Model for Collaborative Management of Obstetric Care at VUH

The Maternal Fetal Medicine Division at Vanderbilt Medical Center proposes a new paradigm in the current management scheme for the Labor & Delivery, Antepartum, and Triage patient population. The MFM Division proposes a shift in the general structure of Obstetric care at VUH with MFM physicians moving to a primary role of consultant with an additional role of providing total Obstetric care for selected high risk patients. These guidelines are proposed with the guiding principles of:

1. Optimizing Patient Safety and Quality of Care
2. Maximizing Resident Education
3. Clarifying Process Flow
4. Improving Divisional Billing and Collections

Utilization of the Generalist Attending (Physician and SOM CNM)

Utilization of the Generalist Attending (MD and SOM CNM) as the main Obstetric provider enables and promotes direct patient care and resident education. Designating the FOGG attending as a Generalist Attending shifts and amplifies the focus from the attending being a FOGG provider to functioning as the in-house faculty provider, i.e. a Generalist Attending. This approach will aid in halting the segmental ownership of diverse patients and instead support the concept that patients will be cared for and eventually delivered by the same L&D delivery team. Changing our current fractionated concept will decrease labeling patients from: “FOGG”, “PGP”, “MFM” or “FCAV” to Generalist Attending patients and MFM Attending patients and increase uniform coverage improving patient safety, resident and nursing communication, and resident learning.

Proposed specifics of this plan include “Generalist Attending 1 (SOM CNM) and Generalist 2 (MD)” covering low risk and complicated laboring patients with L&D PGY 3 (anyone off normal labor curve, those requiring operative vaginal delivery, or any maternal health conditions). Generalist 1 & 2 remain actively involved in management of these patients and essentially functions as primary L&D Generalist Attendings. The primary provider for these laboring patients will depend on a mutual decision by the MD and SOM CNM at or after board rounds and will be mutually determined by their individual work volume, patient acuity and teaching opportunities. Generalist Attending 3 will provide support for Generalists 1&2 with coverage of any Cesarean Section or Operative Vaginal deliveries as necessitated by Generalist 1&2 work volume and patient acuity. Generalist Attendings will cover scheduled cesarean deliveries with PGY1 and 2 (and PGY4 when service rounds completed and available to scrub).

The Private School of Nursing Midwife groups will continue to function separately in consultation with the Generalist L&D Attending, as per the current model. For any questions or difficulties concerning patient care the Generalist Attending will consult the MFM provider on call for Intrapartum consultation for management leaving consultative advice for the team to follow. Similarly, Generalist Attending 3 will provide support for Generalist 1&2 with coverage of any Cesarean Section or Operative Vaginal deliveries on
the weekend as necessitated by Generalist 1&2 work volume and patient acuity so that Generalist 1&2 may complete floor discharges or manage other patient issues.

Utilization of the MFM Provider

The MFM providers will function primarily as a Consultant for the Generalist Attending with the goals of:

1. Responding to consultation requests made by Generalist Attendings for patients with high risk obstetric issues as well as identifying patients with high risk problems and to provide recommendations to the Generalist Attending for antepartum and intrapartum care. When possible, this consultation request will be Generalist Attending to MFM Attending. When not possible, the PGY4 or PGY3 will be responsible to initiate a MFM consult.
2. Ideally the consultation process should occur as follows.   PGP patient: Resident to Generalist Attending to MFM Attending;  SON CNM patient: CNM to Resident to Generalists Attending to MFM Attending;  FOGG private patient, Generalist Attending to MFM Attending.
3. The MFM provider will continue to lead and perform morning antepartum rounds and will be accompanied by the PGY 4 (2nd and 3rd year if available) which will mean only one resident scrubs in at each cesarean section delivery in the first morning cases. This will allow more time for Resident education. All antepartum service and complicated postpartum patients will have a recommended plan of care documented in the chart following morning rounds.
4. When a patient is designated by the MFM provider to be in need of higher level care, all management and treatment decisions will be made by the MFM provider on-call. This will include MFM attendance at delivery. It will be the responsibility of the MFM provider on call to inform the Generalist Attendings and nurses which patient will fall into this category so as to avoid communication errors.
5. Any collaborative care concerns regarding plans for these patients will go through a chain of command process as follows: If any provider has concerns regarding the management plan put forth by an MFM attending for a designated MFM patient, the nurse involved in caring for the patient must report to her charge nurse her concerns and the charge nurse will report directly to the Vice Chair of Obstetric/MFM Division Director (or designee) if the matter cannot be resolved. Once a decision has been made by the Vice Chair of Obstetrics/MFM Division Director the decision will prevail.

Resident education:  PGY 1(L&D) learning objectives include management of normal and abnormal labor and to participate in primary uncomplicated Cesarean Sections; PGY 2 learning objectives include Repeat Cesarean Sections and medical complications of pregnancy. PGY 3 learning objectives include intrapartum management of complicated labor. PGY 4 functions as a junior attending.  The Chief will supervise the
care of the PGP antepartum service patients and perform complicated cesarean delivery as well as scrub with junior residents to teach cesarean sections, operative and spontaneous vaginal deliveries

PGP/Resident Antepartum Service

PGY 1:
- Uncomplicated postpartum (antepartum service)
- Paired with SOM CNM L&D Attending 1, and Generalist L&D Attending 2
- Participate in Primary uncomplicated Cesarean Sections

PGY 2:
- Operates with Generalist L&D Attending 2 for Repeat Cesarean Sections
- Attend Antepartum/Postpartum morning rounds when available
- Initiate ED and hospital consultations; discuss with PGY 4 then generalist attending

PGY 3:
- Intrapartum Manager
  - Includes MFM Triage
  - Complex medical conditions antepartum and postpartum
  - Take evening calls from MFM patients
  - Forceps
  - MSC patient coverage
  - PGY 3 can coordinate duties with PGY 4; paired with SOM CNM, L&D Attending

PGY 4:
- Junior Attending
  Assume care of all antepartum patients
  - ICU patient care
  - designated complicated triage
  - Higher Order Cesarean with Resident/ Generalist Attending (2 or 3)
  - Forceps and breech deliveries of choice
  - Teaching junior residents to perform spontaneous, operative and C/S deliveries and repairs
  - Perform/Supervise MFM consults throughout hospital
  - MFM designated cesarean with Resident/ MFM attending
  - Assists when high volume for all PGY tasks

Delivery Role

PGY 1:
- SVD
- With time 1º LTCS uncomplicated course

PGY 2:
- HIV + 1º LTCS, repeat LSCS

PGY 3:
- Forceps and Vacuum assisted deliveries

PGY 4:
- Cesarean hysterectomy
- Complicated MFM designated surgeries and OB care
- Cerclage
- Forceps and Breech deliveries of choice

Transports:

1. Transfer center calls taken by MFM Consultant
2. Transport patient admitted by PGY 3 and discussed/examined with Generalist Attending
3. Upon arrival, Generalist attending to assess patient. If deemed need for emergent MFM consultation, call to MFM by Generalist
4. MFM will see transport patient for consult after AM rounds unless a more urgent consultation is required earlier.

Consults:

- Consult when Generalist Attending 1 or 2 requests higher level care/assessment of Intrapartum, Antepartum or Postpartum patient
- Recommendations to Attending Team
- Postpartum readmissions to Generalist Attending services with MFM consultation for maternal obstetric morbidity (postsurgical complication not the scope of Primary MFM consultation: i.e.- GYN or GYN/ONC for wound care/recommendations)

ER Consults:

- Less than 20 weeks seen by Generalist 1 or 2
- When indicated consult MFM on service for recommendations