

Here to Improve Triage on the CLU

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Introduction

- Currently at the Lister, the maternity triage team triage their ladies using a Red- Amber-Green rating (RAG rating), the ladies triaged as Red are seen on the Consultant Led unit. The Amber and Green ladies are seen by the team in triage. Currently wait times are too long between triage and being seen by a doctor. The Local maternity and Neonatal system team (LMNS) have made a move to standardise triage tools locally and nationally so Lister will need to do this.
- The Local maternity and Neonatal system team recommend using the Birmingham Symptom specific obstetric triaging system (BSOTS). It consists of a prompt and brief assessment (triage) of women when they present with unexpected problems or concerns, and then a standardised way of determining the clinical urgency in which they need to be seen (<https://www.midtech.org.uk/case-studies/birmingham-symptom-specific-obstetric-triage-system-bsots.html>)
- Rationale: If the ladies are triaged using BSOTS standardised triaging tool, they will be seen quicker by the appropriate obstetric team, therefore, reducing adverse outcomes and improving patient experience.

Project aim

To reduce waiting times by 50% for yellow and amber triaged ladies to be seen by appropriate obstetric team by May 2023 in Maternity Triage.

Measures

Outcome Measure:

The time taken, in minutes for ladies to be seen by the appropriate team once triaged using BSOTS excluding red triaged ladies who would be seen on the consultant led unit (CLU)

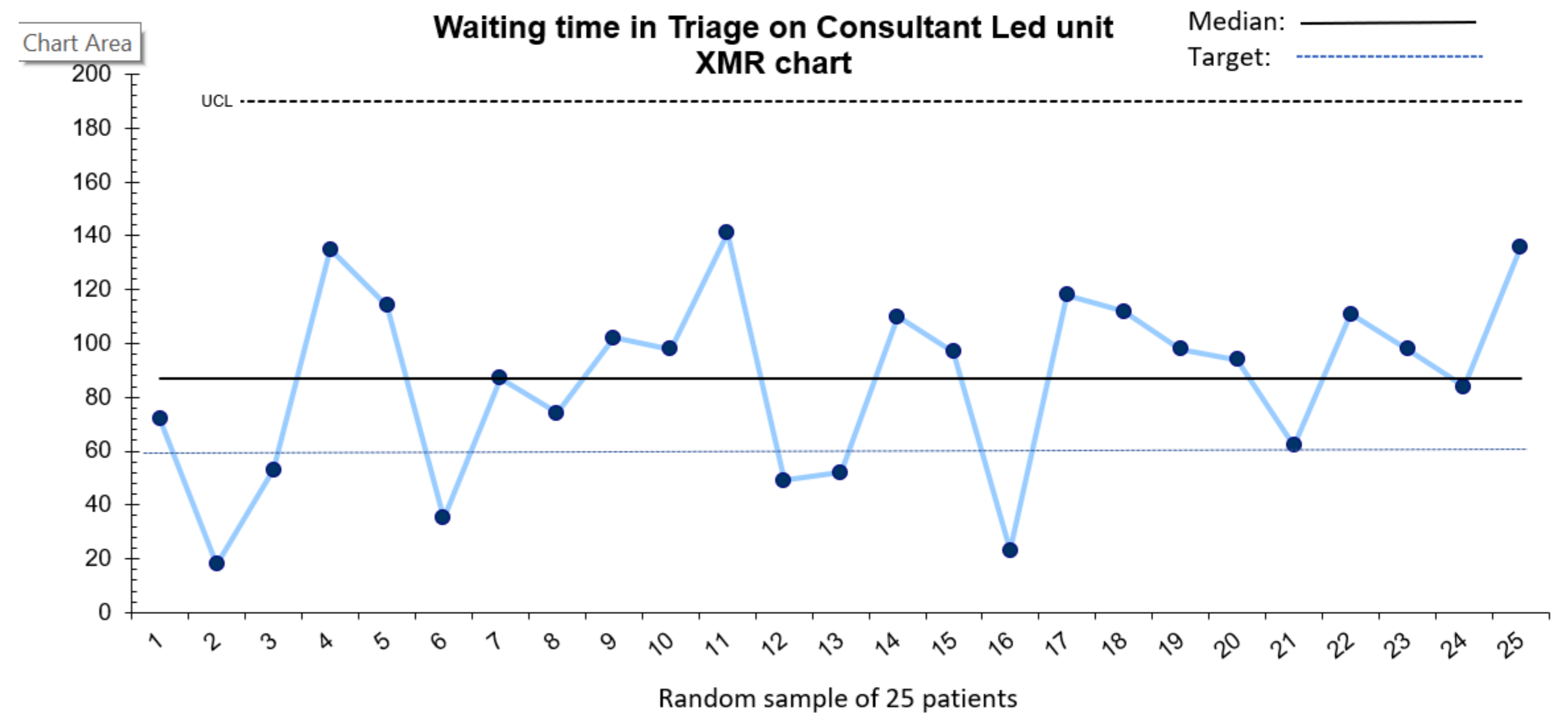
Process Measure:

The number of staff trained in the use of BSOTS

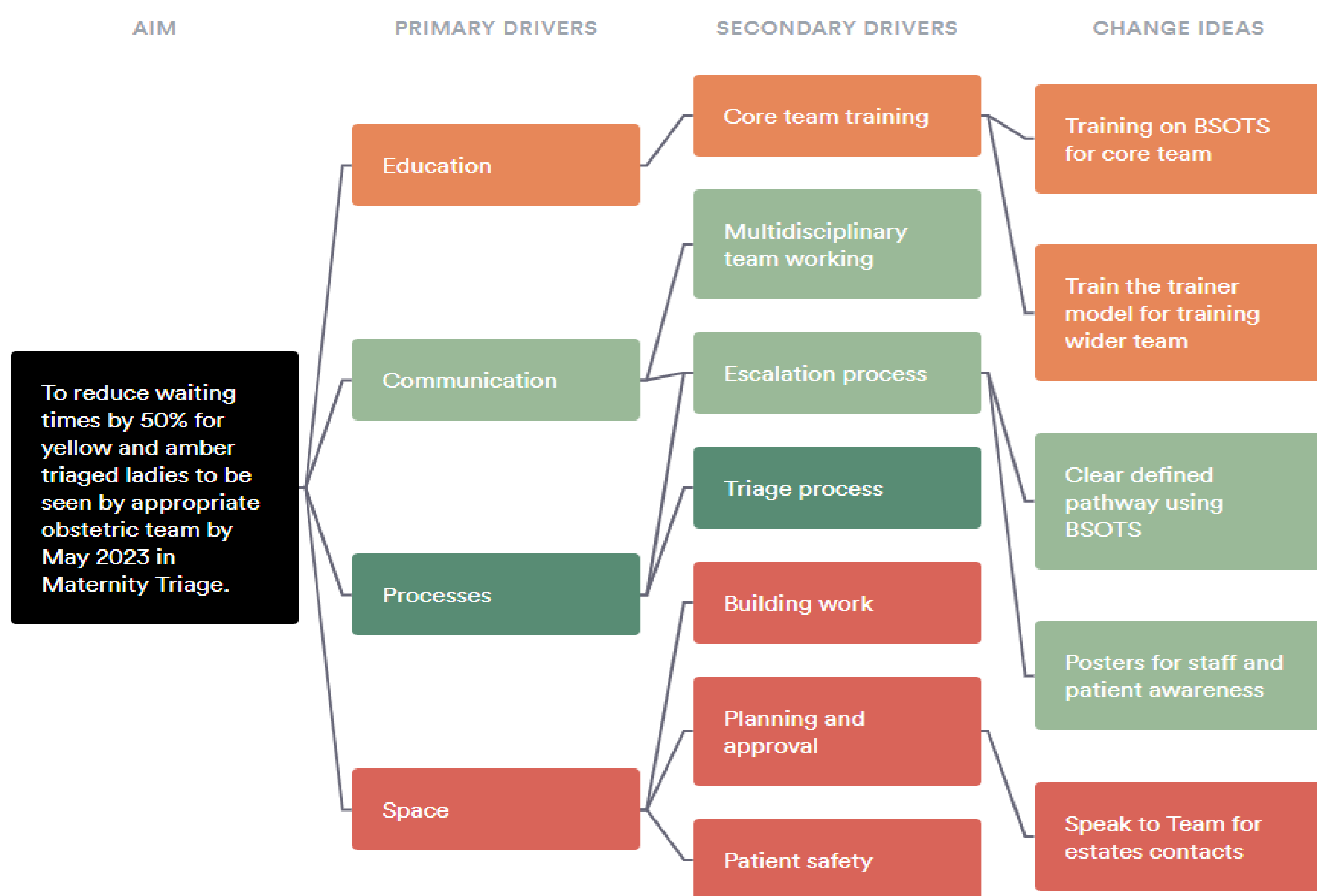
Balancing Measure:

Review time of ladies in the consultant led unit (CLU)

Current waiting times



Driver diagram



Impact

Implementing a change like BSOTS comes with a number of impacts to different individuals:

- We anticipate that there will be costing to the organisation as building works will need to take place to make triage more suited to purpose in order for BSOTS to flow as it should.
- Another outlay of funding will be purchasing the appropriate equipment needed for the smooth running of the project.
- Adjusting the layout of triage will impact the staff and patients. For staff it will be a different working environment they will need to get used to, likely over a period of time whilst the work takes place and for patients being cared for in a different environment. This maybe a stand alone unit or different entrance/layout for a period of time whilst work is completed on other areas.
- Seeking team engagement for the process is another barrier we may come across. Sometimes it can be difficult to maintain engagement with a new project so ensuring staff are on side, working with them whilst implementing the project and ensuring appropriate training and needs are met may enable us to overcome this barrier.

Additional Information

- Barriers along the way have included the building not being fit for triage purpose- which has been escalated and will be followed up on regularly by myself with the estates teams.
- Other staff members had taken ownership of project tasks which have not been completed, these have been pulled back and will be actioned once the building works have been completed.
- We have planned training and support for staff for when the project can pick up again and once a core team have been trained we will use a train the trainer style to further train team members to be able to triage using the new tool.



Maternity triage system used in 27 units which consists of a prompt and brief assessment (triage) of the women on presentation, and then a standardised way of determining the clinical urgency in which they need to be seen.



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Birmingham Symptom specific Obstetric Triage System (BSOTS) allocates a 'traffic light' colour code so staff can see at a glance who needs to be prioritised.



Leadership learning

During my leadership journey I've learnt the importance of communication and how that is key to progression of implementing projects. Communicating within your teams and the wider unit in order to seek support from different departments can really drive a project forward. This journey has also taught me that engaging support from team members, other professionals and departments is crucial as many members bring different skills and knowledge and pulling on these can help hugely.

Next steps

We have a number of steps to take next to continue implementing the project.

- Discuss with estate team regarding the layout of triage as currently not fit for purpose with BSTOS. To address space utilisation as we need to combined a room to make more space for continuation of care, and select another appropriate room to be halved In order to carry out intimate examinations and a private space for discussions with doctors.
- Purchasing of stationary products such as magazine holders for individual notes to be placed into. This will show the flow of patients through triage.
- We will shortly be rolling out training for the core staff in triage in order for them to be familiar with BSOTS before implementation.
- To discuss with the maternity voice partnership (MVP) our plans for BSOTS and to gain any thoughts/ideas from patient experience.

Acknowledgement/s : Rebecca Merrifield- Midwifery Matron, Mary Goodin- Consultant Obstetrician, Claire Howard- Triage Manager, Estates Team.

References: Royal College of Midwives (RCM), Royal College of Obstetricians and Gynaecologists (RCOG) Birmingham university (references for BSOTS use, evidence base) LMNS.