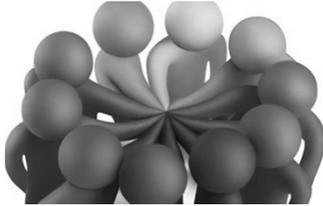


The role of collaborative practice to prevent the first cesarean

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Educational Objectives

At the end of this session the participant will be able to:

- Apply the IOM core competencies for interprofessional collaborative practice to future goals within their practice setting.
- Identify specific practices within their practice setting that contribute to their primary cesarean delivery rate.
- Consider specific collaboration strategies to address the primary cesarean delivery rate.

Collaboration: what is it?

- The provision of health care by an interdisciplinary team of professionals who collaborate to accomplish a common goal
- Collaboration occurs when a group of autonomous stakeholders of a problem engage in an interactive process

(Wood DJ et al 1991)

In the long history of humankind (and animal kind, too) those who learned to collaborate and improvise most effectively have prevailed.

Charles Darwin

Collaboration: why does it matter?

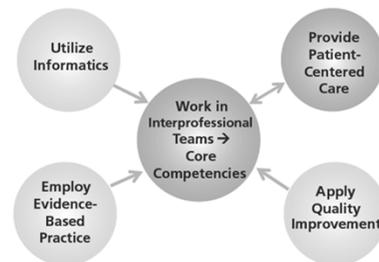
Effective inter-professional collaboration is particularly important in maternity care because pregnant women move across professional boundaries when they develop complications

Joint Commission 2004, 2007; Schmidt M 2001; Laros RK 2005; Shiffrin BS 2007; Simpson KR 2003, Downe S 2010

IOM core competencies for interprofessional collaboration

Competency Domain 1:	Values/Ethics for Interprofessional Practice
Competency Domain 2:	Roles/Responsibilities
Competency Domain 3:	Interprofessional Communication
Competency Domain 4:	Teams and Teamwork

FIGURE 5: Interprofessional Teamwork and IOM CORE COMPETENCIES



Benefits of collaborative practice

IMPROVED PATIENT OUTCOMES

- ↓ medical errors, improved mortality and morbidity measures,
- ↑ patient satisfaction,
- ↓ fragmentation of care,
- ↑ access to care,
- ↑ patient compliance

Baggs J et al 1999; Lemieux-Charles L 2006; Zwarenstein M et al Cochrane review 2009; WHO 2010, Laurent M Cochrane review 2004.

Benefits of collaborative practice

INCREASED EFFICIENCY

- ↓ duplication, cost-efficient use of resources, ↓ length of stay

INCREASED PROVIDER SATISFACTION

- ↓ staff turnover
- ↑ OR time for physicians; ↑ time for physician complex cases

Baggs J et al 1999; Lemieux-Charles L 2006; Zwarenstein M et al Cochrane review 2009; WHO 2010, Laurent M Cochrane review 2004

Benefits of collaborative practice

WOMEN

- ↑ Access to care
- ↑ Choice of providers
- ↑ Time for questions
- ↑ Patient satisfaction

Collaboration: why does it matter?

- Root causes in obstetric malpractice cases consistently highlight miscommunication and failure of teams to function as a team as the primary cause
- 65-72% of preventable adverse outcomes are secondary to lack of collaboration and poor communication

The Joint Commission 2004, 2007; Schmidt M 2001; Laros RK 2005; Shiffrin BS 2007; Simpson KR 2003, Downe S 2010

Barriers to collaborative practice

- Malpractice surcharges for working with midwives/NPs?
- “Vicarious liability”: The liability of an employer for an employee’s actions
- MD practices that provide “back-up” for midwifery/NP services do not have any vicarious liability

Booth JW 200; Winrow B 2008, Angelini DJ 2005, King TL 2005

What Have the Courts Said About Professional Liability: One Example

Gilbert v. Miodovnik – Consulting physician had no duty to intervene in patient’s care without a request to do so, when the treating practitioner was available to do so

Gilbert v. Miodovnik, 900 A. 2d 983(DC App. 2010)

Collaboration: why does it matter?

We function as members of inter-professional teams

BUT we are often educated & socialized in single professions that each have a distinct set of methods, values, and philosophies . . .

The Joint Commission 2004; Mickan, 2010; Xyrichis, 2008

This results in:

- minimal training in team-based skills
- minimal awareness of our partners’ roles
- miscommunication, competition, conflict, duplication of services

The Joint Commission 2004; Mickan S 2010; Xyrichis A 2008

Facilitators of collaborative practice

- Formal system of communication
- Effective communication
- Shared decision making
- Organizational support
- Identified and skilled leader
- Inter-professional education

San Martin-Rodriguez L et al 2005; Ivey S 1988; D’Amour D et al 1999; Stichler JF 1995; Miller S 1999; Suter E et al 2009

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**JOINT STATEMENT of PRACTICE RELATIONS
BETWEEN OBSTETRICIAN-GYNECOLOGISTS &
CERTIFIED NURSE-MIDWIVES/CERTIFIED
MIDWIVES**



The American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse-Midwives (ACNM) affirm our shared goal of safe women's health care in the United States through the promotion of evidence-based models provided by obstetricians-gynecologists (OB-GYNs), certified nurse-midwives (CNMs), and certified midwives (CMs).

(Approved ACOG & ACNM Boards February 2011)



**JOINT STATEMENT of PRACTICE RELATIONS
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MIDWIVES**



ACOG and ACNM believe health care is most effective when it occurs in a system that facilitates communication across care settings and among providers.

Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are educated, trained, and licensed, independent providers who may collaborate with each other based on the needs of their patients.

(Approved ACOG & ACNM Boards February 2011)



**JOINT STATEMENT of PRACTICE RELATIONS
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Quality of care is enhanced by collegial relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.

To provide highest quality and seamless care, OB/GYNs and CNMs/CMs should have access to a system of care that fosters collaboration among licensed, independent providers.

(Approved ACOG & ACNM Boards February 2011)

Examples of collaborative practice

Waldman, R. & Kennedy, H.P. (Editors)
Collaborative Practice in Obstetrics and Gynecology. *Obstetrics and Gynecology Clinics of North America*, 39(3), 323-452 (September 2012)

What does this mean in terms of interprofessional collaboration?

VALUES/ETHICS

- Is preventing a primary cesarean an important value – what is optimal?
- What constitutes ethical practice – the perfect storm?
- How do we work with women's and professionals values in the process?

What does this mean in terms of interprofessional collaboration?

ROLES & RESPONSIBILITIES

- What do we have to learn from one another?
- Who is responsible for triage decisions?
- What is the role of the woman in the collaboration?

What does this mean in terms of interprofessional collaboration?

COMMUNICATION

- How can we achieve consistency in messages?
- Mixed messages – talking around one another?
- What happens when there is disagreement about approaches?

What does this mean in terms of interprofessional collaboration?

TEAMS/TEAMWORK

- Can there be a full team approach – do all voices matter?
- What are the quality benchmarks?
- How does IPE influence future teamwork?

Facilitators of collaborative practice

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- Effective communication
- Shared decision making
- Organizational support
- Identified and skilled leader
- Inter-professional education

San Martin-Rodriguez L et al 2005; Ivey S 1988; D'Amour D et al 1999; Stichler JF 1995; Miller S 1999; Suter E et al 2009

*If you want to go fast, go alone. If
you want to go far, go together*

African Proverb