

## REASON WHY?

The Birmingham Symptom Specific Triage System (BSOTS) is used to assess women presenting themselves with unexpected pregnancy related problems or concerns. The initial triage assessment should be undertaken by the assessment midwife and carried out within 15 minutes of arrival. Using this system offers standardised initial assessment and symptom-specific algorithms to identify those women who require more urgent attention in a busy clinical setting.

## PLAN

There have been issues with timely triaging of women attending and an increasing number of women self-discharging. This project aims to review these in order to improve and meet the national minimum target of 80%. There have also been concerns around the whiteboard not being up to date which results in a lack of oversight for all patients. Women are triaged utilising the BSOTS framework.

The initial plan included:

- A review of the triage guidance and benchmarking against other trusts.
- Gap analysis against national standards developed by Royal College of Obstetricians and Gynaecologists (RCOG) and action plan to be devised
- Implement core staffing to ensure correct skill mix allocated to triage.
- Increase bed space by x2 beds to create better flow.

## DO

Between February 2024 and December 2024 the team:

- Clarified the patients requiring doctor review and created a flow chart to include clear follow up plans. This resulted in more consistent care.
- Relocated the Day Assessment Unit (DAU) to increase side room bed space- footprint not able to be changed due to baby tagging system.
- Redesign of triage whiteboards to colour code patients- increasing the visibility of patients that require urgent review.
- Tea and coffee trolley available for patients to increase wellbeing.
- Additional recruitment to ensure safer staffing (delays in recruiting but complete now).
- Hands on support from deputy ward manager in area resulting in quicker feedback for staff.

## STUDY

There has been a statistically significant reduction in the percentage of patients that have self discharged between April 24 and November 24.

The number of patients that receive an initial assessment within 15 minutes is now at an average of 91%. This is higher than the target of 80%.

Additionally, improvements to the scanning process has increased the number of patients being seen the next day to 81%.

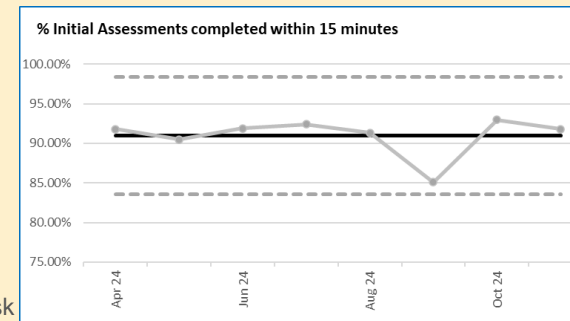
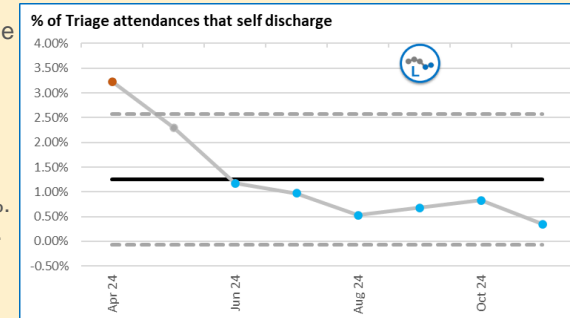
There has been a reduction in staff unavailability and a reduction in complaints.

There are concerns around reduced obstetric cover between 7pm-10pm which coincides with the self discharge numbers. This is on the risk register and being reviewed.



Increase the number of patients being triaged within 15 minutes to 80% by December 2024.

Reduce the number of patients self discharging by 10% by December 2024.



## ACT

The team have ADOPTED all changes.

Future improvements include:

- Allocation of triage phone midwife
- Whiteboard to highlight waiting times for patients
- QR code to capture patient experience
- Womens Services Assistant (WSA) standard work to be devised to support triage
- Ongoing management of change to support change in working hours to reflect patient activity
- Triage to have own drugs supply