



**CASE STUDY**  
**OVERLAKE MEDICAL CENTER**

## Collaboration Key to Improved Quality of Care



### Background:

#### Overlake Medical Center

Overlake Medical Center (OMC) in Bellevue, Washington, is a 349-bed, nonprofit medical center serving the Puget Sound region. It features a Level III Neonatal Intensive Care Unit (NICU) and Level III Trauma Center. The hospital delivers more than 4,000 babies annually.

OMC is fortunate to have a very engaged community of private physicians, including OB/GYNs. These private local providers previously took on-call OB/GYN duty for the emergency department on a rotating basis. They considered it a necessary facet of their private practice and a routine inconvenience that occasionally took them away from family time and other pursuits.

### Challenge:

#### Maintaining Consistent Emergency OB Coverage

OMC highly values its admitting physicians and in 2011 began seeking ways to further improve provider satisfaction and loyalty. In addition, hospital managers found themselves facing familiar challenges recruiting and retaining OB/GYN physicians as well as arranging for obstetric coverage in both the Labor and Delivery unit and the Emergency Department.

### Solution:

#### Establishing a 24-Hour, In-House OB/GYN Hospitalist Program

OMC addressed the challenge by partnering with Ob Hospitalist Group (OBHG) to implement an in-house hospitalist program and to establish a full-time Obstetric Emergency Department (OBED) with highly skilled, Board Certified OB/GYNs on-site 24 hours a day, 365 days a year. These OB/GYNs handle obstetric emergencies and high-risk patients, off-hour deliveries, and unassigned OB patients. OBHG hospitalists also serve as practice extenders and provide essential support for private OB/GYNs.

The OBED functions under the license of OMC's main Emergency Department and serves as an extension of the hospital's emergency services. The OBED at Overlake has three designated Emergency Department beds and a designated nursing station.

## Results:

### 'A Total Integration'

The OBED at Overlake went live in 2012 and continues to operate successfully in 2016. Staffing has been strong and stable, with the original hospitalist team still in place four years after the program launched.

OBHG hospitalists deliver about 3.5% of total deliveries at the hospital. While the vast majority of private obstetricians admitting to Overlake deliver their own patients, they also see the benefit of OBHG's presence. They no longer have to be on call for the Emergency Department, and they appreciate the hospitalists' valuable support, especially treating unassigned patients and providing surgical assists.

Moreover, OBHG hospitalists at Overlake conduct C-sections in an average of about 18.3% of cases, well below the Year 2020 goal of 23.9% established by the U.S. Health and Human Services Department. In addition, within four years of the program's launch, Overlake reduced the number of early elective deliveries at the hospital to zero. The hospitalists' ability to focus 100% on the laboring patient certainly contributes to these successes.

"The hospitalists have a very unbiased approach to patients in the OBED while the private physicians are juggling so many things," said Dr. Kristin Graham, Medical Director of Operations at Overlake. "Knowing that we have people to back us up and assist us is huge. It allows us to do things like VBACs (Vaginal Birth After Cesarean) now, which we couldn't do before."

Dr. Graham also noted that the hospital has far fewer unattended deliveries than before the hospitalist program began. "I can't begin to explain the benefit that it's had for our nurses. They feel so much safer knowing there is always someone on the unit, especially the night shift nurses. They have a sense of security knowing there's a provider in the house," she added.

Private OB/GYNs at Overlake are pleased with the results so far. Any doubts they may have harbored in the beginning of the program have dissipated.

"We are one big team. ... The hospitalists are very visible on the unit and seeing our patients every day," Dr. Graham explained. "We have a very busy OBED. They are working with us on a regular basis. People speak with the hospitalists, respect them, and respect their opinions. I feel it's just a total integration."

"We couldn't be here and manage an OB practice if it weren't for OBHG's presence. Having someone here to manage the unassigned patients is a huge relief for all of us."

— Dr. Kristin Graham  
Medical Director at Overlake

Dr. Graham said the hospitalists on site also help facilitate enhanced communication during shift changes and patient handoffs. "Every morning at 9, we do rounds. It's a check-in with the charge nurse from the NICU and the hospitalist and the neonatologist to be sure everyone is aware of what is going on in the unit. There is better communication that way, so there aren't many surprises."

The team at Overlake now operates as seamlessly as possible with an eye toward continuous improvement on several OB quality measures. "We could not do the work we are doing to the degree that we are doing it without hospitalists," Dr. Graham concluded. "I can't imagine how we'd function if they were not here."

In 2016, CareChex.com, a hospital and health system quality information services company, rated Overlake No. 1 in Washington State for quality in women's health. OMC was ranked 22nd in the nation by Becker's Hospital Review's *100 Hospitals and Health Systems with Great Women's Health Programs | 2015*.



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