within the partnership. For example, it will be important for all Managing Partners to learn the tasks within each category over time. This will ensure that the practice will continue to run smoothly if a Managing Partner is ill, takes a leave of absence or cannot fulfill their job for any reason.
* make recommendations for a succession plan to ensure qualified partners and associates are recruited and developed to fill each key role within the partnership.
* through this succession plan, ensure that midwives being offered Associate positions have the necessary qualities, skills, and motivation to join the Partner team. They should demonstrate the ability to take on more challenging roles.
* identify the partnership’s long term goals and identify and understand the developmental needs of the other partners.
* look for future change opportunities and find ways to implement such changes, eg. moving towards working within full scope at the hospital and ensuring any barriers that could limit the ability to work in such a manner are worked through.
* oversee the operations and roles of the other partners as they learn their jobs
* oversee the operations and management of the business
* oversee document storage with ACI (Ash Conversions International)
* partner and Professional Development Day meetings – prepare Agenda, assign Chair, and take Minutes

**The Leader will also be an Information Bearer and:**

* ensure that all partners have sufficient and up-to-date information about the business,

 such as financials, budgets and deadline submissions

* oversee storage of documents in the Files and Folders – organize, propose revisions as necessary
* recommend annual budgets for Partner approval and manage the resources within the budget according to all laws and regulations defined by the MOH and TPA.
* remain accessible for emergency resolution of issues during off call and vacation periods, when reasonable to do so.

**Finance –**

* Annual preparation of books for Accountant Budget monitoring
* Calculations for:
	+ - Monthly midwife compensation
		- Preceptor compensation
		- Travel compensation
		- Year end reconciliations
* Caseload Variables (input by office staff, reviewed by Partner)
* Submit on Monthly Invoice when hours are completed
* Six-Month Caseload Variable Report
* Client Intake Binder – review Intakes, wait list, assign clients
* Guideline Binder – oversee updates & revisions
* HIROC Clinicguard insurance
* Interpractice Care Agreements
* Administrator prepares ICA prn – review for accuracy
* ICA received from billing practice – review for accuracy
* Lease contract
* Meetings, emails, phone calls to bank financial advisor
* Meetings, emails, phone calls to Accountant
* Monthly deposits to Chequing account
* OMP Budget – oversee preparation of annual submission to TPA
	+ - Actual CC billed per midwife Mar 31 – Apr 1
		- Projected CC to be billed per midwife
		- Budget Spreadsheet
		- Budget Notes/Rationales
		- Caseload Variable Rationales
		- Equipment Grant Rationales
		- Final preparation for submission to TPA
* Partner contact for vendors and suppliers
* Partner contact for Property management company & lease payments
* Pay all bills and invoices to [Practice Group Name]
* Petty cash reconciliation
* Quarterly Reports due 15th of April, July, October, January
* QuickBooks Accounting program
* monthly entries and bank reconciliation
* Business phone, internet, and cellphone contracts
* Strategize re: improving office systems, working with IT specialist
* Submit staff payroll & midwife compensation to Payroll
* TPA approved equipment grant purchases – ensure items are purchased on time (31/01)
* TPA Contract renewal
* TPA Monthly Invoice
* Oversee Administrator’s work
* Check Monthly Client Info with Courses of Care form
* Check OHIP form with Clinical Courses of Care form
* Review online OMP Report Forms and Caseload Variables
* Review & sign Invoice prior to submission to TPA
* Ensure AOM Benefits receives Monthly Invoice by 5th of month
* Travel Logs – maintain as per TPA Funding Agreement
* Website development

**Human Resources –**

* Call Schedule
	+ Organize and update based on absences and holidays
	+ Co-ordinate vacation schedule
	+ Update calendars in kitchen
* Client Intake Binder – review Intakes, wait list, assign clients
* Contracts
	+ Associate midwives – due on CMO renewal date
	+ Partner midwives – due January 1
	+ Office Staff – due on anniversary of joining practice
	+ New contracts for new midwives and office staff
	+ Confidentiality agreements
	+ Rentals – Use of Clinic Space Agreement
* Financials – review and sign cheques
* Guideline Binder – oversee updates & revisions
* Human resource planning – office staff and midwife recruitment
	+ Write & post advertisements for new positions prn
	+ Direct staff regarding interviews
	+ Orientation of staff to practice
* Office Décor – will create and update bio boards, oversee/participate in maintaining daily office décor, including holiday decorations
* Organize performance reviews for office staff & midwives
* Orientation to [Practice Group Name]:
	+ Update [Practice Group Name] Orientation Guide
	+ Oversee orientation of General & New Registrant midwives
	+ Oversee orientation of students
* Privacy Officer – ensure compliance with Privacy Act
* review discharged charts on a regular basis to ensure they are ready for electronic storage
* Staff Management:
	+ - Salary reviews/negotiations
		- Monitoring sick days/absences
		- Vacation coverage –finding replacement staff
		- Give direction for tasks, ensure tasks are completed as per Job Descriptions
		- Mediate staff conflict
		- Direct staff regarding cleanliness, professional appearance of physical space, follow up repairs, cleaning, organization, decorating.
		- Daily availability to assist staff with problem solving
		- Resource to staff for supplies inventory, ordering
* Strategize re: improving office systems, working with IT specialist
* TPA Monthly Invoice
* Oversee Administrator’s work
* Check Monthly Client Info with Courses of Care form
* Check OHIP form with Clinical Courses of Care form
* Review online OMP Report Forms and Caseload Variables
* Review & sign Invoice prior to submission to TPA
* Ensure AOM Benefits receives Monthly Invoice by 5th of month
* Website development

**Additional Jobs assigned to other non-managing partners:**

* Client Intake Binder – review Intakes, wait list, assign clients
* MEP/IMPP Student Placement Coordinator
* Peer Review Coordinator
* Organize peer reviews for the year with staff assistance
* Chair peer reviews or arrange a delegate if not able to attend
* Ensure signature record is distributed
* Quality of Care Evaluation forms
* Organize binder, review and present at practice mtg
* Prepare annual summary for CMO QA Program

**Name of Protocol: Partner Responsibilities**

**Example 2 of 3**

**Practice Group Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Protocol Type:** | Administration | **Date Approved:**  | 1. 1. 2012 |
| **Sub-Category:** |  | **Date of Most Recent Revision:** |  1.1.2012 |
|  |  | **Next Review Date:** |  |

**Recognizing that;**

* When working with a large group of Partners the division of labour will be organized so that all tasks are done efficiently and a timely manner.

**Structure/Guidelines of Partnership Work;**

* The practice partners each have a defined partnership portfolio that they are responsible for. These are detailed in Appendix A.
* Partners will do their portfolio for a minimum two year term. A Partner can do a portfolio for two terms (four years) and then will take on a new one. After a midwife has served two terms she will be given priority to switch to a different portfolio. If the Partners agree a midwife can remain in her portfolio for longer than two terms.
* Generally, two year terms will start/end at the beginning of the calendar year.
* When Partners take on a new portfolio, there will be a training period of a minimum of one month and up to one year depending on the tasks she is taking on. The Partner who previously held the portfolio is responsible for training the newly assigned Partner. Some Partners will do the training period as their two year term is completing. This will be left up to the individual’s preference.
* If a Partner feels that after 6 months in her new portfolio she feels it is not a good fit, then she will bring it to the next Partner's meeting. At this meeting the Partners will discuss if there should be a reassignment and/or trade in task jobs.
* A review of the portfolio will be done at the first Partners Meeting of each calendar year. The Partnership will determine if there are additions to the task list at this time. Yearly goals for each portfolio will be formed, if needed, at this meeting.
* If a Partner withdraws from Partnership and there is not a new Partner to take on her task, then the portfolio will be divided fairly amongst the remaining Partners or a new grouping of the portfolios will be arranged.
* Most partnership portfolios have a designated “holiday coverage” partner. The holiday coverage midwife will not take on full responsibility of the holiday partner's portfolio i.e. the daily work of the portfolio. The holiday coverage will be done with the intent to protect the holiday time by problem solving and occasionally carry things forward through until the absent partner returns.
* There will be a Partners meeting each month with the exception of the summer months of July and August. If the need arises for an “emergency partner's meeting” it will be communicated to each partner, either by email, text or in person. The meeting will be arranged as quickly as possible while accommodating the partner's schedules and births.

**Appendix A: Partnership portfolios**

|  |  |
| --- | --- |
| {Name}**Finance Partner #1**Holiday coverage: {Partner Name} | **Accounting** – Liaisons with Accountant, T4s for admin staff**Bookkeeping** – Liaisons with Bookkeeper (1x/month)**Banking** – Depositing cheques, review statementsFinancial Planning #1 (¾ of the work) |
| {Name}**Finance Partner #2**Holiday coverage: {Partner Name} | **Annual Budget** and Liaisons with TPA including BORN.Compensation and Billing – Management of practice caseloads, compensation, seconds, pay levels, and IPCAs.**Dividing up preceptor $** and reimbursement for conferences.Financial Planning #2 (¼ of the work) |
| {Name}**Administration Partner #1**Holiday coverage: {Partner Name} | **Bell Mobility, HIROC** and office insurance management**Document upkeep** – Partnership, NR, Locum, and Associate contracts, lease, and MEP.**Hiring of NR**/locums/Associates |
| {Name}**Admin Partner #2**Holiday coverage: {Partner Name} | **Admin Management** – hiring/firing, reviews, salaries, roles & responsibilities**Administrative protocols –** producing new protocols and ongoing protocol upkeep**Supply ordering** and maintenance point person for admin |
| {Name}**Office Partner** Holiday coverage: {Partner Name} | **Privacy officer** – confidentiality and risk management **Clinic Space upkeep** including; Forms & binders ie. Keeping forms/letterheads/handouts current, maintenance of resource binders/business cards/brochures/bulletin boards, and birth binders.Quality Assurance |
| {Name}**Scheduling Partner:** Holiday coverage: {Partner Name} | **Client assignments**, client coverage, and clinic days scheduling. Co-ordination of midwives holidays, leaves, returns, practice meeting and partner meetings times. |
| {Name}**Community Partner #1**Holiday coverage: {Partner Name} | **MEP** Communicating with MEP, student/client assignments, co-ordinating preceptors. **Orientation of students** to hospital and practice, conflict management between students/preceptors, org once a term an emergency**Conflict Management & Liaisons**Will support Admin #2 with conflict resolution with the admin staff |
| **Community Partner #1 & #2** | **Picnic** point people |
| {Name}**Community Partner #2****Holiday coverage:** {Partner Name} | **Outreach** and promotionBirth Centre Liaison**Conflict Management and Liaisons** |
| {Name}**Research Partner** Holiday coverage: {Partner Name} | **Protocols** – producing new protocols and the ongoing protocol upkeepSOGC and TEGH protocol upkeepAssigning support for admin**Continuing education** for midwives |
| {Name}**CV & Partner** Holiday coverage: {Partner Name} | **CV** Management**AOM/CMO liaisons** – Communication with organizations encl. conference calls, point person if practice is audited, attend regional meetings, political organization/delegation, communicating deadlines, and implementation of CMO changes to the IMDCTC .  |
| {Name}**Technology Partner****Holiday coverage:** {Partner Name} | **Website** and **Facebook** Maintenance**Chart archiving** implementation**Tech projects** point person with administration (i.e. purchase of new computers)**Computer charting** -setting up and maintaining Computerized clinic scheduling**Portfolio management**Point person for technology for midwives |

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**Name of Protocol: Non-Clinical Midwife Job Assignments**

**Example 3 of 3
Practice Group Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Protocol Type:** | Administration | **Date Approved:**  | August 2015 |
| **Sub-Category:** |  | **Date of Most Recent Revision:** |   |
|  |  | **Next Review Date:** |  |

NON-CLINICAL POSITION DESCRIPTIONS

[Advertising Co-ordinator 11](#_Toc426727914)

[Budget Co-ordinator 12](#_Toc426727915)

[Caseload Co-ordinator 13](#_Toc426727916)

[Meeting Chairperson 14](#_Toc426727917)

[Chart Audit Co-ordinator 15](#_Toc426727918)

[Clinical Guidelines Co-ordinator 16](#_Toc426727919)

[Continuing Education – Professional Development Co-ordinator 17](#_Toc426727920)

[Drug Regulations 21](#_Toc426727921)

[Evaluations Co-ordinator 22](#_Toc426727922)

[Facilities Co-ordinator 23](#_Toc426727923)

[TPA Contact 24](#_Toc426727924)

[AOM Contact 25](#_Toc426727925)

[Finances, Expenses Co-ordinator 26](#_Toc426727926)

[Health Card Co-ordinator 27](#_Toc426727927)

[Health & Safety Co-ordinator 28](#_Toc426727928)

[Hospital Liaison 29](#_Toc426727929)

[Human Resources Co-ordinator 30](#_Toc426727930)

[Infant Hearing Screening Co-ordinator 31](#_Toc426727931)

[Literature & Resource Co-ordinator 33](#_Toc426727932)

[MEP Co-ordinator 34](#_Toc426727933)

[Ontario Newborn Screening Co-ordinator 35](#_Toc426727934)

## Advertising Co-ordinator

1. At the start of each year set goals and budget for the coming year’s advertising plans (including advertising for new midwife, special events)
2. Meet with administrator to discuss print ads ({INSERT LOCAL MEDIA/NEWSPAPERS})
3. Work in collaboration with outreach coordinator
4. Work in collaboration with special events as required
5. Review target populations and communities and put up poster in visible locations (or replace if worn)
6. Delegate and follow up on tasks that other midwives have taken on (ensure follow through)
7. Facilitate poster campaign, including updating & monitoring poster tracking system where midwives keep track of where posters have been distributed (and when)
8. Ensure a {PRACTICE GROUP} midwife is present at appropriate events

*Time Commitment:*

* New position for 2013, hours to be tracked and responsibilities may be expanded or revised

Date of creation/author:

Date of revision / author:

## Budget Co-ordinator

Working along with the Practice Administrator, the budget co-ordinator puts together the annual budget submission to the TPA. This involves:

* being aware of upcoming deadlines and arranging to meet with administrator
* projecting the # of BCCs the practice needs, including continuing permanent positions, new permanent positions, and new registrants
* surveying the practice for budget requests: large non-recurring clinic expenses, new equipment, replacement equipment, office equipment, resources, etc.
* determining need for caseload variables
* documenting justification for all budget requests
* reviewing the current year’s budget submission guidelines
* reviewing the prior year’s budget submission and comparing it to actual expenditures
* reviewing approved budget; ensuring that approved items are ordered/purchased

**BUDGET SUBMISSIONS ARE DUE EACH YEAR ON JANUARY 22. PROVISION MUST BE MADE TO HAVE ALL PARTNERS SIGN THE “SCHEDULE F” THAT ACCOMPANIES THE BUDGET.**

*Expected time commitment:*

* 1-2 hours in preparation (budget requests, quotes, etc.)
* Several hours (?5-6) working with practice administrator to prepare budget submission
* 1-2 hours follow-up after budget approval

Date of creation/author:

Date of revision / author:

## Caseload Co-ordinator

Together with the Practice Administrator, oversees practice caseload and attempts to ensure that clients are distributed evenly among midwives. Reviews year-to-date bookings on a regular basis.

Ensures that clients are booked appropriately based on planned vacations, etc.

Oversees second-midwife work and points out unequal distribution among midwives.

Plans booking schedule for new midwives joining the practice or for midwives taking leaves or retiring/resigning from the practice.

Assists in the compiling of quarterly Clinical Data Report and in fact is able to
complete and explain to other practice members.

*Expected time commitment:*

* Available weekly to review bookings with practice administrator (15 min/wk)
* Quarterly review of bookings by midwife / discharges by midwife
* Review quarterly clinical data report (15-30 min.)

Date of creation/author:

Date of revision / author:

## Meeting Chairperson

Each midwife will assume the role of Chair for a one-month period on a rotating basis. The role of the practice meeting Chair is not limited to the weekly meeting.  The practice group looks to the Chair to run effective and time-efficient meetings. In order for this to occur, several things need to take place in the week leading up to the practice meeting.   Some of these responsibilities are described below:

1. If unable to attend the meeting, will arrange for a substitute chair; and
2. The chair is responsible for effectively facilitating the weekly meetings.  This is accomplished by ensuring that the agenda is compiled and organized. She should check in throughout the week with the Administrator regarding agenda items.
3. The chair is responsible for knowing information on each agenda item.
4. The meeting should begin promptly at 9:00 a.m. The chair will prioritize each item on the agenda. Quick items on the agenda should be done first. Items requiring more discussion should be last. Items to be discussed without students present should be covered early in the meeting before students arrive (usually 9:30 a.m.)
5. The chair will designate a time keeper, and agreed upon times for each item will be set.  An agreed upon target end time should also be set at this time. We should aim to complete meetings in 1-1/2 hours.
6. After the minutes are read, the chair should identify remaining outstanding items and review any business arising from the minutes.
7. The chair ensures that communication is respectful, that everyone has a chance to speak, and that only one person is speaking at a time.
8. The chair must decide when discussion has fallen off topic and moved into inappropriate conversation.  This would include anecdotal information, rumour sharing, or just plain joking around.  Although fun, this type of discussion causes the meeting to drag on.
9. The chair should identify when the meeting is adjourned, and remind midwives to shred their agendas.
10. Any case reviews should be deferred until the meeting has been adjourned; any available midwives (and possibly students) may participate in case reviews.

Date of creation/author:

Date of revision / author:

## Chart Audit Co-ordinator

Co-ordinates regular chart reviews using designated reviewer, self-audits, or peer audits.

Specific charting concerns may prompt the selection of more than one chart from any given midwife.

Using chart audit tool, midwives are to review all selected charts for completion and appropriate documentation.

Audits can be about routine charting (i.e. Ensuring all charts by a certain stage of care include standard information) or can be specific to a management issue (ie. Matching a guideline with documentation on a specific clinical situation, such as PROM).

Prepare a summary of findings and recommendations and present quarterly to practice members. Significant errors or omissions may be brought to the attention of individual midwives at a different time. Suggestions may be made regarding design of forms used in chart.

Date of creation/author:

Date of revision / author:

## Clinical Guidelines Co-ordinator

Keeps Clinical Guidelines current and ensures that new guidelines are developed as the need arises.

Reviews Clinical Guideline binder bi-annually, ensuring that guidelines are current and that appropriate signatures are in place.

Co-ordinates Clinical Guideline meetings quarterly (or more often as needed); assigns midwives to draft new guidelines as necessary. Review and approve as a group.

Ensures that Hospital Clinical Guidelines/Protocols binder is kept up-to-date; brings any new changes to the practice group’s attention.

*Time commitment:*

* 1 hr. bi-annually for review
* 1-2 hrs/quarter to organize meetings, assign topics, update, etc.

Date of creation/author:

Date of revision / author:

## Continuing Education – Professional Development Co-ordinator

The goal is to promote the continued professional development and growth of individuals working at {PRACTICE GROUP} and to equitably allocate professional development resources (both budgetary resources and off-call time).

The responsibilities of the CEPD Co-ordinator include:

1. Distribute a survey at the beginning of the calendar year to highlight any educational goals or learning needs of individual midwives and solicit suggestions for in-service educational sessions.
2. Arrange continuing education in-services to address identified learning needs of practice group.
Maintain the Professional Development bulletin board, posting current opportunities and maintaining sign-up sheets.
3. Work with scheduler to determine if requests can be accommodated based on coverage. Bring decisions on registrations to staff meetings as well as reminders of new postings and deadlines. (See attached Process for Allocating Professional Development).
4. Co-ordinate CMO requirements for professional development including CPR, NRP, ESW.
5. Track midwives’ participation in Professional Development opportunities and attempt to address individual or systemic imbalances.
6. Maintain the Professional Development Binder – for reflection on events the midwives have participated in, the sharing of important information gleaned, and also as a resource for identifying useful learning opportunities for other midwives.

As opportunities may come up with less notice, these events will be brought to a practice meeting, and then posted on the Professional Development bulletin board. Anyone interested should initial the posting. Registration will be contingent on available on-call coverage, cost, as well as how many events that individual has attended that year and who has attended that event in the past.)

Professional development may include (adapted from CMO QA guideline):

* courses conferences and workshops
* professional presentations (does not include public education sessions)
* research projects
* writing articles for publication
* professional study groups
* peer reviews done beyond the 6 required for registration
* hospital rounds
* self study (reviewing journals, research for clinical work)

Conferences/workshops offered on a regular basis (annual or otherwise) to be considered:

* ALARM
* ACORN
* AOM Emergency skills workshop
* 18-hour Breastfeeding course
* Motherisk Update (Toronto)
* Refresher in Primary Care Obstetrics (April – Mt. Sinai)
* Day in Perinatology
* AOM Annual Meeting and Conference (May/June)
* Perinatal Outreach Conference
* CAM conference
* MIRU (December - Toronto)

Professional development resources: [www.beststart.org/events](http://www.beststart.org/events)

**Professional Development - Annual survey**

Please indicate areas of professional development topics or conferences you would like to pursue in the coming year or particular events you would like to attend.

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Please list the AOM, CMO, 18 hr Breastfeeding Course (or other multi-day professional development opportunity) that you have attended in the past three years.

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Please list any suggestions for in-service topics (for practice meetings, midwifery dept meetings or peer reviews)?

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**Process for Allocating Professional Development**

1. Annual survey at the beginning of the fiscal year: will allocate annually recurring programs and conferences according to interest and previous participation.
2. As brochures advertising upcoming workshops arrive in the office, they will be posted on the bulletin board. People who are interested in a workshop should put their name on the advertisement.
3. At the next practice meeting, a person who is interested in attending an event should bring this to the group discussion for decisions regarding fairness of the allocation and discovering who would like to go.
4. After confirmation with the schedule and professional development record, {PRACTICE ADMINISTRATOR} will register the midwife with the conference (or midwife may register herself on-line).

Date of creation/author:

Date of revision / author:

## Drug Regulations

1. Ensure Midwives CPS is up-to-date (binder kept beside mailboxes)
2. Attends in-person or on-line events regarding new information related to the midwifery pharmacopeia and brings information back to the practice.

Date of creation/author:

Date of revision / author:

## Evaluations Co-ordinator

On a rotating quarterly basis, one midwife will review all client evaluations received since last quarter.

Using the summary form provided, compile quantitative responses to questions. Review qualitative (long answer) responses and look for trends or themes that are repeated. Record any significant comments or suggestions provided by clients.

At the next practice meeting report overall findings. Any action undertaken as a result of client evaluations will be recorded in the practice meeting minutes (as recommendations) and may be referred to in order to complete CMO QA reports.

After presenting findings give each midwife her own evaluations to read. Evaluation forms are then collected and filed with summary form.

Rotating

Date of creation/author:

Date of revision / author:

## Facilities Co-ordinator

* Responsible for overseeing the upkeep and maintenance of the building/property including such things as upgrades/enhancements to the building (i.e. lighting/signage/landscaping), cleaning contracts, etc. Also ensures that monthly fire and safety checks are completed as well as annual fire inspection. Regular fire drills and evacuation procedures are required by law.
* Sees that all safety precautions are taken to ensure client/staff safety (clear entrances to fire exits, safety salt on ice, etc.).
* Acts as contact midwife with landlord. Reviews and signs lease agreements.
* Ensures that rent and common costs are paid in a timely fashion. Works on lease renewal/negotiations.
* Attends meetings of the Facilities Group when planned, taking questions and comments from the midwives. Reports back to midwives following a meeting.

Date of creation/author:

Date of revision / author:

## TPA Contact

* Shares questions, concerns and comments between the TPA and the practice group.
* Attends meetings when necessary (i.e. budget planning with TPA).
* Informs TPA of intention to retain/release midwives.
* Keeps TPA informed of concerns regarding funding, MOH issues, budget issues, etc.
* Ensures that Funding Agreements are up-to-date and signed.

Date of creation/author:

Date of revision / author:

## AOM Contact

* Receives information from the AOM to be shared with the practice group.
* Communicates with the AOM regarding concerns.

*Time commitment:*

* Available as needed to above groups; will vary from year to year.

Date of creation/author:

Date of revision / author:

## Finances, Expenses Co-ordinator

1. Monitor office year-to-date expenditures versus budget (knowing what we spend our money on, how are we doing when comparing accounts receivable vs. payable); the midwife responsibilities should include a awareness of the costs of items such as:
* Support staff compensation, benefits, bonuses, etc. (liaise with H.R. Co-ordinator)
* Rent, common costs
* Phone, pagers, communications devices
* Computer, software updates, website maintenance
* Mail, courier, postage, printing/copying
* Client education includes videos, books, models etc. (liaise with Resources Co-ordinator)
* Fax machine or photocopier costs
* Common office supplies (e.g., paper, pens, envelopes etc.)
* Cleaning
* Insurance
* Legal and accounting fees
1. What is the status of our bank accounts? Will we need to dip into our reserve (i.e., surplus from previous years)? How much of a reserve do we need to keep at all times? Are we billing an adequate number of courses of care to cover our expenses? (This last question may overlap with Caseload Manager responsibilities).
2. At times it may be necessary to review monthly expenses of midwives (are we basically charging the practice for the same expenses, or are there variations from midwife to midwife?). These expenses may include:
3. Travel / parking
4. Miscellaneous supplies (includes pager batteries, friars balsam, castor oil etc.)
5. Breakfast/luncheon meetings
6. Peer review and hospital meeting refreshments etc.
7. Professional Development

Date of creation/author:

Date of revision / author:

## Health Card Co-ordinator

Midwives issue health cards to all qualifying infants born at home.

1. The infant health card co-ordinator ensures that an adequate supply of blank health card application forms are available.
2. Picks up health cards from front desk of GRH childbirth unit (clerk); 1-2 pages (11 cards per page). Photocopy computer print-out; leave copy with clerk and bring original to office with health card forms.
3. Once one page of health cards has been used, ensure there is agreement (i.e. health cards issued matches up with numbers on computer print-out) and send this page to Labour & Delivery (keep photocopy).
4. On a weekly basis (every Wednesday), check health card drawer for completed health card forms. Completed forms should be checked to ensure they are completed correctly and signed by a parent and then entered onto blank health card ledger form. The batched health card forms from the preceding week should be placed into a large envelope with the original health card form; keep copy in the office for reference. The envelope needs to be taken to Grand River Hospital, Childbirth Unit, in person or via courier.
If you are unavailable (i.e. vacation), must ensure that a substitute midwife does this on a weekly basis.

*Time commitment:*

* + 15 min/week

Date of creation/author:

Date of revision / author:

## Health & Safety Co-ordinator

* Yearly update of health and safety policies as well as violence, accessibility and security policies
* Ensuring compliance with the Occupational and Safety Act
* Offer and provide seminars on workplace safety and workplace violence
* Obtain MSDS for all products used in the office
* Ensure proper storage of Nitrous Oxide and Oxygen tanks
* Perform emergency exit plans yearly
* Ensure the practice and building provides accessible customer service.

*Time commitment:*

* + Unknown at this time, as it is quite involved at this point

Date of creation/author:

Date of revision / author:

## Hospital Liaison

1. Liaise with Head Midwife to keep {PRACTICE GROUP} informed about any changes to hospital policies, protocols, etc.
2. Relay any agenda items/concerns to Head Midwife for inclusion on upcoming meetings. Ensure that {PRACTICE GROUP}Midwives are up-to-date with Midwifery Department decisions.
3. Ensure that updates from the Childbirth Department are posted.

Date of creation/author:

Date of revision / author:

## Human Resources Co-ordinator

The human resources co-ordinator is the contact person for general employment issues. Any major decisions are made by the partners, with the HR co-ordinator acting as liaison/contact person. Tasks may include the following:

* oversees the writing and distribution of job postings for midwives and support staff
* gathers and keeps up-to-date job descriptions for support staff
* acts as liaison with support staff
* organizes performance evaluations for support staff
* reviews contracts for midwives and support staff and ensures that obligations within contracts are met
* is familiar with the current Employment Standards Act
* initiates conflict resolution process when requested by member of practice or support staff
* makes recommendations for work hours, bonuses and/or increases

Date of creation/author:

Date of revision / author:

## Infant Hearing Screening Co-ordinator

1. Sends batch of hearing screening forms with cover sheet once a week via FAX to {SCREENING CENTRE}. Ensures that Consent is obtained before forms are faxed. Keeps faxed forms for 1-2 weeks in case any need to be re-faxed. If you are unavailable (i.e. vacation), must ensure that a substitute midwife does this on a weekly basis.
2. Arranges for maintenance of screening equipment as necessary or requested by midwives or {SCREENING CENTRE}.
3. Stamp hearing screen forms with the stamp provided.
4. Ensures that there are sufficient supplies needed to perform screening (probe covers, cleaners, forms, pamphlets).
	* Pamphlets can be ordered thru Service Ontario – examples of the forms used are in the ‘Hearing Screening Binder’
5. Attends in-services provided by {SCREENING CENTRE} to keep practice members up-to-date on changes or new developments to hearing screening program.
6. Carrying cases for hearing machines are stored in {LOCATION}. Ensure that each case has hearing screening forms.

*Time commitment:*

* + 15 min/week

Date of creation/author:

Date of revision / author:

## Literature & Resource Co-ordinator

1. Reviews client and practice resources for relevancy and datedness. Removes inappropriate or outdated resources annually.
2. Previews pamphlets and hand-outs for relevance and appropriateness. (see Display Materials Policy)
3. Communicates with midwives on suggested resources/reports/DVDs to consider. Informs midwives when new resources/client library materials arrive.
4. Co-ordinates with office administrator on possible additional resources that could be considered when drafting budget.

*Time commitment:*

* Up to ½ hr/month (more time after budget approval to ensure that any approved resources are ordered)

Date of creation/author:

Date of revision / author:

## MEP Co-ordinator

* Brings MEP requests to the practice group to determine number of placements available; communicates this information to the MEP
* Advises MEP of changes to placements
* Communicates concerns and questions of midwives to the MEP
* Assigns students to preceptors according to experience level; provides opportunities for all eligible midwives to be preceptors
* Receives information about Preceptor Workshops, and informs midwives and preceptors
* Receives information about Preceptor/Tutor teleconferences and informs midwives and preceptors
* Receives changes and additions to MEP policies; keeps MEP binder up to date
* Ensures that all midwives, preceptors are informed of changes, and information is filed in the practice binder (with course content)
* Acts as a resource regarding policies and procedures in MEP courses, i.e. feedback
* Ensures that the “Work Education Agreement” forms are signed and returned to the appropriate universities
* Works with Orientation Co-ordinator to ensure that Student Orientation package is current

*Time commitment:*

* ½ to 1 hr/month

Date of creation/author:

Date of revision / author:

## Ontario Newborn Screening Co-ordinator

1. Review Bulletins and update practice on new additions to form.
2. Attends in-services provided by Ontario Newborn Screening to keep practice members up-to-date on changes or new developments to screening program.
3. Attend workshops about updates and report to practice group.

*Time commitment:*

* + 15 min/month

Date of creation/author:

Date of revision / author: