

# CHECKLIST OF COMMON ERRORS

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## POTENTIAL GAPS IN CARE

Gaps in care can occur in the clinic setting, both during the process of screening for infections, and during treatment for detected infections. Gaps may also occur during handling and processing of the samples by the laboratory.

The following are areas for potential “Gaps in Care” that can be corrected using office systems quality improvement techniques to put recommended protocols and practices in place.

- Use of “dipstick” as a replacement for initial prenatal urine culture
- Not labeling specimens “PRENATAL”
- Allowing treatment delays
- Not completing “Tests of Cure” (at 1 month)
- No partner(s) treatment for sexually transmitted infections
- Not screening “at risk” patients for infection/re-infection in early third trimester
- Prenatal records and/or lab results not available on labor and delivery at time of admission

## 7 EASY STEPS TO CHECK YOUR RESULTS ON THESE COMMON ERRORS

- A) Pull 10 prenatal charts for patients at approximately 36 weeks gestation.
- B) Use the data collection form on page 146:
  1. Count and record the number of charts that have urine culture results recorded.
  2. Count and record the number of charts with recommended reproductive tract infection tests recorded.
  3. Count the number of days between receiving positive results and the patient receiving treatment. Count the number of charts where the patient was treated within two weeks.
  4. Count and record the number of charts that have a “test of cure” date and results recorded.
  5. Count and record the number of charts that have documentation of partner treatment or referral for treatment.
  6. Count and record the number of at-risk clients who have documentation of re-screening for recommended infections in the early third trimester.
- C) Review 5 in-patient charts; count and record the number that have prenatal records with laboratory information.