Committee on Relationship Building to Enhance Teamwork for Continuity of Care on Labor and Delivery. Best Practice Adopted 3/1/2010

Committee Members: Frank Boehm Chair, Lavenia Carpenter, Amy Weeks, Deborah Wage, Nicole Herndon, Sandy J. Smith

The committee is charged to address the issue of findings acceptable, reliable, consistent and efficient ways to enhance teamwork between medical providers on L&D so as to enhance handovers and ownership of each patient admitted to and taken care of on L&D. The following was offered by the committee as a way to deal with the issues of handovers and patient ownership on L&D and accepted by Obstetric providers over a comprehensive review period of 3 months and adopted as Best Practice.

1) It is desirable for each patient admitted to L&D to be assigned a primary health care provider who has the ultimate responsibility for care dispensed during the patient’s L&D experience. The Primary Medical Provider can be a Generalist physician or a SOM CNM. MFM physicians will serve as a Consultant to all the primary medical providers and will assume primary medical provider status only in agreed upon situations depending on patient acuity and other issues. Others involved in the care are considered Secondary Medical Providers who are responsible in making sure that the Primary Medical Provider is informed (updated) of each significant clinical event as well as decisions that are under consideration in the overall care of the patient.

2) At each of the two board rounds that are made daily (7am M-Th, 6:30am Fri, 8am Sat.-Sun; and 6pm), the Primary Medical Provider will be confirmed for the upcoming 12 hour shift. If time and work load permits, it is ideal that changes in primary providership be explained to the patient by the outgoing primary provider during a bedside handover with an introduction of the oncoming primary provider either before or after board rounds.

3) The two daily board sign outs should begin with a snapshot of any patient who is labeled with an orange or red flag (see definitions below). Those patients who are labeled with an orange or red flag will be assessed at frequent intervals by the primary and secondary medical providers.
4) At Board Rounds Primary Medical Providers will participate in a discussion between Secondary Providers, MFM Consultants and all team members (nurses and others) who have a role in the patient’s care and this will include a detailed discussion of the patient’s history, physical exam, course and patient expectations. Any red or orange flags are to be thoroughly discussed. In addition it will be stipulated who will be the expected physician/CNM attending at delivery. Orange and red flags will be added to the CPN and kept up to date.

5) Following each board sign out, the primary provider will make bedside rounds on each his/her patient with appropriate introductions followed by a discussion with the patient that will include an update of the current situation, plans for the next few hours and an explanation of who will be present at delivery should that occur as well as an inquiry into any questions the patient and her family may have.

6) Every patient should have a progress note after morning and evening rounds recorded directly by the attending or by the attending attesting/amending the resident’s note.

7) Resident physicians will serve as secondary medical providers whose responsibility will include keeping the primary provider informed of a patient’s course on L&D at a minimum of every 2 hours unless the patient’s course is considered within normal limits.

8) Decisions that are considered reasonable and that are made by one Attending Physician concerning the management of a patient will be honored by other Attending Physicians. In the event of disagreement on a management plan, it is the responsibility of the accepting physician to discuss the case with the referring physician before any change in plan is initiated.

(An Orange Flag is defined as a risk factor(s) which may impact on the well being and outcome of a patient and her unborn child. A Red Flag is defined as a risk factor(s) which may significantly impact on the well being and outcome of a patient and her unborn child in a relatively short period of time.)