



# RSQ<sup>®</sup> Solutions

## Obstetrics Program

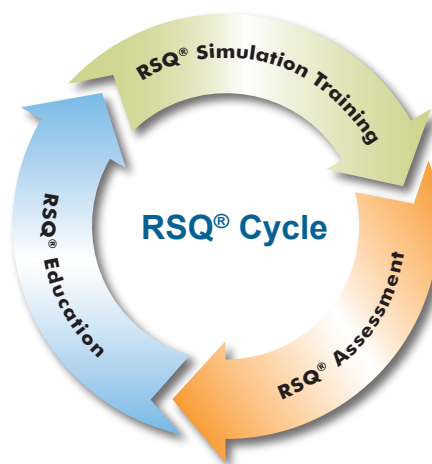
### Resolving High-Risk Situations. Delivering High-Reliability Care.

The **RSQ<sup>®</sup> Solutions - Obstetrics Program** provides healthcare organizations with a system solution to improve clinical performance, increase patient safety, and reduce malpractice litigation.

Unlike other vendor programs, **RSQ<sup>®</sup> Solutions - Obstetrics Program** offers a comprehensive approach to loss prevention that is based on a proven cycle of continuous quality improvement:

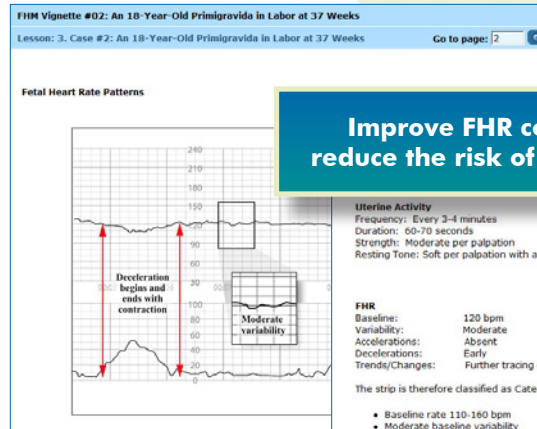
- **RSQ<sup>®</sup> Education - Obstetrics Series**
- **RSQ<sup>®</sup> Simulation Training**
- **RSQ<sup>®</sup> Assessment - Obstetrics**

Each component of our **RSQ<sup>®</sup> Cycle** brings physicians and nurses together and focuses on the most critical, high-risk issues in Obstetrics.



TSG's RSQ® e-Learning library contains offerings that focus on high-risk areas in Obstetrics, and offer risk mitigation strategies to reduce claims.

- Shoulder Dystocia
- Postpartum Hemorrhage
- Fetal Heart Rate Monitoring
- Placental Pathology, and more



**Improve FHR competency and reduce the risk of an adverse event**

**Uterine Activity**  
Frequency: Every 3-4 minutes  
Duration: 60-70 seconds  
Strength: Moderate per palpation  
Resting Tone: Soft per palpation with appropriate relaxation time

**FHR**  
Baseline: 120 bpm  
Variability: Moderate  
Accelerations: Absent  
Decelerations: Early  
Trends/Changes: Further tracing evaluation needed

The strip is therefore classified as Category I:

- Baseline rate 110-160 bpm
- Moderate baseline variability
- Accelerations absent (although accelerations may or may not be present in a Category I tracing, they are not present on this tracing)
- Early decelerations present

**Gestational Hypertension**  
Lesson: 11. Pitfalls of Labor & Delivery with Gestational Hypertension

**Case #4**

This is an actual case. Ms. D, a 17-year-old medical center with what appeared to be only five months pregnant. Ultrasound at gestation. She was enrolled in the high-r

At 27 weeks gestation, she came in to th examined and seen to be 50% effaced a observation and was given a course of st at hospital bed rest with intermittent bou intravenous fluid therapy.

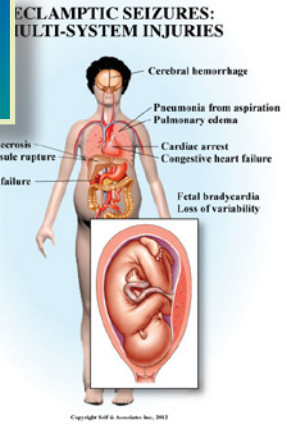
**Enjoyable, relevant, case-based courses authored by a veteran Obstetrician who has served as a defense expert witness in over 300 medical malpractice cases**

**Gestational Hypertension**  
Lesson: 6. Potential Missteps in the Diagnosis of Gestational Hypertension

1. A woman at 34 weeks gestation is seen in the office with a blood pressure of 150/96. This is her first blood pressure elevation. She says that she is upset because she had a flat tire on the way to the office. She also says that she takes her blood pressure at home periodically and it is always normal. Her obstetrician should do which of the following?

- Understand that this is likely an aberrant blood pressure reading and just re-evaluate at the patient's next regular OB visit.
- Give the patient a mild diuretic.
- Discuss with the patient the warning signs of headache, visual changes, and upper abdominal pain, and have the patient call if she experiences any of them.
- Initiate evaluation for GH/preeclampsia and arrange for repeat blood pressure checks over the next several days.

**Correct.** This patient must be considered to have preeclampsia unless frequent repeat blood pressure readings in the office or clinic rule it out.



**Placental Pathology Part 1**  
Lesson: 8. Placenta Examination

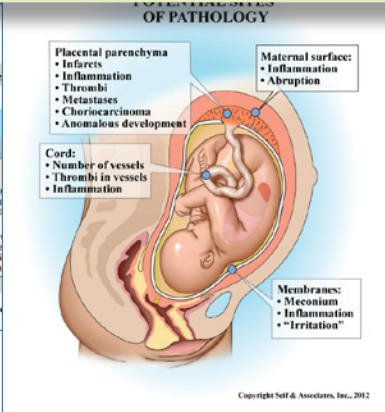
Some institutions store all placentas f examination arises, the placenta can

Another approach used by some insti baby delivered at that hospital is adm that baby's placenta is retrieved by the evaluation.

First Trimester	Second Trimester	Third Trime
Pathology usually results in fetal demise	Chronic (weeks to months) • <10% fetal weight • Changes 2 <sup>nd</sup> maternal HTX • Amnion nodosum • Chronic villitis	Subacute (days) • Necrotizing funisitis • Severe diffuse chorai • Hemorrhagic endov
<b>TIMING PLACENTAL PATHOLOGIC CHANGES</b>		Acute (hours) • Meconium (<37) • Acute villous ede • Chorioamnioniti • Intravillous hem

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**Appropriate analysis of the placenta can often help determine an underlying pathology, and thereby help defend a malpractice claim**

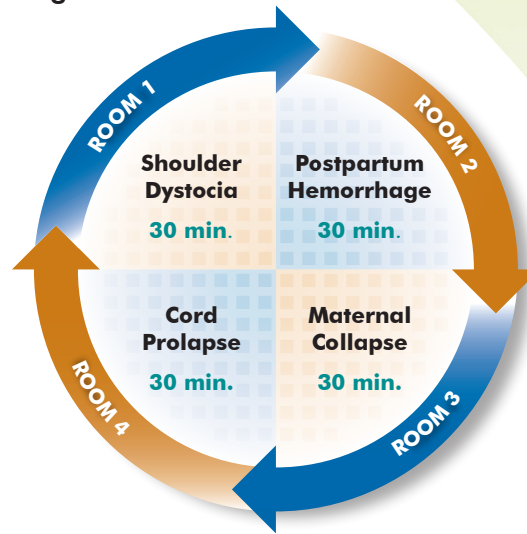


# RSQ® Simulation Training

RSQ® Simulation Training introduces and reinforces the vital elements of clinical competence and team communication that are essential to enable your physicians and nurses to perform with a high level of success during an obstetrical emergency.

Prior to hosting their event, clients will receive the following elements of the training program.

- Access to the online Simulation Primer Course
- Access to the online Simulation Scripts
- Access to the online Checklist OB™ Protocols

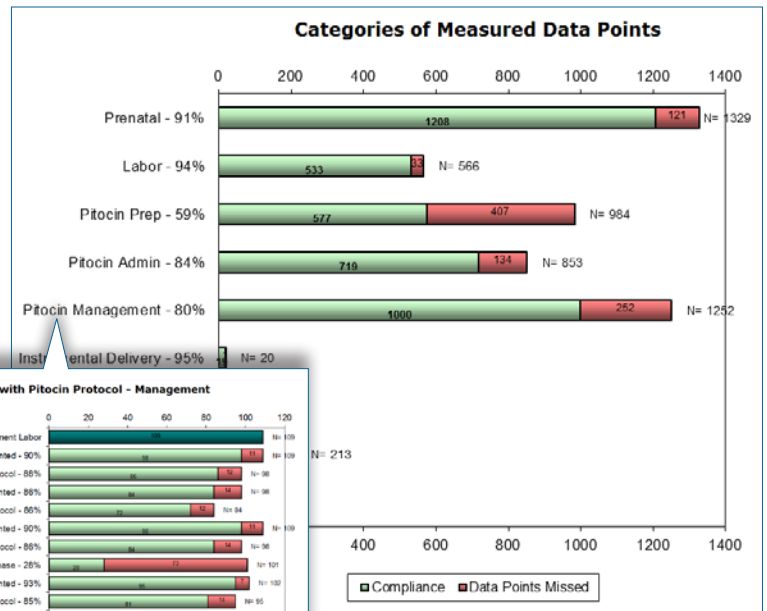


# RSQ® Assessment - Obstetrics

Perhaps the most powerful aspect of the RSQ® Solutions - Obstetrics Program is our analytic tool designed to measure the clinical risk profile of a particular L&D unit.

RSQ® Assessment - Obstetrics has the capacity to drill down to the individual practitioner, allowing clinical leadership to easily identify variability in practice among their providers.

RSQ® Assessment - Obstetrics gained national attention due to its critical role in gathering and analyzing the data AJOG used for its article, "Recognition and response to electronic fetal heart rate patterns: impact on newborn outcomes and primary cesarean delivery rate in women undergoing induction of labor."





For more information

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## RSQ® Education - Obstetrics Courses

### COURSE LIST

Anatomy of a Medical Negligence Lawsuit  
Appendicitis in Obstetrics & Gynecology  
Appendicitis Case Study: A 27-Year-Old Female with Abdominal Pain  
Cognitive Errors in Obstetrics & Gynecology, Part 1 & Part 2  
Ectopic Pregnancy in Obstetrics & Gynecology  
EFHM: Definitions, Interpretation and Management Part 1 & Part 2  
Fetal Heart Monitoring (FHM) Vignette Series 1-16  
Gestational Hypertension & Preeclampsia  
Herpes Simplex Encephalitis-Obstetrics  
Medical Assault & Battery in Obstetrics & Gynecology  
Neonatal Asphyxia  
Obstetrics: Overview of Closed Claims 2007-2014  
Peripartum Cardiomyopathy in Obstetrics & Gynecology  
Pitfalls & Liability Risks in Labor  
Pitfalls & Liability Risks in Prenatal Care  
Placental Pathology Part 1 & Part 2  
Postpartum Hemorrhage Part 1 & Part 2  
Pulmonary Embolism in Obstetrics & Gynecology, Part 1 & Part 2  
Sepsis in Obstetrics & Gynecology  
Shoulder Dystocia

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