What is this guide?

The Application Kit for Aboriginal Midwifery Programs consists of three documents:

- Introduction to Midwifery Services in and for Aboriginal Communities
- Aboriginal Midwifery Program Application Form
- Guide to Completing an Aboriginal Midwifery Program Application Form

This guide provides useful advice and tips for completing the application form. It is recommended that applicants read the guide before completing the application form.

This guide provides an overview of the Aboriginal Midwifery Program selection process and information and tips on a question-by-question basis to assist with completion of the application. The question-by-question section also lists resources that you may find helpful. It is recommended that you use this guide to complete the Aboriginal Midwifery Program application as it contains many details on Program requirements and tips on answering questions.

How will Aboriginal Midwifery Program applications be evaluated?

Successful applicants are expected to demonstrate how their application aligns with Ontario’s Patients First: Action Plan for Health Care:

Access:
- Improve access – providing faster access to the right care.
- Provide midwifery services to areas of need.

Connect:
- Connect services – delivering better coordinated and integrated care in the community, closer to home.

Inform:
- Support people and patients – providing the education, information and transparency they need to make informed decisions about their health.

Protect:
- Protect our universal public health care system – builds on/leverages the assets already existing in the primary health care organization.

Demonstrate support from the community:
- Demonstrated support from within the Aboriginal community.
- Process for recognizing/acknowledging Aboriginal midwives.

Demonstrate Readiness:
- Demonstrated readiness to operate including governance; identification of a midwife, interprofessional health provider commitment; facility availability or advanced space planning; established partnerships within their communities.

All applications will be reviewed by the ministry. Discussions with ministry staff on details of individual applications will only be made with applicants after the review process has been completed.

By submitting applications, applicants acknowledge that this is not a competitive procurement/tender and that determination of the successful candidates for further funding shall be made at the ministry’s sole and absolute discretion.

The deadline for submission is 5:00 p.m., June 24, 2016.
Completed applications received after this time will not be considered.
What information is available to assist in the writing of the application?

Useful references to support your application can be found at the following websites:

**Aboriginal Midwifery**
- www.aboriginalmidwives.ca
- www.ontariomidwives.ca/care/aboriginal

**Midwifery Act**
- www.ontario.ca/laws/regulation/120335

**Midwifery in Ontario**
- www.aom.on.ca
- www.cmo.on.ca

**Statistics Canada - Community Profiles**

**LHIN Service Plan**
Each plan can be found by searching this following web site: www.lhins.on.ca/

**Public Health Units Health Status Reports**
To locate your Public Health Unit on the internet click on the link below, select the Health Unit for your area and search the site for Health Status Reports.

What if our Aboriginal Midwifery Program application is selected?

If your Aboriginal Midwifery Program application is selected, you will receive a letter of confirmation. **The proposed program outlined in the application, including governance, providers, FTEs, services and other budget items are subject to change pending final approval.** A ministry contact will be assigned to you and will advise you of the next steps towards implementing the program, including the development of a budget and funding agreement.
SECTION 1: ABOUT YOU
This section provides the Ministry of Health and Long-Term Care with your business contact information. The Ministry may release this information to requesting individuals or organizations (e.g. LHINs).

Questions 1-2 and 5

Question 1 refers to the person or persons who should be contacted by the ministry with any questions or communications.

Question 2 refers to the agency, organization, or Band Council the individual listed in Q1 is associated with. Ideally this “sponsor” will also be part of the governance structure and act as the Transfer Payment Agency. If a different organization will be the Transfer Payment Agency, please complete question 5.

The ministry frequently receives requests for the release of contact information. The requestors for this information include individuals or organizations such as health care providers looking for employment and media enquiries.

By submitting this application form, Aboriginal Midwifery Program applicants consent to the release of the information contained in Questions 1, 2 & 5 to requesting individuals or organizations – in the event that the application is successful. This consent includes permission to post such information on a ministry website.

Questions 3-4

Governance refers to the authority and responsibility of making decisions and taking action. It is comprised of the structure and processes used to direct or “govern” the affairs of a program and an organization. A governance structure defines the manner in which affairs of an organization are managed and supervised, and provides a shared understanding of roles and responsibilities. Describe the governance structure under which the Aboriginal Midwifery Program will operate including the role for community members (e.g. Elders). Examples of applicable governance models include:

i. Primary Health Care Organization-Led – this incorporated group is governed by a Board of Directors (which may include the local Band Council) and may currently be funded by Ministry of Health and Long-Term Care (AHAC and Aboriginal governed CHC, FHT, or NPLC), provides the governance, oversight, is the fund recipient/transfer payment agency, and the employer.

ii. Band Council – Band Council provides the governance and oversight, is the fund recipient/transfer payment agency, and is the employer.

iii. Partnership - a combination of organizations that share the responsibilities of governance and oversight, fund recipient/transfer payment agency, and employer and/or contractor of midwifery services.

SECTION 2: ABOUT YOUR COMMUNITY
This section describes the community in which your proposed Aboriginal Midwifery Program will be located, providing the ministry with information on your region and the availability of existing health care services, and the rationale for establishing an Aboriginal Midwifery Program.

Questions 6 & 7

A catchment area is the geographic area in which the clients of your proposed Aboriginal Midwifery Program reside.
Please include the following information and any other details that could impact your community’s health or access to family health care services:

- Geographic boundaries, including municipality/township and county/district/region.
- Population size, health characteristics (e.g. prevalence of chronic disease, age and sex\(^1\)) and distribution.

Information about your community can be found through Statistics Canada, located at:


**Question 8**

Describe how pregnant women in your community are currently being cared for. Include information on existing maternity care providers (midwives, family physicians, obstetricians etc.) and if there are any difficulties in accessing services and/or any recent changes in the availability of services.

**Question 9**

Describe the need for midwifery services in the community. Include statistical information on the number of births in the community and the expected number of births the midwife(s) will attend in the next 5 fiscal years (2016/17, 2017/18, 2018/19, 2019/20, and 2020/21)

**Question 10**

Describe how the community was consulted in developing this application and how they are supportive of an Aboriginal Midwifery Program. Include information on if and how Aboriginal women have been involved in the design of your proposed program.

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**SECTION 3: ABOUT YOUR TEAM**

This section provides the ministry with information about your proposed midwifery program and the interprofessional providers who will support your program.

**Question 11**

This question is to determine the proposed team members that will be delivering your Aboriginal Midwifery Program, their discipline and their full-time equivalency (FTE). One FTE = 40 hours per week (7.25 hours + 0.75 hour break per day)

As an indication of the state of readiness of your program, attach a letter from each provider that has committed to your Aboriginal Midwifery Program. This letter should confirm the individual’s commitment and role in the Aboriginal Midwifery Program.

For each midwife, please include a letter of CMO Professional Conduct or the equivalency identifying that the midwife is an Aboriginal midwife in good standing within your community.


How will your Aboriginal Midwifery Program be in compliance with this best practice to ensure the safety and security of both the mother and the newborn?

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\(^1\) Proponents can contact their LHIN or Public Health Unit to obtain this information and must provide the source of the information.
Question 12

This response identifies the partners your Aboriginal Midwifery Program plans to work with to provide services in your community.

Please provide details on the planned service delivery collaboration including:

- The interprofessional healthcare team (or teams) name and providers
- Specialist Physicians

Please provide original, signed letters for any partners listed. Each letter should outline the roles that each group will play in the partnership.

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**SECTION 4: ABOUT YOUR PROGRAM**

This section will provide the ministry with information about the services your Aboriginal Midwifery Program proposes to provide to meet the maternity care needs of your community.

Question 13

Describe how your community recognizes or acknowledges someone as an aboriginal midwife, such as a “grandmother’s circle”.

Question 14

Describe the activities that the midwives and other service providers in the program will do (i.e. scope of practice). Include a description of all the proposed programs and services that will be provided to women, children and families. Refer to the chart in Question 16 for examples.

Question 15

The College of Midwives of Ontario (CMO) defines a midwife as a health care professional who “provides primary care to women during pregnancy, labour and birth including conducting normal vaginal deliveries, and providing care to mothers and babies during the first 6 weeks postpartum.” [http://www.cmo.on.ca/public-area/about-midwifery/](http://www.cmo.on.ca/public-area/about-midwifery/)

The Aboriginal Midwifery Program envisions midwives taking on a broader scope of practice that includes offering care to all women, children and families. Regulated Midwives can provide an expanded scope of practice under medical delegations, orders and directives from a physician, and may also obtain Alternate Practice Arrangements from the CMO. [http://www.cmo.on.ca/members/standards-of-practice/midwifery-model/interprofessional-care/delegation-orders-and-directives/](http://www.cmo.on.ca/members/standards-of-practice/midwifery-model/interprofessional-care/delegation-orders-and-directives/)


Aboriginal Midwives operating under the Exception for Aboriginal Midwives, *Midwifery Act, 1991*, are not bound by regulation; however they are not able to deliver regulated services such as order or receive laboratory tests and ultrasounds, prescribe medications, refer clients to specialist physicians, or be granted hospital privileges.

Describe how your Aboriginal Midwifery Program will ensure the employed (or contracted) midwives can deliver all proposed services in a manner that is safe for both the client and the midwife?

Question 16

In addition to the description of the programs and services in Question 14, use the chart to indicate which services the Aboriginal Midwifery Program will be providing in the community and the anticipated # of clients per year. Add rows and specify the activity for any additional services not listed.
Question 17
Identify all locations where midwife supported planned births may take place.

Question 18
In the instances where a birth must be transferred to a hospital, describe what the process for this transfer will be and the roll the midwife will offer for clients who have been transferred.

Question 19
Describe how your Aboriginal Midwifery Program will provide patients/clients with the scope of clinical care required for the proposed programs and services:
- Lab work, genetic screening, ultrasounds, prescriptions, etc.
- Consultations with specialists/transfer agreements/arrangements with local physicians/hospitals
- Access to hospital privileges (if/where appropriate)

SECTION 5: ACCOUNTABILITY
This section will provide the ministry with information about the program’s accountability structure that will ensure the quality and safety of Aboriginal midwifery care

Question 20
Quality Assurance Programs (QAPs) are intended to assure and/or improve the quality of care delivered by an individual or organization. QAPs include the assessment or evaluation of care being provided; identification of problems or shortcomings in the delivery of care; designing activities to enhance care delivery; and follow-up monitoring. As an example, the College of Midwives of Ontario requires that their members must report on various QAPs annually, including 3 continuing education and professional development activities, 6 peer case reviews, and 3 Quality of Care Evaluation action records.

The Midwifery Act (1991) identifies six components of a Quality Assurance Program:
1. Provision of clinical information.
2. Continuing education and professional development.
3. Peer case reviews.
4. Quality of care evaluations.
5. Self-assessments.
6. Peer and practice assessments.

More information can be found at: http://www.ontario.ca/laws/regulation/120335

Describe in detail the QAP that will support the individual midwife in maintaining and improving her/his skills and enhancing her/his professional care.

Describe how the QAP will ensure the midwife is providing her/his clients with a standard of safe care.

What activities will the midwives engage in? (e.g. peer reviews, continuing education, Emergency skills workshop, Neonatal Resuscitation Program, CPR etc.)

Question 21
Describe the mechanism for collecting information on what activities the Midwives are engaged in and the associated clinical outcomes.

BORN: Better Outcomes Registry and Network is currently used across Ontario to collect information on maternal and newborn clinical outcomes including:
- Type of birth
• Type of birth by planned and actual place of birth
• Actual place of birth by planned place of birth
• Type of birth by number of fetuses
• Perineal trauma and episiotomy by type of birth
• Fetal presentation at time of birth
• Primary and repeat caesarean sections
• Planned and unplanned caesarean section
• Type of birth in women with previous caesarean section

More information on BORN can be found at: https://www.bornontario.ca/

Describe how you intend to ensure clinical data is integrated into the BORN information system (e.g. upload from EMR, manual entry) and if any upgrades to your current information technology will be required (e.g. hardware, software, connectivity).

For all the activities of your proposed Aboriginal Midwifery Program outside of clinical data that you have identified in Question 16, describe how you will track the activities in a way that can be reported. For example:

• Number of direct services delivered to community members (e.g. pre-natal appointments, post-partum appointments, breastfeeding support, PAPs, health checks, sexual health counselling)
• Number of programs delivered (e.g. pre-natal classes, parent/baby classes, breastfeeding clinics, nutrition classes, and other community programs)

Question 22

For example, will the Aboriginal midwifery program have access to and use the EMR of the sponsoring interprofessional primary health care team?

Question 23

Describe the intended outcomes of the program - what positive effects will the program have on the community. Examples of outcomes could include:

• Reduced complications in pregnancy and delivery
• Increased breastfeeding rates;
• Reduced rate of sexually transmitted infections
• Improved general health of women, children and their families

Describe how you intend to measure if your program is achieving the intended outcomes. Examples of measures of program success include:

• Client satisfaction surveys
• Maternal and newborn outcome reports (mode of delivery, hospital transfers, Apgar scores, preterm deliveries etc.)
• Breastfeeding rates
• Program utilization (e.g. attendance rates)
• Other outcomes that can be directly related to programs and services delivered by the Aboriginal Midwifery Program
SECTION 6: READINESS TO OPERATE

This section will help the ministry determine the length of time that would be required for your proposed Aboriginal Midwifery Program to become operational and whether space and human or other resources for your program have been identified.

Having a site or identified available space in the community in which you are planning your Aboriginal Midwifery Program is an important step towards operational success. These questions will help the ministry to determine the “readiness” of your Aboriginal Midwifery Program to begin providing services.

Question 24

If the site of your proposed Aboriginal Midwifery Program has been chosen, please provide the street address. Please describe the site that has been selected, and if applicable, details on any renovation/construction of the site that might be required prior to readiness. Please also indicate the approximate time it would take for your proposed site to be “move-in” ready following approval.

Question 25

All clinical staff must be covered by liability insurance. Midwives must be covered for $15,000,000 inclusive per claim.

The current insurer for clinical staff of the associated interdisciplinary primary health care team may be able to cover the staff in the Aboriginal Midwifery Program.

Another option is Healthcare Insurance Reciprocal of Canada (HIROC), the organization Registered midwives in Ontario are currently insured by. The Association of Ontario Midwives organizes the HIROC insurance for midwifery. You can contact Bobbi Soderstrom, Insurance Advisor, at the Association of Ontario Midwives at bobbi.soderstrom@aom.on.ca for further information about accessing HIROC liability insurance to cover midwives working in an Aboriginal Midwifery Program.

Be sure to secure a letter of intent to cover professional liability insurance for all proposed staff (including Second Attendants and students) in writing from the insurer or insurance broker and attach it to the application.

Question 26

Use the table provided to indicate the proposed timeline to implementation of your Aboriginal Midwifery Program. The following is an example only:

<table>
<thead>
<tr>
<th>Completed Y/N</th>
<th>Expected Time to Completion from date of Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance Structure Yes</td>
<td></td>
</tr>
<tr>
<td>Recruitment</td>
<td></td>
</tr>
<tr>
<td>Aboriginal Midwives Yes – 2 letters of commitment attached</td>
<td>n/a</td>
</tr>
<tr>
<td>Second Attendants Partial – 1 letter of commitment attached</td>
<td>Confirmed Second Attendant will require training – 4 months to completion</td>
</tr>
<tr>
<td>Administrator No – to be recruited</td>
<td>Recruitment anticipated within 2 months of approval.</td>
</tr>
<tr>
<td>Liability Insurance Yes</td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td></td>
</tr>
<tr>
<td>Location Yes – location secured</td>
<td>n/a</td>
</tr>
<tr>
<td>furniture No – will need to be purchased</td>
<td>Within 3 months of approval</td>
</tr>
<tr>
<td>equipment No – will need to be purchased</td>
<td>Within 3 months of approval</td>
</tr>
</tbody>
</table>
Quality Assurance Plan | Partial – existing QAP to be adapted for Aboriginal Midwife | Within 1 month of approval
Activity and Outcome Tracking | Partial – will be using BORN, tracking for other activities to be developed | Within 3 months of approval
Agreements with other Health Care Providers including IHPs | Yes – letters of commitment attached | Within 2 months of approval
Agreements with other Health Care Providers including Hospitals | No – Hospital Privilege to be confirmed | Within 2 months of approval

SECTION 7: PROPOSED BUDGET
This section will help the ministry determine the reasonableness of the proposed Aboriginal Midwifery Program.

Question 27
Use the table provided to indicate the proposed yearly budget for the Aboriginal Midwifery Program. The following is an example only:

<table>
<thead>
<tr>
<th>Human Resources</th>
<th>FTE</th>
<th>Salary Range (Per FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwife</td>
<td>1.5</td>
<td>$52,500 - $70,520*</td>
</tr>
<tr>
<td>Overtime</td>
<td></td>
<td>10% of midwife salary to support continuity of intrapartum activities (% based on expected deliveries/yr)</td>
</tr>
<tr>
<td>On-Call Fee ($320 per completed course of care)</td>
<td>10 completed courses of care x $320 = $3,200</td>
<td></td>
</tr>
<tr>
<td>Administrator</td>
<td>0.5</td>
<td>$40,775 - $50,184**</td>
</tr>
<tr>
<td>Clerical</td>
<td>0.25</td>
<td>$30,593 - $43,911**</td>
</tr>
<tr>
<td>Benefits</td>
<td></td>
<td>20% of salaries</td>
</tr>
</tbody>
</table>

| Liability Insurance | |
| Overhead | |
| Basket of General Overhead | 4% of salaries and benefits |
| Midwifery Equipment, restocking | 1.5 | $1,000 per Midwife FTE |
| Professional Development | 2.25 | $1,500 per FTE |
| Travel – for delivering client services – not intended for regular commuting to work place. | |

Reimbursement up to OPS rates:

<table>
<thead>
<tr>
<th>Total Kilometres Driven per fiscal year</th>
<th>Southern ON ($ per km)</th>
<th>Northern ON ($ per km)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 4000 km</td>
<td>0.40</td>
<td>0.41</td>
</tr>
<tr>
<td>4001 – 10,700 km</td>
<td>0.35</td>
<td>0.36</td>
</tr>
<tr>
<td>10,701 – 24,000 km</td>
<td>0.29</td>
<td>0.30</td>
</tr>
<tr>
<td>More than 24,000 km</td>
<td>0.24</td>
<td>0.25</td>
</tr>
</tbody>
</table>

* Midwife Salary Range listed is based on current salary range at Tsi Non:we Ionnakeratstha and a full-time Registered Midwife (experience level 4 – experience fee x 40 courses of care). The final approved salary range and on-call fee (where appropriate) will be determined for each approved proposal using a systematic approach that is based on the anticipated volume of births and scope of activities of the midwife.

** All other Salary Ranges are based on comparable primary health care team salaries and are intended to accommodate for merit increases as staff members gain experience and skills.
Question 28

Use the table provided to list the proposed one-time furniture, equipment and minor leasehold improvements required to start up the Aboriginal Midwifery Program. *The following is an example only:*

<table>
<thead>
<tr>
<th>One Time Start Up (itemized)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Furnishing</strong></td>
</tr>
<tr>
<td>Offices for staff:</td>
</tr>
<tr>
<td>2 Desk and chair</td>
</tr>
<tr>
<td>4 Client chairs</td>
</tr>
<tr>
<td>1 Bookcase</td>
</tr>
<tr>
<td><strong>Clinic room:</strong></td>
</tr>
<tr>
<td>1 Exam Table</td>
</tr>
<tr>
<td>1 Examination lamp</td>
</tr>
<tr>
<td>1 stool</td>
</tr>
<tr>
<td>1 client chair</td>
</tr>
<tr>
<td><strong>Education Resources</strong></td>
</tr>
<tr>
<td>Pamphlets</td>
</tr>
<tr>
<td>Lending Library</td>
</tr>
<tr>
<td>Emergency Skills materials</td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
</tr>
<tr>
<td><strong>Clinic room:</strong></td>
</tr>
<tr>
<td>1 Adult Scale</td>
</tr>
<tr>
<td>1 Infant pan Scale</td>
</tr>
<tr>
<td>1 Glucometer</td>
</tr>
<tr>
<td>1 Blood pressure kit</td>
</tr>
<tr>
<td>2 Stethoscope Adults</td>
</tr>
<tr>
<td>2 Stethoscope Infant</td>
</tr>
<tr>
<td><strong>For birth bag:</strong></td>
</tr>
<tr>
<td>1 Portable suction</td>
</tr>
<tr>
<td>1 set of general equipment (tweezers, thermometer, speculum, scissors, reflex hammer, etc)</td>
</tr>
<tr>
<td>1 set of birth instruments</td>
</tr>
<tr>
<td>1 set of suturing instruments</td>
</tr>
<tr>
<td>1 set of suture removal instruments</td>
</tr>
<tr>
<td><strong>Information Technology</strong></td>
</tr>
<tr>
<td>2 computers</td>
</tr>
<tr>
<td>2 Software Licenses</td>
</tr>
<tr>
<td>1 Printer/Scanner/Fax</td>
</tr>
<tr>
<td>1 Phone (land line)</td>
</tr>
<tr>
<td>2 Cellphones</td>
</tr>
<tr>
<td><strong>Leasehold Improvements</strong></td>
</tr>
<tr>
<td>Construction of one exam room, painting, carpet, tiles throughout space.</td>
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