NPIC/QAS Hospitalist Survey Analysis: NPIC/QAS Member Hospitals

In December, 2008 NPIC/QAS sent a survey to a subset of member hospitals to determine if OB hospitals are covering their service with "laborists" or "OB hospitalists" and if so, their scope of service, and what type of contractual arrangements are being used. Twenty-eight of the 56 hospitals/regional perinatal centers responded to this survey, a 50% response rate.

Six of the hospitals that responded to the survey classified themselves as either Level I or Level II. Only one of these hospitals indicated that they provided 24 hour in-house coverage for the perinatal department; this coverage was provided by members of the private attending medical staff. Given this, the information below represents data from only the Level III hospitals and regional perinatal centers that responded to the survey (n = 22). When data were missing for some questions, the number responding to the question is noted.

Hospital/Perinatal Center Descriptive Data

Average number of deliveries: 7,088 (n=21) range: 2,500 – 16,000

Classified as Level III: 9 Classified as Regional Perinatal Center: 13

Data Concerning Use of Hospitalists

20 (of 22; 91%) indicated that they have 24-hour in-house coverage for their perinatal department. Of those with 24-hour coverage, 9 (of 20; 45%) employed hospitalists.

This coverage is provided by (n = 20 with 24-hour in-house coverage):

- 8 (40%) members of the medical staff and residents
- 3 (15%) members of the medical staff/community physicians only
- 2 (10%) *"hospitalists"* only
- 1 (5%) "*hospitalists"* and residents
- 1 (5%) "*hospitalists"* and members of the private attending medical staff
- 5 (25%) *"hospitalists",* members of the private attending medical staff, and residents

What is the scope of practice for the coverage? (select all that apply)	All (n = 20)	Hospitalists (n = 9)
Care for "walk in" and/or ER patients without physicians	18 (82%)	8 (89%)
Cover L&D emergencies until attending staff arrives	19 (86%)	9 (100%)
Care for patients in labor of attending staff	9 (41%)	3 (33%)
On request, manage and deliver patients of private practice physicians	12 (55%)	4 (44%)
Resident teaching	16 (73%)	7 (78%)
Second opinions for nurses and medical staff	14 (64%)	7 (78%)
Assisting with surgery	13 (50%)	5 (56%)
Evaluation of all triage patients	6 (27%)	5 (56%)
Give telephone advice to patients who call with questions	2 (22%)	3 (33%)

Most (16 of 19 who responded; 84%) have had 24-hour coverage for more than 2 years. For the 9 sites reporting they used a "hospitalist": 6 (67%) had the program for more than 2 years; 2 (22%) for 1 – 2 years; and 1 (11%) for less than a year.

Six of the 9 sites (67%) using "hospitalists" indicated they were employees of the hospital (one of these sites indicated that hospitalists also had individual contracts with the hospital and were paid an hourly/daily rate for coverage). For the remaining three: one site indicated that the contractual relationship was "salary support to OB/GYN department"; one site reported they were members of the faculty practice; and one said "combination hospital and outside group".

Data from Hospitals/Perinatal Centers with Hospitalists (n = 9)

Participation in Medical Education
7 (78%) indicated that the hospitalist participates in the education of residents
6 (67%) indicated that the hospitalist participates in the education of nurses
3 (33%) indicated that the hospitalist participates in the education of medical staff

Cost Effectiveness
Eight sites (89%) indicated that they believed the hospitalist model is cost effective (the remaining site said: "We have only one hospitalist on unit part time. Her primary role is QA and resident education." Two sites (22%) had completed a cost/benefit analysis.

Level of Acceptance of the OB Hospitalist Program

Response set: 1= poor – 5 = excellent

Community physicians: 4.6 average response (range is 3 to 5)
Nurses: 4.8 average response (range is 4 to 5)
Patients: 4.8 (range is 4 to 5)

Adverse Outcomes

Seven sites (78%) indicated that adverse outcomes had been averted because of the OB hospitalist. (One site responded: "We have only recently developed this role." The remaining site said "don't know.")

Sample Comments:
"Prolapsed cord, abruption and shoulder dystocia treatment by hospitalist avoid treatment delay."
"Emergent deliveries, non-reassuring tracings; need to prioritize clinical requests, etc—"
"have assisted other docs with major complications (liver rupture, advanced abdominal pg with hemorrhage, seizures); multiple unattended deliveries averted, help with difficult C sections, etc"

Sample Comments Concerning the Use of OB Hospitalists

What have been the biggest challenges for the establishment of an OB hospitalist program at your institution?

"Cost of the physicians."
"Conflicts in patient management, e.g., EFM interpretation, progression of induction."
"Gaining acceptance from private OB physicians."
"The patient's understanding of the team model."

What do you see as the biggest asset of your OB hospitalist program?

"Huge patient safety net. This role is essential to our unit." (4 cited "patient safety" as the biggest asset)
"Senior supervision at all times on L&D and support of nursing staff."
"Able to take all maternal transport requests from our regional facilities; support regional facilities, accept all transports, never say no, available to help 24/7 on a busy deck with no residents."

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