

# Improving the access to Women's Health Physiotherapy in Pregnancy

Jennifer Clydesdale (project lead), Gillian Macleod, Alison Anderson

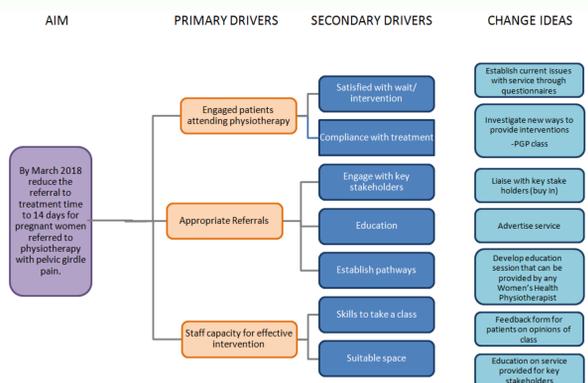
Women's Health Physiotherapy Team, Ayrshire Maternity Unit, NHS Ayrshire and Arran



## Method

### Incorporating Quality Improvement methodology;

- We identified the **QI team** involved in the project
- A **Project charter** was developed to clarify the scope of the proposed project
- A **Driver diagram** was coproduced by the team which helped identify change ideas, outcome, process and balance measures



- Questionnaires** were developed to gather **baseline data** on the opinions of service users and refers on the current service



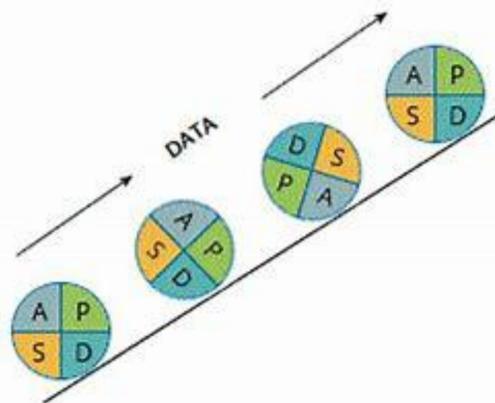
- A **process mapping** exercise further highlighted a number of opportunities for improvement:

- Referral pathway
- Referral form
- Current interventions

### What changes were introduced?

Using PDSA cycles a number of change ideas were tested out resulting in the implementation of:

- A revised simplified referral form
- Introduction of a PGP class to the existing pathway
- Self referral option



## Introduction

Throughout 2017 the waiting times to physiotherapy for women with pregnancy related pelvic girdle pain (PGP) was steadily increasing, peaking at 18 weeks. Demand for our services outweighed capacity. At the same time our department was also experiencing a period of change associated with workforce challenges. The inability to see patients timeously had a negative impact on staff moral and patient satisfaction.

## Aim

By March 2018 the aim was to reduce the referral to treatment time to 14 days for pregnant women referred to physiotherapy with pregnancy related pelvic girdle pain.



Education



Position of comfort



Relaxation

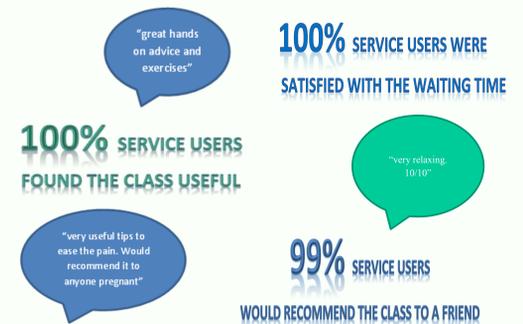
## Results

**Outcome Measure:** Data over time was collated demonstrating a reduction in waiting time from an average of 62 days (November 2017) to a consistently under 14 days from September 2018 to present.



Run chart illustrating average waiting time by month

**Process measures:** Qualitative and quantitative data collection demonstrated improvements in the service user satisfaction in regard to both PGP class and waiting times for treatment.



### Unintended positive outcomes:

- Reduction in variation of waiting times
- Increased capacity and capability within the team for QI activity

## Conclusions

The introduction of a PGP class has reduced and maintained the referral to treatment time to under 14 days.

### What have we learned?

- The importance of stakeholder engagement
- The positive impact on the clinical team of being able to demonstrate the benefits to their service users as the result of making small scale changes

### Challenges:

- Resistance to group intervention
- Poor attendance
- Suitable venue

### Planned next steps

- Sustain the current improvements
- Test out raising awareness of PGP classes using social media
- Test out mechanisms to improve continuity of care between Physiotherapy and Midwifery

## Acknowledgements

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