

OB hospitalist partnership elevates patient safety by implementing consistent standard of care

CASE STUDY: TEXAS HEALTH PRESBYTERIAN HOSPITAL-DENTON



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Challenge:

Inconsistencies in standards of care and the need to establish new processes to elevate and standardize the hospital's L&D unit.

Like many hospital departments, when it comes to the L&D unit, each physician makes his or her own clinical decisions based on their training and experience. Hospital leadership trusts that OB/GYNs are practicing the most up-to-date, evidence-based medicine from [The American College of Obstetricians and Gynecologists \(ACOG\)](#). But many free-standing, independent hospitals don't have access to residency programs or a large, diverse medical staff from multiple facilities, so hospital leadership depends on their current rotation of OB/GYNs to act as the sole source of expert knowledge. But what happens if they aren't using the most current best practices? Patient safety can suffer, and as a result, medical malpractice risk increases.

Dr. Timothy Harris, chief medical officer at Texas Health-Denton, recognized the need for increased standardization across OB/GYN methods and procedures as well as OB triage practices.

"We had some silos and process drift related to somewhat geographically isolated single-hospital providers who practiced in isolation for a long period of time," said Dr. Harris. "This resulted in the adoption of some practices that may have been dated. We needed to provide the processes and standards to bring them back into evidence-based standards of care."

The leadership team felt that there was enough of an issue related to silos that they planned to establish more advanced standards

of care guided by Ob Hospitalist Group's (OBHG) breadth of experience and implemented through the hospitalists' influence.

Connected to this issue, Dr. Harris also asserted that some practitioners viewed pregnancy as a physiological state and not necessarily a medical condition.

"Sometimes there are patients who have medical issues related to pregnancy. Trying to differentiate between a physiological pregnancy with a medically complicated pregnancy is difficult without the assessment of a clinician."

Dr. Harris reasons that OB physicians or certified nurse midwives are the only clinicians who are capable of developing diagnoses and treatment plans. This is why many potential issues can arise from the traditional OB triage system that is typically managed by nurses.

"If a healthy, 40-year-old female who isn't pregnant presents to the hospital with abdominal pain and cramps, what type of evaluation would she have? She would have a medical screening evaluation," said Dr. Harris. "The standard of care for that would be to be seen by a medical provider who can make a diagnosis and a treatment plan. Why should pregnant women be treated any differently?"

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Solution:

A customized approach to help standardize OB triage and OB/GYN practices.

In June 2015, Texas Health Hospital-Denton partnered with OBHG to launch a Type A obstetrics emergency department. According to Dr. Harris, two-thirds of the OB/GYNs signed the obstetrical service agreement (OSA) which allowed for OBHG's hospitalists to manage labor and deliver the assigned patients without breaking their global billing and were onboard with coverage and utilization immediately. The rest of the physicians have trickled in.

The team of experienced OBHG hospitalists not only began to show their value as subject-matter experts but also as partners to the community OB/GYNs.

"OBHG helped to bring in an outside, positive influence as a back-up and guardrails for evidence-based standards of care," said Dr. Harris. "To have an OB on site, present 24/7 who could step in if there was a maternal complication was very important to us."

"OBHG uses ACOG and national evidence-based standards for its 700+ clinicians in 32 states," said Dr. Charlie Jaynes, OBHG hospitalist and senior director of operations. "Because of our position as a labor and delivery emergency first responder, we have a greater frequency of exposure to obstetrical and postpartum crises. Our physicians and certified nurse midwives utilize the most current evidence-based protocols to provide care. We encourage simulation training for all on the unit including the community physicians."

Results:

The partnership between OBHG and community OB/GYNs continues to grow.

Three years later, the partnership between OBHG, Texas Health Hospital-Denton, and community OB/GYNs is strong and continually growing.

"I think the partnership is deepening as we go along, and the medical staff has become comfortable," said Dr. Harris. "The OBHG clinicians have proven themselves to follow evidence-based standards of care, and they are really looking out for the best interests of both physicians and patients."

Although the initiation of an OBHG partnership arose from a need to bolster the standard of care, Dr. Harris and his team have seen many other benefits. The presence of OBHG allows for greater quality of life for busy community OB/GYNs, allowing them to stay in their offices, generating revenue versus having to frequently go to the hospital for acute visits and/or to see OB triage patients.

"Our clinicians are always on or near the labor and delivery unit and available to handle an emergency pending the arrival of the attending," said Dr. Jaynes. "We provide value-add services such as AROM, FSE placement, induction balloon placement and fetal monitor at no charge. We act as the onsite attending for TOLAC."

OBHG also has a contract available for community doctors to use called an Obstetrical Service Agreement. This allows OBHG to provide labor and delivery services at a Medicaid fair market value that protects the insurance global fee the provider charges for bundled care. These services enhance the clinicians time spent in the office or at home with family.

Our doctors and midwives do not compete with the community providers. We protect the doctor-patient relationship.

In addition, community physicians are all held to the same standards when it comes to policies and procedures.

"OBHG has been a consistent standard bearer for evidence-based guidelines," said Dr. Harris. "Because medical staffs are self-governed, sometimes it's difficult to move the standard of care forward. Administration has very little power in making physicians follow guidelines."

While levels of patient safety can be difficult to quantify, Dr. Harris said that in a given month, OBHG is involved in at least 5-10 life-save interventions. One example was a recent post-partum hemorrhage related to an upper-uterine rupture, a very rare event. The mother received 70-80 units of blood products, four surgeries, and she and her baby left the hospital within a week. The OBHG hospitalist assisted with the surgery to save that patient's life.

"Without the extra set of hands, this woman would have likely passed away," said Dr. Harris.

Dr. Harris views OBHG as a neutral party, like Switzerland: "I think that having somebody at your elbow who's not a competitor is also a completely different phenomenon. If you need help, OBHG doesn't have a local practice, there's no competition, they're not trying to steal your patients, they're not looking to earn money off the backs of the local OBs. They are here to augment our services."

Like many OBHG hospital partners, Texas Health Hospital-Denton initiated a partnership for a few specific reasons and since the partnership has grown, they have realized many more benefits.

"It's deepened the trust of existing physicians to allow OBHG to reset policies, departmental procedures, and departmental expectations for management of certain maternal complications and conditions that have really moved us forward quite a bit," said Dr. Harris. "OBHG has been really good partners with us in resetting a reliable way for patients to have safe deliveries and excellent outcomes."

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