



CASE STUDY
BAKERSFIELD MEMORIAL
HOSPITAL

Rise in Unassigned Patients At Risk for Syphilis Spurs 24/7 Hospitalist Coverage



Background:

Bakersfield Memorial Hospital

Bakersfield Memorial Hospital (BMH) in California is a 426-bed Dignity Health system partner facility that features a full-service Birthing Center, a Level II Neonatal Intensive Care Unit, and Pediatric Intensive Care Unit. More than 3,100 babies are delivered at BMH annually.

Challenge:

Providing Affordable, Quality Women's Healthcare in a Safe Environment

Between 2012 and 2014, cases of congenital syphilis tripled in California, with many clustered around the Central Valley and Kern County area. Most women who gave birth to babies with congenital syphilis had received very little or no prenatal care before presenting to the hospital.

Congenital syphilis is serious because it can cause premature birth, blindness, hearing loss, and birth defects. It also has been linked to some cases of stillbirth and infant death. In fact, six out of 28 babies diagnosed with CS in Kern County died from the infection in 2015.

"The NICU is addressing markedly increased rates of congenital syphilis in the babies being born in Kern County," said Dr. Jane van Dis, Medical Director for Business Development. "In the absence of prenatal care for so many of these women, Labor and Delivery may be a patient's first encounter with a healthcare provider during her pregnancy."

This presents a potentially missed opportunity to help prevent and reduce cases of congenital syphilis. If detected early in pregnancy, a mother's syphilis can be treated with various antibiotic regimens, and congenital syphilis can be completely prevented.

Solution:

Implementing an On-Site Hospitalist Program

BMH worked with OBHG to establish full 24/7 labor and delivery triage coverage to ensure that a Board Certified OB/GYN physician is on hand around the clock to evaluate every unassigned, at-risk pregnant woman and test her for syphilis (as required by California law upon first prenatal visit).

If positive for syphilis, the OB hospitalist can prescribe antibiotics for the woman and prevent the disease in her newborn. OBHG's hospitalists follow the highest standards of care and also test high-risk women for syphilis in the third trimester and at delivery.

"Previously we had lackluster coverage in OB for unassigned patients and drop-ins. ... We had a lot of nurse deliveries," said Dr. Rodney Root, Vice President and Chief Medical Officer at BMH. "Twenty percent (20%) of our unassigned patients have had no prenatal care."

"We had a rise in syphilis come through the OB triage. Most of these women have had no OB or prenatal care," Dr. Root added. "This was one of the key drivers that fueled our decision to go with OBHG."

"I can't say enough good things about what the hospitalists have done for our triage unit and for the hospital itself. It's been seamless," he added. "I don't know how we did without it all these years."

— Chief Medical Officer
St. David's North Austin Medical Center

Results:

'It's Been Seamless'

"It took about six months to integrate the whole (onboarding) process," Dr. Root said. "Now it is embraced by virtually everybody," and the chances for at-risk women to be diagnosed early and treated for syphilis are greatly improved.

Labor and delivery nurses also have benefitted from OB hospitalists being on-site around the clock.

"They very much depend on the presence of the OB hospitalist," Dr. Root said. "I think it takes a lot of stressors off the nursing staff. And the nurses can get second opinions regarding patient management. It coincides very well with Dignity's emphasis on its perinatal safety initiative."

Since implementing its OBHG hospitalist program, BMH has had very few, if any, unattended deliveries.



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