

Patient experience of surgical management of miscarriage: an evaluation of pathway change

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Introduction

- Experiencing a miscarriage can be a highly emotional time for patients
- At a tertiary unit, stable patients who were counselled about their management options for miscarriage and opted for surgical management, were booked onto the emergency theatre list to undergo their procedure.
- Ideally, with these patients being medically stable, they would have their procedure and go home the same day (day-case procedure).
- However, if more urgent cases arose, the planned surgical management of miscarriage (SMM) could be delayed for hours or even days, with patients sometimes requiring overnight admission, waiting without a clear indication of when they could have their procedure, with potential impact on their overall psychological wellbeing.
- The present study investigated the impact of this process on patients and looked at increasing the proportion of planned SMMs carried out as a day-case procedure, with the overall aim to improve patient experience.

Design

Anonymous feedback was gathered from patients and staff regarding the whole planned SMM process



Retrospective audit to determine the proportion of planned SMMs being undertaken as day-case procedures (i.e. with patient being admitted, having their procedure and being discharged the same day)



Intervention implemented: identifying closed theatre lists and booking planned SMMs onto these, as “short-notice elective lists”, with appropriate Senior Gynaecology registrars being allocated to run these lists.



Second retrospective audit to establish the impact of the above intervention

Methods and Results

- Feedback was gathered from patients and staff members via anonymous questionnaires as well as informal verbal feedback
- Both patients and staff mentioned the long waiting times for SMM and the uncertainty of when the procedure might happen causing significant distress to patients
- Staff identified issues such as multiple handovers as patients waited for surgery across multiple staff shift changeovers
- The **first retrospective audit** involved patients undergoing SMM between May and October 2022, looking at whether
 - they had a planned SMM
 - this took place on the day of admission
 - they were discharged the same day
- 57 patients were included in this first cycle
- 59.6% had their SMM on the day of admission, and 84% were discharged on the day of the procedure

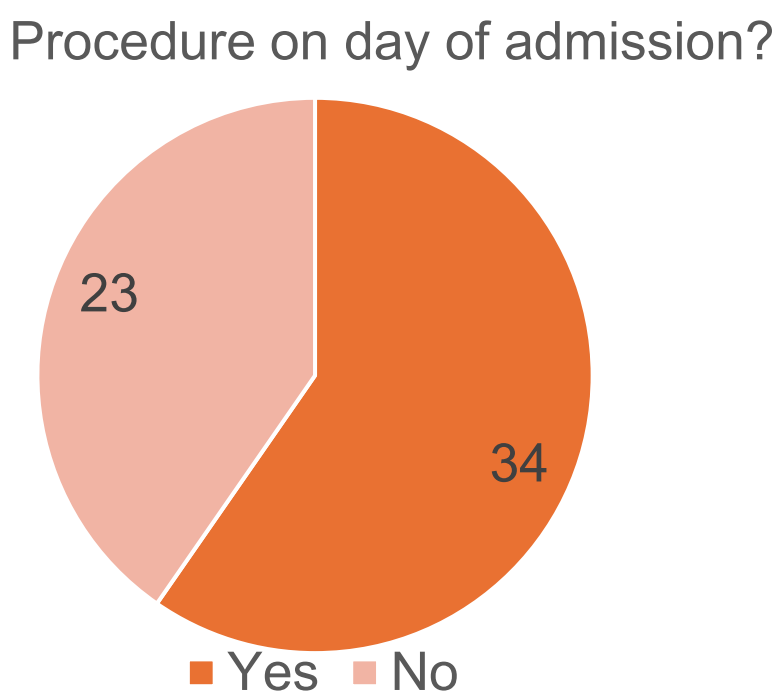


Figure 1. Showing the number of patients who did, or did not have, their planned SMM on the day of admission, pre-intervention. .

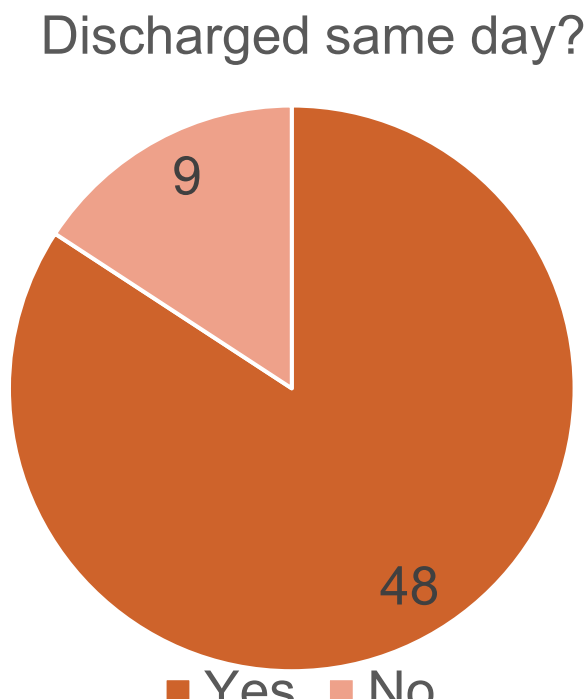


Figure 2. Showing the number of patients who were discharged on the day of their procedure, pre-intervention.

- Intervention:** identifying closed theatre lists and booking planned SMMs onto these, as “short-notice elective lists”, with appropriate Senior Gynaecology registrars being allocated to run these lists.
- first list ran on 26th June 2023.

- The **second retrospective audit** is ongoing, currently including patients who had undergone SMM after 26th June 2023 until October 2023.
- 29 patients are currently included in the second, post-intervention audit
- 72.4% had their SMM on the day of admission, with 96.5% being discharged on the day of the procedure.

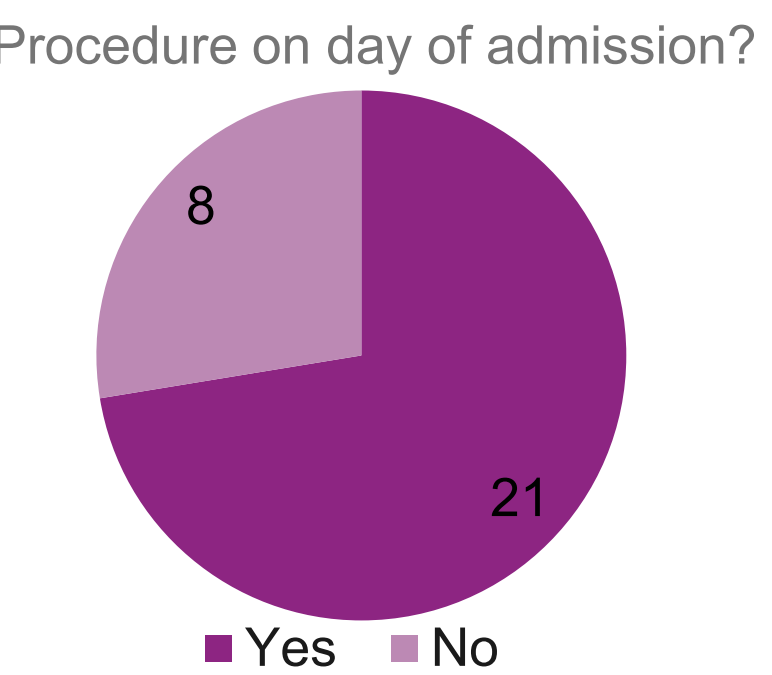


Figure 3. Showing the number of patients having SMM on the same day of admission, post-intervention.

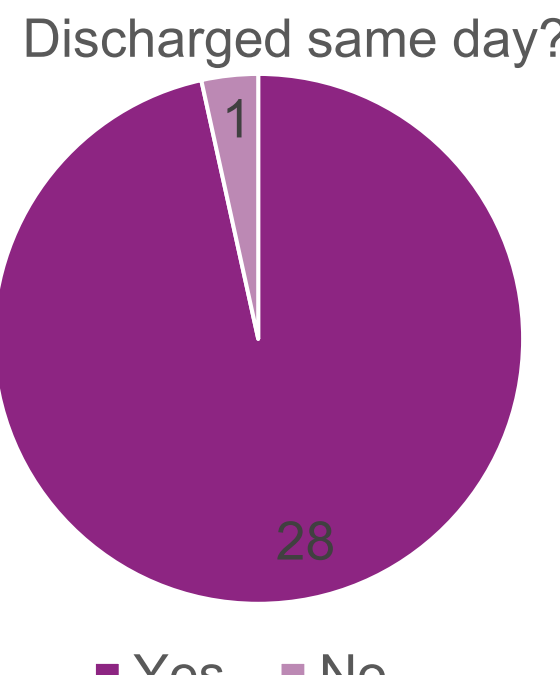


Figure 4. Showing the number of patients being discharged on the same day as their procedure, post-intervention.

Conclusions

- Identifying suitable theatre lists for running elective SMMs and allocating appropriate staff to run them has led to an increase in the proportion of SMMs taking place as day-case procedures
- We anticipate this would:
 - Improve patient satisfaction
 - Reduce bed-blocking
 - Empower and improve skills of Gynaecology trainees running these lists
- The audit will continue in order to further investigate the effects of this change



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