

Support Scheme for Rural Specialists

Peer Review
RANZCOG/ ANZCA

Quality Directions Australia 1

Format of session

- Introductions
- Case Study One:
 - Understanding the issues- clinical/ non clinical
 - How the chain of events could have been prevented
 - Whom to consult
 - Lessons learned

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Format of session

- Case study Two:
 - Understanding why the patient complained
 - Analysis of issues and errors made
 - Understanding the responsibilities of all concerned
 - Lessons learned- what could have been done better
- Evaluation

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LSCS under duress

- Monitoring the pregnancy

- What could have been done at the outset to prevent the chain of events?

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LSCS under duress

- Managing the crisis

- What could have been done at the time of referral to prevent the chain of events?
- Could the obstetrician have handled the initial appointment better?
- How could the management leading up to LSCS have been handled better?
- Who should/ could have been consulted to improve management?

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LSCS under duress

- What lessons can you learn from this in relation to improvements in the future for:

- The patient
- The doctors- obstetrician/ GP
- The hospital
- Prevention of litigation

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Incomplete Anaesthesia

- Why did this patient complain?
 - Put yourself in the patient's shoes and identify the key issues
- What are the issues around pre-anaesthetic information in this situation?
 - Consider timing/ responsibility/ type of information

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Incomplete Anaesthesia

- Management of the procedure and post procedure
 - How should the events have been managed?
 - Identify the responsibilities for each of the issues that arose
 - How could management have been improved?

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Incomplete Anaesthesia

- What are the lessons learned?
 - What improvements can be put into place for:
 - The patient
 - The doctors
 - The hospital
 - Prevention of litigation

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