

ABSTRACT: 2013 ELAM Institutional Action Project Poster Symposium

Project Title: Development of the Center for Women and Infants (CWI)

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Collaborators: Toni Ganzel MD, MBA, Dean; David L. Dunn, MD, PhD, EVPHA; Jim Taylor DMan, CEO CWI; Ken Marshall MD, CEO ULH

Background, Challenge or Opportunity:

The University of Louisville and University Medical Center (University Hospital/James Graham Brown Cancer Center) signed a joint operating agreement (JOA) with Kentucky One Health, part of the Catholic Health Initiative system. Consequently, the CWI was not included in this agreement because we needed to maintain services, which included all reproductive health services, a challenge yet an opportunity to provide exemplary services to women of our region.

Purpose/Objectives:

As Chief Medical and Operations Officer, my objective was to reorganize CWI, thereby developing CWI to cover comprehensive services that provide quality, efficient, and convenient obstetrical *and* gynecologic care for women of Louisville and the surrounding region.

Methods/Approach:

As a result of the JOA, administration and operations were downsized. I worked with the hospital CEO in reorganizing the operational structure of this unit, which included meetings with current administration and nursing to reorganize the antiquated unit. Overall, this change fit well with the university's commitment to provide streamlined care for women.

Outcomes and Evaluation:

In, March, 2013, I shared defined operational goals that were met prior to the initiation of the JOA. Not only were we addressing operational needs, but also the clinical guidelines necessary to meet medical needs while providing better quality care. We have developed checklists that must be completed prior to any transfer and admission of patients into the unit. (i.e. induction of labor, etc). These clinical guidelines went into effect in April 2013; I designated the Medical Director of L&D, my faculty member, to develop and enforce these guidelines through weekly meetings with me as CMO and the director of nursing of L&D who will document any deviations from our checklists. I also incorporated resident input into the plans plus oversight of the residents by chief residents and residency directors. Physical improvements include upgrades to two cesarean section rooms, one of which has equipment for gynecology laparoscopic cases; a third operating room for high risk deliveries and gynecology cases; renovated space to improve work flow for triage and recovery; and a new physician work room designed to improve team communication between physicians and nurses.

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Background Challenge and Opportunity:

- + The University of Louisville and University Medical Center (University Hospital/James Graham Brown Cancer Center) signed a joint operating agreement with Kentucky One Health, part of the Catholic Health Initiative system.
- + To ensure the continuation of all women's reproductive health services.

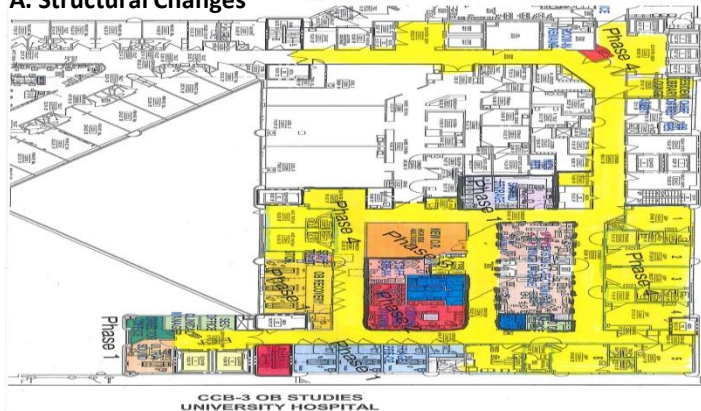
Purpose / Objectives:

- + As Chief Medical and Operations Officer, my objectives were: to reorganize CWI and to develop CWI to cover comprehensive women's services that provide quality, efficient, and convenient obstetrical *and* gynecologic care for women of Louisville and surrounding region.

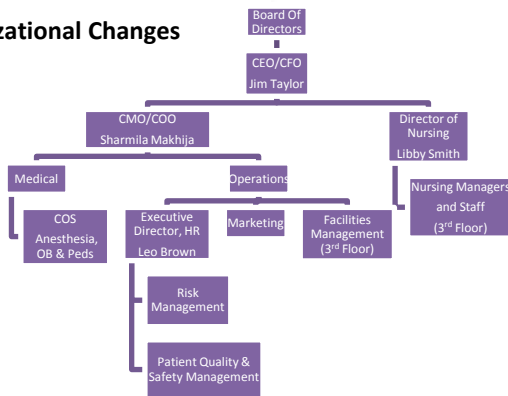
Methods / Approach:

- + As a result of agreement, administration and operations developed plan to downsize and streamline services, planning sessions and collaboration with management, physicians, and nursing.
- + Plan implemented through structural changes and improved medical care policies.

A. Structural Changes



B. Organizational Changes



Outcomes / Evaluation:

- + Clinical guidelines and checklists developed and in use.
- + Monitored by Medical Director of L&D and Chief of Nursing.
- + Reports analyzed regularly by administration to recommend improvements.
- + Physical expansions: renovation of unit with new ORs for OB and GYN procedures
- + Triage and recovery work flow modified and upgraded.

Discussion:

- + Shared operational goals and clinical guidelines met medical needs while providing better quality of care.
- + Inclusion of faculty, resident, and nursing input enabled buy-in for meeting goals.

Conclusion (Next Steps):

- + Continuation of implementation.
- + Regular assessment and changes made, if necessary.
- + CWI has improved morale and team building, plus met goals of improved comprehensive patient care.