



Surgical management of miscarriage: A quality improvement project in a tertiary hospital to improve patient experiences through tragic times.

Dr P. McClenahan, Dr N. Patravali.
Nepean Hospital, Kingswood, NSW, Australia

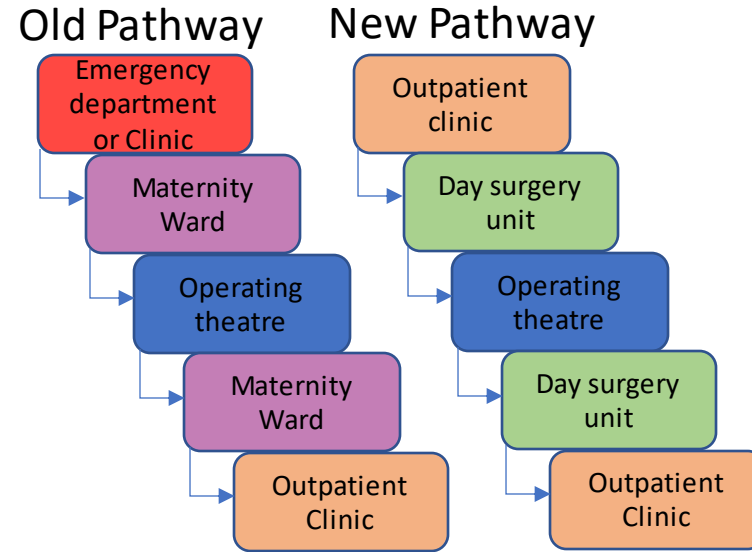
Early pregnancy loss is not only a healthcare situation requiring management but also a major life event. In addition to the medical risks of a hospital admission there is also the social isolation in a emotional and tragic time in a woman's life.

A majority of early pregnancy assessments are conducted through an outpatient gynaecological service at Nepean Hospital. Surgical management of miscarriage needed an emergency theatre booking in the category of E24 (within 24 hours of booking time). This required maternity ward admission with variable wait times for procedures. This can be unnecessarily traumatic for patients.

Ultimately we would like to assess patient satisfaction and overall clinical outcomes, reduce length of hospital stay, reduce cost and reduce impact on emergency theatre lists.

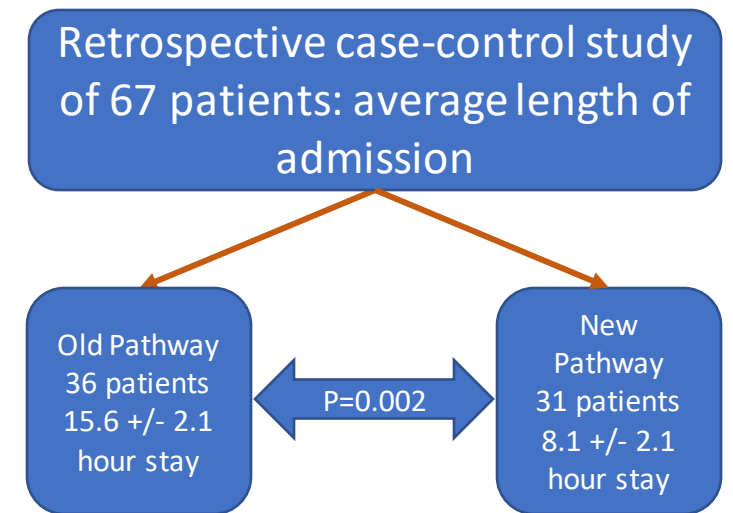
A study by Miller et al¹ concluded that patients managed through an emergency department rather than an ambulatory outpatient setting had much less clarity around diagnosis, ongoing care and described much less individualised management.

Along the same principles we have aimed to improve our service.



All cases of surgical management of miscarriage booked as E24, between 1st April 2019 and 30th September 2019, were included in this study. We compared this data pre-change and data the following three months. The pathway for these patients is to have their procedure done in the first hour of an obstetric elective theatre list every day. Two cases were allocated per theatre list. Patients were guided through the general day surgical unit, avoiding admission through obstetric wards. The patient would have the procedure between 0800am-0900am and discharged home the same day.

36 patients were included prior to intervention and 31 following intervention. Average length of stay in hospital was 15.6 +/- 2.1 hours and 8.1 +/- 2.1 hours respectively (p=0.002 two tailed t-test). Duration of time in theatre complex was 1.7 hours and 1.8 hours respectively.



This initiative reduced the length of stay for these patients on average by seven hours. It reduced financial burden on the hospital and has allowed patients to return to family and social support earlier.

We would like to further review patient experience through this process in the coming year.

1. Miller, Carolyn A. MD; Roe, Andrea H. MD, MPH; McAllister, Arden MPH; Meisel, Zachary F. MD, MSHP; Koelper, Nathanael MPH; Schreiber, Courtney A. MD, MPH Patient Experiences With Miscarriage Management in the Emergency and Ambulatory Settings, Obstetrics & Gynecology: December 2019 - Volume 134 - Issue 6 - p 1285-129

