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Performance of the CTG (cardiotocograph) and its analysis

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Background: In the recent Obstetrics and Gynecology departmental meeting, it was decided to have a procedure room in the Out-Patient department of OBG wing. This will streamline and standardize the procedure to perform CTG in the procedure room. Earlier, patients had to go to the Ante natal ward to perform CTG causing enormous delay in the process and dissatisfaction amongst the patients. CTG is one of the most important procedures to ensure fetal well being and facilitates further management and treatment particularly in high risk pregnancies. This is a significant process with potentially severe outcomes should the process fail.

Methods: HFMEA was done on the process of performing/recording the graph and analyzing the CTG, making it more systematic and phenomenal for all the OB Gynae staff including physicians and nursing staff to ensure utmost patient's safety to achieve the three international patient's safety goals, which are 1. Correct Patient Identification. 2. Improve Effective communication 3. Ensure Correct procedure for Correct patient. It is a pro-active approach of risk assessment and prevention of the system failure in recording and analyzing the CTG process which could avoid sentinel or catastrophic incidents. Multidisciplinary team representatives from Continuous quality improvement department, Nursing Department and OB and gynae Physicians, representative from Biomedical Engineering department participated in this project. Five steps were

identified, in order, to establish a standardized process for the performance of the CTG in the procedure room. Each step with the main process and sub process were consecutively numbered and described graphically. After selecting the topic and the team, the process flow chart was developed. Once, the physician orders the CTG, the patient gets the invoice from the reception and goes to the procedure room, gets a CTG done and then the CTG is analyzed and reported to the Physician and recorded in the patient's medical record. The most critical and vulnerable step in this process which is recording/obtaining the graph and analyzing the CTG was studied and subjected to HFMEA. After the hazard analysis was conducted, actions and outcome measures were established to ensure patients safety.

Results: Healthcare Failure Mode and Effect Analysis were utilized to identify a system failure in the recording/tracing and analysis of the CTG in the new procedure room. Ten sub processes were identified in order to establish why there was a system failure in the systematic approach of recording and analyzing CTG trace and reporting it to the obstetrician who ordered it. Hazard scoring analysis was done for each step and recommended actions were put in place. Use of the HFMEA allowed members of the multidisciplinary team to identify problems within the system and helped to design required countermeasures to improve patient safety with particular emphasis on achieving three important international patient safety goals.

Biography

Gulnaz Haroon Rasheed hails from India and was graduated from the most prestigious University of Mysore, India in 1990 and then pursued her career in Obstetrics and Gynaecology, obtaining Diploma in Obstetrics and Gynaecology from the College of Physicians and Surgeons from Bombay, now called as Mumbai. Later on, moved to Jeddah, Saudi Arabia and continued to study aiming to achieve International qualification and was awarded Membership from the most prestigious Royal college of Obstetrics and Gynecologists, London in 2017. Since graduation, she has worked as an Obstetrician and Gynecologist in India and overseas for more than 29 years with a successful proven track. She also worked as the Hospital Director at Dr. Hassan Ghazzawi Hospital, Jeddah from December 2007 to December 2009. From 2013 to 2015, led the Operation Theatre / Delivery Room and NICU as Manager in the above Hospital. Since 2016, she is working at Jeddah National Hospital.

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