

Hospital Transfer from Planned Out-of-Hospital Birth

**Experience at
Legacy Emanuel Medical Center
Portland, Oregon**

presented by

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Program prior to 2006

- Affiliated private practice OB-GYN medical staff
- Employed CNM staff
 - Largely a Safety Net Clinic
 - Not allowed to accept intra-partum transfers
- Residency program—affiliated with OHSU
- OB faculty 24/7 to cover Residency Service, in-house nights and weekends

In-House Faculty

- OB Medical staff members signed up for night or weekend shifts. MFM on call managed day coverage for residents
- Responsible, via residents, for ER coverage and for transfers
- Relied on their own (practice) liability insurance
- Markedly resistant (hostile) to accepting transfer from OOH birth providers

Transfers from OOH birth providers

- Very rare (a few per year)
- Usually delayed with regard to optimal timing
- Often limited or no communication at hand-off (patient may be transported to Emergency Room)
- Sub-optimal outcomes, bewildered patients
- Negative experiences contributed to maintenance of hostility

Program after 2006

- In-House Faculty replaced by employed OB Hospitalists, reporting to newly-developed Chief of OB for Legacy, allowing more uniformity of policy
- Hospitalists insured by Legacy (self-insured)
- Hospitalists responsible for coverage of OB Residents and employed CNM's
- Changed Medical Staff bylaws to allow CNM's to accept transfers from community providers intrapartum

Catalysts for Change

- Direct contact from Community Midwives with Legacy OB Chief with complaints of hostile and inappropriate treatment
- Requests from Community Midwives to attend case reviews
- Direct outreach (clinic visits) from Midwifery Medical Director and OB Chief to explore barriers and improve relationship

Current System

- More active dialogue with community providers, including case review
- Hospital information provided in midwifery prenatal care settings, including criteria for transfer
- Hand-off processes developed
- Patient transferred directly to Legacy Midwife (unless high-level emergency) who consults with Hospitalist Service as needed
- Community Midwife remains with patient and family as liaison

Results

- Improved understanding of issues and challenges on both sides
- Significant increase in transfers, now typically 5-8 per month (Average 6.2 for 2014 thru Oct.) not including diverted patients, average 1/month
- Outcomes good except in very rare case of delayed transfer
- C-section rate stable at roughly 50% (Average 45.2% for 2014 thru Oct.)

Future

- Continue outreach and relationship building
- Explore opportunities for shared education, typically through case review
- Continue efforts to optimize patient experience in “medical” environment
- Bring our inpatient Pediatric services more into the discussion to improve their relationship with the OOH community and minimize care plan conflicts.