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Clinical risk management in obstetrics

Obstetrics is a high-risk specialty with the challenge of wellbeing of mother and baby. Clinical risk management is the best outcome for patient. It aims to reduce mistakes and prevent occurrences. Clinical risk management has importance in providing patient safety, clinical awareness, avoiding psychological trauma of treating clinician and reduce financial burden. There is an incidence of huge geographical variations, unavailable data, and documentation error, under reporting, unreported suboptimal fetal outcome and maternal morbidity. It is an integral part of the clinicians, managers and commissioners clarified principles and its practicality. It implies to look at mother and baby safety, good evidence, best practice, systems not individuals and learn from mistakes and avoid repetition. The four basic principles to focus on the risk management include identification, analysis, treatment and measures to control. Clinical risk management is categorized into proactive (anticipation) and reactive (investigation, occurrence). Proactive identification is risk assessment, staff consultation, workshops, emergency drills and stimulation, national confidential enquiries and guidelines, advice from patient safety organizations. Retrospective identification is collected from trigger lists, complaints incident reporting, claims to legal department, clinical audits. There should be a system analysis to prevent recurrence. Prospective analysis include survey outcomes, relates to other factors. Measures should be taken to prevent recurrence, analysis of root cause, contributory factors, gathering recommendations, implementing solutions and lastly writing reports. Clinical risk management has to control and minimize risk factors, Limit damage and chance of recurrence. Decision making is made by score matrix. Control measures include process of learning lessons, sharing findings at departmental and national level, feedback group discussions, and family suffered counseled about cause and recurrence prevention. Clinical risk management is evolving rapidly as part of obstetrics practice with the aim of improving safety of mother and baby, which is a concern of all clinicians, a multidisciplinary management. Lessons learnt from risk events disseminated to the department to prevent recurrence, psychology of patients, staffs, clinicians, dealt sympathetically, recommendations for change monitored, anticipating risk incidents dealt with caution.

Biography

Gopa Chowdhury is a Retired Associate Professor in Obstetrics and Gynecology. She has her expertise in different areas of Gynecology and Obstetrics and is passionate about spreading her knowledge through papers, articles, knowledge sessions and her work with patients in the rural region of Jharkhand. She is an Executive Member of ROGS and has held different positions as Speaker, Panelist and Chair-person in ROGS and national conferences. She was also the Vice President of FOGSI and ROGS from 2013-2015 and is an ongoing active member of the group. Besides her work as Associate Professor several papers were published in state, national, international journals.

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