Improving Emergency Contraception Prescribing

Dr Aileen Mc Laughlin GPST3,
Trainer: Dr. Adrienne Keown
Old Forge Surgery, Annalong

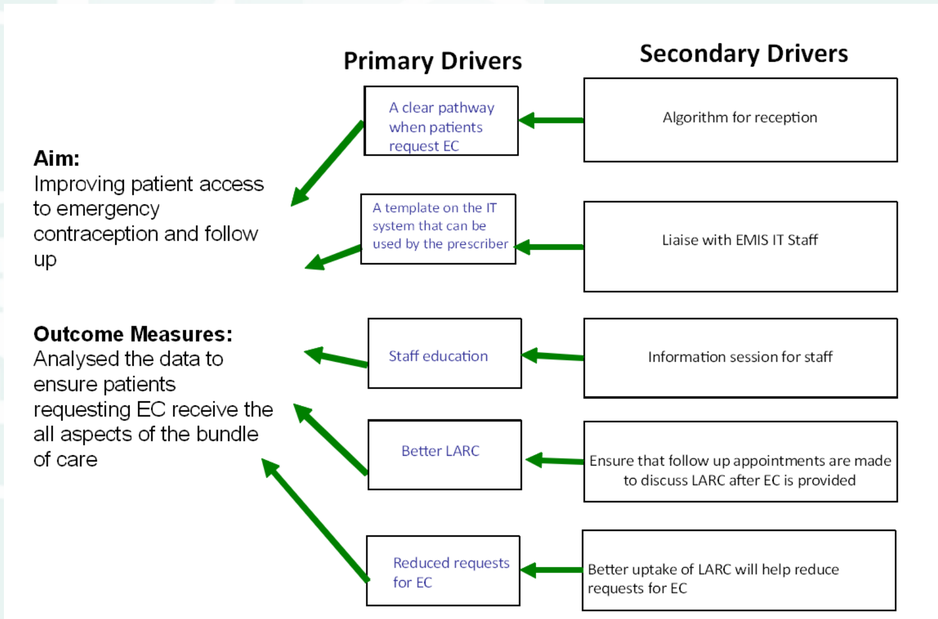
Northern Ireland Medical and Dental Training Agency

Background

Emergency contraception (EC) is the provision of preventing the establishment of a pregnancy following either unprotected sexual intercourse or contraceptive failure. Primary care is responsible for 33% of all EC prescriptions.
In January 2018 the FSRH published the largest UK national audit on EC. As a result of this audit NICE recommended a bundle of care for women prescribed EC. I used these guidelines as the basis of my quality improvement (QI) project

Driver Diagram

I constructed a driver diagram to illustrate my theory of change. I used this to plan the QI project activities and provide a systematic approach to exploring aspects of the QI so they could be discussed and agreed on collaboratively by the primary care team



Improvement Methodology

I completed an audit on the prescribing of EC in my practice. The aim of the audit was to assess if patients requesting EC between May 2018 and April 2019 EC received the following bundle of care:

- Patients where offered copper intrauterine device (Cu-IUD) and advised about its effectiveness in preventing pregnancy
- Patients where given an appropriate oral EC
- Weight/Body mass index (BMI) was assessed
- Advice given about long-acting reversible contraception (LARC)
- Offered sexually transmitted illnesses (STIs) assessment
- Consultation coded as EC on the IT system

I analysed the data and found that 100% were given oral EC and 100% of consultations had been coded as EC. 87.5% of patients had been advised about LARC and 75% of patients had been offered a STI assessment. 75% of patients had been offered Cu-IUD and 0% had their BMI/weight checked.

Aim

After reviewing the results of the audit, I realised that there were four areas which required focus:

- Offering Cu-IUD
- Checking the weight or BMI
- Offering advice regarding STIs
- Offering an appointment to discuss LARC

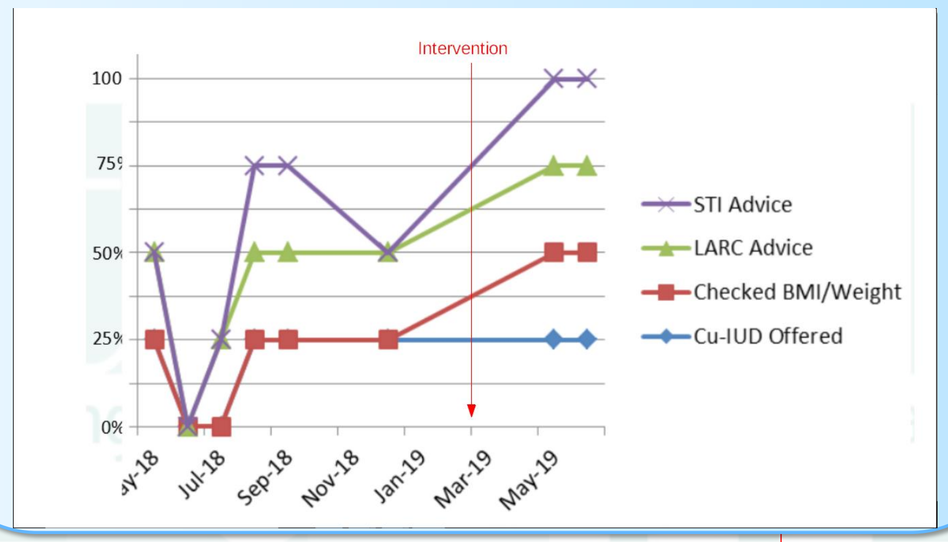
Intervention 1

Our practice uses the EMIS Web IT system. This system has templates for common medical presentations including EC. I highlighted the advantages of using the EC template to staff as it acts as a prompt to remind the clinician to deliver all aspects of the bundle of care.

Intervention 2

I asked each member of staff to explain their system for completing a request for EC. I asked if they had encountered any challenges to providing EC and if they had any thoughts on how the process could be improved. Feedback suggested improving staff education in practice on the subject of EC could be beneficial. I hosted an educational session for all clinical staff in the practice around EC. I discussed the finding of my audit and congratulated staff on areas where we had performed well and highlighted areas of improvement. This teaching session focused on – types of EC, indications and contraindications for each, how to gather relevant data from patients requesting EC and how to use this data to form a joint decision regarding the type of EC to use. I also discussed EC aftercare. I focused particularly on the four areas of improvement.

Run Chart showing results of intervention



Results

I analysed the medical records of patients who requested EC post intervention. I found that 100% of patients had been advised about LARC, 100% of patients had been offered STI assessment, 100% of patients had been offered Cu-IUD and advised that this is the gold standard, 100% had had their BMI/weight checked. I was pleased with these results, particularly in the BMI checking domain where the most dramatic improvement was evident

Next Steps

- Further education
- Regular run chart updates
- Consider mapping the EC request process looking for other areas to improve EC