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OB Triage: An EBP Project

BACKGROUND

- The Emergency Medical Treatment and Active Labor Act (EMTALA) of 1986 holds hospitals accountable for the prompt screening and care of women in labor (Angelini & Howard, 2014).
- Current practice: decentralization of triage patients with inability to prioritize or focus on their management.
- Inherent inefficiencies include:
 - multiple calls and communications with physicians
 - Lack of bedside management from licensed providers
 - Lack of bed space due to increased lengths of stay
 - Variations in screening practices among physicians
 - Latent stage admissions

PURPOSE

- To demonstrate the benefits of Nurse Practitioner (NP) patient management in a dedicated OB triage unit.
- Fiscal benefits will be realized with decreasing the length of stay in the OB triage unit, decreasing the time of admission to time to delivery (TTD), and decreasing the primary cesarean rate.

REFERENCES

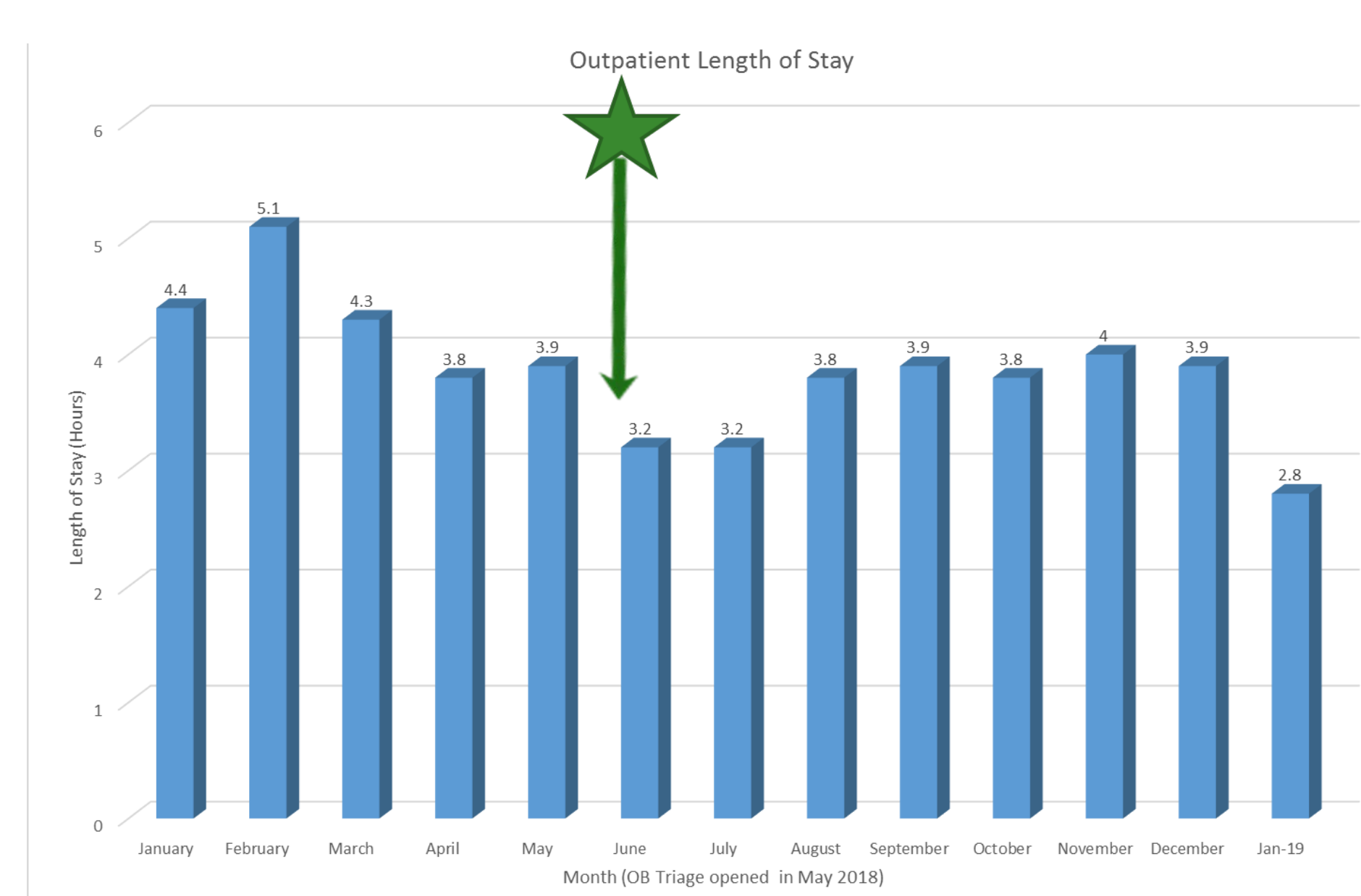
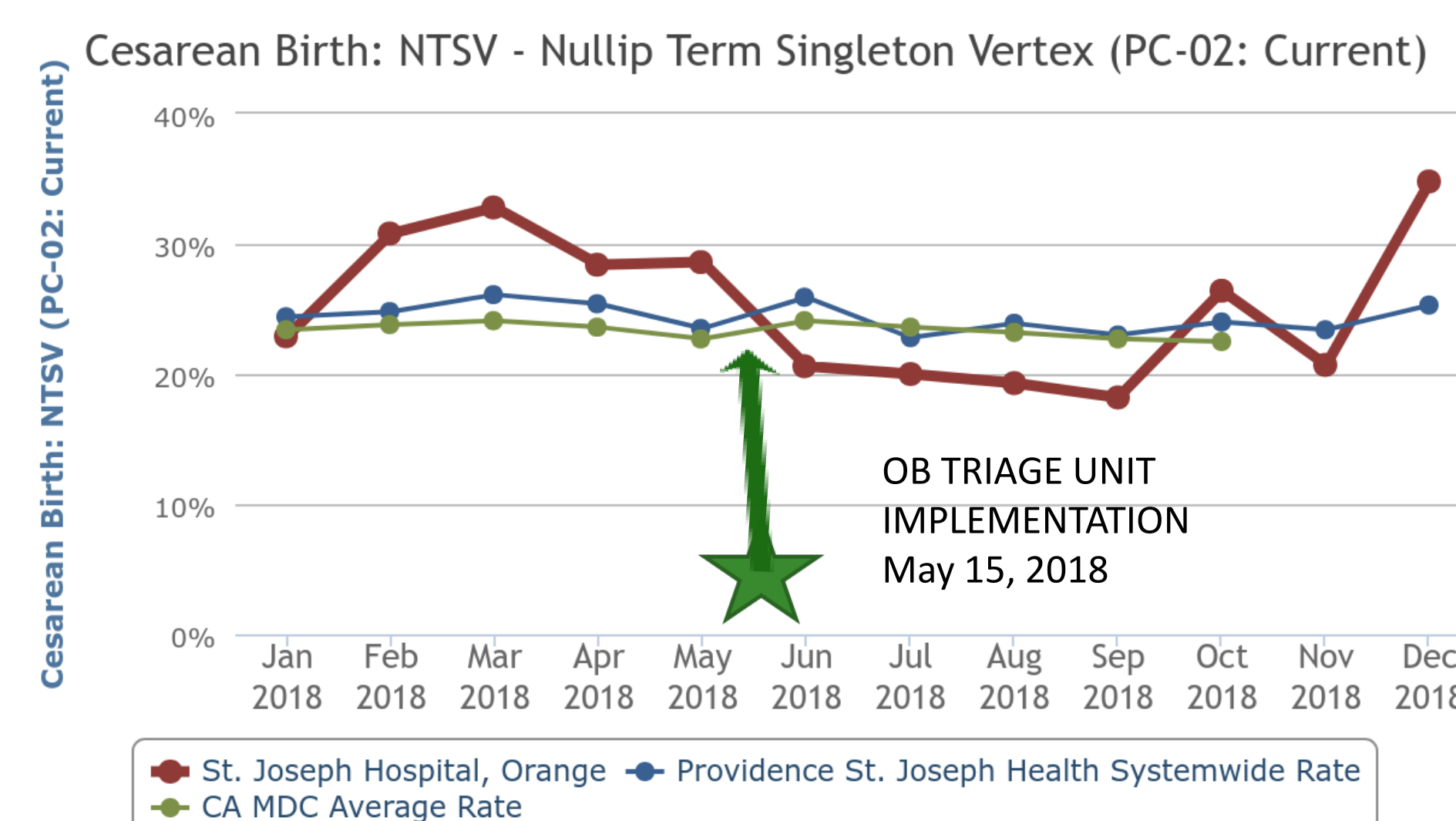
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METHODS

- Design: evidence-based quality improvement project.
- Population: patients presenting to the OB triage unit for labor evaluation. Patients presenting for induction or planned cesarean excluded.
- Data collection includes:
 - EMR review for length of stay (time of presentation to time of disposition)
 - Length of time from admission in L&D to time of delivery
 - NTSV cesarean delivery rates
 - Press Ganey scores (patient satisfaction)

LIMITATIONS

- Inability to provide 24/7 NP coverage of OB triage.
- Tiered system for physician participation that directs level of NP management.



RESULTS

- NTSV-C/S target met 30% of the time pre-implementation.
- NTSV-C/S target met 71% of the time post-implementation.
- Lowest monthly NTSV-C/S rate (18.2%) in all 17 months of data collected, achieved post-implementation.
- Press Ganey scores: OB Triage scores ↑ than hospital average on every category except Communication with Doctors and Discharge Information.

Press Ganey Survey Results updated 2/2/19	St Joseph OB Triage	SJO Total
Rate Hospital 0-10	100%	84.5%
Hospital Environment	75%	69.4%
Communication about pain	100%	70.6%
Communication with nurses	100%	81.0%
Response of Hospital Staff	100%	64.8%
Communication with Doctors	83.3%	86.0%
Discharge Information	87.5%	88.1%

CONCLUSIONS / DISCUSSION

- Current literature supports use of NPs to provide efficient and cost effective care in a dedicated OB triage unit.
- Though data collection has been hampered by an incomplete contingency of NPs, preliminary data suggests NPs managing OB triage can positively impact LOS, NTSV cesarean section rate, and patient satisfaction.
- We will continue with data collection as we now have a full contingency of NPs to provide coverage!