

Introduction

- First trimester bleeding (FTB) is a common problem that impacts ~25% of pregnancies
- Most patients with FTB who are hemodynamically stable can be managed in the outpatient setting
- A large amount of patients in the ECU OB/GYN department were being sent to the emergency department (ED) for evaluation of their bleeding
- Unnecessary ED visits for FTB incorrectly distribute healthcare resources and have a high total cost (the average FTB visit to the ED costs ~\$1600)
- Prior to our study, there was no standard way for ECU Nursing staff to handle patient phone calls to our clinic who reported FTB

AIM STATEMENT

Within the next year, we will develop a standard phone template and protocol for ECU Obstetrics and Gynecology nursing staff responding to calls during office hours from established ECU Health OB/Gyn patients with first trimester bleeding, thus decreasing the number of unnecessary ED visits for these patients by 50% percent.

MATERIALS & METHODS

- We created a standard template of questions for ECU OB/Gyn nurses to use for patient's who called for FTB
- Through a series of PDSA cycles, the template's use was expanded and altered in our department
- We measured that amount of patients with FTB who presented to the ED after calling our nurse home line
- Baseline data was obtained from 6/2022 to 12/2022 via chart review from EPIC created home-call reports

PDSA Cycles

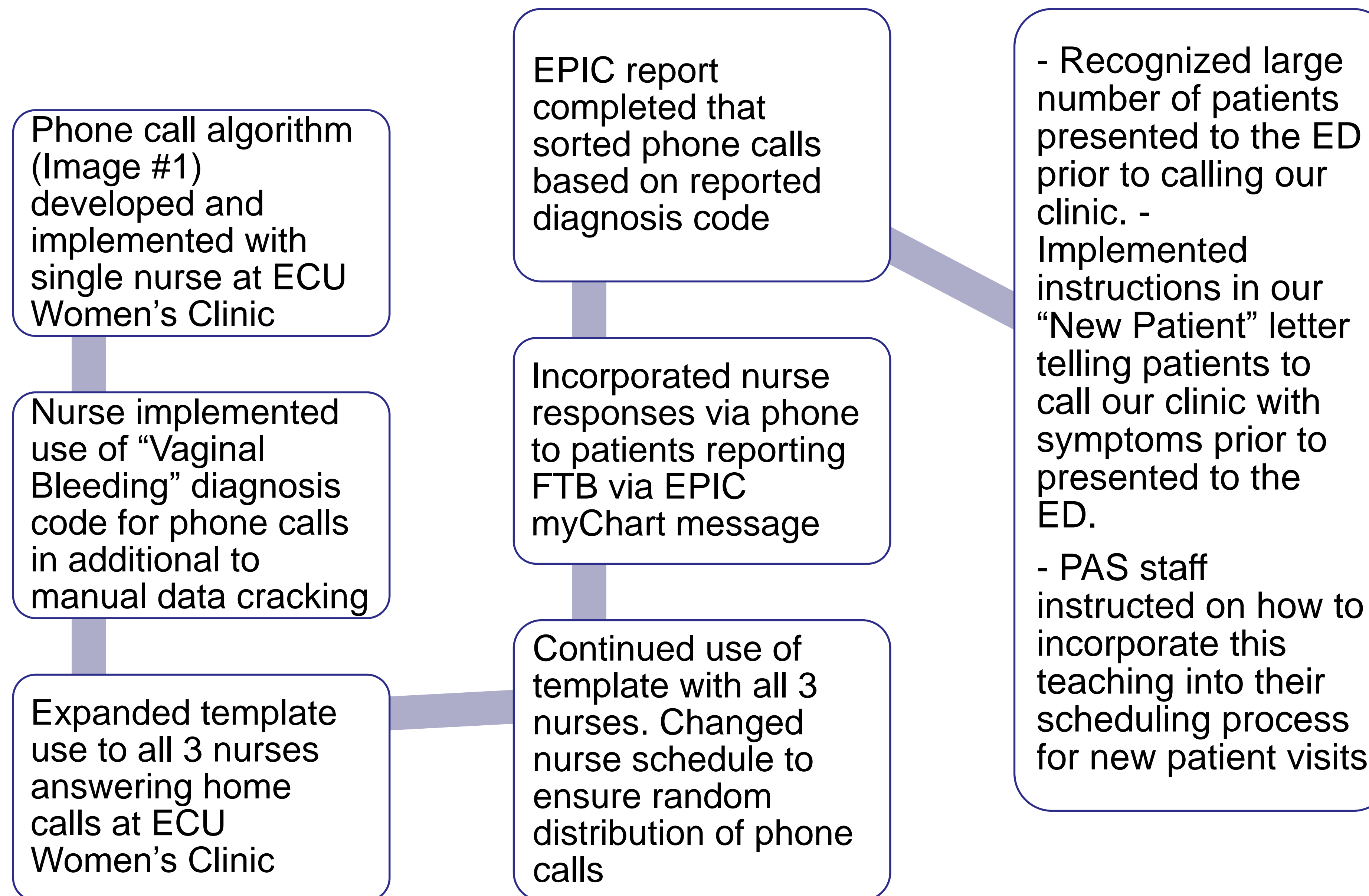
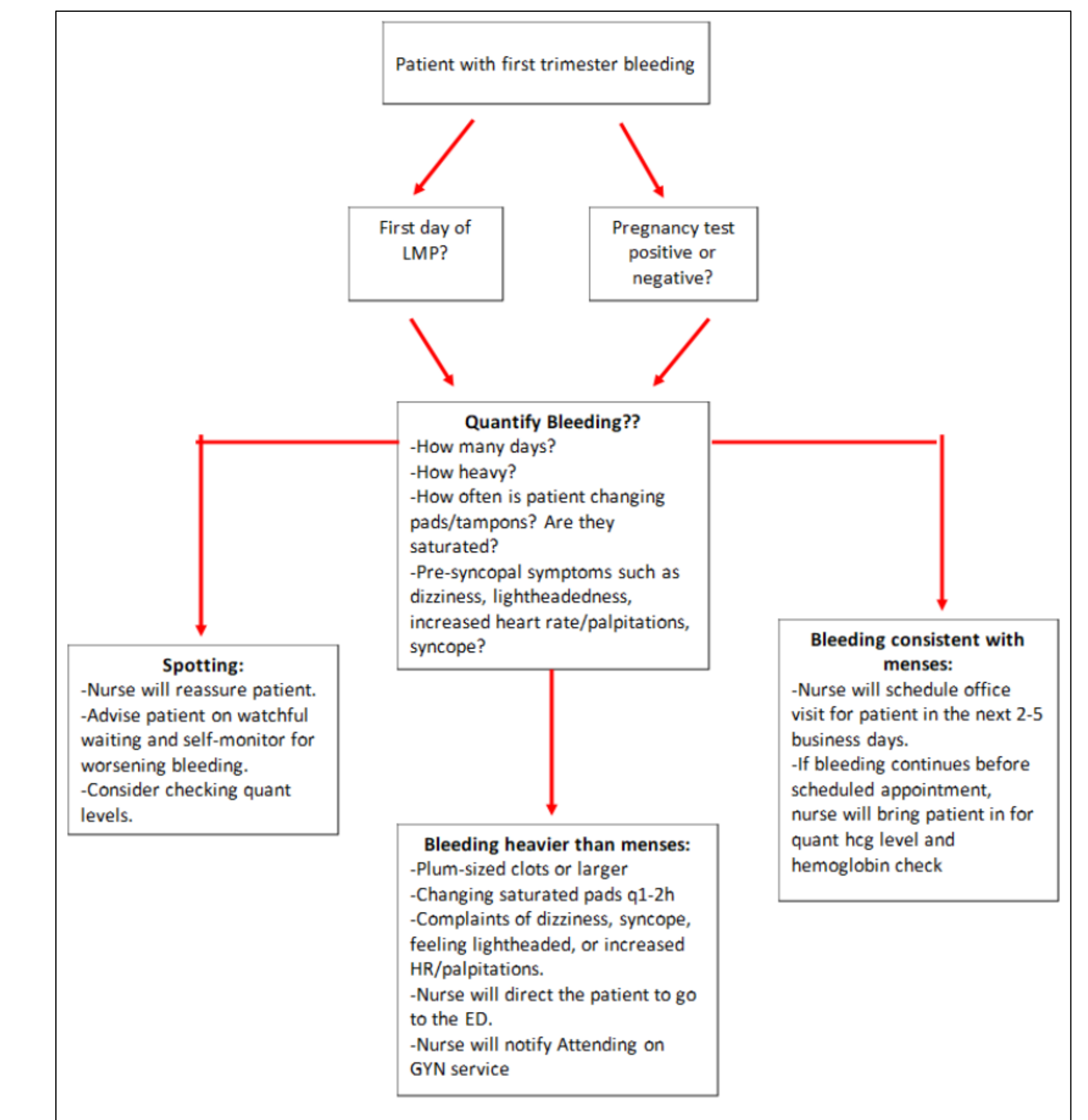


Image #1: Home Call Algorithm



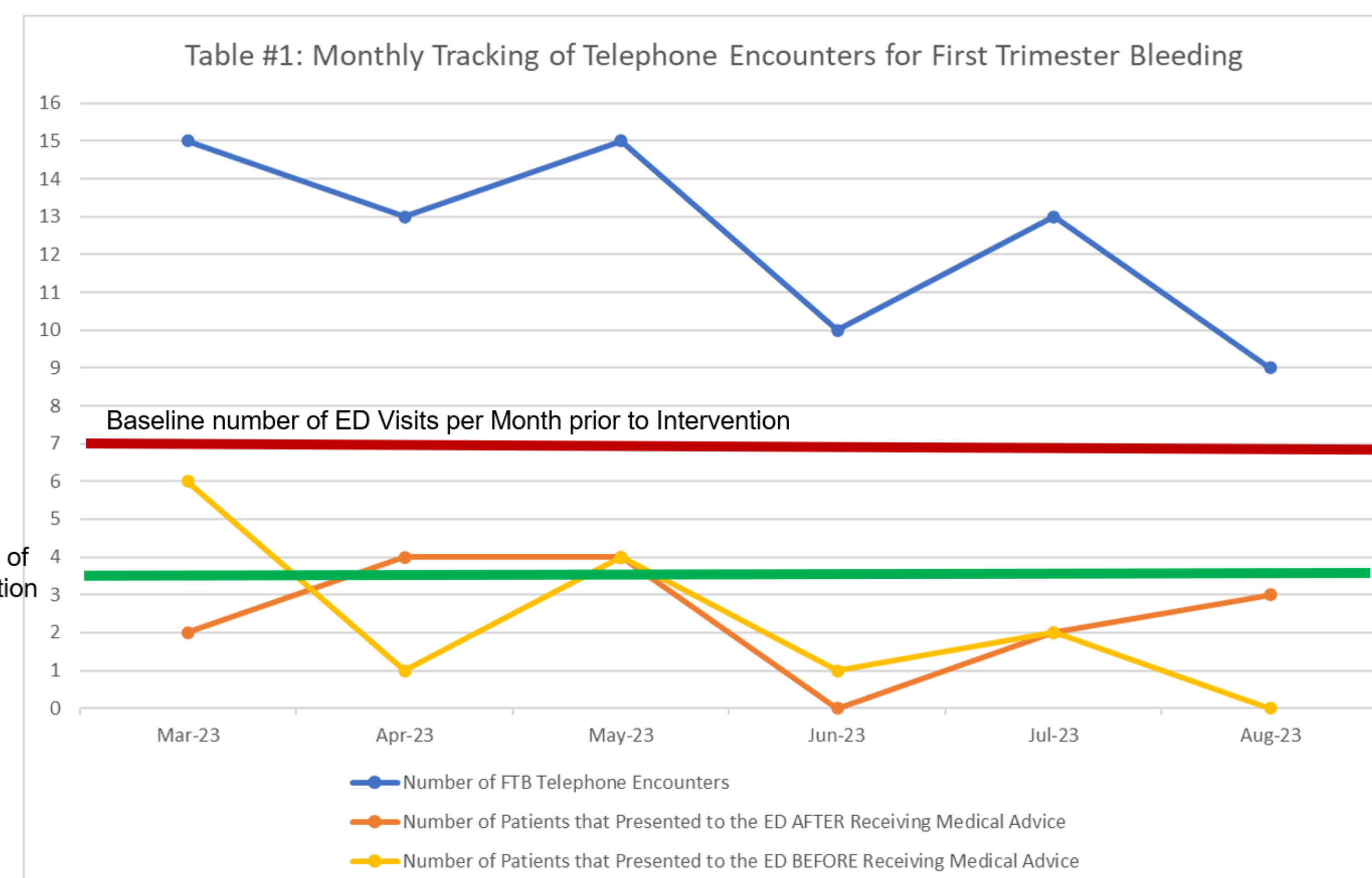
DISCUSSION/LESSONS LEARNED

- Use of nurse phone call algorithm for patients calling with FTB successfully decreased the number of unnecessary ED visits by greater than 50% percent
- Our project had significant difficulty obtaining baseline data due to the extensive amount of chart review required of previous patient phone calls (~1300 per month)
- Recommend future similar studies use the initial PDSA cycles to optimize data collection process and obtain baseline data prior to implementation of the improvement measure
- Nurse feedback from the algorithm use was overwhelmingly positive
- Incorporating similar templates for common nurse phone calls could better optimize patient outcomes and provider efficiency in our clinic

REFERENCES

- Allen, R. H. (2018). ACOG practice bulletin no. 200: Early pregnancy loss. *Obstetrics and Gynecology (New York)*, 132(5), e197-e207. <https://doi.org/10.1097/AOG.0000000000002899>
- Hendriks, E., Macnaughton, H., & Maricela, C. M. (2019). First trimester bleeding: Evaluation and management. *American Family Physician*, 99(3), 166-174. Retrieved from <https://www.proquest.com/scholarly-journals/first-trimester-bleeding-evaluation-management/docview/2454212391/se-2>

RESULTS



- Review of baseline data revealed an average number of 7 ED visits per month for FTB after a home call was made
- After full implementation of home call algorithm, the average decreased to 2.5 ED visits per month
- A large number of patients (~2.5 per month) were found to present to the ED prior to calling our clinic

Table #2: Comparison of Final PDSA Cycle Data to Starting and Median Data

	First Month (3/2023)	All PDSA Cycles*	Last Month (8/2023)
Total Number of FTB Calls	15	12.5	10
Number of Patients Presented to ED AFTER Call	2 (13.3%)	2.5 (20%)	0 (5%)
Number of Patients Presented to ED Before Call	6	2.5	3

*Values expressed are medians from data collected throughout all PDSA Cycles