

Background

- During my training I have encountered patients prescribed the combined contraceptive pill when contraindicating factors are present. Including a lady with a history of migraine & aura, prescribed the combined pill, putting her at increased risk of VTE / stroke
- In my current practice both doctors and nursing staff carry out pill checks. On review of patient records, not all UKMEC criteria are being documented & repeat pill prescriptions were often given without all information. On review it was also difficult to find if a check had been done as not all coded as 'Pill Check', with some not coded at all & some using 'OCP check' which is not a recognised code & therefore unable to search for it
- Even if a patient has been initiated on a pill, contraindication factors can change, which may affect if it is safe to prescribe the pill
- Pill checks are also a great opportunity to offer LARC & STI screening
- This is important to improve patient safety & offer health promotion
- I decided to initially focus on improving the Pill Check consult & documentation, for both COCP & POP, whilst identifying different risks associated with COCP

Aim

- To use a standardised 'Pill Check' proforma to ensure all essential criteria documented & also to prompt reminder for LARC & STI discussion.
- To make a user friendly proforma on EMIS WEB, based on FSRH UKMEC criteria
- Aim for all oral contraceptive pill checks (COCP & POP) to be coded as 'Pill Check' & aim for 80% compliance of documenting outlined criteria

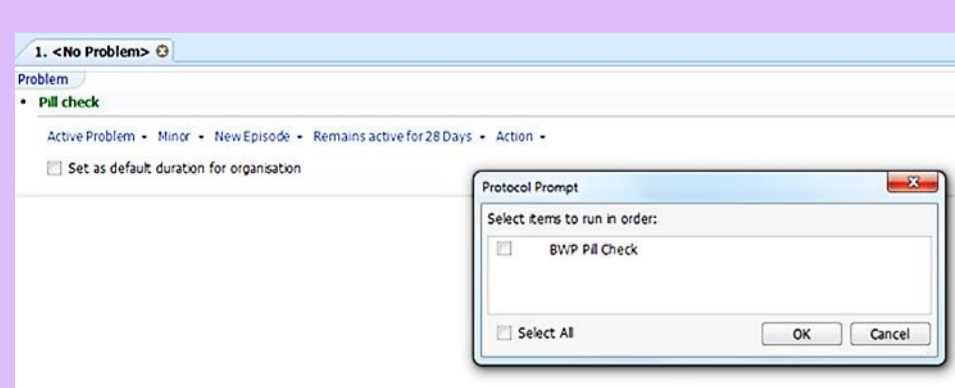
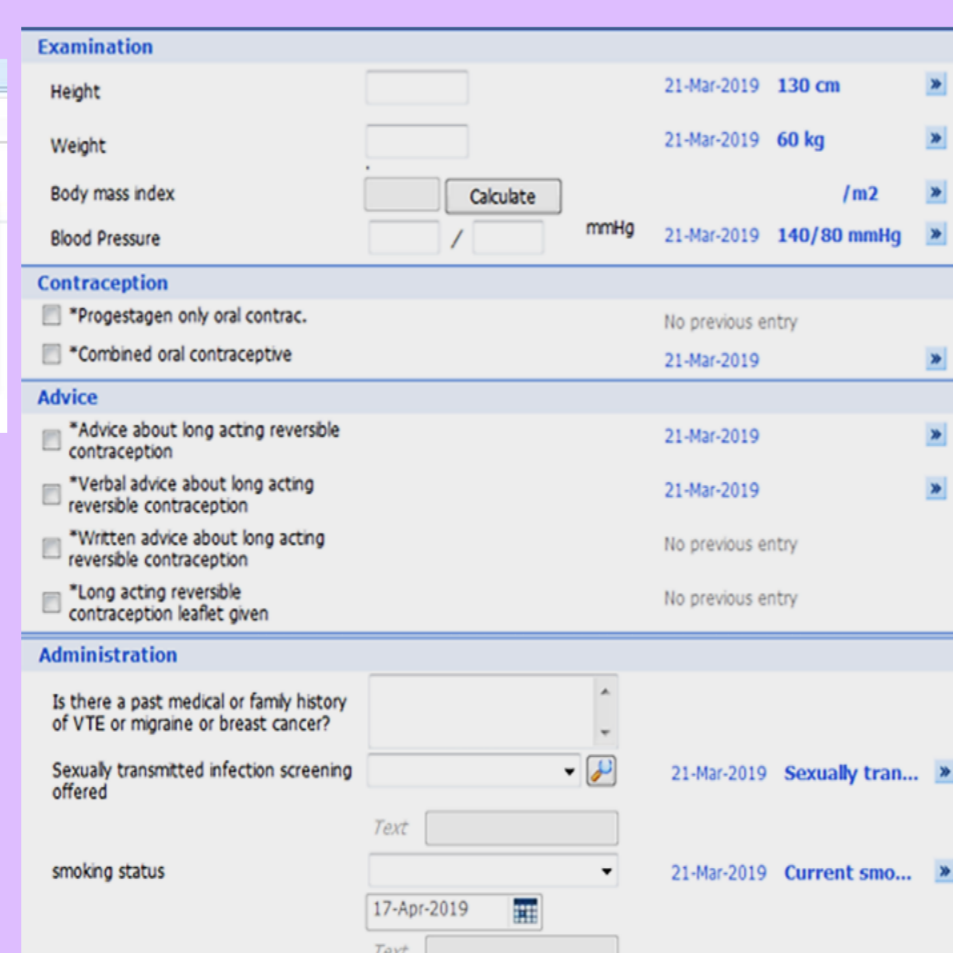
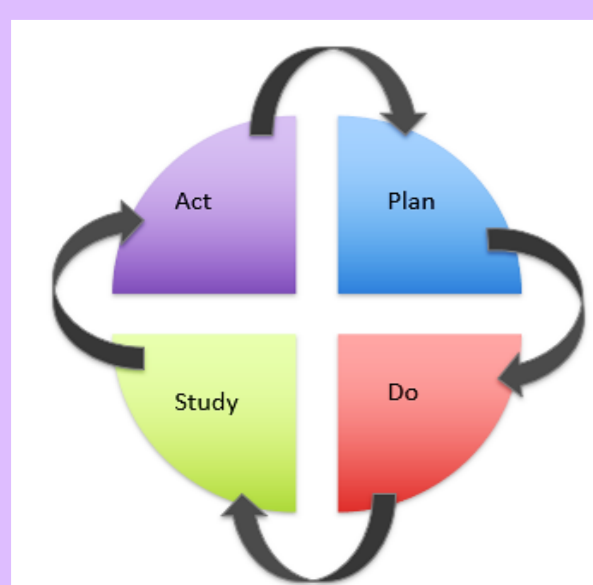
Improvement Methodology

PDSA cycle 1

- I collected initial baseline data of what currently was being checked during oral contraceptive pill checks
- I identified the essential criteria required for pill checks using UKMEC guidance & the opportunity for health promotion
- I had an informal discussion for education with clinical practice staff & after this I collected the 2nd set of data, which showed ongoing need for improvement

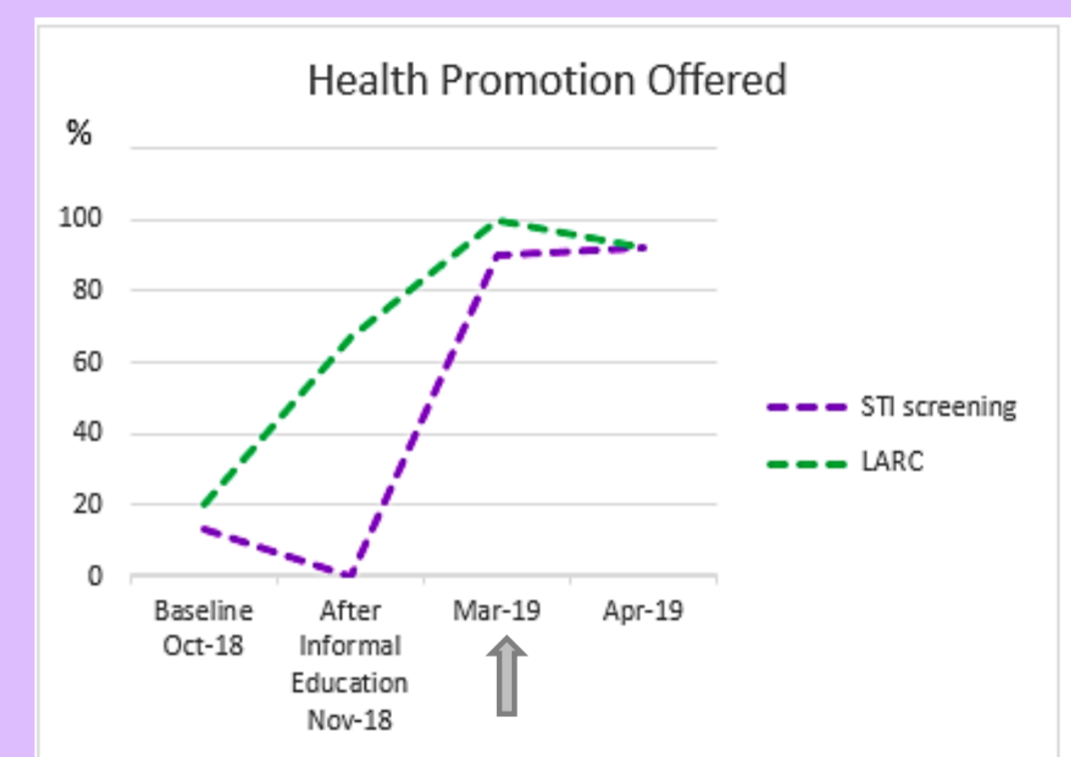
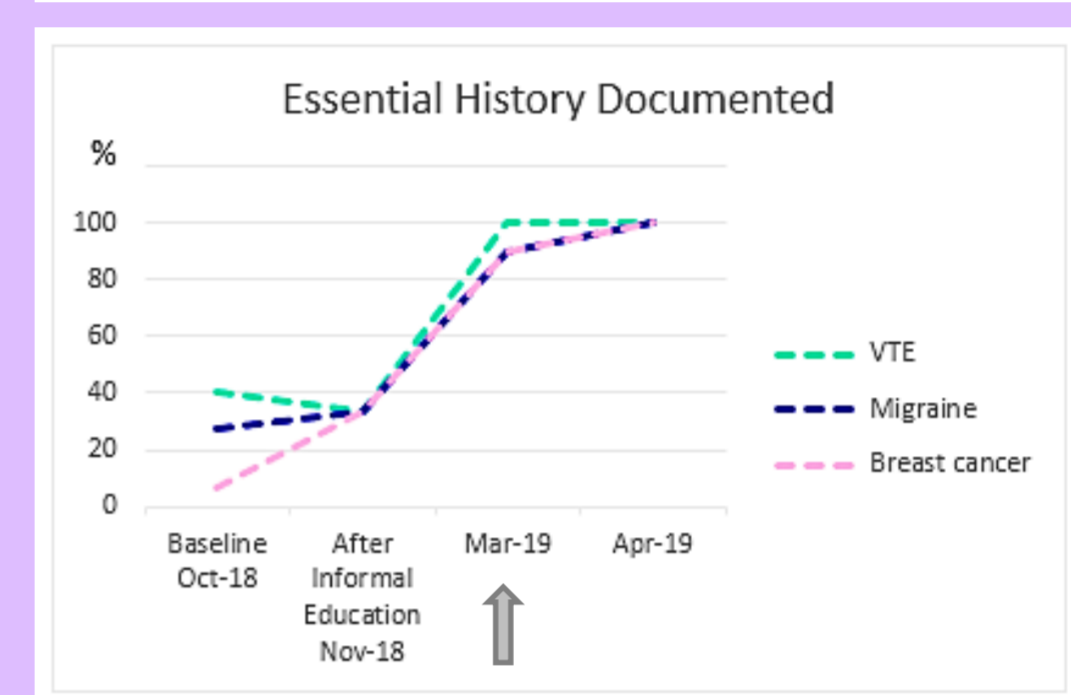
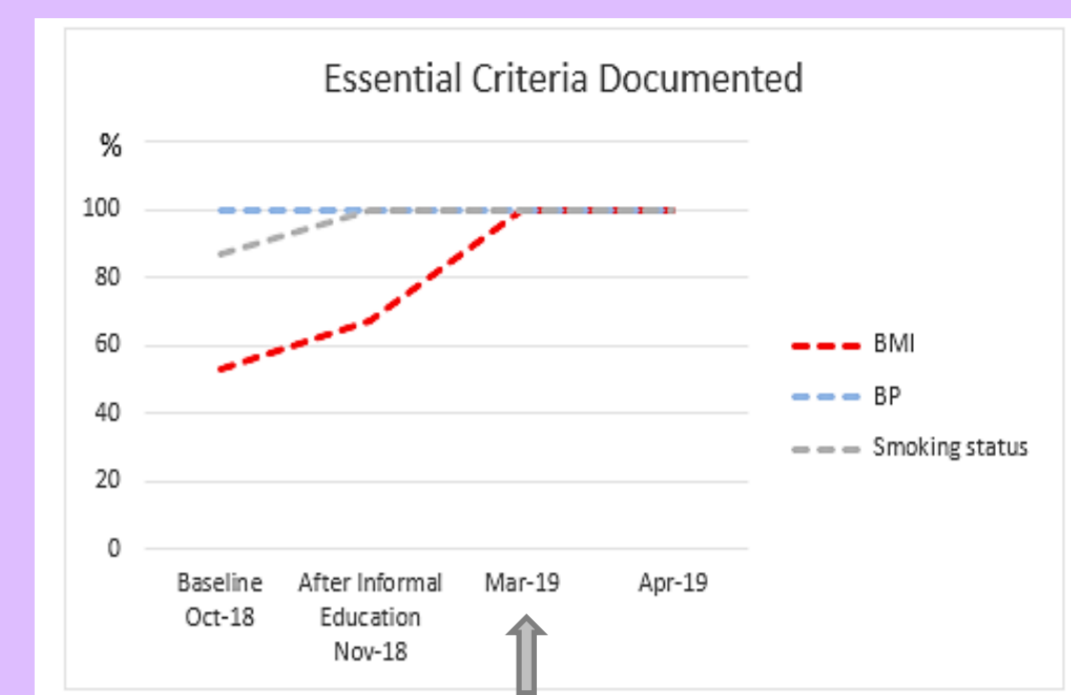
PDSA cycle 2

- I designed a Pill Check Proforma with the practice manager on EMIS WEB & implemented this change in March 19
- I emailed staff explaining how to use proforma template & asked them to ensure to code as 'Pill check', explaining that once this code is entered an automatic prompt for proforma will appear on screen
- After implementing change I collected a 3rd set of data in March 19
- I then collected a 4th set of data in April 19 to assess if change had been sustained

Results

Arrow indicates implementation of proforma (March 19)



Outcome Measures

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The % of patients who have BMI, BP, smoking status, history of migraine, VTE or breast cancer checked & are offered STI screening & LARC education

Process Measures

Use of proforma during consultation. Feedback from clinical staff on how they have found the proforma; is it user friendly, easy to use & is it saving time

Balancing Measures

Time taken to fill in proforma

Outcome

- The introduction of the proforma resulted in a significant improvement in compliance with FSRH UKMEC criteria. There was improvement in all of the criteria & this is above the aim of 80% compliance. Sustained change was shown in data collection done in April 19
- Feedback from staff has been very positive & they have found the proforma helpful, quick & easy to use, reminding them of all essential criteria

Next Steps

- Continued use of proforma, coding correctly to bring up automatic prompt
- To review all patients on oral contraceptive pill and to identify who is due an annual review
- Encourage doctors to review when last pill check was done when completing prescription for acute or repeat pill requests, to identify those who need to come in for review
- Use of pharmacist to complete a system search of patients on pill & identify those due review
- Use of nursing staff appointments & highlighting to GPs when medication review needed