EP 28.06 Reducing clinical variance and improving the quality of care in an Early Pregnancy Assessment Service

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Objectives

- Improving the quality of care and reducing the cost are two of the highest priority goals in almost every area of health care including the provision of an early pregnancy assessment service.
- Our healthcare trust has 2 early pregnancy units on different sites with different staffing structures and facilities and a clinical partnership with 2 other hospitals with early pregnancy units.
- One of the aims of our trust is that patients attending any of its sites should have access to the same world class level of care.
- The aim of this ongoing project is therefore to reduce the clinical variance and improve the quality of care in our early pregnancy units.

Methods

- A clinical practice group (CPG) for early pregnancy was formed of: medical and nursing staff, sonographers, operational leads, financial and informational analysts and clerical staff from 4 hospitals.
- Current pathways of care were evaluated in detail and baseline data collected to see how we could improve them in a systematic way. In addition, important information and feedback was obtained from patients and their families to enable the CPG to then develop an ‘ideal pathway’ to improve both the quality of care and operational efficiency.
- The pathway was redesigned in a series of at least two workshops and then iterated upon using Plan, Do, Study, Act (PDSA) cycles and Institute for Healthcare Improvement based Quality Improvement methodology.
- The pathway is now being digitalised and embedded into the hospitals electronic health record system to ensure that the methodology behind is baked into the systems digital infrastructure, making it easier for anyone, at any site, to follow the recommended method of care.

Results

- A clear improvement was demonstrated in outcome measures and patient satisfaction on test days compare to baseline and after introduction of the ‘ideal pathway’
- Preliminary data from use of the digitalised pathway also shows high levels of staff satisfaction and a reduction in follow-up visits.

Conclusions

- In early pregnancy, unwarranted clinical variance may involve the overuse, underuse or misuse of ultrasound examinations and follow-up visits.
- The work of this CPG and development of this digitalised pathway so far shows a positive step in the direction of reducing variation in the provision of an effective early pregnancy assessment service.

Summary of data of women using the pathway in 1 month at one site.