

# OB Redesign

December, 2018 Update

# Agenda

- ▶ Why/why now?
- ▶ New Service Designations
- ▶ Patient distribution/Attending/house staff coverage
- ▶ Key Caveats
- ▶ Surge Management
- ▶ GYN consults
- ▶ Post implementation assessment plans
- ▶ Next steps

# Why? Why now?

- ▶ Higher volume, higher acuity, increased fetal surgery and FDC activity.
- ▶ Attention to patient safety during high volume periods
- ▶ Improving communication and care
- ▶ Maintaining attention to learner education balancing service/patient care
- ▶ Newly defined clinical FTE clinical care expectations for faculty- will be tracking shifts in L&D, core, continuity clinic, OR time, ambulatory sessions.

# New OB service designations

- ▶ UMOG→OB-Blue
- ▶ Women's Health→OB-Wolverine
- ▶ MFM→OB-Maize
  
- ▶ Patient distribution/service assignment algorithm is NEW, not the same algorithm as current algorithm which is primarily based on prenatal care provider.
  
- ▶ We will “retire” UMOG, MFM and WH service designations.

# OB-Maize

- ▶ All antepartum admissions except Trauma Obs and Therapeutic Rest
- ▶ Select intrapartum patients
  - ▶ ICU Delivery
  - ▶ Known Invasive placentation
  - ▶ Maternal or fetal conditions necessitating MFM level care (Case by case basis)
- ▶ Select Postpartum patients
  - ▶ Examples include:
    - ▶ ICU patient, sepsis
    - ▶ Severe pre-e with high creatinine, pulmonary edema
    - ▶ Active maternal disease requiring multidisciplinary care
- ▶ Staffed by MFM attending 24x7
  - ▶ Present at am signout at 7:30 am followed by central huddle and rounding
  - ▶ Available by pager following completion of rounds
- ▶ HO2 on OB service as first contact during the daytime
- ▶ OB Chief as first contact nights and weekends.



## 2 Key Features of the OB redesign

- ▶ All high risk/complex care patients should have a templated Care Coordination note. Specific attention to intrapartum and pp plans, care team notifications, etc.
  - ▶ If no care plan exists, MFM to be consulted on admission if patient admitted to Blue or Wolverine Service
  - ▶ Care Coordination Notes are located at the top of the Problem list. (Not the purple sticky note!)
  - ▶ MiChart template under development
- ▶ Maize patients will be transferred for labor/induction of labor to OB-Wolverine if prenatal care was with WH attending, otherwise to Blue service
  - ▶ Attending to attending conversation

# OB-Blue



- ▶ Labor and postpartum patients
  - ▶ Prenatal care in UMOG Continuity Clinic
  - ▶ Prenatal care by MFM
  - ▶ Transfers from OB-Maize for intrapartum and pp mgmt.
  - ▶ Unassigned patients (no prenatal care at Michigan Medicine)
  - ▶ “Overflow” from OB-Wolverine
- ▶ Labor management consultations from FMB and CNM
- ▶ Responds to OB Trauma pages on Birth Center Pagers

# OB-Blue

- ▶ Coverage by all House staff on OB
- ▶ Attendings assigned from current UMOG pool
- ▶ 2 Attending shifts daily
  - ▶ 7am-6pm
  - ▶ 6pm-7am



# OB-Wolverine

- ▶ Labor and postpartum patients
  - ▶ Prenatal care by WH attendings
  - ▶ “Overflow” from OB-Blue
- ▶ Coverage by all House Staff on OB
- ▶ Attendings from WH Division 24x7
- ▶ 2 attending shifts daily
  - ▶ 7a -6p (Sat Sun), 7a-5:30p (M-F)
  - ▶ 6p-7a (Sat Sun), 5:30p-7a (M-F)



# Key Caveats

- ▶ Trauma Obs and Therapeutic Rest patients will be admitted to the OB service based primarily on the patients prenatal care provider
- ▶ Patients delivered by scheduled c/s will be admitted to OB service based primarily on patients prenatal care provider.
- ▶ Prenatal care provider service alignment for operative cases
  - ▶ WH prenatal care→Wolverine service
  - ▶ MFM prenatal care→Blue Service
  - ▶ CNM prenatal care→ Blue Service
  - ▶ UMOG prenatal care→Blue Service

# Key Caveats #2

- ▶ Do not transfer patients from Blue to Wolverine or Wolverine to Blue
  - ▶ Attendings will cover deliveries on other service whenever needed just as we do today, will not change service designation in those cases
- ▶ No change to current role of daytime CNM Rounder or night time CNM Laborist
- ▶ Will continue to use Dummy pagers and cisco phones and birth center (red) pagers
- ▶ Recommend displaying prenatal care provider on patient door name tag

# Surge Management

- ▶ Goal to provide some distribution of patients to avoid overwhelming attending on either Blue or Wolverine service when total number of patients or number of active labor patients exceeds a cut off.
- ▶ Will be re-assessed after implementation to try and identify the best measures of when to implement surge mgmt. for new admission service assignment.
- ▶ If any of these criteria are met, admit new pt. admissions to the alternate service
  - ▶ Total number of patients on service 20 or more
  - ▶ OR 4 or more patients at 6 cm dilation or more
  - ▶ OR 7 or more labor/induction patients already on the service
- ▶ If both services exceed these “limits” then alternate admissions between the 2 services
- ▶ “Overflow” or surge management admission algorithms will be managed by Charge Nurse and OB-Wolverine attending with input from Blue attending and triage CNMs.

# ED & InPt Gynecology Consults

All GYN consults will go to the 0005 resident pager as first contact.  
Resident staffs as listed below.

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>▶ Resident to call Fellow on call for patients from:<ul style="list-style-type: none"><li>▶ UROGYN</li><li>▶ GYN ONC</li><li>▶ REI</li></ul></li></ul> | <ul style="list-style-type: none"><li>▶ Resident calls GYN Rounder (daytime) or GYN attending on call (night time)<ul style="list-style-type: none"><li>▶ Unassigned patients</li><li>▶ UMOG or other GYN</li><li>▶ Breast</li><li>▶ Family Planning</li><li>▶ MIS</li><li>▶ Pediatric and Adolescent GYN</li><li>▶ Vulva</li><li>▶ WH division patients</li></ul></li><li>▶ GYN attending may call primary attending/service depending on circumstances</li></ul> |
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# Post-Implementation Assessment - Daily

## Quantitative

BIRTH CENTER - L&D					
Service	Attending Last Name	Census: Noon	Census: Midnight		
Maize					
Service	Last Name	Census Noon - LABOR	Census Noon - Postpartum	Census Midnight - LABOR	Census Midnight - Postpartum
Wolverine					
Blue					
BIRTH CENTER - SURGERY SERVICE					
Attedning Last Name	Case Volume	Start of First Case	End of Last Case	Cases not by Surgical Service	

## Qualitative

Daily Feedback: OB Redesign

Name (Optional)

Position

Shift

What worked well? What did you like?

What didn't work so well? What needs improvement?

Other feedback?

# Post-Implementation Assessment - Weekly/ Monthly

## Monthly

MONTHLY SUMMARY BIRTH CENTER - L&D				
Service	Average Census: Noon	Average Census: Midnight		
Maize				
Wolverine				
Blue				
MONTHLY SUMMARY BIRTH CENTER - Surgery Service				
Surgery Service	Total Case Volume by Surgery Service	Total Case Volume Not by Surgery Service		
January				
MONTHLY SUMMARY AMBULATORY ACTIVITY - MFM and WH				
Division	# of 1/2 day Clinics	# of Completed Appts	# of Surgeries	Minutes in Surgery
WH				
MFM				

## Weekly

AMBULATORY ACTIVITY - MFM and WH					
Name	Clinic Location	1/2 Day Clinics	# of Completed Appts	# of Surgeries	Minutes in Surgery

# Post-Implementation Assessment - Qualitative

Erin Conklin, Project Manager will establish surveys and other ways of seeking real-time feedback

This may include:

- Feedback cards in L&D at various locations
- Surveys to send electronically
- Email address to send feedback to



# Next Steps-Target Go Live 1/2/2019

- ▶ New service names approved, but not yet live in MiChart
- ▶ Working to schedule 2-3 day pilot week of Dec 17
- ▶ Roll out communication plan
  - ▶ Communication to all L&D providers and staff
  - ▶ Tip Sheets
    - ▶ Maize Inclusion Criteria document
    - ▶ First Contact document
    - ▶ Service assignment document
- ▶ Update paging website, retire old service names to minimize confusion
- ▶ Finalize feedback mechanism during pilot and initial go live
- ▶ Re-assess, review, refine

# Master Call Schedule Management

Any call schedule changes need to be reported to the Admin below so shared call schedules and paging can be appropriately updated.

## Chrissie Hawthorne

- ▶ OB-Maize
- ▶ OB-Blue
- ▶ Surgery Service

## Danielle Wilson

- ▶ OB-Wolverine
- ▶ Core Coverage
- ▶ Continuity Clinic

**Master Schedule now maintained in Shared Mbox.  
Email Danielle Wilson if you need access to read.**



Questions???

UPDATED: 11/29/18

## PAGER & PHONE ALGORITHM

OB-MAIZE Patient: MFM service, High Risk Patients			
1 <sup>st</sup> Contact		If no response, then	If no response, then
DAYS	NIGHT & WEEKENDS	Chief Resident ( <i>weekdays only</i> ) • pager: 35555; phone: 2-3660	Maize / MFM On Call Attending • pager: • phone ( <i>weekdays only</i> ): 2-3647
House Officer 2 • pager: 33333; phone: 2-3662	Chief Resident • pager: 35555; phone: 2-3660		
OB-BLUE Patient: former UMOG service, continuity patients, CNM & FMOB surgical			
1 <sup>st</sup> Contact		If no response, then	If no response, then
DAYS	NIGHTS & WEEKENDS	Chief Resident • pager: 35555; phone: 2-3660	Blue Attending • pager: 36666; phone: 2-3645
House Officer 1 • pager: 34444; phone: 2-3661	House Officer 1/2 • pager: 34444; phone: 2-3661 <u>OR</u> CNM laborist: • pager: 34444; phone: 2-3661		
OB-WOLVERINE Patient: former Women's Health service, WH Patients			
1 <sup>st</sup> Contact		If no response, then	If no response, then
DAYS	NIGHTS & WEEKENDS	Chief Resident • pager: 35555; phone: 2-3660	Wolverine Attending • pager: 37777; phone: 2-3651
House Officer 1 • pager: 34444; phone: 2-3661	House Officer 1/2 • pager: 34444; phone: 2-3661 <u>OR</u> CNM laborist: • pager: 34444; phone: 2-3661		