

# OBHG partnership takes women's hospital from perilous to prosperous

## CASE STUDY: WILLOW CREEK WOMEN'S HOSPITAL



Located just outside of  
**Fayetteville, AR**



**Level III NICU** with **24 beds**  
and **OB emergency room**



**64-bed women's** and  
**children's hospital**



**OBHG partner** since  
**June 2016**

Part of Northwest Health system



### Challenge:

#### **An independent OB/GYN group planned to leave Willow Creek Women's Hospital, taking over 50 percent of the hospital's deliveries with them**

In 2015, Willow Creek Women's Hospital was between a rock and a hard place. As a large birthing hospital in northwest Arkansas, Willow Creek treats acute-care patients and boasts a full-time obstetrics emergency department (OBED) and level III NICU. The hospital paid two independent OB/GYN groups subsidies to cover 24-hour emergency room shifts, but the physicians were getting burnt out.

"The OB specialty is pretty taxing on the doctors to begin with, but when you throw on emergency room coverage too, it really started to drain them down," said Harrison Kiser, former Willow Creek assistant chief executive officer.

One of the two groups announced their departure from the hospital, taking about 55 percent of the hospital's deliveries with them, going from 220 deliveries per month to about 100. In addition, in a community of about 500,000, Fayetteville only has one maternal-fetal medicine provider, and it was getting more difficult for him to keep up with all the traffic. Willow Creek found itself in a rut and was at risk of closing its doors.

"OBHG hospitalists have personally gotten to know the community physicians so well that they can almost make decisions on their behalf using the preference cards they created. It's just a really good partnership."

**Harrison Kiser**  
Assistant Chief Executive Officer  
Willow Creek Women's Hospital

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### Solution:

#### Partner with OBHG to retain volume and create an efficient patient transfer program

During this hard time, Willow Creek leadership researched the Ob Hospitalist Group (OBHG) model and decided to develop a partnership. They transferred the 24-hour emergency room coverage to OBHG, allowing the remaining OB/GYN practice to be more productive in their clinics. Willow Creek also needed to build up their OB practice, and leadership used the OBHG model as a recruitment tactic.

"We promoted the fact that there would be OB hospitalists available to cover call during nights and weekends, they would have a second set of hands in the operating room, and they could achieve work/life balance," said Kiser.

Dr. Stephen "Todd" Bashuk, OBHG team lead of Willow Creek's hospitalist program and now medical director of operations, teamed up with Kiser to conduct a roadshow of sorts. They drove to every hospital within 90 minutes of Willow Creek to promote the simplicity of their new patient transport process. Doctors could now call OBHG directly if they needed to transfer a high-risk patient instead of going through a third-party service.

According to Dr. Bashuk, Willow Creek accepts all patients contingent upon whether there is an open bed and if OBHG hospitalists are able to take care of the patient's medical emergency.

"OBHG is a huge benefit to transferring physicians," said Dr. Bashuk. "First, they know they can depend on OBHG to take their patients and secondly, they know we aren't going to steal their patients because we don't have an office. If I get a patient who is in pre-term labor and I am able to stop the labor, for instance, she is going back to her doctor, not me."

The partnership with OBHG increased high-risk transfers and total volume as well as helped to strengthen the partnership with community OB/GYNs.

"OBHG hospitalists have personally gotten to know the community physicians so well that they can almost make decisions on their behalf using the preference cards they created. It's just a really good partnership," said Kiser.

### Results:

#### Delivery numbers are on the rise

When the large, private group left Willow Creek, many people thought that the hospital might have to close its doors. Not only is the women's hospital no longer at risk of closing, it is thriving.

Although Willow Creek's deliveries dropped to about 100 per month, they are back up to 130-140 and steadily growing. This is a result of the strong partnership between OBHG, community physicians, and Willow Creek's OB practice. Before the OBHG partnership, outside facilities transferred only about one patient per month, and now they are transferring 10-15. Because of the transfer program, the NICU volume doubled despite the large drop in delivery volume, keeping the hospital profitable.

"I think the reason the system works so well is because it is doctor to doctor," said Dr. Bashuk. "It's one of the reasons I like my job — I never have to worry if a patient can pay or about my liability. I just take care of the patient."

In June 2017, Kiser became chief operating officer of Willow Creek's sister hospital, Bentonville Northwest and touts the benefits of OBHG's program.

"When that group left, a lot of people in the community thought that Willow Creek was going to go under, and I truly believe that without OBHG's hospitalist program, there's a good chance that it would have," he said.

"But it is back and strong and is still the leading facility for high-risk moms and babies in the northwest Arkansas area."

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 **Ob Hospitalist**<sup>SM</sup>  
GROUP