

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">▶ Resident to call Fellow on call for patients from:<ul style="list-style-type: none">▶ UROGYN▶ GYN ONC▶ REI	<ul style="list-style-type: none">▶ Resident calls GYN Rounder (daytime) or GYN attending on call (night time)<ul style="list-style-type: none">▶ Unassigned patients▶ UMOG or other GYN▶ Breast▶ Family Planning▶ MIS▶ Pediatric and Adolescent GYN▶ Vulva▶ WH division patients▶ GYN attending may call primary attending/service depending on circumstances
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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					
Attending 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			
1st Contact		If no response, then	If no response, then
DAYS	NIGHT & WEEKENDS	Chief Resident (<i>weekdays only</i>) <ul style="list-style-type: none">• pager: 35555; phone: 2-3660	Maize / MFM On Call Attending <ul style="list-style-type: none">• pager:• phone (<i>weekdays only</i>): 2-3647
OB-BLUE Patient: former UMOG service, continuity patients, CNM & FMOB surgical			
1st Contact		If no response, then	If no response, then
DAYS	NIGHTS & WEEKENDS	Chief Resident <ul style="list-style-type: none">• pager: 35555; phone: 2-3660	Blue Attending <ul style="list-style-type: none">• pager: 36666; phone: 2-3645
House Officer 1 <ul style="list-style-type: none">• pager: 34444; phone: 2-3661	House Officer 1/2 <ul style="list-style-type: none">• pager: 34444; phone: 2-3661 OR CNM laborist : <ul style="list-style-type: none">• pager: 34444; phone: 2-3661		
OB-WOLVERINE Patient: former Women's Health service, WH Patients			
1st Contact		If no response, then	If no response, then
DAYS	NIGHTS & WEEKENDS	Chief Resident <ul style="list-style-type: none">• pager: 35555; phone: 2-3660	Wolverine Attending <ul style="list-style-type: none">• pager: 37777; phone: 2-3651
House Officer 1 <ul style="list-style-type: none">• pager: 34444; phone: 2-3661	House Officer 1/2 <ul style="list-style-type: none">• pager: 34444; phone: 2-3661 OR CNM laborist : <ul style="list-style-type: none">• pager: 34444; phone: 2-3661		