

Implementation of checklist when performing Manual Vacuum Aspiration to improve patient outcomes

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Background: The advent of the six-month rotation in Family Medicine affords second year interns opportunity to strengthen clinical skills while working in the primary care setting. In the Nelson Mandela Bay Health District these interns spend three months in the district hospital. During the rotation, they are encouraged to identify a problem in the health services that could be improved with a quality improvement project. This is one of many QIPs conducted by medical interns rotating in the Department of Family Medicine and PHC in the NMBHD, in the past two years of the six-month-training block.

Problem statement: During the exposure to maternal health services at the district hospital, it was noted that interns seldom had supervision for the performance of clinical procedures such as manual vacuum aspiration for patients having a miscarriage. Although wall mounted posters provided some guide on the how of this procedure, supervisors and interns believed the quality of care from one intern to the other varied too much. Standards were not adequately maintained in all instances.



Figure 1: QI cycle for implementation of checklist

Lessons learnt:

Challenges:

- Inclusion of the nursing staff was challenging in view of the time constraints for service delivery in other areas.
- Maintaining standards would be difficult without a champion for implementation of these standards within the unit

Recommendations:

- A survey of patients to assess their opinion of the quality of care in the unit would be beneficial to further improvement.
- Continued implementation as a standard for practice in the unit.
- Improved access to psychological support to deliver holistic care for all patients.

The implementation of a QIP is often long term and often requires support from all members of the team. The managers needed to support the project to get funding for the provision of the stationary for use in the unit. The buy in of nurses in the unit was required to support the medical interns in the use of the checklist. The clerk in the unit had an important role too with procuring stationary to ensure availability for use in the ward.

Conclusion: The feedback to this QIP was largely positive. The use of a checklist helped clinicians recall essential steps in provision of this service. The continuity of the project would require the multidisciplinary effort of persons working in the unit.

References

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