

From burnout risk to peace of mind:  
*How an OB hospitalist partnership is  
strengthening support for community  
physicians at Mercy St. Rita's Medical Center*



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When OB/GYN Dr. Vanessa Stallkamp arrived in Lima, Ohio in 1999, she joined a community with 13 obstetric providers. More than two decades later, that number had fallen sharply and the physicians who remained were feeling the weight of it. Call every fourth night. Phone calls at 3 a.m. for triage patients. A community that spans 10 counties relying on a shrinking pool of OB/GYNs.

Mercy St. Rita's Medical Center found that implementing a 24/7 in-hospital OB hospitalist program with Ob Hospitalist Group (OBHG) didn't just solve a coverage challenge, it transformed how the entire care team collaborates.

## A community under pressure

Lima, Ohio is not a metropolis. It doesn't have a major airport or a Target. What it does have is a regional medical center serving roughly 10 surrounding counties and a community that has struggled to attract and retain OB/GYN physicians.

As retirements mounted without replacement hires, the call schedule for remaining physicians grew heavier. "We were down to every fourth night," Dr. Stallkamp explained. "And that became really onerous, because the volume stayed relatively the same."

At the same time, national patient safety standards were pushing hospitals toward in-house obstetric coverage. Even as a hospital with a Level II nursery, without a formal requirement for 24/7 in-house coverage, the clinical reality told a different story. "It takes about 30 seconds for a low-risk patient to become a high-risk patient," said Dr. Stallkamp. "We all live within 12 minutes of the hospital, but that can be a really long 12 minutes if a baby is in significant distress."

Dr. Stallkamp and her partners brought the need to hospital administration, and after significant conversations with other institutions that had implemented similar models, Mercy St. Rita's reached out to OBHG.

## Building the program and the trust

OBHG's site director, Dr. Abeer Ahmed, brought a valuable perspective to St. Rita's, having previously practiced in the same type of community setting as the physicians she now supports. She understood the burnout. She understood the stakes.

But understanding the challenge and earning trust are two different things. When Dr. Ahmed joined in April 2024 — initially as the sole OBHG provider on site — the team was navigating a significant cultural shift. Nurses who had long been the eyes and ears of physicians working off-site were now adjusting to a new normal. Some felt their autonomy was being taken away.

"I think they were hurt by that, not physically, but emotionally," Dr. Ahmed said. "We had to reassure them: we're not here to take this from you. We're here to work together, for the benefit of the patients."

The early months were marked by inconsistency — locum coverage coming and going, privileges still being established. It wasn't until the schedule became fully solid that the real benefits of the model became apparent. By then, the OBHG team was fully integrated — providing triage coverage, first-assisting on cesarean sections, and managing emergency department consults 24/7.

## What 24/7 obstetric coverage actually means

For Dr. Stallkamp, the impact is visceral — and measurable in hours of sleep.

*"Last night, I was on call and working at the hospital until 2 a.m. When I went home, there was a triage patient just arriving — and I didn't need to be involved. I didn't get the call when she came in. I didn't get the call when her labs were back. I didn't have to go evaluate her. I didn't have to call to discharge her. That's four phone calls between two and six in the morning that I didn't get. I slept four solid hours — and it made me functional today."*

That kind of relief is not incidental to the program, it's central to it. Provider sustainability in rural communities is a real challenge, and OBHG's presence directly addresses one of the most corrosive contributors to burnout: the relentless, unpredictable middle-of-the-night interruption.

The program also creates financial value for the hospital. OBHG providers first-assist on C-sections, reducing the need to bring additional surgical staff from the main OR. It's a logistical and cost-saving benefit the hospital didn't fully anticipate and one that underscores the broader point: the right OB hospitalist model adapts to the institution it serves.

## The OB Emergency Department: A program growing beyond expectations

About a year ago, Mercy St. Rita's transitioned from an OB triage model to a full Obstetric Emergency Department (OBED). The first month was hard. EMR workflow changes challenged the nursing team. Construction is now underway to renovate the space.

But the patient response has been striking. OBED visit volume has increased — and not just because of an expanded scope of care (the unit now sees patients up to six weeks postpartum, previously they saw patients from 20 weeks gestation through delivery). Patients from other hospital systems are choosing to come to St. Rita's OBED for evaluation.

*“Patients just want to come to the OBED,” Dr. Ahmed observed. “Even patients not planning on delivering here. I think that says something.”*

It does. When patients seek out a specialized, staffed obstetric emergency department over a general ER — even if it means going outside their home hospital system — the value of the model speaks for itself.

“This change ensures pregnant patients receive timely, focused care from providers who specialize in obstetrics,” said Lisa Shafer, nursing manager for Mercy Health – St. Rita's Labor and Delivery unit. “It's about improving continuity of care and enhancing the overall patient experience.”

## Advice for hospitals considering a collaborative model

When asked what she would tell hospital leaders evaluating an OB hospitalist program, Dr. Stallkamp was direct: visit multiple programs. Talk to institutions already doing it. And recognize that there is no one-size-fits-all model.

“Ours is unique compared to some OB hospitalist programs,” she said. “There are some where private physicians drop patients off at the door and OBHG takes care of them completely. That's not our model. We still want to maintain our patient relationships.”

OBHG's ability to flex to that expectation is what makes the partnership work. As Dr. Stallkamp put it: “We're thankful they recognize that and said, yes, we're here to help you.”

## A team, not an outsourcing agreement

What's most evident from the conversation at Mercy St. Rita's is that the partnership has succeeded because all parties approached it as exactly that: a partnership. Private physicians retained their patient relationships. Nurses retained their clinical voice. The hospital gained the operational reliability of a permanent, scheduled presence. And patients — including those from outside the system — gained access to a dedicated obstetric team at all hours.

As Dr. Stallkamp summarized: “It's safety and quality for the patient. And sustainability for the community's providers so those providers don't decide to leave for a more sustainable lifestyle or less burnout. Because those are real things in rural communities.”

*That's not a program. That's a lifeline.*

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Ob Hospitalist Group (OBHG) provides 24/7 in-hospital obstetric coverage to hospitals nationwide, partnering with private clinicians and hospital teams to improve patient safety, support provider sustainability, and deliver consistent obstetric care.

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