



Maternity Triage and Day Assessment Unit: Experiences Before and After BSOTS Implementation



Barts Health
NHS Trust

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Introduction

Birmingham Symptom Specific Obstetric Triage System (BSOTS) is a triaging system specific to obstetrics developed in 2013. It has been shown to improve patient safety and management of the department, with implementation supported by RCOG and RCM. It was implemented in Whipps Cross Hospital in March 2023.

Method

- Surveys (paper and electronic) for patient feedback and staff attitudes and experiences of working in the Maternity Triage and Day Assessment Unit prior to implementation were obtained
- Audit conducted of women attending Whipps Cross Maternity Triage from 1st December 2022 – 31st January 2023
- BSOTS implemented at Whipps Cross Maternity on March 6th 2023
- Data re-collected from 6th March to 5th April 2023.

Results: Patient Survey (19 responses)

Key Highlights:

94.7% said that all staff were **polite**
94.7% felt that they were treated with **compassion and kindness**
94.7% felt their views/choices were valued and respected
78.9% would **recommend** the Triage/DAU service to others

Areas for Improvement:

47.4% said that they were seen **within 15 minutes of arrival**
15.8% reported that not all staff **introduced themselves**
47.4% were not asked about their **mental health**

Results: Staff Survey (40 responses 71% Midwives, 19% Doctors, 10% Maternity Assistants and Student Midwives)

Key Highlights:

72.5% had access to **psychological support**
67.5% feel a **valuable member of the team** (mostly or always)
Majority said that they would like to see **BSOTS implemented** (with appropriate staffing)

Areas for Improvement:

35% reported not having opportunities to **raise concerns**
21.6% **do not have their break** regularly on duty
48.6% described their **current morale level as low**
Many reported **increased staffing and training** would improve the service

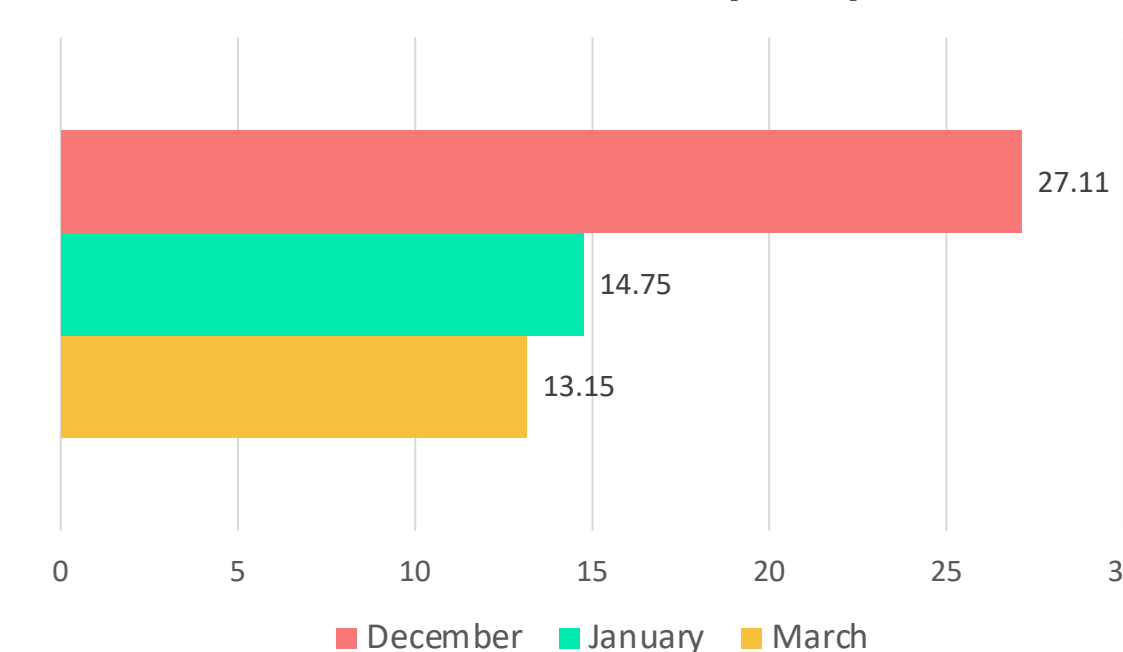
Number of Patients Seen

Month	Number of Patients Seen in Maternity Triage
December 2022	550
January 2023	661
March 2023	798

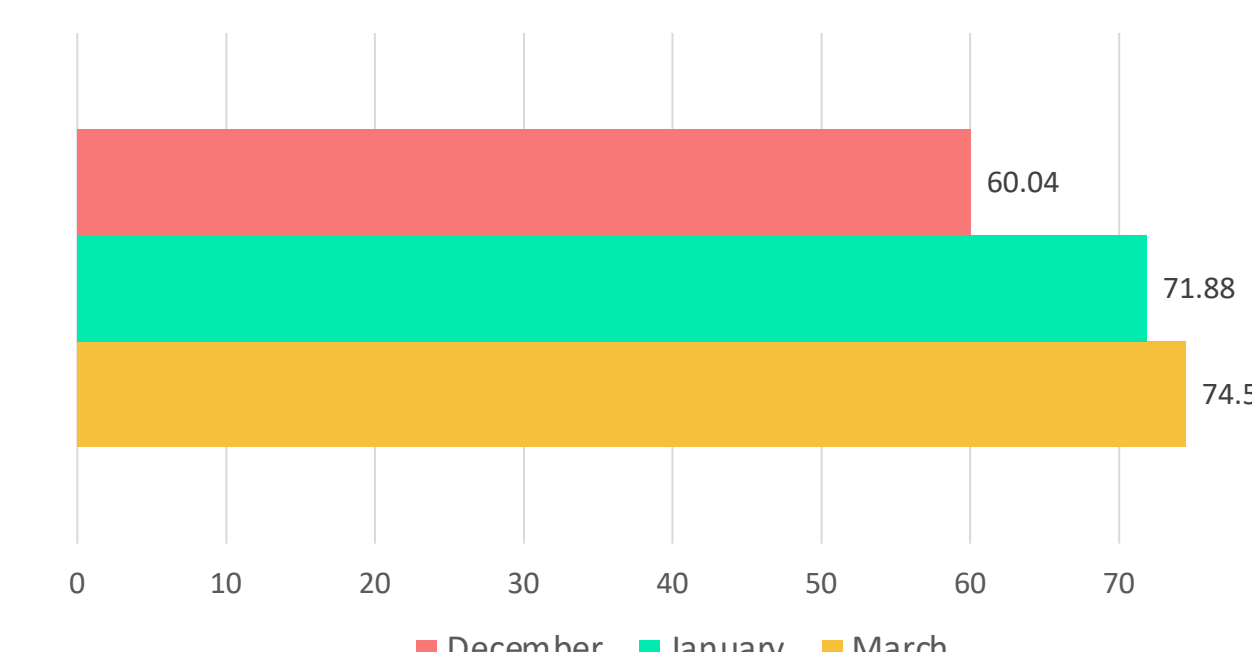
Reasons for Presenting Before (Left) and After (Right) Implementation

Presenting Complaint	Number of Women	Presenting Complaint	Number of Women
Suspected Labour	258	Suspected Labour	126
Unwell	132	Unwell	69
Abdominal Pain	122	Abdominal Pain	95
RFM <28 weeks	43	RFM <28 weeks	24
RFM 28-39 weeks	106	RFM 28-39 weeks	77
RFM >39 weeks	19	RFM >39 weeks	19
Postnatal	103	Postnatal	78
Rupture of membranes	91	Rupture of membranes	52
Vaginal bleeding	51	Vaginal bleeding	46
Hypertension	48	Hypertension	32
Urinary Symptoms	25	Other	174
Discharge	19		
Other	71		

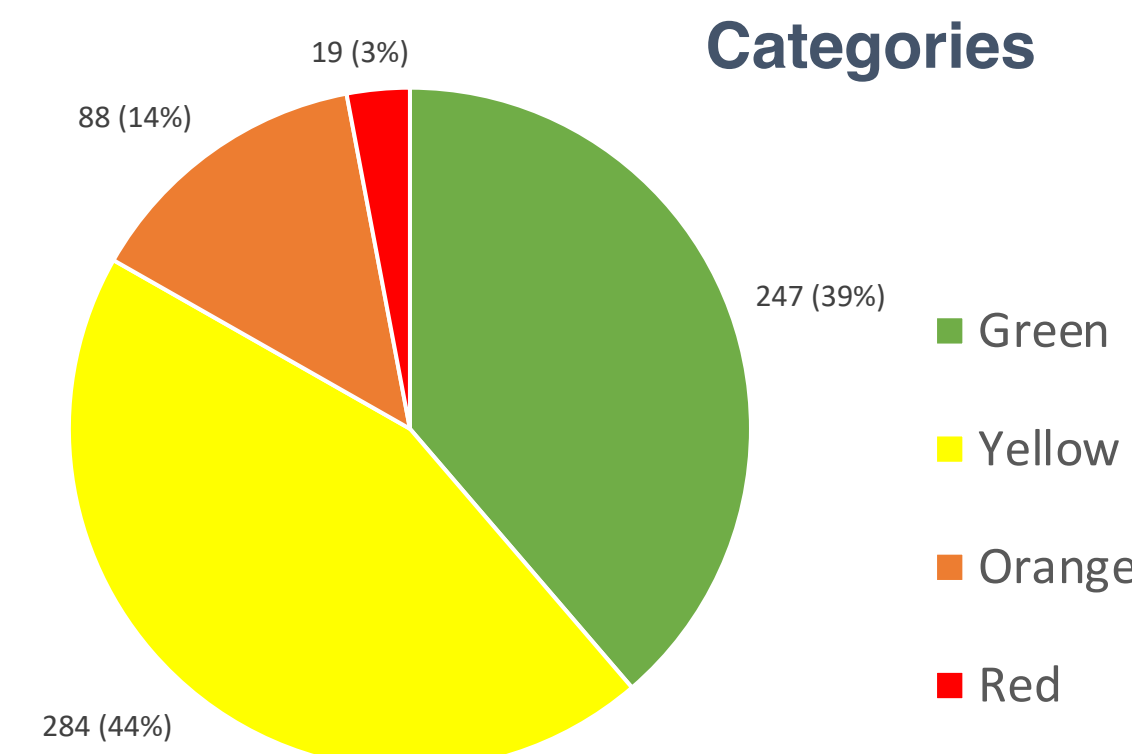
Mean Waiting Time For Initial Assessment (Min)



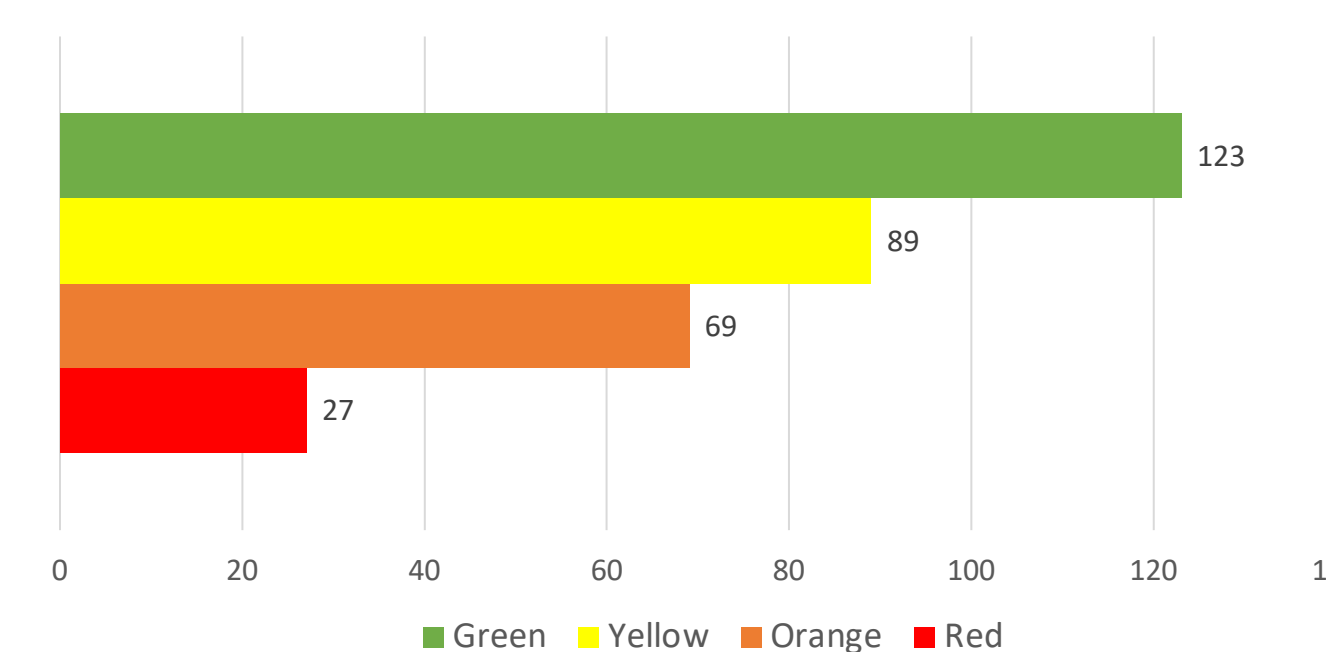
% Patients Seen By a Midwife Within 15 Min



Categories



Mean Waiting Time To See A Doctor (Min)



Overview of Targets

Out of the data available:

- 93/117 (79%) of patients categorised as **GREEN** were seen within 4 hours
- 68/167 (40.7%) of patients categorised as **YELLOW** were seen within 1 hour
- 9/53 (16.9%) of patients categorised as **ORANGE** were seen within 15 minutes

Results

- There has been an improvement in the mean waiting time and % of patients seen within 15 minutes by the Triage Midwife
- For a doctor review, the mean waiting time to see a doctor prior to BSOTS implementation was 86.7 min. Following BSOTS implementation, 50% of patients were seen by a doctor within the recommended timeframe for the category rating.
- The numbers of patients presenting to Triage have been increasing each month (by about 20%)
- 22% of patients seen in Triage were in the 'Other' category not covered by the standard Triage Assessment Card categories

Conclusions

- The patient and staff sample surveys have been in favour of implementing the BSOTS triaging system and have been helpful in providing feedback that all staff can work on to improve overall patient and staff experience, a follow-up survey will be due after BSOTS fully established
- The implementation of BSOTS after 1 month has already shown an improvement in the patients seen within 15 minutes of arrival to Maternity Triage
- There is still a lot of work to be done to achieve the recommendations for timely review by a doctor in particular for the more urgent categories (Red, Orange and Yellow) and an urgent deeper dive into the reasons for delay need to be explored and addressed
- Patients attending for the 'Other' categories need to have appropriate pathways in place so that referrals to Maternity Triage are appropriate

Next Steps

- Process mapping the pathway to ensure that prospective data collection is from when the clock starts of arrival of the patient at the Triage reception, how escalation for doctor reviews happen and contributing factors to delays in reviews
- Optimise the data collection process and the monthly audit posters to monitor targets
- Conduct follow up analysis, including staff and patient feedback, 6 months after implementation

