

Improving Pre-registration Rates in a Residency OB Clinic

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Disclosures: None



Imagine...

- 40 y/o female, speaks Chuukese
- 3 children (going on 4 now)
- Just transferred care to you
- No prenatal records
- 36 weeks pregnant and reports has gestational diabetes
- Had a Maternal Fetal Medicine (MFM) ultrasound at 32 weeks, but you can't access report
- Has no mobile phone
- **Overall, appointment went well**



Still Imagining...

- 1 week later, you get the ultrasound report:
 - Specialists recommend delivery at 37-38 weeks for fetal macrosomia
- Prenatal records available
- **She is now 37 weeks and 5 days**
- Cannot schedule for induction yet because... **she needs to pre-register!**

Quality Improvement: The Process



- Identify a problem
- Outline or break down the process
- Seek to understand weak points of process (utilize team)
- List possible interventions
- Determine most feasible or impactful intervention to utilize
- Apply intervention
- Measure and observe results
- Refine
- Repeat

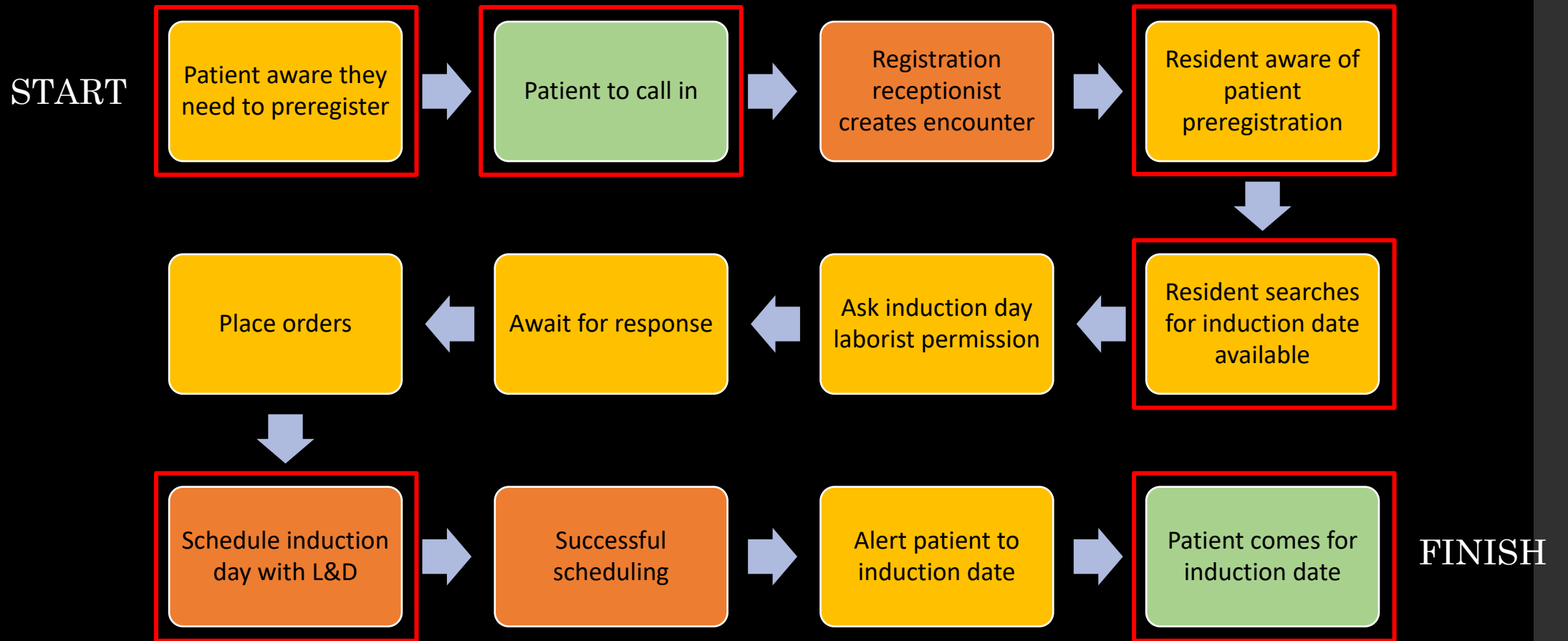
Pre-registration:

- The act of the patient calling in, registering with the hospital which creates an **electronic encounter**.
- Under **this encounter**, orders can be placed for delivery and induction can be scheduled.
- Caveat... the patient has to do this themselves

Our Prenatal Clinic:

- Prenatal clinic run by residents and faculty
 - Estimated **70%** of prenatal patients are uninsured
 - **68%** of patients are Hispanic
 - Estimated **50%** of prenatal patients require interpreter
 - **21** residents
 - Limited OB clinics per resident each month

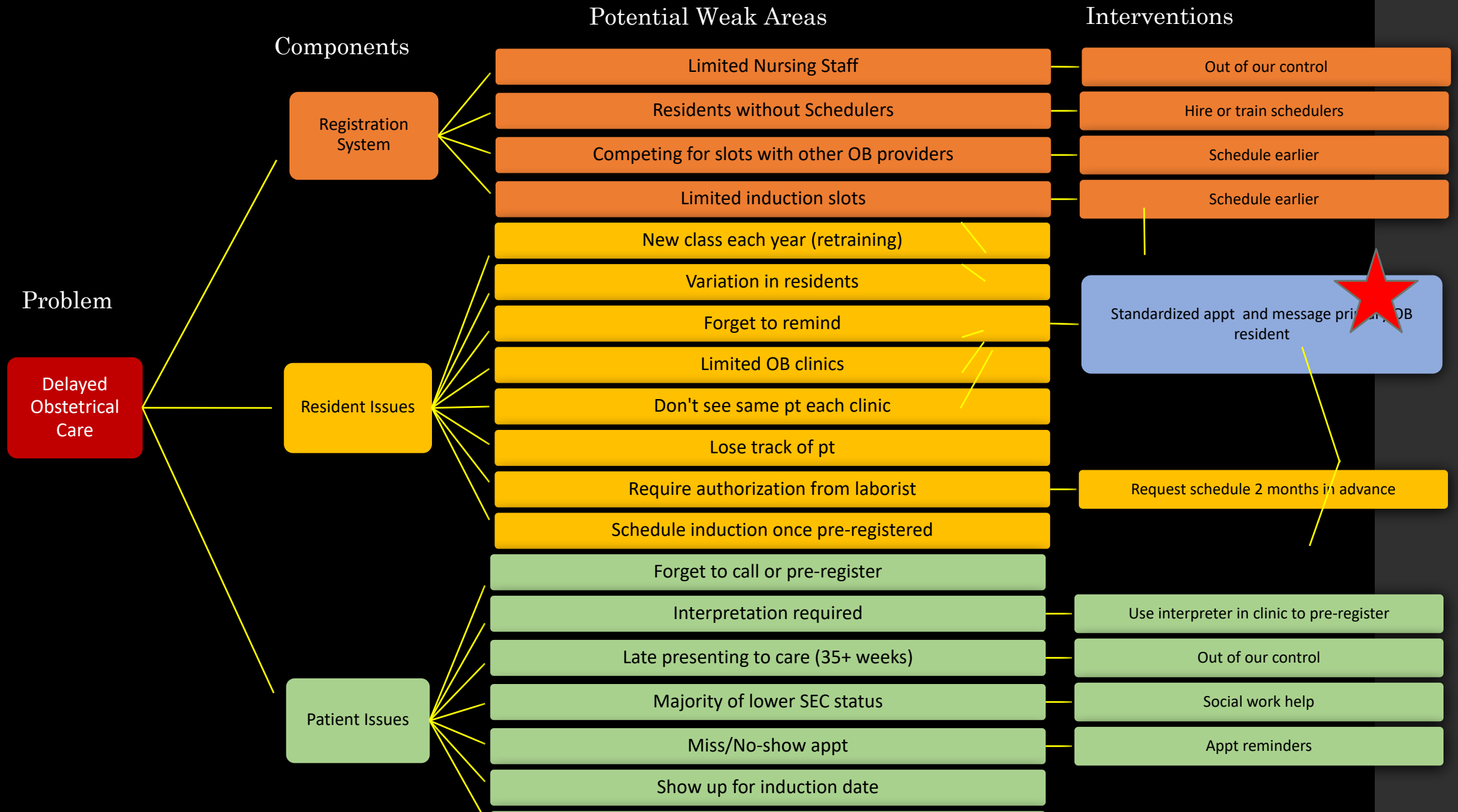
The Process:





Pre-registering a patient is akin to taking family photos...

Driver Diagram – The Process



(Actual photo of a resident trying to understand the process of pre-registration)



OB Labs

New OB Labs

- OB Panel (ABO/Rh Type, CBC, Antibody screen, RPR, RUB, HepBsAg)
- HIV 1/0/2 w cascade reflex to supplementary testing: 4th generation
- Urine Culture
- Pap (w/ auto age based reflexes) Age \geq 21 w/ GC & Chlamydia
- Age > 35 yo: TSH w/ reflex FT4, FT3, anti-TPO (cascade) + Hgb A1c (venous)
- Late Entry (>15wks): UDS
- Teddy Bear Den/ Flu vaccine

Week 15-21.6: Offer Quad (optimal @ 16-18.6)

- Offer Dental Hygiene visit
- MFM to be scheduled at 20wks

Week 20-24: 1Hr GTT for Hx of GDM (repeat 24-28 wks)

Week 24-28: 1Hr GTT, Hemoglobin, Tdap (offer)

Week 30-32: Send telephone encounter to primary OB. If pt needs c/s, send to primary ob (If on c/s list) or Resident in charge of c/s scheduling.

- If considering tubal, please fill out consent (even if undecided, they can always change their mind later, but consent must be signed >30 days before)
- Encourage all patients to preregister

Week 36-37: GBS Test

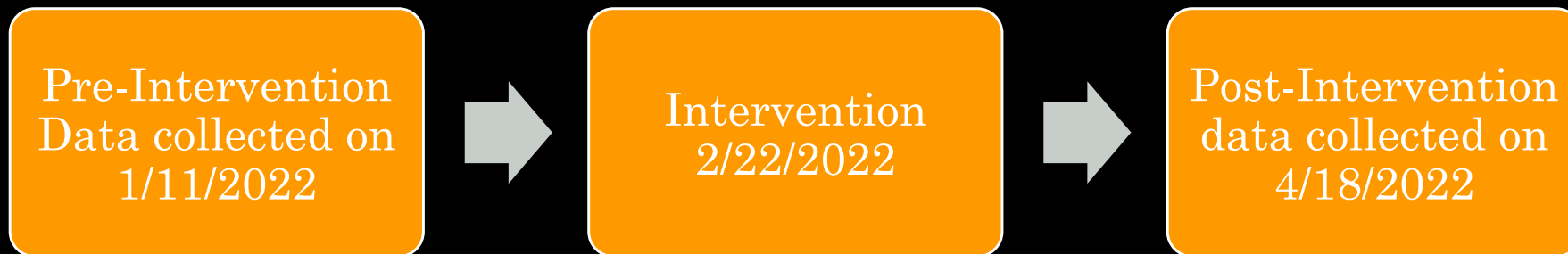
Week 36 (For age \geq 40): Weekly NST

Aim Statement:

- Standardizing an appointment to include reminding patients to preregister at 30-32 week appointments will result in increased pre-registration rates before 35 weeks.

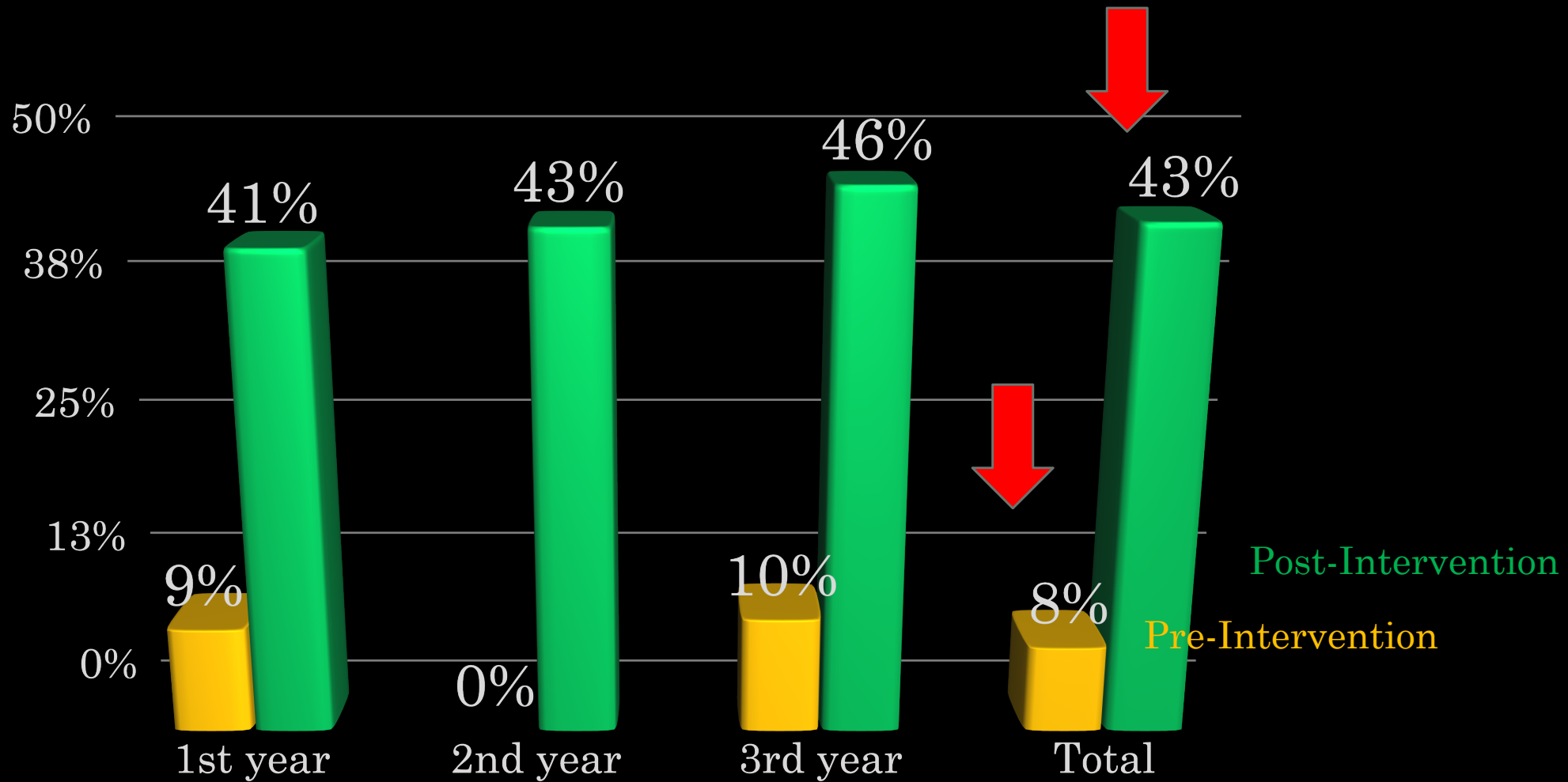
Intervention:

- Intervention: Changed reference “To Do” list to say “At 30-32 week appointment, remind patient to pre-register, and notify primary OB resident.”
- Population: Between 30-34th week of pregnancy, earlier and later were excluded
- Data Collection: retrospective chart review

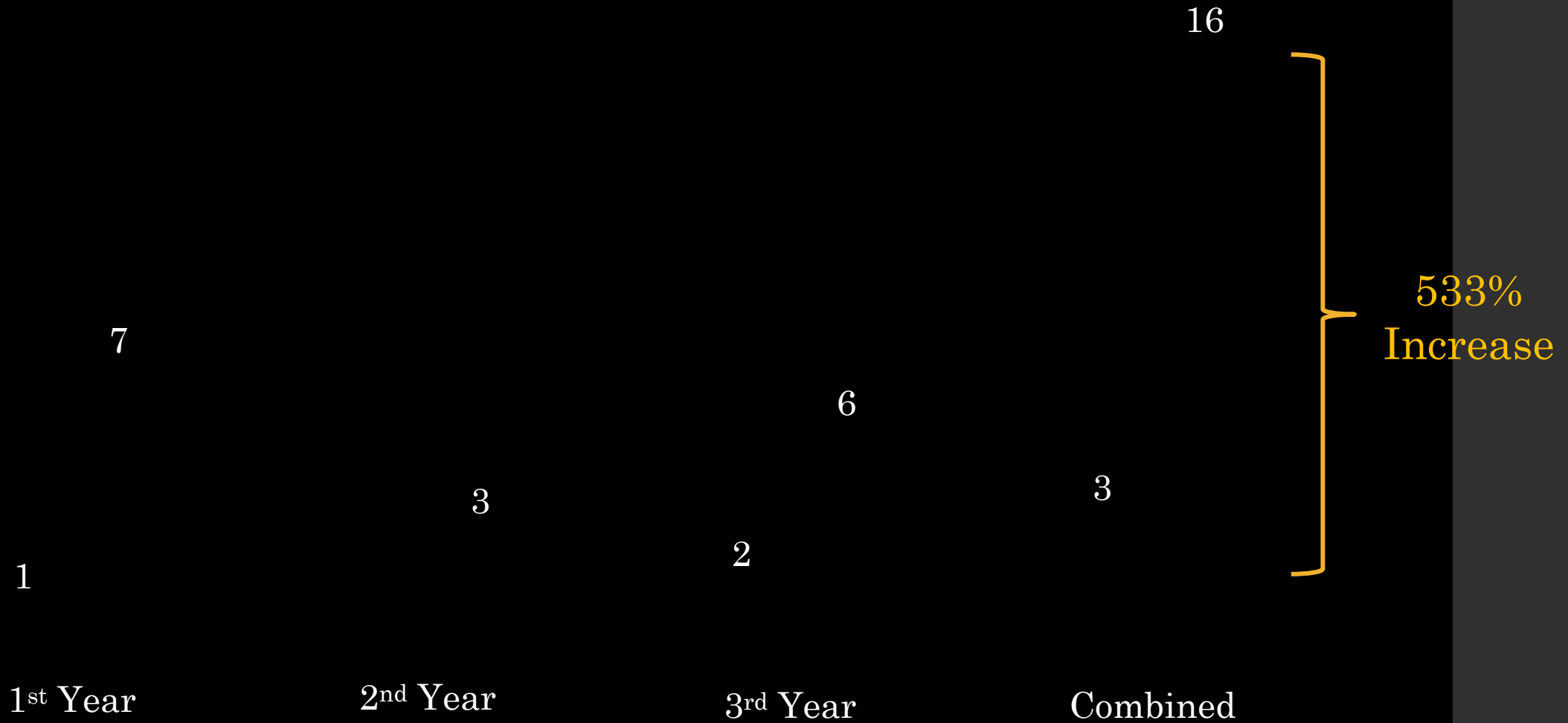


The Results:

Pre-registered patients at 30-35 weeks



Another way to look at it:



Conclusions:

- Next step:
 - Follow data for long-lasting effects
- Limitations
 - Only 2 points in time were used to gather data
 - Short-term change vs long-term system change

SUMMARY

- What about the Chuukese-speaking OB patient?
- 1 intervention resulted in:
- Absolute **35%** increase in pre-registration rates before 35 weeks
- **533%** relative increase in our pre-registration rates among all resident patients
- 3 steps improved with one small change

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Questions?