

**CASE STUDY
SACRED HEART HOSPITAL
OF PENSACOLA**



Hospitalists Help Expand Residency Program Capacity While Improving Patient Outcomes



Background:

Sacred Heart Hospital of Pensacola

Sacred Heart Hospital of Pensacola (SHHP) is a 566-bed hospital that is part of the Sacred Heart Health System (SHHS), which serves Northwest Florida. SHHS operates under Ascension Health, the nation's largest system of Catholic and nonprofit health care facilities.

SHHP delivers more than 3,700 babies each year, operating the region's only Obstetric Emergency Care Center and the area's only Level III Neonatal Intensive Care Unit. SHHP's Regional Perinatal Center – one of only 11 in the state – provides specialized care for women with high-risk pregnancies.

Challenge:

Improve Birth Outcomes and Increase Teaching Capacity of OB/GYN Residency Program

SHHP has a longstanding university-affiliated OB/GYN residency program. In 2014, the program needed to add faculty to ensure that residents continued to have exposure to quality, hands-on patient care.

“We saw a direct need to ensure that we had physicians in the right place at the right time,” said Dr. Julie DeCesare, OB/GYN Residency Program Director at Sacred Heart. Dr. DeCesare had been providing stipends to private practice physicians to take OB call on nights and weekends. “Staffing a unit 24/7 is hard.” It wasn't working well, plus the non-faculty doctors were not eligible to satisfy the program's academic supervision requirements.

Solution:

Partner with OBHG to create an Obstetric Emergency Department (OBED) and Utilize Hospitalists to Collaborate with OB/GYN Residency Program as Adjunct Faculty

To improve OB outcomes, Sacred Heart leaders decided to partner with OBHG to establish a 24/7 OBED at the hospital. At the same time, they also saw potential to expand Labor & Delivery capacity, add needed OB/GYN residency faculty, and enhance the resident experience by using hospitalists to supervise residents and provide them with more intensive patient care experiences.

“The hospital had no incentive to hire more OBs,” Dr. DeCesare said. “I needed a way to extend my faculty and bring diverse, experienced obstetricians in. ... When (OBHG Founder) Dr. Chris Swain came and presented the hospitalist model, I thought that, if it makes money, we could blend the two programs (residency and hospitalist).”

“The hospital had no incentive to hire more OBs, I needed a way to extend my faculty and bring diverse, experienced obstetricians in. ... When (OBHG Founder) Dr. Chris Swain came and presented the hospitalist model, I thought that, if it makes money, we could blend the two programs (residency and hospitalist).”

— Dr. Julie DeCesare
OB/GYN Residency Program Director
Sacred Heart Hospital of Pensacola

Results:

The Hospital Improved its Birth Outcomes and Expanded Staffing for its OB/GYN Residency Program

The OBHG collaboration with the SHHP residency program within two years achieved its objectives. The collaboration allowed specially trained OBHG physicians to handle life-threatening OB emergencies and high-risk encounters for better outcomes. The partnership also improved the residency experience at Sacred Heart while fostering trust among private physicians.

“We are treated as assistant clinical faculty,” Team Lead Dr. Jack Ricketts explained. “We are responsible for the residents the entire time we are on shift at the hospital. Residents are with me on every patient encounter. Now it’s become institutionalized.”

As the program delivered positive results, local physicians gradually warmed to it.

“The private doctors at Sacred Heart initially weren’t as friendly toward collaboration with residents, but within the first six months, our program began to chip away at that,” OBHG Medical Director of Operations (MDO)

Dr. Susan Wilson said. “Most residency programs focus their teaching on inpatient services. With exposure to the OBED, our residents are now getting a wealth of teaching on emergent conditions.”

The OB/GYN residents also are gaining skills they might not otherwise learn, such as VBAC (Vaginal Birth After Cesarean). “VBACs are going to be accomplished more often because we are here 24/7,” Dr. Ricketts said. “That is a big patient satisfaction thing. And if residents can learn VBACs, it positively impacts their professional opportunities and where they practice in the future.”

“The collaboration has grown immensely,” DHO Taylor said. “They’ve built relationships with the private physicians. It’s working.”



For more information call 800.967.2289
or visit www.OBHG.com



Written and published by OBHG Media.