

The Role of a Hospitalist in Labor and Delivery in Reducing Medicolegal Liability

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Learning Objectives

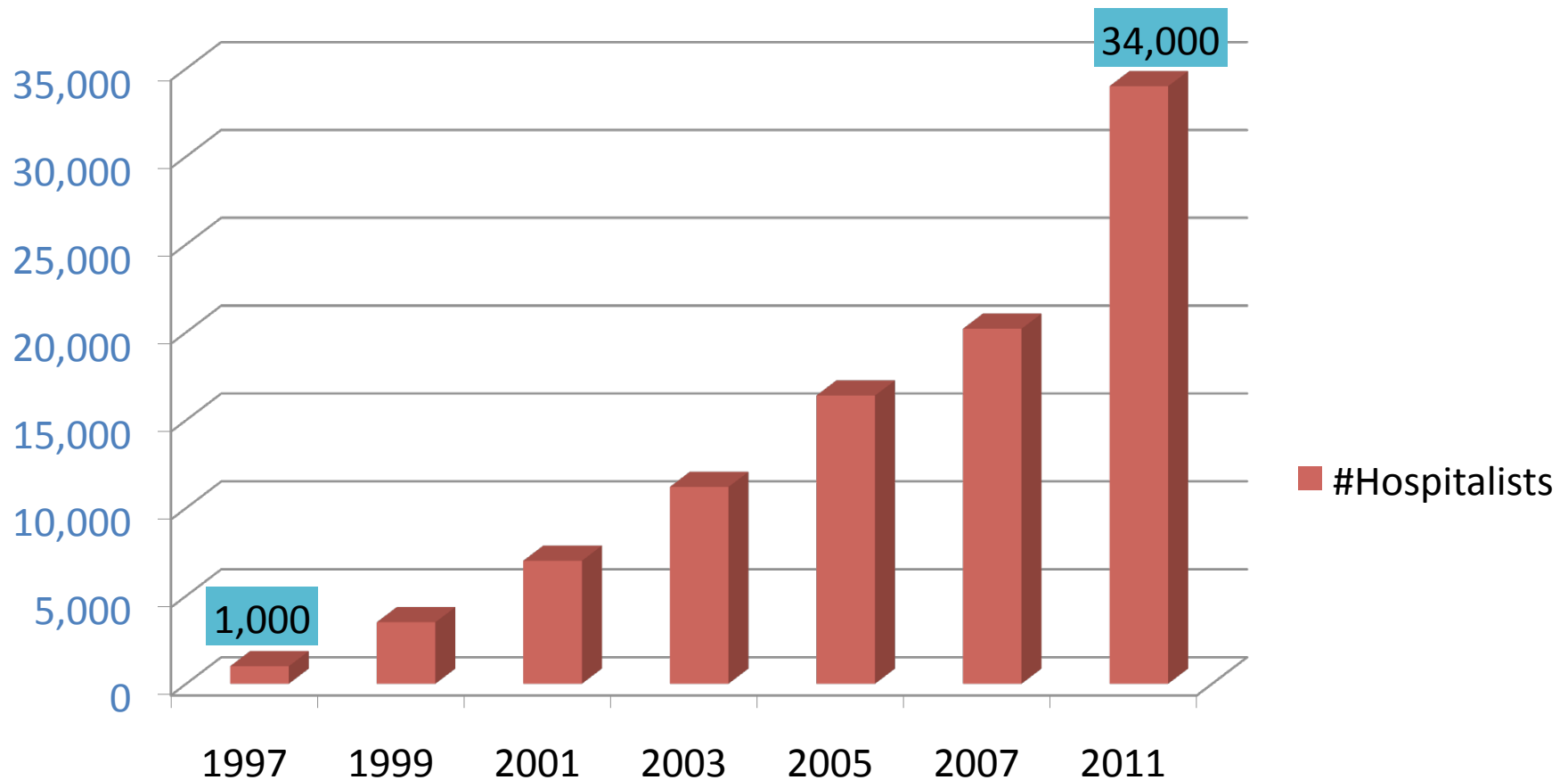
- Review the hospitalist's role in L&D to prevent medical errors and adverse outcomes.
- Review the medical literature involving OB hospitalists and their effect on perinatal outcomes.
- Discuss the relationship OB hospitalists have with other perinatal care specialists.

The “ist” Explosion

- **Hospitalist - 1996**
- **Laborist - 2003**
- **Intensivist**
- **Surgicalist**
- **Nocturnist**
- **Weekendist**
- **Specialty Hospitalists**

Growth of Hospitalists in Medicine North America, 1997-2011

34X growth since 1997



Driving Forces- Physicians

- **Increasing complexity of hospital practice**
- **Graduating physicians prefer employment
(and increasingly, existing physicians)**
- **Divergent skill sets**
- **Deteriorating clinical revenues**
- **Those who do something repetitively do it better**
- **Lifestyle**

Driving Forces- Hospitals

- **Recruiting/retaining physicians**
- **ED coverage/ EMTALA compliance risks**
- **Decreasing physician participation in hospital affairs**
- **Integration for new financial reimbursement models**
 - **Accountable care organizations**
 - **Bundled payments**

Laborist - Definition

- **Board certified OB/GYN**
- **Typically an experienced provider with a variety of skills.**
- **Always physically present in hospital**
 - **primarily in L&D**
- **Typically provide ED GYN coverage**
- **Supported by ACOG and Society for MFM**

(Olson & Andress, 2012)

History

- Laborist = pre 1990's OB residents
 - Supervised by phone
- All resident activities in labor and delivery must be supervised by an attending physician who is physically present
 - Required by the ACGME and the RRC

Laborist Trends in America

- Generally programs begin with part-time coverage but move to 24 hr coverage.
- Urban hospitals performing > 1000 deliveries per year
- Scope of practice and responsibilities vary:
 - Emergency OB care
 - Management of unassigned patients
 - Surgical assistance
 - Perinatology extender
 - Allow private OBs to sign out to cover nights, weekends or vacations.

(Olson & Andress, 2012)

Laborists – The Motivation

- Review of perinatal claims between 2000-2005 showed that 70% of claims involved substandard care.
- Payments in
 - 85% of these cases involved fetal monitoring
 - 16% maternal injury
 - 80% involved VBAC
 - 54% of those that were shoulder dystocia cases were avoidable

(Clark, Belfort, Dildy & Meyers, 2008)

Laborists – The Motivation

More than half of hospital litigation costs might be avoided if physician practice included:

- Delivery in a facility with 24 hr. in-house obstetric coverage
- Adherence to published high-risk medication protocols
- A more conservative approach to VBAC
- Use of more comprehensive standardized procedure notes in cases of shoulder dystocia.

Metro Traffic Jam



Rural Traffic Jam



Laborists Prevent and Treat Emergencies

- Decrease the chance for precipitous deliveries when patient's physician is in transit
- Rescue babies during emergent deliveries (e.g. abruption, uterine rupture, cord prolapse etc.)
- Act as a liaison between nurses and physicians when there is concern about a potential unsafe practice
- Emergency call coverage for patients without physicians

**How many
drinks did
you have
while on call?**



Correlation Between Cognitive Performance With Sleep Deprivation and Ethanol Intoxication

Sleep Deprivation (hr)	Functional Serum Ethanol Level (%)
17 -19	0.05
19 - 21	0.08
24	0.10

Obstetrical Practice

- Larger OB groups
- Call is less frequent BUT
 - Cover more deliveries on call
 - More post op, post delivery patients
 - The inevitable “2 at once”
- Covering more than one hospital

OB Group Size and Work Load

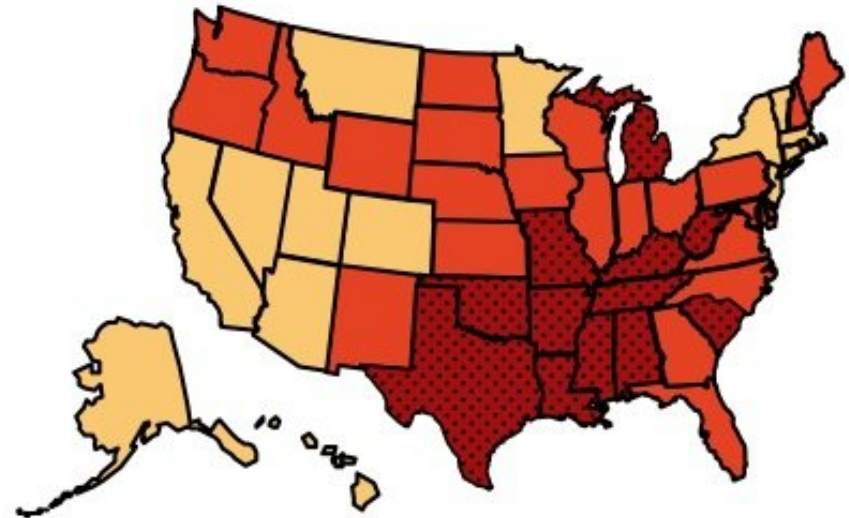
		OB Group n = 3	
Deliveries/OB Per Year	100	150	200
Deliveries / Call	0.8	1.2	1.6
		OB Group n = 8	
Deliveries/OB Per Year	100	150	200
Deliveries / Call	2.2	3.3	4.4 (2.75 X)

Obesity Trends* Among U.S. Adults

Comparison of obesity trends (in percent) in the US in 1990 and 2010

1990

2010



Legend: No Data, <10%, 10%-14%, 15%-20%, 20%-24%, 25%-29%, >30%

Source: Data obtained from CDC

*BMI ≥ 30

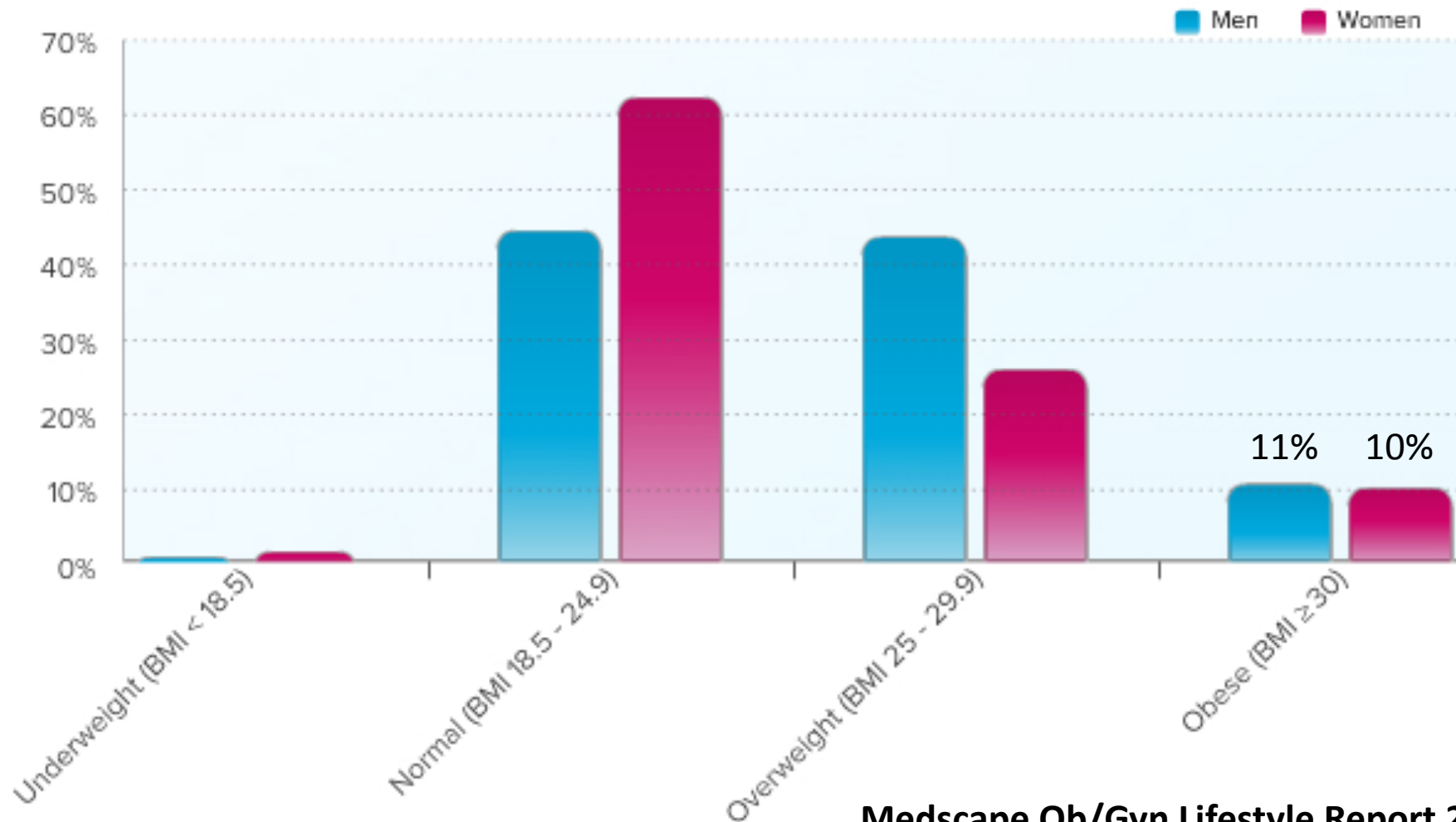
Even the thin ones are bigger



In a 2013 report on obesity from the CDC, the overall current prevalence rate of obesity in the USA is 35%

<http://www.cdc.gov/nchs/data/databriefs/db131.htm>

Which Ob/Gyns Are More Overweight?



Medscape Ob/Gyn Lifestyle Report 2014

What if 3 a.m. and active labor?

Lean OB, Super Obese BMI patient



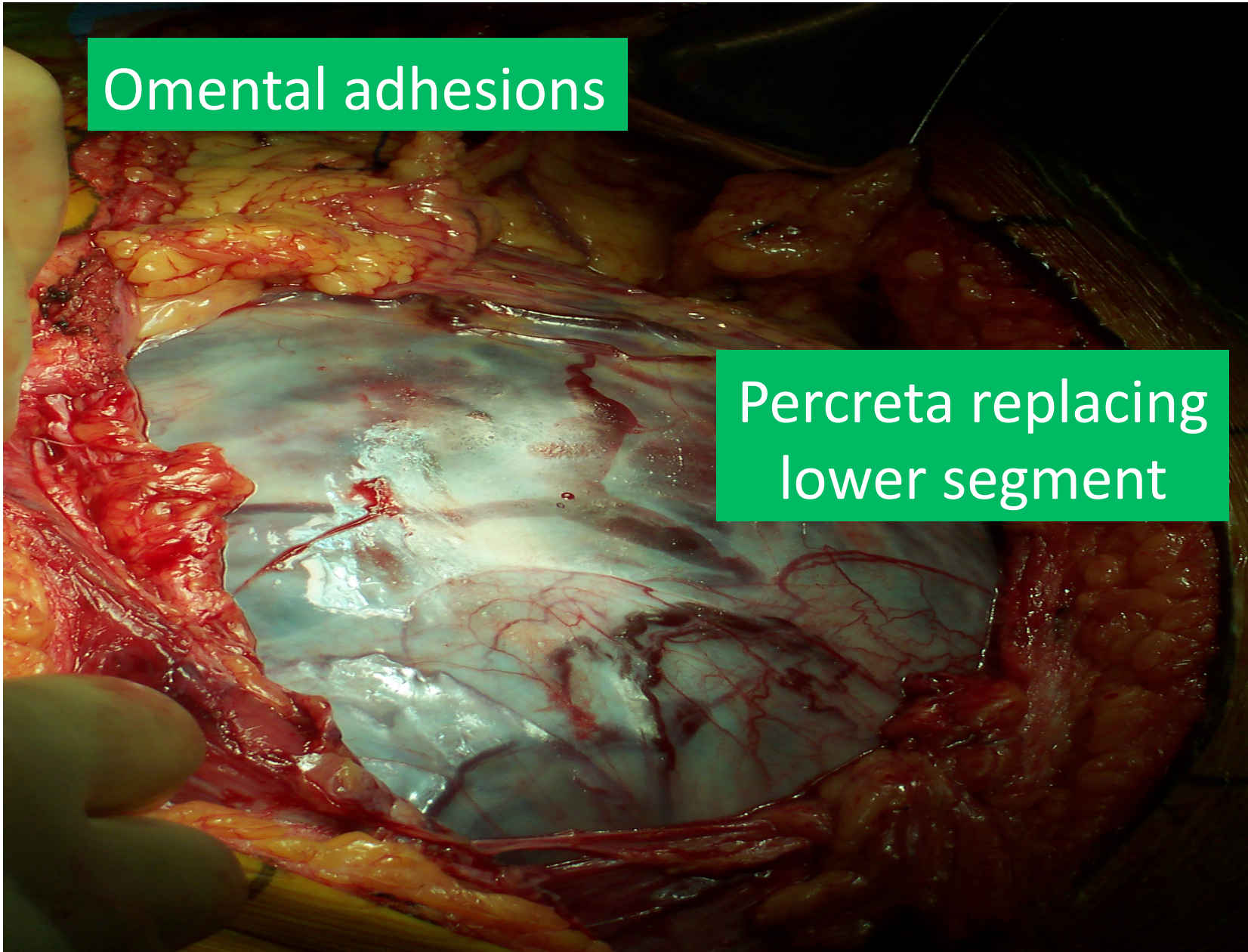
How about a little help?



How about a little help?

Omental adhesions

Pericrura replacing
lower segment



New RN Grads on Night Shift

- Least experience
 - FHR tracing
 - Medications and dosing
 - Dysfunctional labor
 - OB emergencies
- The Dumping ground
 - The patient no one else wants
- Easily intimidated
 - “Don’t call until it’s ready to come out in 1 push”

Laborist Models

- Employed Laborist
- Contract with medical practices to provide laborist coverage
 - Part-time laborist
 - Teaching laborist
 - MFM extender
- Multiple companies that will provide and run a laborist program

Laborists and the Obstetric MSE

- EMTALA requires a Medical Screening Exam prior to discharge
- KY BN statute does not credential RNs to perform MSE
- Laborists are present to perform MSE and discharge patients
- Improves compliance
- Reduces wait time and overcrowding



Improves
patient
satisfaction

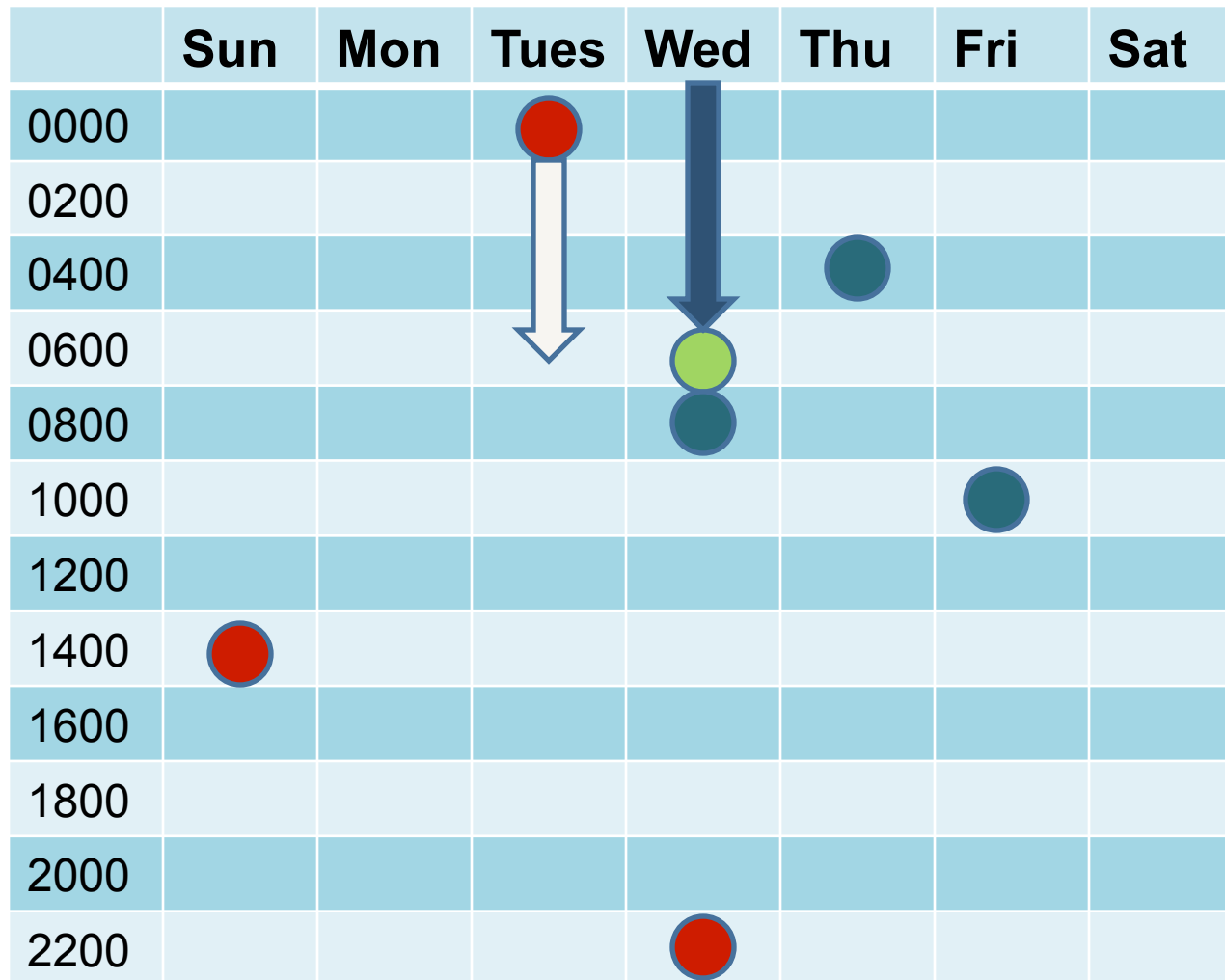


Improves
nurse
satisfaction

Perinatal Outcomes

Retrospective database evaluation of 3 types of practices

- No laborist,
- 24 hour laborist coverage by community staff
- 24 hour coverage by full-time laborist team
- Primiparous patients ≥ 37 weeks
- Significant reduction in C/S seen with full-time laborist team as compared to the no laborist and community laborist groups
 - 27.5% reduction
 - “Implementation of a full-time laborist program is associated with a substantial reduction in cesarean section rate.”

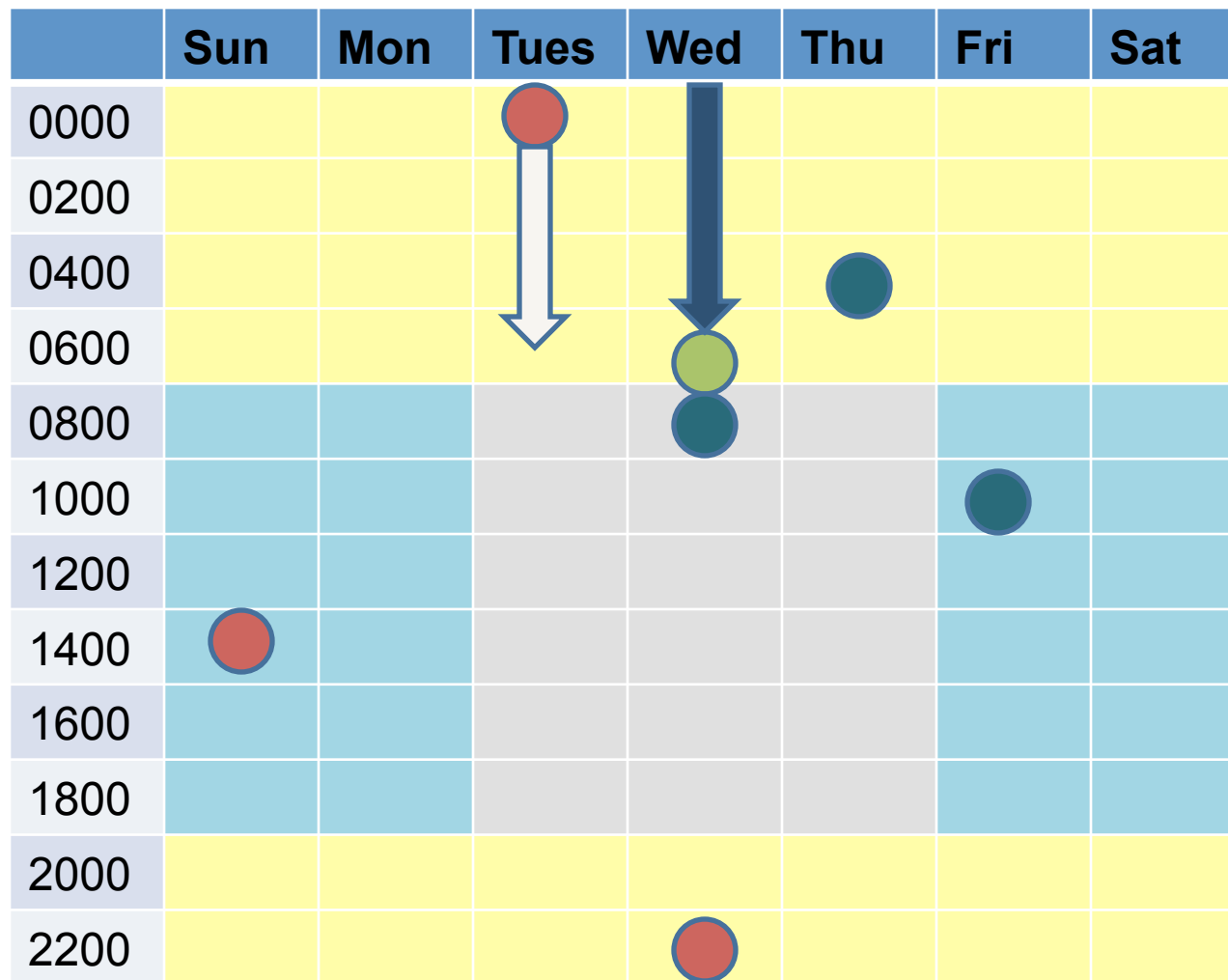


 Maternal death
  Neonatal Death
  Long-term Injury

BHLEX: 5 of 7 SAE's from 2002-2009 occurred at night or on the weekends.

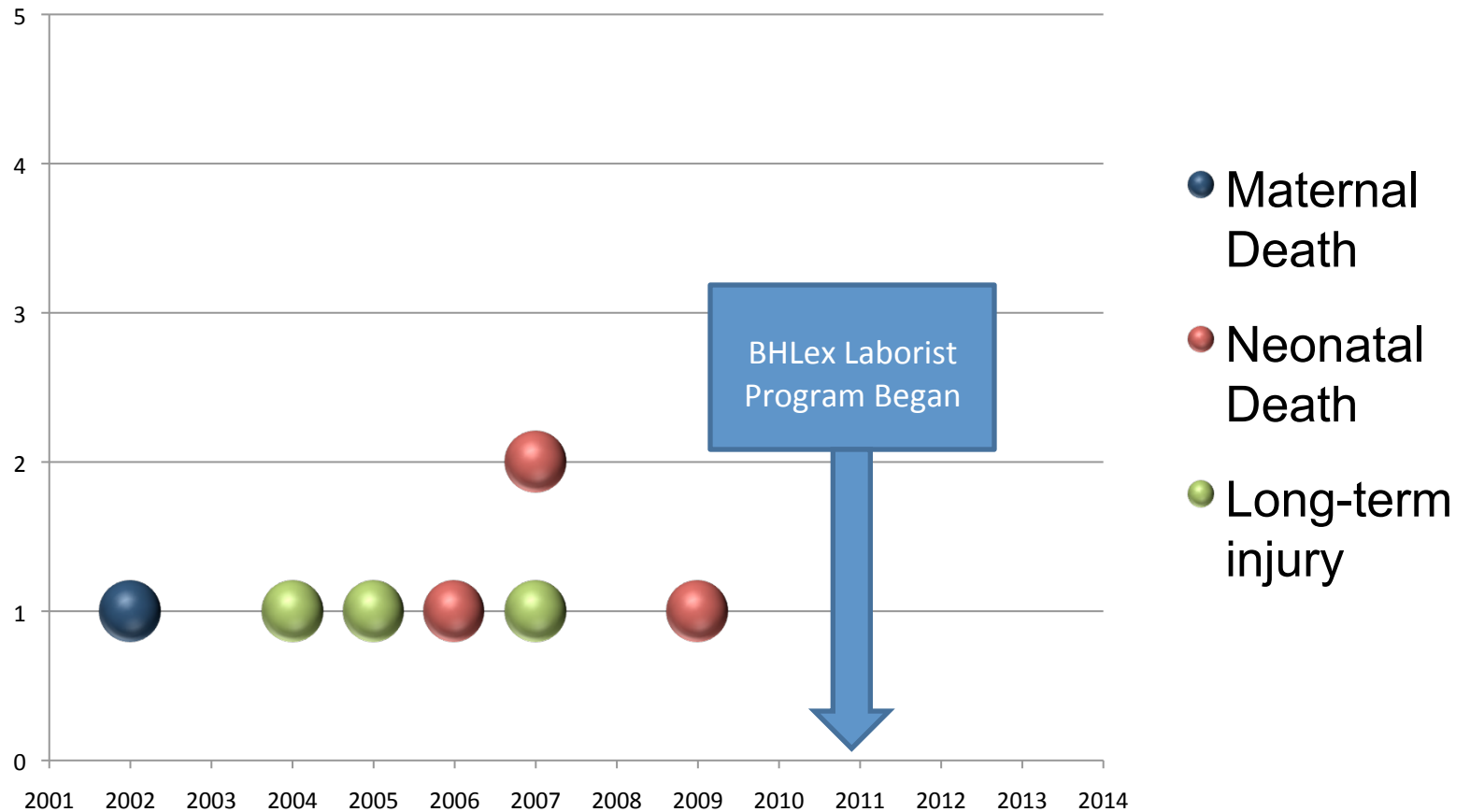
The Risk Case

- BHLEX average attorney fees and expenses for litigated birth injury cases that have resolved since 2002 is approximately \$200,000 per case.
- BHLEX has paid \$750,000 in indemnity for birth injury incidents occurring since 2002.
- The Kentucky average verdict for a birth injury case since 2002 is \$5,860,243.
- Newborn brain injury verdicts have brought more than \$33 million.



 = Laborist Coverage
  = Additional Coverage added

Outcomes: No New Serious Adverse Events (2002-2013)



Benefits - BHLEX

- Continuous MD availability in L&D for:
 - Emergency management
 - Review FHR tracings, questionable patterns
 - Ultrasound for uncertain presentation
 - Initiate a stat C-Section while primary OB en route
 - Continuous/Dual coverage – TOLAC / VBAC
- Since inception of the program, BHLEX has a greater than 25% increase in patient referrals.

Additional Benefits - BHLEX

- Physician at career transition
 - Delay dropping OB
- New residency grad
 - Provide supervision / guidance
- BHLEX has achieved 100% benchmark of no elective inductions before 39 weeks

Choosing the Right Laborists

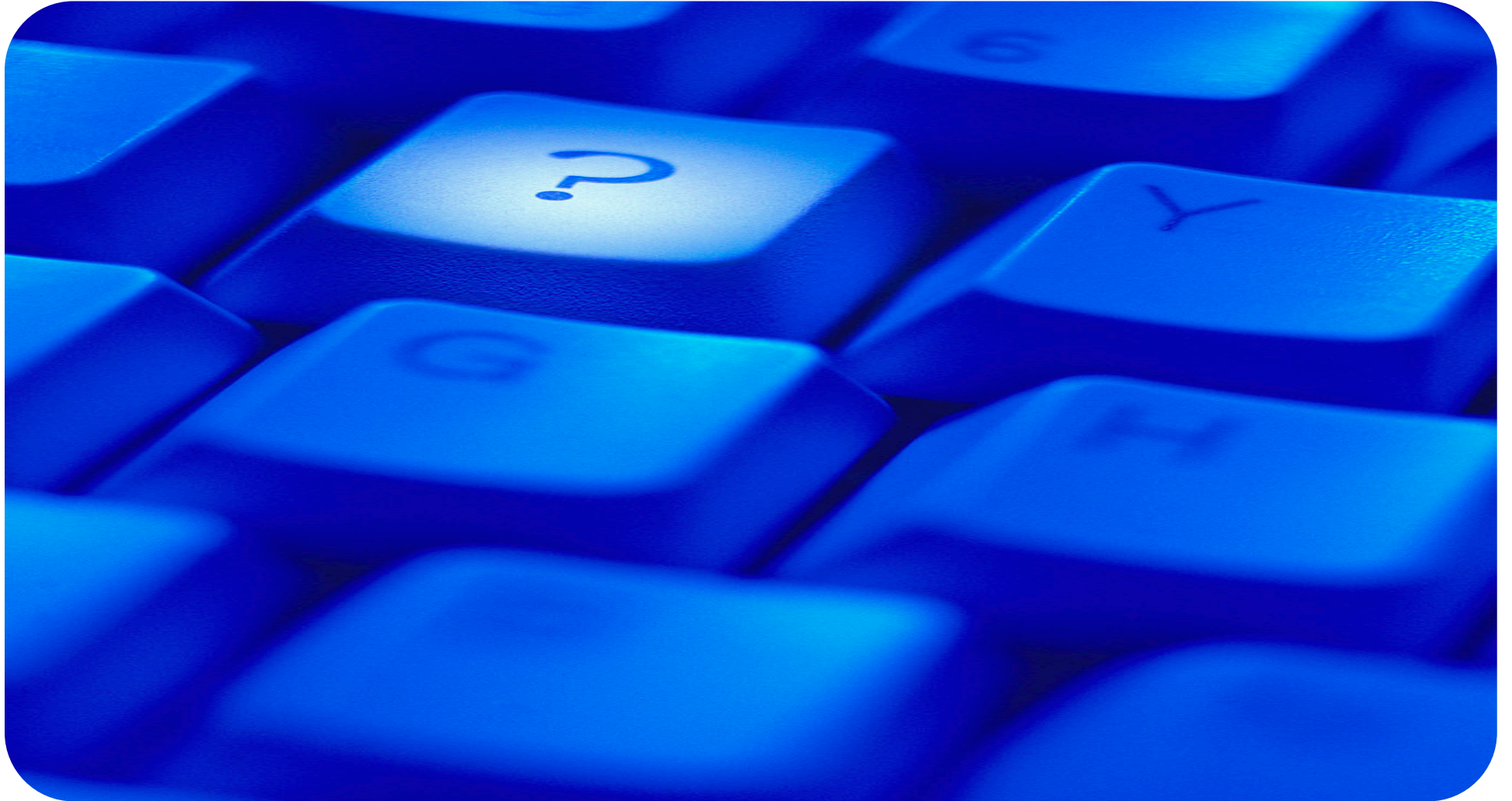
- Expert communicator
- Service oriented, able to quickly bond with new patients
- Able to collaborate, respond to needs of team
- Professional, diplomatic, tactful
- Experienced
- Decision-making skills
- Able to manage emergent situations
- Set example of best-care practices

(Olson & Andress, 2012)



Conclusion: The Laborists

- Cost-effective tool in reducing risk
- Providing quality services to patients
- Providing valuable support services to obstetrical providers
- Improving nursing quality
- Desirable in recruiting new obstetricians



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