The novel use of Phlebotomy service for neonates in community with prolonged jaundice.

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Background & Aims

Phlebotomy service is critical for efficient healthcare provision in NHS(1). We set up a novel phlebotomists' clinic for community babies with prolonged jaundice (PJ), instead of review by doctors. A QIP including revised guidelines on PJ blood tests, a fail-safe method to screen babies via telephone referral, and a pathway (figure 1) for doctors to review results were introduced in April 2016. We aimed to review this new service after its first year.

Methods

Retrospective review of this service from May 2016 to April 2017 was performed using weekly clinic sheets, and electronic data on results and clinic outcome. We also gathered views of both doctors and phlebotomists on an anonymised survey in March 2017.

Figure 1

New revised Phlebotomy clinic pathway

Results

In total, we had 46 weekly clinics in a year, excluding bank holiday weeks, with 9 appointments per clinic. Figure 2 shows the patient flow in these clinics. Over 80% were discharged after first appointment, as PJ is often physiological. Only 3.6% (15/414) needed to see a doctor. Survey has shown that revised PJ guidelines have helped to reduce unnecessary blood tests leading to successful bleeding in small babies.

Figure 2

Patient flow in Phlebotomy Clinic between May 2016 to April 2017

Conclusions

Effective use of allied health professionals like phlebotomists has proved to be both successful and safe. We also hope to improve selection of babies referred to this clinic, as majority are well and discharged after 1st appointment. Educating and empowering community midwives and parents to cancel appointments if jaundice is resolved before appointment could further improve efficiency of the clinic.

References

1. Lord Carter. Operational productivity and performance in English NHS acute hospitals: Unwarranted variations. Feb 2016.
<https://www.gov.uk/government/publications/productivity-in-nhs-hospitals> (last accessed 29th March 2018)