Optimising the clinical DVT pathway in the maternity assessment unit

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Aim The risk of a deep vein thrombosis (DVT) increases in pregnancy, occurring in 1–2 in 1000 women. The aim of our quality improvement project was to streamline and increase the efficiency of the assessment and treatment of Deep Vein Thrombosis in antenatal and postnatal (up to 6 weeks) women, presenting to the Maternity Assessment Unit (MAU) at St Thomas’ Hospital.

Method The maternity data collection system (BadgerNet, Clevermed Ltd) was used to conduct a retrospective analysis of women presenting to the MAU with symptoms suggestive of a DVT between July 2018 and March 2019. Staff were educated on the updates to Trust guidelines on diagnosis and management of DVT in pregnancy. The need for a doctor to review a patient prior to same day ultrasound Doppler scan was eliminated and nurses were given the ability to request an ultrasound Doppler if a woman met agreed criteria. A re-audit was completed between August 2019 and March 2020.

Results The elimination of a doctor review prior to same day ultrasound Doppler scans, reduced waiting time for patients and allowed doctors to assess with the complete clinical information. There has been a reduction in unwarranted clinical variance in the assessment and treatment of DVTs, with 78% compliance with the protocol (100% for same day scans, 62% for next day scans). 3 patients did not receive Low Molecular Weight Heparin (LMWH) according to the new protocol (100% for same day scans, 62% for next day scans). There has been a reduction in unwarranted clinical variance in the assessment and treatment of DVTs, with 78% compliance with the protocol (100% for same day scans, 62% for next day scans). 3 patients did not receive Low Molecular Weight Heparin (LMWH) according to the new protocol (100% for same day scans, 62% for next day scans). There has been a reduction in unwarranted clinical variance in the assessment and treatment of DVTs, with 78% compliance with the protocol (100% for same day scans, 62% for next day scans). 3 patients did not receive Low Molecular Weight Heparin (LMWH) according to the new protocol (100% for same day scans, 62% for next day scans).

Conclusion Clear, concise guidelines for staff reduces unwarranted clinical variation and ensures safer management of patients. The extension of the midwife’s role within the MAU provided midwives with more clinical autonomy and reduced delays in assessment and treatment. Assessment by a doctor prior to the ultrasound request did not contribute to improved patient care.

Leading innovation and improvement

Harvesting staff values to catalyse workplace change

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Green@Barts is a 60 strong multidisciplinary staff special interest group at one the UK’s largest acute foundation trusts. All working on a voluntary basis and united by a passion for sustainability and climate action.

Despite the WHO stating climate change as the most significant Public Health issue of our generation, reducing carbon emissions from healthcare remains a huge challenge, and ever-bolder legal targets e.g. ‘Net Zero’ emissions by 2050, require innovative thinking and support at every level to succeed.

Guided by our passion for addressing these issues Green@Barts had the courage to approach senior leadership through Board meeting thereby winning Chief Executive support and valuable networking opportunities to enable our work.

Within one year of its inception Green@Barts are now invited by Trust leaders for our input. We are currently consulting on post-Covid transformational work for Trust-wide outpatient and emergency department. We have shared best practice with staff at other Trusts, supporting them to set up their own sustainability staff group, and there are plans for a mini-conference. We see the necessity of winning hearts and minds and education and awareness raising for staff and patients run throughout our work.

Other work ranges from providing scrutiny and comments on the Trust’s key sustainability and emission reduction document the SDMP aka The Green Plan, as well as the Architect Tender document for Whipp’s Cross redevelopment, thereby securing an aspiration for the UK’s first ‘Carbon Net Zero’ hospital.

Secondary beneficial outcomes include promoting staff engagement and belonging, both key for promoting resilience and reducing burnout.

Connecting through shared values can powerfully support a change agenda, and this can be driven by highly motivated staff with the courage to speak up. This bottom up approach complements the top down work from Trust leadership, vital to achieving maximum results.

Leading across systems and organisations

The impact of COVID-19 on communication in theatres

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Gloucestershire Hospitals NHS Foundation trust comprises sites in Cheltenham and Gloucester (GRH). As part of the COVID-19 response, emergency services were temporarily...