

# QUIPP Case Study

Version 2



## Case Study One

### **Sara Dexter, Consultant Obstetrician from Northampton General Hospital**

Northampton General Hospital is a district general hospital that has just under 5,000 deliveries a year. They were previously utilising another predictive biomarker test to aid their assessment when women arrived at their unit with symptoms of threatened preterm labour. However, one of their consultant obstetricians, Sara Dexter, had used Fetal Fibronectin previously while working in London. Being aware of the benefits it could offer, she wanted to implement it at Northampton.

The push to move to Fetal Fibronectin was led by Sara. Being a consultant and senior leader with knowledge of the maternity unit helped this drive. However, the process was eased by the enthusiasm of the whole multidisciplinary team. Some of the team, like Sara, had previously used Fetal Fibronectin elsewhere and liked it. Other staff members felt that the predictive value of their current predictive biomarker test was poor, so were keen to use another test, especially if it helped manage unit activity and capacity. Through attending a variety of conferences, Sara was also aware of the QUIPP app, and thought it would be beneficial to implement both Fetal Fibronectin and the QUIPP app simultaneously.

Sara encouraged Northampton to join the EQUIPTT Study, and through this they were randomised to a service change of using Fetal Fibronectin and the QUIPP app for a 12-month period (February 2018 - February 2019). Sara had already collected data prior to this change, allowing her to see the effect that the previous predictive biomarker test had on the unit. She continued to collect data during the service change, allowing her to analyse the impact of the different predictive tests on the unit.

To help embed this new service change, two 'drop-in' learning afternoons were arranged. Here staff members could learn how to take Fetal Fibronectin samples and use the analyser machine (session led by Hologic staff), and how to use the QUIPP app (session led by the QUIPP app team). Refreshments were provided at these drop-in sessions. There was high staff attendance across the two learning afternoons. For those who were unable to attend, the midwifery team in the maternity assessment unit were able to provide cascade training. The training was not included in annual mandatory training for staff, however this could be useful option for other sites to ensure knowledge coverage.

To ensure appropriate record keeping, the team decided that they would put one Fetal Fibronectin print out result sticker in their Fetal Fibronectin book and the other in the patient's notes. They would also write the QUIPP risk score in the patient's notes when writing up their clinical assessment. Individual hospital sites have devised different methods for record keeping and documentation. One option is to use the QUIPP app stickers which are included in The QUIPP App Toolkit.

After the EQUIPTT study was over, Sara and the team wanted to continue using both Fetal Fibronectin and the QUIPP app due to its positive impact on their service. Since using both, they have seen a reduction in inappropriate admissions and transfers, and the team feel more confident in accurately diagnosing threatened preterm labour. Using the data collected during the EQUIPTT study period, Sara developed a business case for Fetal Fibronectin, which was successful.

Hospital sites may feel that moving to both Fetal Fibronectin and the QUIPP app simultaneously is an immense challenge. However, looking back, Sara feels that undertaking a wholesale change to both at the same time (rather than adding QUIPP as a later 'bolt on') actually made it easier to implement, allowing the team to easily view the risk of preterm birth as on a continuum.

Since moving to Fetal Fibronectin and the QUIPP app, Sara has shared her experiences with other hospital in the East Midlands region. Hospital sites can find it difficult to develop a business case when they do not have their own data to demonstrate the positive impact of Fetal Fibronectin. Often there is no funding available to initially use Fetal Fibronectin to enable hospital sites to collect this data, luckily taking part in the EQUIPTT study (which has now finished) meant Sara overcame this issue. Sara has consequently shared her local data and business case with other sites to help them navigate this difficult journey.

Clinicians are welcome to join the UK Preterm Clinical Network (<https://www.networks.nhs.uk/nhs-networks/uk-preterm-birth-network>) to meet other clinicians across the UK who are interested in preterm birth. Those in the network may also be able to help sites implement Fetal Fibronectin and the QUIPP app through sharing their protocols, business cases and local data.