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Spring 5-9-2020

## **A Pilot of Prenatal Transitional Care Services in the Urgent Care Setting**

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### **Recommended Citation**

Huddleston, Alexandra; Pryzgoda, Gloria; and Hazel, Tiffany, "A Pilot of Prenatal Transitional Care Services in the Urgent Care Setting" (2020). *Doctor of Nursing Practice Projects*. 115.

<https://spark.siu.edu/dnpprojects/115>

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## **Introduction of the Problem**

Prior to this DNP project, a referral protocol and process was not in place at a mid-western physician services (MPS) express care facility to refer pregnant patients to the associated MPS women's health care clinic. From December 2018 to March 2019, eight patients presented to the MPS for OB related concerns. At that time, there was no formal transitional care method in place for these patients. Patients were given paper with contact numbers of local OB providers in the area, none of whom were MPS providers and were then responsible for scheduling a follow up with an OB of their choosing. Prior to project implementation, patients received no further follow up to assure that their presenting complaints were resolved, and they established with an OB provider. So essentially, the MPS express care had a 0% assurance that any of the eight presenting OB patients scheduled or attended a follow up appointment.

Adequate prenatal care is important for a woman and her fetus for many reasons. Through collaboration with the MPS management and our stakeholders, we devised a quality improvement project implementing a transitional care protocol to improve the referral rate of OB patients to obtain prenatal care at the associated MPS women's health care clinic after an MPS express care visit. Thus, instead of a 0% assurance of OB follow up from MPS express care, there could be a 100% assurance.

## **Literature Review**

In our literature review, the literature reflected that by initiating and attending scheduled OB appointments, patients have better outcomes and less healthcare expenses. Prenatal visits reduce the likelihood of adverse health outcomes and are overall cost-effective for both the patient and the healthcare system. Research indicated that inadequate prenatal care is associated with risk of prematurity, stillbirth, early neonatal death, late neonatal death, and infant death

(Partridge et al., 2012). The literature review addressed the importance of adequate prenatal care, barriers to establishing care, and strategies to improve follow up compliance.

Through the research conducted in our literature review, we came to the conclusion that the best way to increase OB follow up was to create a streamlined referral process with patients who came to the MPS express care clinic and were pregnant, who had not yet had established prenatal care. In order to ensure each patient who qualifies for an OB referral receives one, staff will initiate the referral process for each patient, making the process overall easier for the patient.

### **Project Methods**

The project goal was to create and implement a new transitional care protocol, improving the referral rate of OB patients to MPS women's health care providers. The referral process was offered to OB patients who were not already established with an OB; therefore, making the process of establishing with an OB simple and easy for patients.

The project was conducted at all four express care locations in the Central Illinois area. The project population included pregnant women presenting to the express care who did not have an established OB provider or who were seeking referral to an associated women's health facility for established OB care. The referral process was piloted from September 1, 2019 through November 30, 2019. The referral process consisted of patients receiving information about MPS OB providers that they could call to schedule an appointment within order to establish prenatal care, if they did not already have an OB provider.

Institutional Review Board approval was obtained on April 26, 2019. Our project was deemed a Quality Improvement Project (QIP) that did not collect or include any data that can be used to identify participants, sensitive data, protected health information or blood/tissue specimens. We, the project coordinators, did not have access to patient data or the referral

template. We recognized the possible financial or emotional burden to patients, thus the patient had the option to decline to schedule the appointment, removing any burdens.

## **Evaluation**

During the pilot, the MPS express care staff filled out the referral templates with necessary patient information. These templates were to be sent directly to a MPS women's health care provider per email. The staff at the MPS maintained record of the number of patients referred. The team at MPS women's health care triaged the referrals and tracked patients' appointments. Efforts were recorded and sent for team review. Our team interpreted the results to determine if the project was successful in increasing the rate of patients who establish care with MPS women's health care, as well as, determine the project's limitations.

On November 5, 2019, the project team held a midway focus group meeting. The group meeting was attended by our three team members, the CEO of the physician group, the express care director, and the women's health care clinic manager. The group discussed the four referrals that had been sent during the first half of the pilot. Most of the focus group meeting was spent discussing the limitations the staff had found. The three themes were staff shortage, inconsistency in the process, and non-applicable referrals. Staff shortage in clinical and non-clinical areas resulted in challenges during implementation. This included time constraints by both the clinical and administrative staff. For example, it was difficult for administrative staff to find time for tracking referrals and information needed for evaluation. Some referrals were emailed (per protocol) and some were incorrectly faxed resulting in missed referrals.

For best results, the process should be consistent. The fax goes to a community fax machine, which can be picked up by any staff member. Some staff members may be unsure of whom to give the referral to; therefore, the referral would be lost. When the referrals are emailed,

they come directly to the appropriate staff member. Then the referrals are saved in the inbox together, allowing for accurate tracing.

Referrals were sent for non-OB related issues. For example, a “wrist laceration” was referred who was not in need of prenatal care. According to the protocol, a referral should be sent if the patient does not have a previously established OB provider or would like to switch to an MPS women’s health care provider. If the patient has a preferred provider outside of MPS, their provider should be contacted during the appointment or sent post-visit documentation. To address the above limitations, an email was sent to involved employees. The email had a summary of the project with the transitional care protocol attached. This was sent in hopes to improve the process before the end of the pilot.

On December 5, 2019 a final focus group meeting consisting of the same members as the midway focus group was held to discuss how the remainder of the pilot went for staff members and patients. Five more patients were referred to women’s health care from express care, making a total of nine patients referred during the pilot. There were two patients who were scheduled and established with MPS women’s health care. There were three patients that were already established with another provider and another organization. MPS reached out to the patients by phone, but they chose to stay with their established provider. There was one patient scheduled with MPS women’s health care. Unfortunately, the patient did not show to appointment and was unable to reached by phone. Another patient scheduled but later cancelled the appointment. She was reached by phone and stated she switched to a provider at another organization because that provider was referred to her by her mother. There were two non-applicable referrals. The patients had presented to express care for non-OB related matters and were referred to MPS

women's health care for follow up. The MPS women's health care staff triaged the referral and deemed them non-applicable.

### **Impact on Practice**

We acknowledged our project had a small size, so we were aware that we would not have a significant number for our results. Instead, we discussed the purpose of this project as a pilot to creating a streamlined internal referral process that could be used for multiple specialties. The manager from MPS women's health care stated that staff were happy with the new process and noted that receiving a single email with a patient summary was more efficient than the previous process of sorting through prenatal records to gather information for patient scheduling. Fewer error with scheduling were noted. Staff had no complaints or suggestions for improvement.

We believe this referral process can be easily translated across all other specialties. The referral templates will need to be individualized for each specialty and include necessary information in order for the referrals to be processed. We suggest the use of one, simple, referral template to be emailed to the specialty office. The simplicity makes it easier and faster for the staff sending the referral. While receiving all of the necessary information in one email is easier for the receiving staff to record and keep track of the patients.

### **Conclusions**

According to the literature, it is important for pregnant women to establish prenatal care and attend frequent appointments with their OB. For this project, our team helped develop a referral process for patients who presented to an express care pregnant patient with no established OB for prenatal care. This was carried out by an email summary of the patient's information, which was then sent from express care to the women's health care facility for follow up with the patient. Our project size was small, including nine patients, so our results

were not drastic. As stated above, the staff at MPS were in favor of this referral method compared to the past referral method because referrals would get lost, so having all information in one place was helpful and created less scheduling conflict.

This project has the potential to be streamlined and applied to other specialties in the future. Overall, the response to this referral process was positive between the staff and management. We would recommend that this process be used by other departments and specialties due to its simplicity in the referral and scheduling process. It has also made things beneficial for patients by receiving a phone call for a referral, versus having to call for their own referral.

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