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Features

Perspective Winning Acceptance for an OB Hospitalist Program

When the CEO of my hospital first announced that we would be developing an obstetrical hospitalist program in 2005, she didn't get a warm reception. Chairs were pushed. Colorful language was displayed. Threats were issued. As the person tapped to lead this new initiative, I was on the receiving end of my fair share of angry rants from colleagues.

But I'm happy to report that just 4 years later, our program is wildly popular with our staff and our patients, and is financially self-sustaining.

I credit part of the success to the staffing model we chose, part to the seasoned and professional physicians who came to work here as hospitalists, and the rest to our cadre of private physicians who have embraced the concept with the same vigor with which they had originally opposed it.

We had a few goals in mind when we sat down to create an OB hospitalist program. Foremost was the need to improve patient safety by ensuring that a board-certified ob.gyn. was at the hospital 24 hours a day. We also wanted to create a program that would allow us to address medical-legal concerns and improve provider satisfaction.

Rather than go with a standard laborist model, we chose to set up an OB hospitalist program that could provide coverage for labor and delivery, as well as handle unattended ob.gyn. patients and provide coverage for the emergency department.

We are a small community hospital, but with about 3,500 deliveries each year, our team of private physicians was getting fatigued. Our hope was that by having a small staff of OB hospitalists, we could significantly cut down on the call time our private physicians would need to spend in the hospital.

Our staffing model was simple. We hired four hospitalists to work 12-hour shifts, providing coverage 24 hours a day, 7 days a week. We designed the program with 12-hour shifts because most of the literature shows that fatigue tends to occur when physicians work beyond that point.

Hiring the four hospitalists was a critical piece, and one that did not go smoothly at first. The goal was to keep things simple. We initially made offers to four graduating residents in the area. Ultimately, all four backed out, and I count myself lucky that they did. While they were all qualified and enthusiastic, I realize now that our private physicians would have steamrolled right over these fresh, young doctors. After an extensive search, we were

able to hire a group of experienced ob.gyns. who were well respected by the physicians in our community. As experienced ob.gyns., our hospitalists have handled the rare confrontation from the private sector.

When we finally launched the program in the spring of 2007, I was shocked by the change in acceptance from the private physicians in our community. Those who had complained the loudest about loss of autonomy as doctors began to volunteer to take shifts if a hospitalist got sick or had an emergency. They wanted to help make the program viable. Their biggest fear was that it might not succeed and they would have to go back to managing preterm labor at 2 a.m.

Our hospitalists are busy. They handle all the ob.gyn. cases that come through the emergency department, they assist in labor and delivery and gynecologic surgeries, and handle anything a private doctor asks them to. It's uncanny how few private ob.gyns. you will find at the hospital after 9 p.m. these days. Being relieved of frequent emergency department call has made a real difference for them. A couple of physicians who had planned to retire or give up obstetrics have decided to continue because of our hospitalist program.

Why did this work? Our patients are satisfied. In obstetrics or gynecology, they no longer wait to be monitored until their doctor arrives. They have direct contact with a physician almost immediately upon arrival. They are educated about the role of the hospitalist and are still welcoming of their primary ob.gyn. upon transfer of care. Preterm labor, fetal distress, and ectopic pregnancies are all identified earlier.

Unquestionably, a huge factor is the confidence our OB hospitalists have inspired among our private doctors and our patients. We also had encouragement from our nursing staff, which has been thrilled to have a physician at the hospital all the time. We also had good direction from our hospital leaders, pushing us forward but also giving us the flexibility to make this a program that the entire medical staff could support. It wasn't easy getting it off the ground, but I can't imagine doing it any other way now.

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