Antenatal referral: have I forgotten something?

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Background

Antenatal care referral can form an important framework for hospital triage. It is an area which can vary with regards details taken at initial presentation. As a GP trainee, particularly at ST2 level, one may be coming from a background of no Obstetrics exposure and be unsure what to ask when a patient presents pregnant.
This was an experience I went through at the beginning of ST2. It is an area I am generally now confident in. However, if a template had been available to me at that ST2 stage, my information collection would have been of a higher quality.

Aim

- Creating a template to be used when patients present pregnant.
- To improve the standard of antenatal referrals sent by Eastside Surgery; ensuring a more even quality of care for all patients: & by providing adequate referral content, to meet the hospital's information needs & assist with organisation of care in the secondary setting.
- I aimed to create a template straightforward to use. Each question involved a tick or drop down box option; with free text boxes available where appropriate. Completing this template automatically codes the patient as pregnant also.
- In reviewing last year's referrals (pre-template), I found areas such as BP monitoring, flu/pertussis vaccinations discussion & high dose folic acid indications often missed. I included a section for prompt/reminder purposes providing a list of indications for the 5mg folic acid dose.

Improvement Methodology

- Distributed information regarding new template prior to creation among practice doctors; obtaining opinions on what users would like to be included on template.
- Regular email updates sent to team with information such as template launch date; and with template use promoted.
- Template introduced via EMIS Web system with easily recognised title (divided into sections including examination & birth history).
- Review of patient numbers/completed templates after 3 month period.
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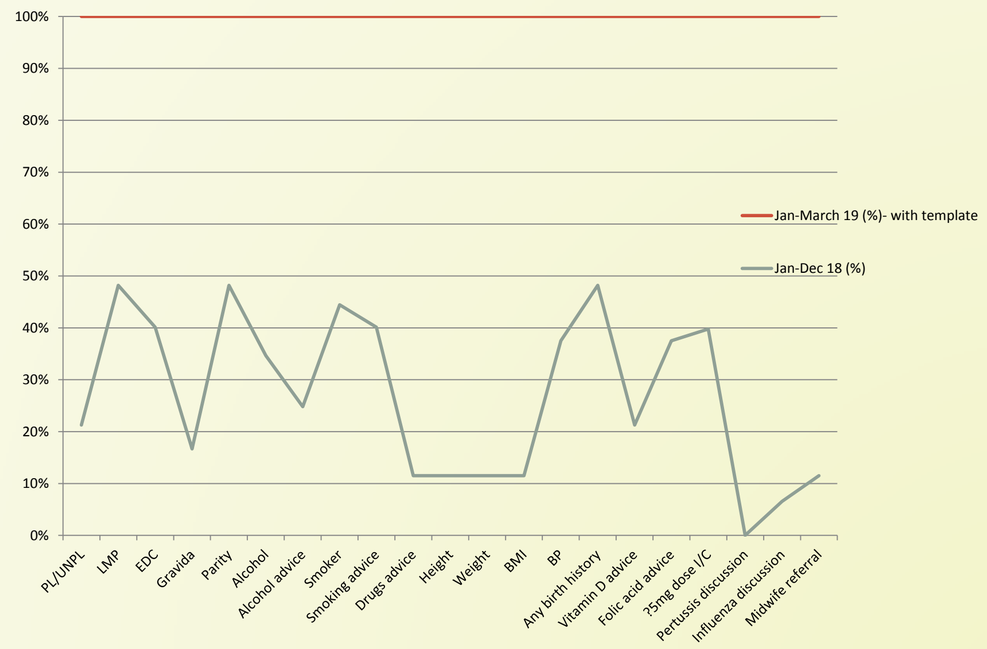
Results

- Significant improvement in % necessary information gathered.



Outcome Measures

- Outcome measures: The % of necessary gathered information.
- Process measures: Use of template during consultation.
- Balancing measures: Time taken to open and complete template.

Outcome

- Having introduced the template in January 2019, I saw a significant improvement in referral quality via use of the template. The numbers involved are small: only 7 patients have presented pregnant over the 3 months of January-March 2019. While this was an element I had no control over, I did expect higher patient numbers.
- Ultimately time will provide the answer as to whether template use remains high- and thus the information gathered of as high a quality. Feedback from GP team has been positive at this stage.
- I will encourage the doctors in my practice to continue its use after I leave the practice. It is useful in that the patient is automatically coded a pregnant; which can occasionally be otherwise forgotten.

Next Steps

- Next steps will include encouragement re: ongoing use of the template. I will request it be mentioned at practice meetings intermittently; particularly when new trainees start. I could create a small laminated poster for each room in the practice mentioning the template.