

## Appendix

RSQ™ Solutions from The Sullivan Group is a series of scalable, comprehensive loss prevention and patient safety programs, which are specifically targeted at reducing medical errors and malpractice claims across the spectrum of high-risk medicine.

### RSQ™ Education: e-Learning

Our risk and safety library contains offerings on each of the highest-risk areas in the practice of obstetrics. These online, interactive courses are case-based, have a 98% satisfaction rating, and are accredited to provide CME credit for physicians. The content is so relevant that we regularly hear feedback from practitioners that our curriculum alone has changed their practice and saved lives.

- **Anatomy of a Medical Negligence Lawsuit**

The legal principles involved in medical negligence are complex. Learning about medical negligence law is the first step that a healthcare practitioner can take in preparing to cope with any future litigation.

- **Appendicitis in Obstetrics & Gynecology**

The “failure to diagnose” appendicitis is among the five leading causes of adverse outcomes, patient injury and successful litigation. The practitioner must consider appendicitis whenever a woman presents with abdominal pain, and provide the appropriate evaluation, observation and management.

- **Case 7: A 27-Year-Old Female with Abdominal Pain**

Abdominal pain is one of the most frequent chief complaints a gynecologist sees. It is also a high-risk chief complaint, and physicians, allied health practitioners and nurses must work together as a team to achieve high-quality medical care and minimize the likelihood of medical error.

- **Cognitive Errors in Obstetrics & Gynecology**

The technique of cognitive error analysis, used alone or in combination with other methods of error analysis, can serve as a valuable resource when added to the patient safety toolbox of any individual or organization. This two-part program uses real case examples to illustrate several types of cognitive errors that resulted in delayed or missed diagnoses.

- **Ectopic Pregnancy**

Ectopic pregnancy is not uncommon, and it has the potential to be life-threatening. The course focuses especially on those areas that most often lead to sub-optimal patient outcomes and subsequent liability exposure.

- **Medical Assault & Battery in Obstetrics & Gynecology**

A broad range of practice situations can give rise to allegations of assault and battery. A thorough understanding of this subject area will not only help keep our patients safe, but will also minimize or remove the potential for needless exposure to tort or criminal liability.

- **Neonatal Asphyxia**

Sudden deterioration of apparent fetal well-being is not an uncommon experience. Obstetrical medical students spend much of their residencies learning how to manage “fetal distress.” This course defines and quantifies fetal distress in terms of hypoxia, acidosis, and asphyxia; it also discusses implications of fetal distress on labor, delivery, and afterwards, and how to recognize and reverse fetal distress.

- **Peripartum Cardiomyopathy**

This uncommon and enigmatic type of cardiac failure, which only affects women in the last month of pregnancy or within 5 months after delivery, is a potential risk and safety nightmare prone to delayed or missed diagnosis. In this course, we will examine the key clinical and risk features of this uncommon but devastating cardiac condition.

### ● **Postpartum Hemorrhage**

Medical errors in deliveries that are complicated by postpartum hemorrhage can lead to significant morbidity and mortality. Lawsuits in this arena are exceptionally costly and can catapult a physician well beyond the protection of typical malpractice policies. This two-part program discusses the risk factors, etiologies, management, complications, and litigation issues associated with this high-risk clinical entity.

### ● **Pulmonary Embolism**

Obstetrician-gynecologists deal with two groups of patients at high risk for deep vein thrombosis and pulmonary embolism: pregnant women and post-operative women. This course is focused specifically on the failure to diagnose pulmonary thromboembolism.

### ● **Sepsis in Obstetrics & Gynecology**

Textbooks do not describe the subtleties and nuances of early sepsis: how do patients with symptoms of early sepsis present; why is it missed or overlooked; why do physicians make the incorrect diagnosis? This program answers these questions and presents a number of "failure to diagnose" case examples.

### ● **Shoulder Dystocia**

Shoulder dystocia is an obstetrical emergency that almost all obstetrical practitioners will face at some time in their careers. It is the quintessential example of when an obstetrician must act emergently and perform well. Shoulder dystocia-related injuries are one of the most common reasons for obstetrical medical malpractice suits. This presentation defines the entity and provides an overview of protocols, risk factors, injuries, causes, prevention, management and the importance of documentation.

## RSQ™ Education: Simulation

The medical community has reached consensus that obstetric team training and crew resource management can improve patient safety. Unfortunately, most obstetric practitioners don't have access to simulation centers, which are generally located in metropolitan medical academic centers. This solution mobilizes and delivers the simulation experience to your facility in a convenient, efficient manner that respects the busy schedules of practitioners. Physicians and nurses together complete four 30-minute, high-risk, obstetrical team-training scenarios.

## RSQ™ Assessment: OB Clinical Assessment

Regular clinical performance assessments with feedback to practitioners, hospitals and systems have been shown to dramatically improve patient safety while reducing the incidence of adverse outcomes and the associated malpractice litigation. This solution measures a department's compliance with documentation and indicators of quality clinical practice, teamwork, communication, and patient management in all of the high-risk areas of obstetrics. Monitor the department over time and benchmark against peers. Up to 100 charts may be assessed, and data abstraction, reporting, and presentation of action plans for improvement, where applicable, are included.

## RSQ™ Assessment: OB Operational Assessment

Many facilities are unaware of the myriad operational risks present in their Obstetrics department. We work with leading obstetric risk consultants to evaluate the Labor and Delivery unit, the Maternity Ward, and the hospital's overall readiness for an obstetric emergency. This on-site personnel, policy, and procedure audit for the entire Obstetrics department includes comprehensive results and recommendations reporting.