



CASE STUDY
COX MEDICAL CENTER SOUTH

Ob Hospitalist Group partnership supports family practice residency program when emergencies arise



Background:

- Hospital located in Springfield, MO
- Part of CoxHealth system
- The only residency program in the area
- Performs about 3,400 deliveries per year
- OBHG partner since June 2013

Challenge:

Cox South depended on residents to care for high-risk OB patients and a single community OB/GYN for C-sections

The family practice residency program at Cox Medical Center South once relied on a single community OB/GYN for on-call C-section coverage and OB support. Cox South, located in Springfield, MO, has a high-risk patient population, with a large portion of patients on Medicaid. The residency program accepts high-risk patient transfers from its partner maternal fetal medicine practice, which are even higher risk. Residents were tasked with caring for these high-risk OB patients with minimal support.

“This was not necessarily the role for family medicine residents doing obstetrics,” said Dr. Audrey Williams, Cox South faculty physician, maternity care coordinator and fellowship director of surgical obstetrics.

According to Dr. Williams, family medicine education in the Midwest generally emphasizes broad-scope training that includes in-patient and out-patient medicine, obstetrics, newborn care and nursing home care – true cradle-to-grave care.

During their OB rotation, Cox South residents do either two- or four-week daytime blocks and separate, two-week nighttime blocks. Daytime residents usually arrive at the hospital around 6 a.m. to make the transition from the previous night’s residents. They tend to laboring and post-partum patients and are ready to check out to the attending OB/GYN around 8 a.m. Throughout the day, they manage laboring patients, post-partum patients, perform circumcisions and manage newborn patients.

The lone OB/GYN who worked with Cox South’s residency program provided on-call C-section coverage literally 24/7 with only three weeks of vacation per year. As he neared retirement, he decreased his on-call time. Cox South would have had to rely on community OB/GYNs for coverage while they also tended to their private practices.

Solution:

An OBHG partnership allowed residents to focus on their training and allowed community OB/GYNs to focus on their practices

Cox South brought in OBHG to provide coverage for the OBED and support the family medicine residents on their OB/GYN rotation. Previously, if an OB patient arrived emergently, nursing staff would most likely call one of the residents to help until a community OB/GYN arrived. With OBHG's partnership, Cox South now has a team of 12 OB hospitalists to provide 24/7 coverage and an enhanced educational experience for residents.

"For practical, financial and relationship reasons, OBHG was a better solution than relying on community OBs," said Dr. Gabrielle Curtis, Cox South faculty physician. "In addition to the primary reason being the desire for an OBED and lack of full participation with community OBs."

OBHG hospitalists accompany overnight residents when seeing OB triage patients as well as patients who come to the hospital for non-term issues. Additionally, if a woman

needs an emergency C-section, OBHG hospitalists will start the procedure while the attending physician is on the way to the hospital.

Dr. Williams did her residency at Cox South from 2007-2010 and when she returned to work at the hospital in 2014, the OBHG hospitalist program had already started. She had some initial reservations about the partnership.

"I'll be honest, when I came back to Cox South and heard about OBHG, I had concerns that it would dilute the educational experience for residents and that the toughest cases would no longer be our responsibility," said Dr. Williams. "But I have been grateful that removing that higher risk portion of the pool has allowed us to provide more lower risk experiences to our learners."

Results:

Cox South now has consistent support for residents, OB/GYNs and nursing staff when a patient arrives emergently

Although Dr. Williams had some initial doubt about the benefits of an OBHG partnership, she now sees the positive impact it has on community OB/GYNs, nurses and patients.

"From a team-based standpoint, we now have a consistent presence in a very inconsistent environment to provide a stable base for organizing the chaos into something less chaotic," she said.

In the labor and delivery unit, many different teams, consisting of nurses, physicians, techs, etc., are created on the fly in the course of one shift. According to Dr. Williams, having OBHG there for 24/7-hour shifts provides more stability in each of those teams.

"Nurses don't have to worry about not having the community physician there if they are concerned about a patient," she said.

According to Dr. Williams, the fact that OBHG hospitalists can start emergency C-sections before the attending physician arrives is paramount to patient safety. In addition, community OB/GYNs are thankful that OBHG clinicians are there to staff the OBED and OB triage.

"There is the obvious patient safety aspect – having a well-rested community OB/GYN that is able to see patients after a decent night's sleep. It is a ripple effect for patient safety," said Dr. Williams.

"From a team-based standpoint, we now have a consistent presence in a very inconsistent environment to provide a stable base for organizing the chaos into something less chaotic,"

— Dr. Audrey Williams, Cox South faculty physician, maternity care coordinator and fellowship director of surgical obstetrics



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