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CHIEF PROGRESS REPORT- Obstetrics & Gynecology
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Morbidity and Mortality (M&M) Framework

Perinatal Rounds Monthly
A multidisciplinary team from NICU, Dept OB and Dept Pediatrics review of cases with multiple identifiers (Low Apgar scores, Low PH Cord gases, Code Pink, Neonatal rapid response Babies admitted to NICU, transfers to or from another hospital or any case that is of concern to any team member with respect to diagnosis, management or outcome)

Each maternal chart is reviewed by an OB, Midwife or nurse manager and the corresponding neonatal chart is reviewed by Neonatologist, Pediatrician or NICU nurse manager. These are then reviewed at the monthly meeting and any recommendations or important findings are then reported to the corresponding departments at our monthly meeting.

Gyn Case Reviews
Quarterly or biannually we have been reviewing cases of concern identified by readmissions post op within 30 days of surgery as well as those taken back to OR within that time frame or any cases with unexpected findings.

CCO annually sends cases with malignancy that are operated on here for review. Ideal management of known ovarian cancers, cervical cancers and endometrial cancers greater than grade I/III FIGO are better surgically managed in London by Gyn Oncology and are referred out. Those that are operated on are reviewed by the chief and discussed with the corresponding surgeon as to reasons. The chief then reports back to CCO with explanation. Any recommendations are relayed back to department members individually and as a group however the majority of these cases are urgent or emergent surgeries or unexpected findings as we have a good working relationship with the oncologists in London.

Any cases that we *have* from our private practice are either discussed and referred directly to London or presented virtually at MCC rounds every Monday. Dr. Polsky is our lead on MQA and we are starting to organize a monthly review of complex cases or those with unexpected complications, or involving multiple specialties and using the Ottawa based model for review and present at journal club which is usually held monthly.

Regular Debriefings (ideally as soon after the event as possible) with as many of the members involved as possible to look at what went well and what either went badly or could be

improved upon. These would be cases such as post C/S hysterectomy or uterine rupture, neonatal death, code blue or code pink as well as severe shoulder dystocia, postpartum hemorrhage. These are then discussed at the weekly meetings with nursing staff as well as at our department meetings with the OB's and midwives.

Monthly Review of BORN Data

This is a MOH mandated collection of statistics for hospitals providing obstetrical care. This includes:

- C/S rates and #'s performed at <39 weeks gestation, induction of labor <41 weeks with postdates as a reason
- Episiotomy rate
- GBS screening
- appropriate use and timing of steroid admin for preterm deliveries as well as use of MgS04 for preterm neuro-protection
- Breast feeding rates
- Readmission rates for newborns within 7 days of delivery.

Professional Staff Engagement

MORE OB- Managing Obstetrical Risks Efficiently

A comprehensive patient safety, quality improvement and professional development program that integrates evidence based professional practice standards and guidelines with the current and evolving patient safety concepts, principles and tools. This involves all nursing staff, physicians, midwives and some of the pediatricians. Conceptually by working together (through workshops, courses and simulations) in their own practice environment use shared knowledge, skills, attitudes and behaviours that contribute to safe and effective patient centered care in an efficient, collaborative and healthy practice environment.

Chapters that are required reading annually with quiz and case presentation for each Chapter. Annually we have a workshop with OSCE drills and 120 question test on line that all participants are required to complete. Our hospital was one of the earliest involved in this program that has now expanded across Canada and the US with cooperation between SOGC and ACOG. This program has helped us develop several tools of communication over the last 17 years including, CHAT, CRASH, Critical patient alert, Neonatal Rapid Response (prior to calling a Code Pink).

Twice Daily Huddles

This is a meeting shortly after shift change with nurse managers and OB on call to discuss cases of concern, in L & D, Triage as well as postpartum and Antenatal patients along with staffing issues. This allows us to develop priority of inductions and anticipated problems that

could arise in the short term. Especially knowing that, Much like ER, we never know when we may be inundated with several active laboring patients at any time.

Cases of Concern
Any complicated patient that is identified or flagged by their OB or midwife as having a potential problem as a result of their medical issue or possible effect on the fetus. We organize a Multidisciplinary Meeting of those who may be involved in the delivery (OB, Peds, Neonatology, Anesthesia as well as often Internal medicine, Intensivist, DI, and occasionally surgery and OR nurse managers)

This allows us to develop a plan of care in writing that is circulated to all involved including triage and L & D and in some cases the OR if delivery is planned in that location. Delivery is then scheduled at a planned and agreed upon time knowing that many times patients may resent prior to the scheduled event and intervention.

Journal Club
Used to be monthly in person meeting and either review two papers from the literature presented either by one of our OB residents from London who come down for 2 months as part of their gyn rotation. We did continue these virtually through the last 2 years as had leaders in the field from Toronto and elsewhere present on a number of current topics, Covid and vaccination being prominent one with regular updates as new data became available.

Women and Children's Care Committee
This is a multidisciplinary committee of the chiefs from OB, Peds and Neonatology. Nurse managers for each of these departments as well as director and VP of Admin. Monthly review of statistics and patient flow and management planning as well as any barriers to care especially with our increasing cultural diversity within our community. We offer a patient and family centered approach to care which has been limited during Covid but hopefully returning to this model of care that has been developed over the past 12 or more years.

Recruitment and Retention

Subgroup of 3 physicians that reviews manpower needs as well as need for subspecialties for our department in the near future 1-2 years as well as potential long term needs of the community. Limited OR time is the largest obstacle to recruiting new physicians for our department.

Performance and Leadership Evaluations

Annually meet with members to review any concerns or issues that have arisen although rarely have had any written complaints communicated to me by individuals or other departments. Review committee membership annually and offer option of changing committees if desired.

Academic and Research Vision

Our department was one of the first to take medical students from London initially as an elective and eventually full time students, which expanded with the establishment of our own medical school. We have been instrumental in getting our local medical graduates to go into OB/Gyn and Dr.Taboun is the first graduate of our school to set up practice her and a valued member of our department.

We are part of the core rotation for the OB residency program in London taking residents for gynecologic surgical training. We used to take 2 residents each for a 3-month block but we now take one resident for 2 month blocks. Unfortunately with limited OR times and lack of additional hospital funding from the medical school or MOH, having learners in the OR does lengthen the time needed to complete surgical cases. With limited OR time availability we have needed to cut back in order to treat our patients without adding to extended wait times which are now blown away due to Covid restrictions. We take ER residents as well as family practice residents for OB and office gynecology experience. Due to increasing time demands several of our department members have dropped out of the academic stream but we are trying to persuade them to return. Any new recruits will be strongly encouraged to participate in teaching students and residents.

Research Vision

Several members have done research over the years including in office and several for inpatients within the hospital.

- Use of GNRH agonists for presurgical treatment of fibroids and blood loss at surgery
- Use of a novel oral GNRH agonist for endometriosis and pelvic pain
- Currently study reviewing management of high grade cervical dysplasia