

Optimizing Outcomes for Patients with First Trimester Bleeding

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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 coset (the average FTB visit to the ED icosts ~\$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

Phone call algorithm (Image #1) developed and implemented with single nurse at ECU Women's Clinic

Nurse implemented use of "Vaginal Bleeding" diagnosis code for phone calls in additional to manual data cracking

Expanded template use to all 3 nurses answering home calls at ECU Women's Clinic

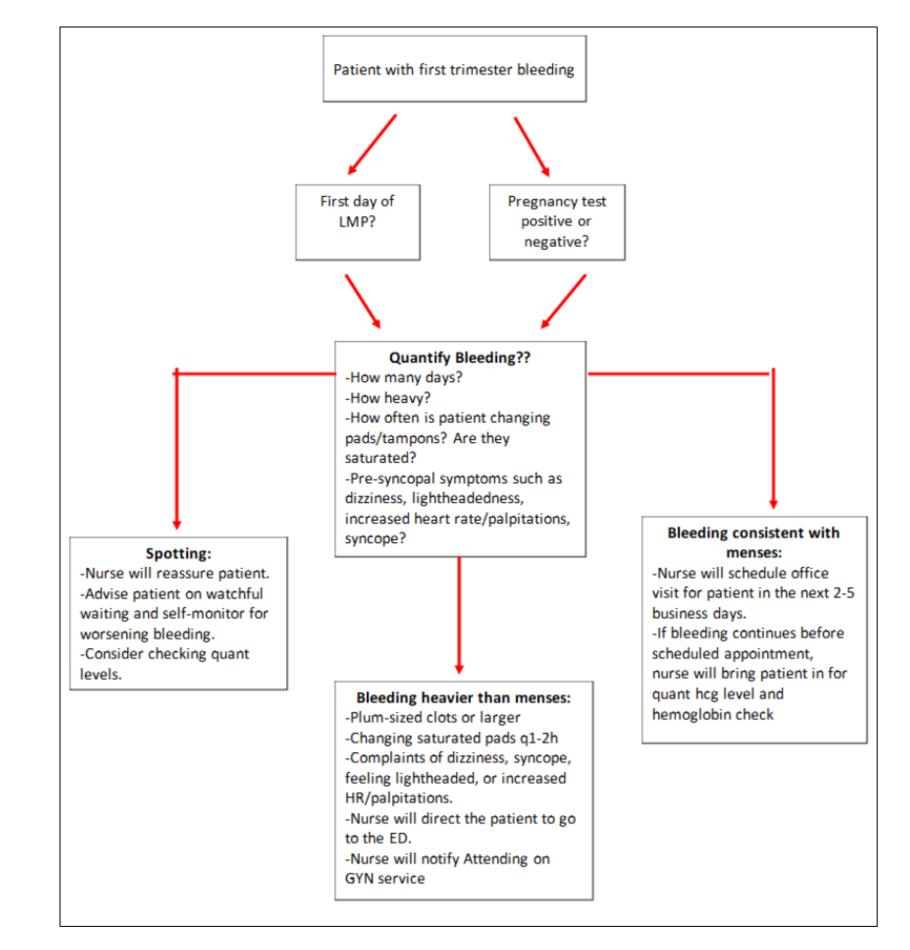
EPIC report completed that sorted phone calls based on reported diagnosis code

Incorporated nurse responses via phone to patients reporting FTB via EPIC myChart message

Continued use of template with all 3 nurses. Changed nurse schedule to ensure random distribution of phone calls

- Recognized large number of patients presented to the ED prior to calling our clinic. -Implemented instructions in our "New Patient" letter telling patients to call our clinic with symptoms prior to presented to the ED.

- PAS staff instructed on how to incorporate this teaching into their scheduling process for new patient visits Image #1: Home Call Algorithm



DISCUSSION/LESSONS LEANRED

- 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

RESULTS

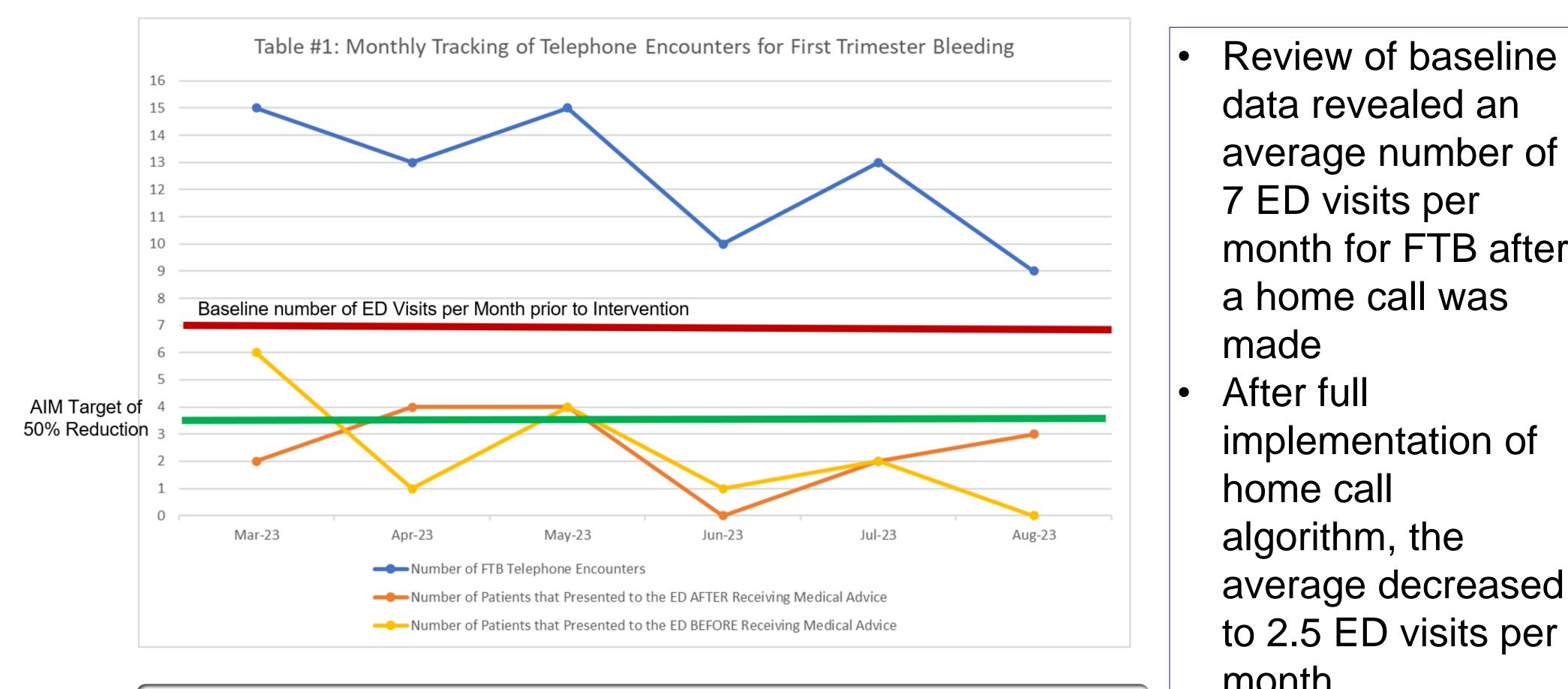


Table #2: Comparison of Final PDSA Cycle Data to Starting and Median Data			
	First Month (3/2023)	All PDSA Cycles*	Last Month (8/2023)
Total Number of FTB Calls	15	12.5	10
Number of Patients	2 (13.3%)	2.5 (20%)	0 (5%)
Presented to ED AFTER Call			
Number of Patients	6	2.5	3
Presented to ED Before Call			

- *Values expressed are medians from data collected throughout all PDSA Cycles
- After full implementation of home call algorithm, the average decreased to 2.5 ED visits per

data revealed an

7 ED visits per

a home call was

made

month

average number of

month for FTB after

 A large number of patients (~2.5 per month) were found to present to the ED prior to calling our clinic

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