

University of San Diego

Digital USD

Doctor of Nursing Practice Final Manuscripts

Theses and Dissertations

Spring 5-25-2019

Telephone Follow Up for Obstetrical Triage

Ann Grimshaw

University of San Diego, agrimshaw@sandiego.edu

Follow this and additional works at: <https://digital.sandiego.edu/dnp>



Part of the [Maternal, Child Health and Neonatal Nursing Commons](#)

Digital USD Citation

Grimshaw, Ann, "Telephone Follow Up for Obstetrical Triage" (2019). *Doctor of Nursing Practice Final Manuscripts*. 106.

<https://digital.sandiego.edu/dnp/106>

This Doctor of Nursing Practice Final Manuscript is brought to you for free and open access by the Theses and Dissertations at Digital USD. It has been accepted for inclusion in Doctor of Nursing Practice Final Manuscripts by an authorized administrator of Digital USD. For more information, please contact digital@sandiego.edu.

Telephone follow up for obstetrical triage

Ann Grimshaw

University of San Diego

Telephone follow up for obstetrical triage

Background

Across the nation Labor and Delivery units are equipped with Obstetrical (OB) Triage units that function as the entry point for admission to Labor and Delivery. These OB triage units are designed to meet the urgent and emergent needs of pregnant women who are 20 weeks estimated gestation age (EGA) and over (Angelini & Howard, 2014). In essence OB triage units function like an Emergency Department (ED) that is focused on the obstetric population. Similar to an ED setting, the disposition of the majority of patients seen in OB Triage is to be discharged home, not admitted.

As explained by Angelini and Howard (2014) OB triage was effectively designated as the ED for all obstetrical patients through the Emergency Medical Treatment and Active Labor Act (EMTALA) in 1986. Since that time OB triage units have worked to adopt and adapt many of the best practices of ED care to meet the needs of the obstetrical population. According to Limpahan, Baier, Gravenstien, Liebmann, and Gardner (2013) one of those best practices focused on transition of care by improving communication after the ED visit between the patient and primary care provider. Also it has been shown that when discharged from an ED type setting only one third of patients understand the discharge instructions given to them at time of discharge (Zavala & Shaffer, 2011). This lack of understanding presents a barrier to continuity of care between an unscheduled visit and routine appointments. The use of a telephone follow up to patients who are discharged from the ED can improve patient comprehension of their discharge instructions (Zavala & Shafer, 2011).

Problem Identification

The facility this project was requested by is a tertiary care center that supports a robust OB practice to include a routine OB clinic housed at three different locations, one high risk OB clinic, and an inpatient unit that cares for antepartum, labor & delivery, and postpartum patients. The number of deliveries per month ranges from 200 to 225 births, while the number of triage visits can reach 275 per month. Leadership in the Obstetric Department recognized that there was a gap in the transition of care between OB triage visits and the regularly scheduled OB care. It was requested that a workable solution be found to address this gap, improving the transition of care for pregnant patients who utilize OB triage for an unscheduled need when they return to their primary OB providers care.

Literature Review

A literature review of CINAHL and MEDLINE returned no relevant results for the keywords of “Obstetric & Triage & Telephone & Follow up”. However because as Angelini and Howard (2014) pointed out OB triage is the ED setting for the obstetrical patient, a literature review was conducted to include “Emergency Department & Emergency Room & Discharge & Telephone & Follow up”, this resulted in six articles relating to ED follow up for patients discharged from an ED setting. Two more articles were found relating to patient use of OB triage in an ED like capacity.

The article by Ma, Tanski, Burns, Spizman and Heilman (2017) looked at the development and implementation of a telephone follow up system for patients discharged from an ED. Ma et al. (2017) concluded that by utilizing the existing resources in the Electronic Medical Record and redirecting staff focus telephone follow up could decrease malpractice lawsuits by 26.8% over a nine year period.

While both Biese et al. (2014) and D'Amore, Murray, Powers, and Johnson (2011) found that telephone follow up did not lower the readmission rate, they agree that more research needs to be done to validate use of telephone follow up for other topics such as patient satisfaction and continuity of care. These follow up topics are also highlighted by Hwang, Hastings, and Ramos (2018) in an editorial piece rebuttal to Biese et al. (2014) stating that they may not have seen lower readmission rates because the patient populations were too broad and not broken down to high risk subpopulations.

Carter, Vinaya, Kangovi, and Srinivas looked to understand why obstetric patients utilize OB triage for care, they found that women of lower socioeconomic status used OB triage for reasons from emergent to routine needs. While another team looked at the satisfaction OB patients had with the care in triage, finding that most liked the caring approach shown by an intraprofessional team (Evens, Watts, & Gratton, 2015). Both of these articles demonstrate how a telephone follow up call from triage would impact the care of the obstetric patient, helping to improve the patient's understanding of care through reiteration by an intraprofessional team.

Finally how a patient in an ED setting receives their visit and discharge instructions was reviewed. Zavala and Shaffer (2011) found in a small local study that only one third of patients had understanding of their discharge instructions, a telephone follow up allowed review and reiteration of instructions for the patient. It was found by Limpahan, Baier, Gravenstein, Liebmann, and Gardner (2013) that closing the loop after an ED visit with the primary care provider was vital for continuity of care, the authors listed a telephone follow up call as a best practice. Overwhelming it was found that follow up from an ED type setting visit was needed to increase patient understanding of and participation in patient driven care. Telephone follow up provides a quick and cost effective way to increase patient involvement in care.

Project Aims

In order to address the identified gap in transitions of care between routine OB clinic appointment and unscheduled OB triage appointments an evidenced based project was designed. The project aim was to answer the question of “Did a telephone follow up call after an OB Triage visit from the OB clinic RN improve understanding of discharge instructions in obstetrical patients discharged from OB triage?” This project was designed using the Johns Hopkins Nursing Evidenced-Based Practice (JHNEBP) model.

Project Process

The JHNEBP is a 19 step guide to: define an identified problem, locate supporting evidence and design a solution that best fits the solution and the facility (Dang & Dearholt, 2018). Predesigned tools guide the 19 steps in the process to introduce evidence based practice into reality. The first group of steps is to recognize and define the practice question that needs to be addressed. Since it was requested by the facility to look at the transition of care from OB triage visit to the primary care OB provide the focus was to define what was leading to this gap in care. It was recognized that a high number of OB patients who were seen in OB triage were calling the OB clinic for follow up appointments and clarification of discharge instructions. From this it was queried to see where this lack of understanding stemmed from. One cause addressed that the majority of OB triage patients were discharged prior to delivery often without a clear plan for follow up with the primary OB provider. Another cause was that this facility utilized two different electronic medical record systems, one for inpatient visits and one for outpatient visits, leading to primary OB providers often being unaware an OB triage visit occurred.

The next step in the JHNEBP process is to conduct a literature review addressing the question posed. As seen by the articles found in the literature review, it was found that a follow

up telephone call from the primary OB clinic could close the care gap and improve patient understanding of discharge instructions given.

The third step is to translate the evidence to find an appropriate fit and use into practice. This facility already had in place that one of the primary modes of contact with their patient population was through telephone calls. The current process had the patient initiate the call to discuss any concerns they might have. Consultation with the clinic stakeholders determined that a practice change to have the OB clinic reach out to patients discharged from OB triage was a feasible action to take on.

With this guidance the project was designed to identify patients who were discharged prior to delivery from OB triage, have OB clinic personal contact those patients to assess understanding of discharge instructions and facilitate needed transition of care back to the OB clinic. Each clinic day a pregenerated report of all OB triage visits was to be reviewed by the assigned OB clinic Registered Nurse (RN). The patients in the report were categorized into three areas: admitted term gestation (over 37 completed weeks EGA), admitted preterm gestation (under 37 weeks EGA), and discharged patients. Those not admitted were contacted by the RN in the OB clinic to assess discharge understanding as well as offering any support needed by the patient to follow those instructions. Admitted patients from OB triage followed a different protocol for discharge follow up not addressed by this project.

Currently one of the assigned tasks for the OB clinic RN is to respond by telephone call to patient inquires and initiate telephone calls to patients as clinically indicated. The practice change in this project, identifying discharge from OB triage as a clinically indicated reason for a telephone call, falls within the scope of work for the OB clinic RN and can be seen as an accomplishable practice goal.

Results

This project was able to be adopted quickly and be integrated into the OB Clinic RN's daily tasks. Due to this quick adoption a review of the data was done after a week of collection. Of the 25 patient that calls were initiated to, contact was made with 21 obstetric patients to review their OB triage visits. Patients were asked to self-report their personal understanding of their discharge instructions at the beginning of the call and again at the end of the call. A five point Likert scale with 1 as little to no understanding and 5 as complete understanding was used. At the beginning of the call many self-reported a three or higher on the Likert scale of understanding discharge instructions, however when the visit was reviewed by the nurse with the patient a large amount of questions still remained and the patients stated their understanding improved. Overall results show that patients self-reported scores of understanding rose from 3.43 to 4.8 out of five on the Likert scale. A lower self-reporting at the beginning of the call could have a direct result of the fact that three of the patients stated they did not receive any discharge instructions which rated a 1 on the Likart scale. Additionally one thing to note was that from each telephone call, the obstetric patients were each very appreciative of the call and that follow up for their visit was stated by their primary OB clinic.

Limitations of the project include the reliability of patient self-report on personal understanding, many did not want to admit they did not understand the information given to them by a healthcare professional. Only English speaking patients were included, this lost one patient for Spanish speaking only, and one to Japanese speaking. Lack of contact is also a limitation to include all those who were discharged from OB triage.

Recommendations for Future Projects

The results of this project show that patient understanding of discharge instructions was improved by a follow up telephone call from the primary OB clinic. Future projects should look at how to improve patient understanding of discharge instructions at time of discharge. When the results of the project was presented to the primary OB provider group a recommendation was presented that a printed handout could be used to offer at time of OB triage discharge as well. Communication between the OB triage provider and primary OB provider is another aspect of OB triage that may benefit from an evidenced based practice project to improve obstetrical care.

Conclusion

OB triage visits represent a vulnerable time during a pregnancy. It is vital that patients who are seen in OB triage and discharged prior to delivery have an understanding of their discharge instructions and next steps in care. Telephone follow ups after an OB triage visit are a best practice adopted from the ED community reinforcing discharge instructions to improve overall understanding of care.

References

- Angelini, D. & Howard, E. (2014). Obstetric triage: A systematic review of the past fifteen years: 1998-2013. *Maternal Child Nursing* 39(5), 284-297
- Biese, K. J., Busby-Whitehead, J., Cai, J., Steans, S. C., Roberts, E., Mihas, P., Emmett, D., Zhou, Q., Farmer, F., & Kizer, J. S. (2014). Telephone follow-up for older adults discharged to home from the emergency department: A pragmatic randomized controlled trial. *Journal of American Geriatrics Society* 66(3), 452-458. doi: 10.1111/jgs.15142
- D'Amore, J., Murray, J., Powers, H., & Johnson, C. (2011). Does telephone follow-up predict patient satisfaction and readmission? *Population Health Management*, 14(5), 249-255. doi:10.1089/pop.2010.0045.
- Dang, D., & Dearholt, S. L. (2018) Johns Hopkins Nursing Evidence-Based Practice: Model and guidelines (3rd). Indianapolis: Sigma Nursing.
- Evans, M. K., Watts, N., & Gratton, R. (2015). Women's satisfaction with obstetric triage services. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 44, 693-700. doi: 10.1111/1552-6909.12759
- Hwang, U., Hastings, S. N., & Ramos, K. (2018). Improving emergency department discharge care with telephone follow-up. Does it connect? *Journal of American Geriatrics Society*, 66(3), 436-438. doi:10.1111/jgs.15218
- Limpahan, L. P., Baier, R. R., Gravenstein, S., Liebmann, O., & Gardner, R. L. (2013). Closing the loop: best practices for cross-setting communication at ED discharge. *American Journal of Emergency Medicine*, 31(2013), 1297-1301. doi:10.1016/j.ajem.2013.04.017
- Zavala, S., & Shaffer, C. (2011). Do patients understand discharge instructions? *Journal of Emergency Nursing*, 37(2), 138-140. doi:10.1016/j.jen.2009.11.008