

OB hospitalist partnership supports community obstetricians and nurses

CASE STUDY: BLESSING HOSPITAL



Located in
Quincy, IL



Performs about
1,100 births annually



OB medical staff of
eight community OBs



OBHG partner since
December 2020

Challenge:

Nurses were solely responsible for triaging all patients who presented to labor and delivery

Blessing Hospital's labor and delivery model was reactionary. When an OB patient arrived, a nurse performed an assessment and called one of the eight community OBs, who were stressed from being pulled in multiple directions, and challenged by frequently needing to be in the hospital. Each OB responded based on their own, subjective, second-hand interpretation, typically, coming into the hospital only in a catastrophic situation. According to Jamie Kane, maternal-child services nurse manager of Blessing Hospital, there was no structure, consistency, or standard policy to this model or when patients would be seen by physicians.

"We had a lot of instances where physicians were running in last minute, being reactionary and that's not the way we want to practice medicine," said Jamie. "That's not the way we want to practice nursing. That's not the environment we want our patients to be in."

Additionally, Blessing was seeing an increasing number of patients who hadn't sought prenatal care, many due to substance abuse issues. These higher risk patients were making the reactionary approach even more problematic.

"We partnered with OBHG to provide consistent care to all of our patients, and we wanted to provide a layer of safety that we couldn't before."

Jamie Kane
maternal-child services
nurse manager,
Blessing Hospital

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Solution:

Implementation of a full-time, Type A OB, emergency department

Jamie and her team identified the lack of clinical structure and consistency as an area of opportunity to improve care for Blessing's patients. Their goal was to ensure all patients received the highest level of care possible by being seen by a highly-qualified physician in a timely manner. They first met with Ob Hospitalist Group (OBHG) in February 2020 and launched a 24/7, Type A obstetrics emergency department (OBED) one year later. Blessing's OBED operates in the same way as a main emergency department where every presenting patient is evaluated by a physician within a specified period of time, regardless of time of day or day of the week.

"We were totally hitting a wall when it came to doing it ourselves," said Jamie. "There are too many logistics to work on when you have competing medical groups providing care in the hospital that we just couldn't come to a consensus, so working with OBHG just made sense."

Program implementation took place during the height of the Covid-19 pandemic, which added uncertainty and complexities.

"It went beautifully. I think that speaks highly to the expertise of the OBHG team, their professionalism and their experience. The way that they anticipated every need was phenomenal, which was very easy for us, because our organization had no idea what we were doing building a hospitalist program. OBHG really made it effortless. They made it great for our nursing staff, they made it great for me, they made it great for our physicians and they made it absolutely amazing for our patients. We have gotten nothing but glowing comments back from our patients who love that they get to see a physician every time they come in."

We live in an era where people expect instant gratification. Most patients go to the hospital, see a physician and know that things are okay. Through this partnership, Jamie and her team at Blessing Hospital can now provide that for their pregnant patients as well.

"I have shouted it from the rooftops. We are so happy with our program here, from day one to now it's been a good experience."

Jamie Kane
maternal-child services
nurse manager,
Blessing Hospital

Results:

OBHG and Blessing Hospital's collaboration saves lives

During the first two weeks of the program, the team performed two life-saving procedures.

"These two life saves speak very highly to the collaborative effort between OBHG and our community providers," said Jamie. "In one case, the community provider hadn't seen that particular issue often and our OBHG provider knew exactly what to do. There was mutual respect and collaboration."

OBHG hospitalists help mitigate risk for community OBs, identifying treatment plan early and coordinating with the community OB. Private OBs have the option of coming to the hospital to care for their patients or letting the OBHG clinicians handle the care. According to Jamie, there have been several cases where the OB hospitalist intervened to prevent a bad outcome. Blessing's community OBs also appreciate fewer distractions from triage calls during office hours as well as having care in place for unassigned patients.

Blessing's team of nurses feel more supported which has increased job satisfaction and decreased turnover. If something makes them feel uneasy, they can discuss real time with the on-shift OB hospitalist.

"The nurses feel happy and comfortable and they're learning and feel engaged and supported in their work, so that's been huge," said Jamie.

The OB hospitalist service also allows Blessing to extend new offerings to patients, including vaginal birth after cesarean (VBAC) to their patients, which was not possible before without a physician in-house.

Since partnering with OBHG, Jamie has reflected upon prior situations: "Could we have prevented that C-section? Could we have delivered her sooner? Could we have stopped that hemorrhage faster? We were doing well, but we knew we could do better! Partnering with OBHG was the simplest, most efficient way to get that done."