Risk Management for the Obstetrician

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AVP Risk Education

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Obstetrics is a High Risk Specialty

- Dynamic environment
- Stressors on Maternal patient
  - Psychological, Social, Physical
- Dealing with 2 patients: Mom and Baby
- Time Span of Labor
  - Multiple Providers
  - Establishing Continuity of care
- In-utero events that you can not control
- Pressure to reduce C-Section rate
- Incentives for Attorneys

Data Review

An Examination of Top Allegations in Obstetrics-Related Malpractice Claims

- Improper management of pregnancy
- Delay in treatment of fetal distress
- Improper performance of vaginal delivery
- Improperly managed labor

Top Factors in OB Claims

- Clinical judgment
- Technical Skill
- Communication
- Documentation
- Systems Failures
- Clinical environment

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Five Simple Maternal/Perinatal Safety Measures

1. Setting Expectations
2. Surgical Checklist
3. Infection Prevention
4. Medication Use
5. Team Culture/Communication

Clinical Judgment

- Patient assessment issues
  - Failure to appreciate and reconcile relevant signs and symptoms
  - Inadequate patient assessment
- Inadequate patient monitoring
- Selection and management of medication or other therapy
- Failure or delay in obtaining consultation or referral
- Decision to perform a concurrent surgery or procedure
- Rushed decision-making

Improving Clinical Judgment

- Assess the patient and review information available to order appropriate tests/referrals
- Consider differential diagnoses
- Select, monitor and manage medication/other therapies
- Consider protocols and guidelines
- Delegate only to appropriately educated and trained staff
- Caution when performing concurrent procedures

Improving Technical Skills

- Simulation
- Advanced training
- Adherence to facility policies/protocols
- Adequate training on all equipment

Team Communication

- Culture
- Bedside Manner
- Team Approach

- Night calls → get there if there is **any** doubt!

Informed Consent

- Discuss delivery options during prenatal visits
- Set expectations
- Specific Procedures Need Specific Consent:
  - Vaginal or C-Section
  - VBAC: Vaginal Birth After C-Section
  - TOLAC: Trial of Labor After C-Section
  - FAVD: Forceps Assisted Vaginal Delivery
  - Vacuum Assisted Delivery

- Document when a patient refuses Medical Advice

Staying Current

- ACOG Publications are often utilized by the plaintiff's lawyer and expert witnesses
- "This document reflects emerging concepts on patient safety and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed."
- Example: Communication Strategies for Patient Handoffs

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 517 • February 2012 (*Reaffirmed 2016. Replaces No. 367, June 2007*)

Committee on Patient Safety and Quality Improvement

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Communication Strategies for Patient Handoffs

ABSTRACT: Handoff communication, which includes up-to-date information regarding patient care, treatment and service, condition, and any recent or anticipated changes, should be interactive to allow for discussion between those who give and receive patient information. It requires a process for verification of the received information, including read-back or other methods, as appropriate.

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Communication Strategies for Patient Handoffs

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Documenting for Defensibility

The medical record should be first and foremost ACCURATE & TIMELY. Documentation should also include:

- Your differential diagnosis – what you were thinking; this will likely require a few sentences of free text.
- Your decision-making process – if there were particular guidelines which would suggest that you order a particular diagnostic test or prescribe a certain type of medication, but you do not think it is indicated, explain your decision. Acknowledge why you did not follow national guidelines. Your recommendations for screenings and any patient refusal of those is critical. Explain that you advised the patient why he/ she should have those screenings and why he/she chose not to.

Hospital Documentation

- Review Prenatal Course
- Ensure Progress Notes are complete and accurate
- Document every time you view the fetal strip
- Document when you are in the room and involved
- All delivery modalities need detailed conversation and documentation
- Vaginal or C-Section
    - VBAC: Vaginal Birth After C-Section
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In-Office Medical Record Tips

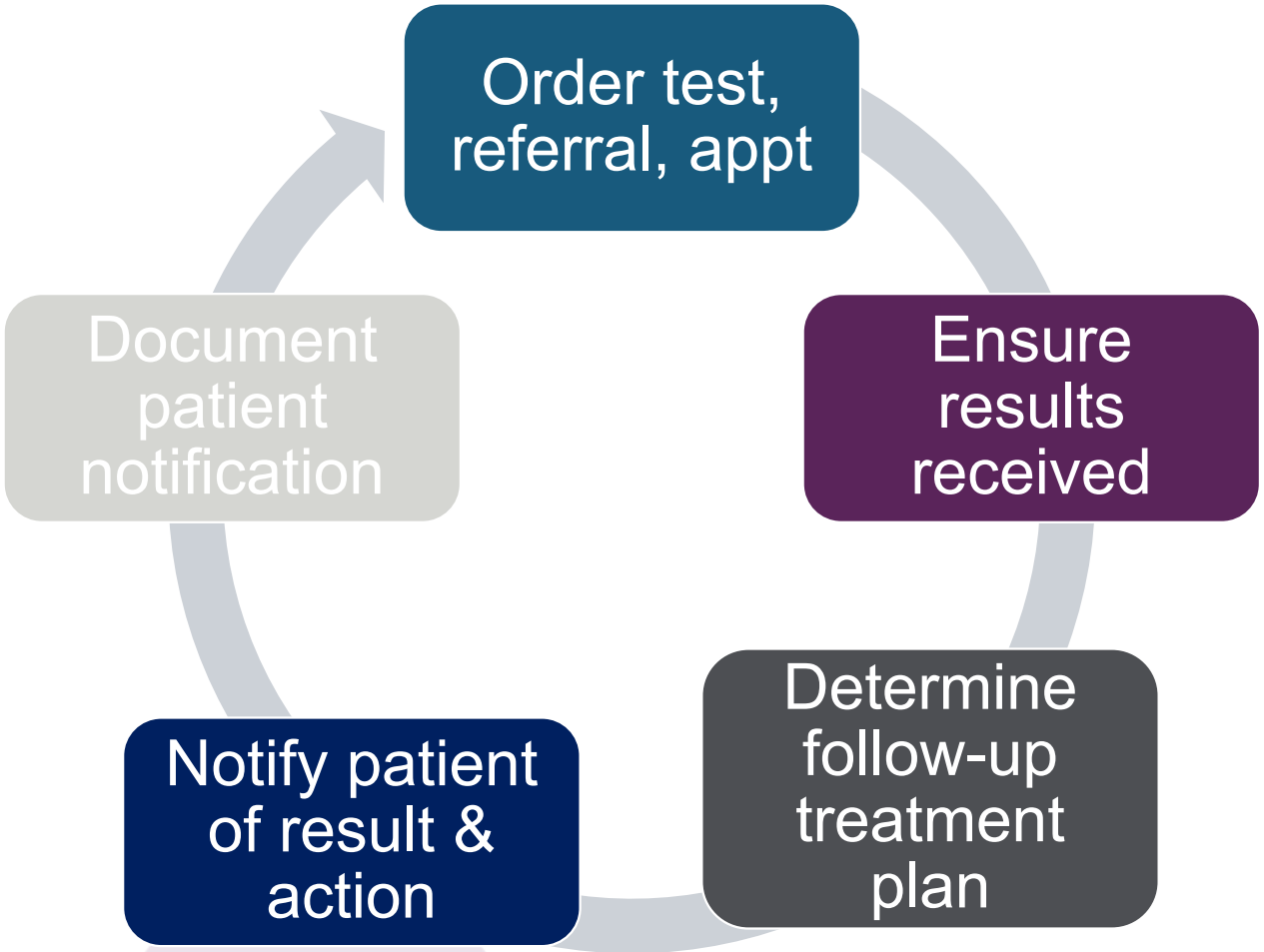
- Regularly review templates
- Provide education/handouts
- Document discussions with covering providers
- Contemporaneous documentation

Systems and Tracking

- Maternal Fetal Appointments (blood pressure, weight gain, etc.)
- Ultrasound Results
- Prenatal labs
- Critical Results

Improving Systems - Closing the Loop

A closed-loop process ensures results & plans are communicated to the correct person through the appropriate channels and in a timely manner.



Risk Management Pearls

- Document, Document, Document
- Communicate
- Get Informed Consent early
- Use ACOG and other standards, but be sure you look at the whole picture
- Have a plan to handle common procedures/conditions that present you with added risk

Questions?

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