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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.

Monitoring and sustaining change: Sustaining change required the following

Pharmacy would need to approve of the generic TTO provided on the checklist

The checklist would need to be printed for available use in the unit. This had funding implications for the unit.

The checklist would require regular updates to ensure that it always adhered to recommended protocols for practice

There were other problems identified aside of the use of the checklist which included:

The lack of assistance during procedures The lack of a wall suctioning vacuum system

The lack of tools to monitor patients' vital signs such as blood pressure, oxygen saturation, pulse, etc. dedicated for use in the unit

Pre-implementation: A baseline assessment of the standard of care was done with a short questionnaire that included closed- and openended questions to ascertain the quality of care provided by clinicians in the unit. The questionnaire was administered to medical interns, medical officers and professional nurses. The major challenges identified from the feedback included:

Inconsistent standard of practice Poor drug ordering for procedural sedation Lack of psychological support Inadequate supply of sterile equipment Selecting a team: The team consisted of the HCU Family Physician supervising the activities of interns at the district hospital, the clinical manager of the district hospital, the HCU for maternal health services, the nurse managers for the gynecology ward in the hospital and the ward clerk and a group of six medical interns. Team members split responsibilities for implementing the project.

> Intervention: A checklist was developed specific to the context of the district hospital. The logic was in line with the

Results: The survey was conducted among 13 respondents who worked in the unit over the two months. All respondents had used the checklists at the time of the survey. 92.3%. considered the checklist helped with the stepwise approach pre, intra and post procedure.92.3% believed it had helped with improving documentation of the procedure and they would recommend continued use of the checklist. 92.3% also believed it helped with holistic care.

Implementation:Permission was grantedby the managers of the hospital and the
unit to use the checklists and carry out this
QIP. Copies of the checklist were made
available in the unit. Medical internsa

available in the unit. Medical interns rotating through the unit from September through October 2022 were asked to use these checklists with each MVA. They were then asked to give feedback using a short survey WHO initiative of developing a checklist for safe surgical procedures, highlighting the minimum standard of care for any patient having a manual vacuum aspiration in the district hospital. (1) This was augmented using a tool developed at the tertiary obstetric unit in the region.

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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