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## RECUSAL POLICY

### California Pregnancy-Associated Mortality Review

#### Background

The California Pregnancy-Associated Mortality Review (CA-PAMR) is a project of the California Department of Public Health's (CDPH), Maternal, Child and Adolescent Health (MCAH) Division in collaboration with the Public Health Institute (PHI), and the California Maternal Quality Care Collaborative (CMQCC). CA-PAMR seeks to determine the causes of maternal mortality in California and to identify public health and clinical interventions to reduce maternal mortality and associated racial/ethnic disparities.

#### Confidentiality and CA-PAMR

As described in the CA-PAMR **Confidentiality Agreement**, the CA-PAMR project takes numerous precautions to ensure the confidentiality and security of the data obtained through its review of maternal deaths in California. Institutional Review Board approvals are sought and obtained which delineate the de-identification of the patients, health care professionals and facilities, as well as requirements for the secure maintenance of electronic and hard copy data.

The CA-PAMR Committee is a multidisciplinary, volunteer committee comprised of expert health professionals from around the state. Given that most Committee members have many years of experience and actively practice medicine, there is the possibility that a Committee member may have been involved in the care of a case under review by CA-PAMR. The Committee member may also have participated in institutional review of the case, review by the California Medical Board or expert testimony for legal proceedings.

To address such situations, guidance is provided below for when recusal of CA-PAMR Committee members may be appropriate. The purpose of the CA-PAMR Recusal Policy is to protect the confidentiality of the identified Committee member and to keep case review discussions consistent with the neutrality and anonymity of other reviews. The goal of CA-PAMR is to identify public health interventions and quality improvement to improve maternity care in California, not to identify fault or punitive action.



## **CA-PAMR Recusal Policy**

### **REQUIRED RECUSAL and Required Non-participation in CA-PAMR Committee Deliberations**

In cases where a CA-PAMR Committee member is identified as having been actively involved in the care, either as the primary provider or consultant, of a case under review, the Committee member will be recused from the case review discussion. The process of recusal will be as follows:

- The Committee member will be contacted prior to the meeting and informed that it will be necessary for them to be absent from the room when the case in question is reviewed.
- The Committee member will receive a copy of the case summary form with the PAMR ID and in consultation with the agenda, will be aware of when the case in question will be reviewed.
- The Committee chair will be informed ahead of time, to ensure that the case is not assigned to the Committee member and that case review does not begin until the Committee member is absent from the room.
- There will be no discussion of the case before the Committee member or by the Committee member.
- The identity of the Committee member will be protected and known to CA-PAMR project staff on an as-needed basis.
- In the event that the Chair of the Committee is involved in the active care of the case, a replacement facilitator will be appointed.

### **SELF-RECUSAL**

In cases where a Committee member was peripherally involved in the care or has independent knowledge of a case under review, the Committee member has the obligation to recuse themselves from the discussion.

Examples of having been peripherally involved in the care of a case include, but are not limited to: having provided a consult on the case, having had supervisory responsibility for the primary health care professional, being a partner in private practice with or a colleague in the same facility as the primary health care professional.

Examples of having independent knowledge of a case include, but are not limited to: having served or anticipate being on an institutional mortality review board for the case in question, having provided or anticipate being asked to provide expert testimony for legal proceedings or other investigations, or having served or anticipate being asked to serve on malpractice, medical risk, and other insurance-related committees where this case was or will be discussed.

In the event of a Committee member having peripheral or independent knowledge about a case under review in CA-PAMR, the process of self-recusal will be as follows:

- If a Committee member is assigned as a lead or secondary reviewer for a case and realizes they have peripheral or independent knowledge of the case upon review of the case summary form, they should contact project staff at the California Maternal Quality Care Collaborative (CMQCC) as soon as possible so that the case can be reassigned.
- If a Committee member realizes in the course of the case review discussion that they have peripheral or independent knowledge of the case, they should declare this during the discussion as soon as they believe this to be the situation. The intent is to avoid unintentional bias or the accidental admission of additional facts not found in the medical record. The Committee member may choose to remain in the room and listen to the Committee deliberations, but should refrain from participating in the discussion.

**I agree to be recused from CA-PAMR Committee case review discussion for cases where I was directly involved in the care of the decedent as a primary provider or consultant. I also acknowledge that I will declare independent knowledge of cases when applicable and self-recuse from further case review.**

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Signature

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Date