



Efficient and Patient-Centred Management of Patients Undergoing Induction of Labour

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Background

KK Women's and Children's Hospital provides comprehensive, multi-disciplinary care to low and high pregnancies, with approximately 12,000 deliveries a year. Of these deliveries, 22% of the pregnant women undergo elective induction of labour.

Induced labour is an artificially-triggered labour. It is indicated in postdates pregnancies and other complications such as preeclampsia, Diabetes etc.

Induction of labour (IOL) was previously scheduled with an appointment in Delivery Suite's triage observation room which often led to bed crisis, prolonged waiting times, increased utilization of resources (i.e transfer of patients from triage to ward, nursing handovers etc) and thus operational costs.

This led to setting up of an **Obstetric Monitoring Unit**. Advantages were efficient utilization of triage beds, minimize operational costs and increase patient satisfaction.

The opening of the Ward 32 Obstetric Monitoring Unit in June 2017 marked a milestone in the provision of care for KKH's antenatal patients.

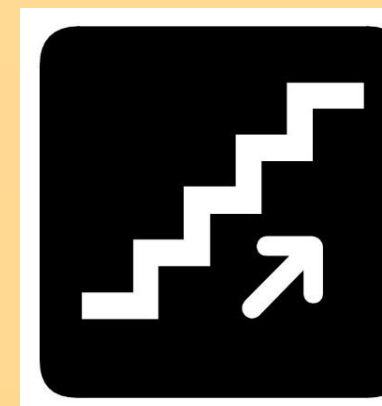
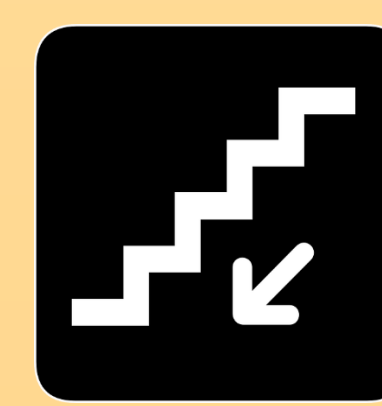
Problems and Aims

- Legends
 - Triage patient: Patient presenting at Delivery Suite with pregnancy-related issues
 - IOL patient: Patients scheduled with appointment for IOL



Triage patient

Problem: **Long** waiting time for triage
Aim: **Reduce** waiting time



IOL patient

Problem: **Discomfort** from being transferred up and down
Aim: **Increase** comfort



IOL patient

Problem: **Long** waiting time for another induction
Aim: **Reduce** waiting time



Delivery Suite and Ward

Problem: Patient safety issues due to risk of miscommunication over **many handovers**
Aim: **Reduce** handovers



IOL patient

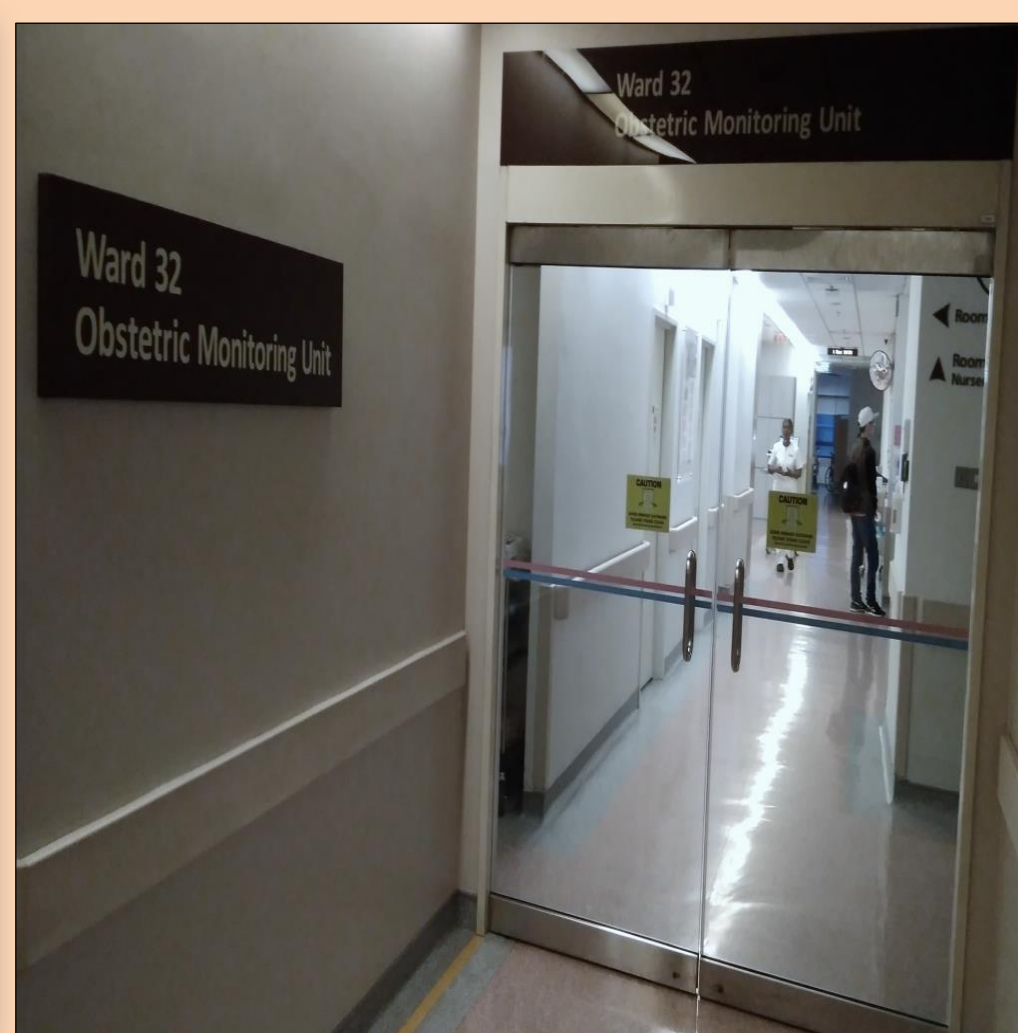
Problem: Husband **cannot be with wife** to support her due to violation of privacy of other patients
Aim: **Allow** husband to be with wife

Solutions

Set up an **Obstetric Monitoring Unit (OMU)** in Ward 32 for these processes **without increasing headcount** of healthcare workers;

To provide coordinated, team based care with multidisciplinary approach for induction of labour patients.

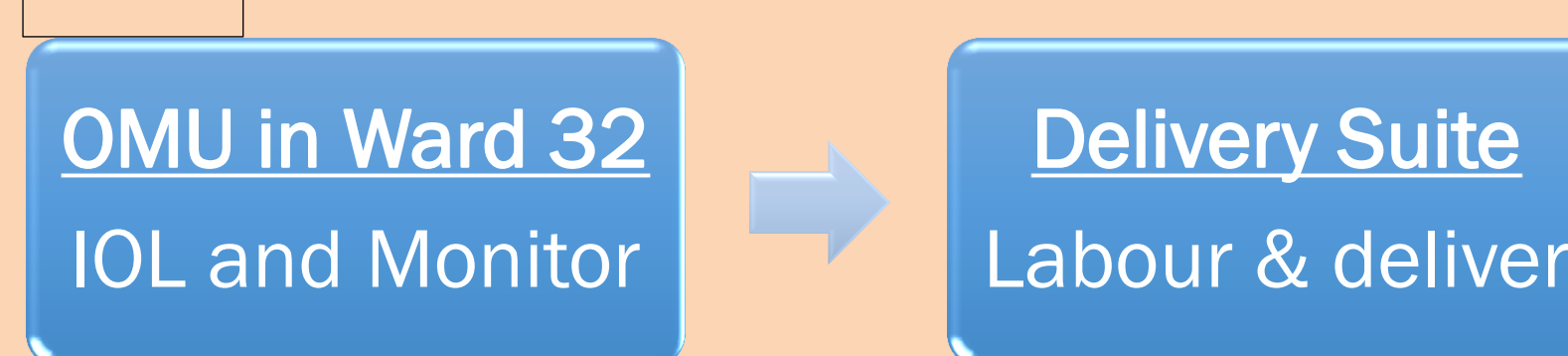
Patients are monitored in OMU till they go into labour.



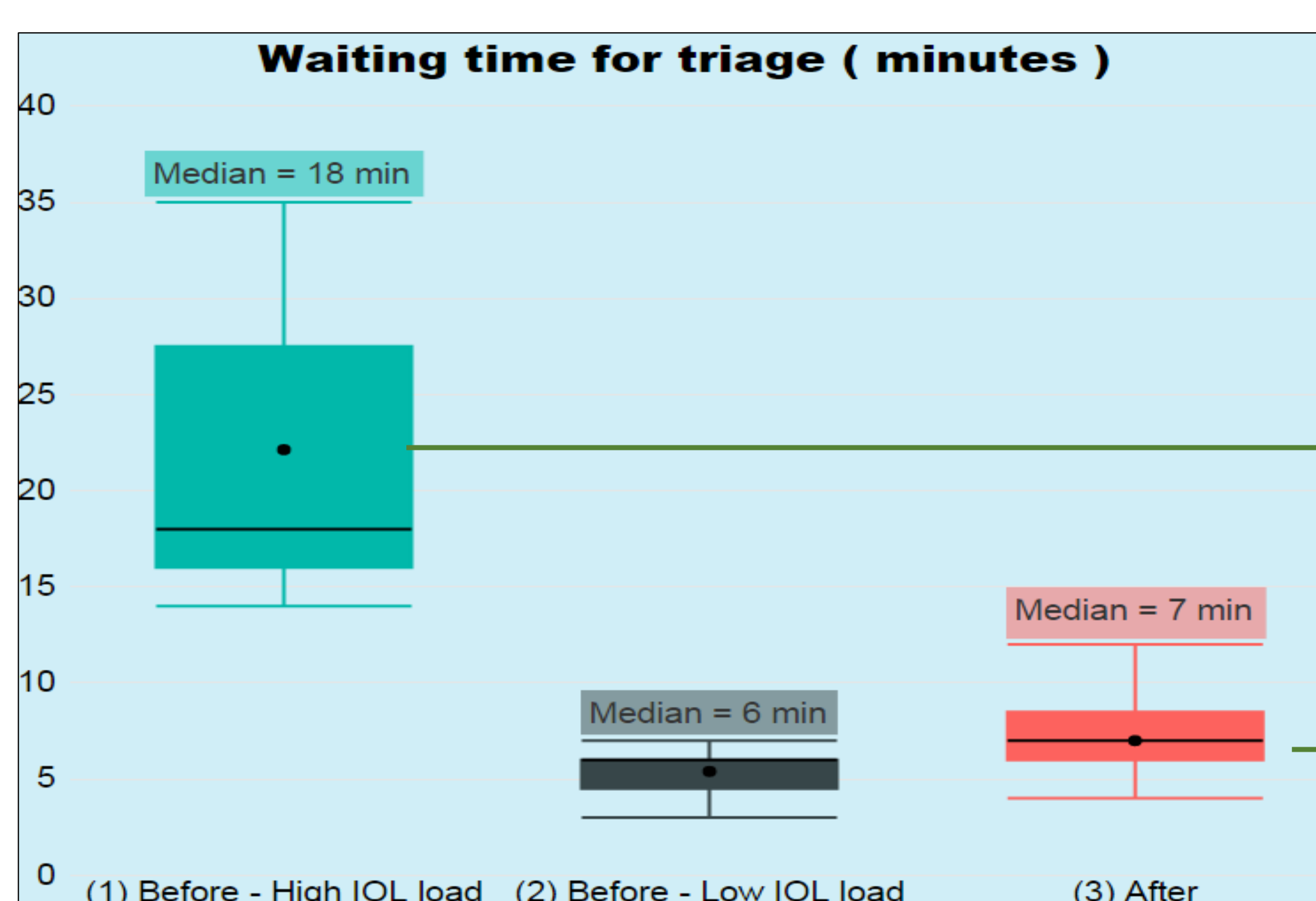
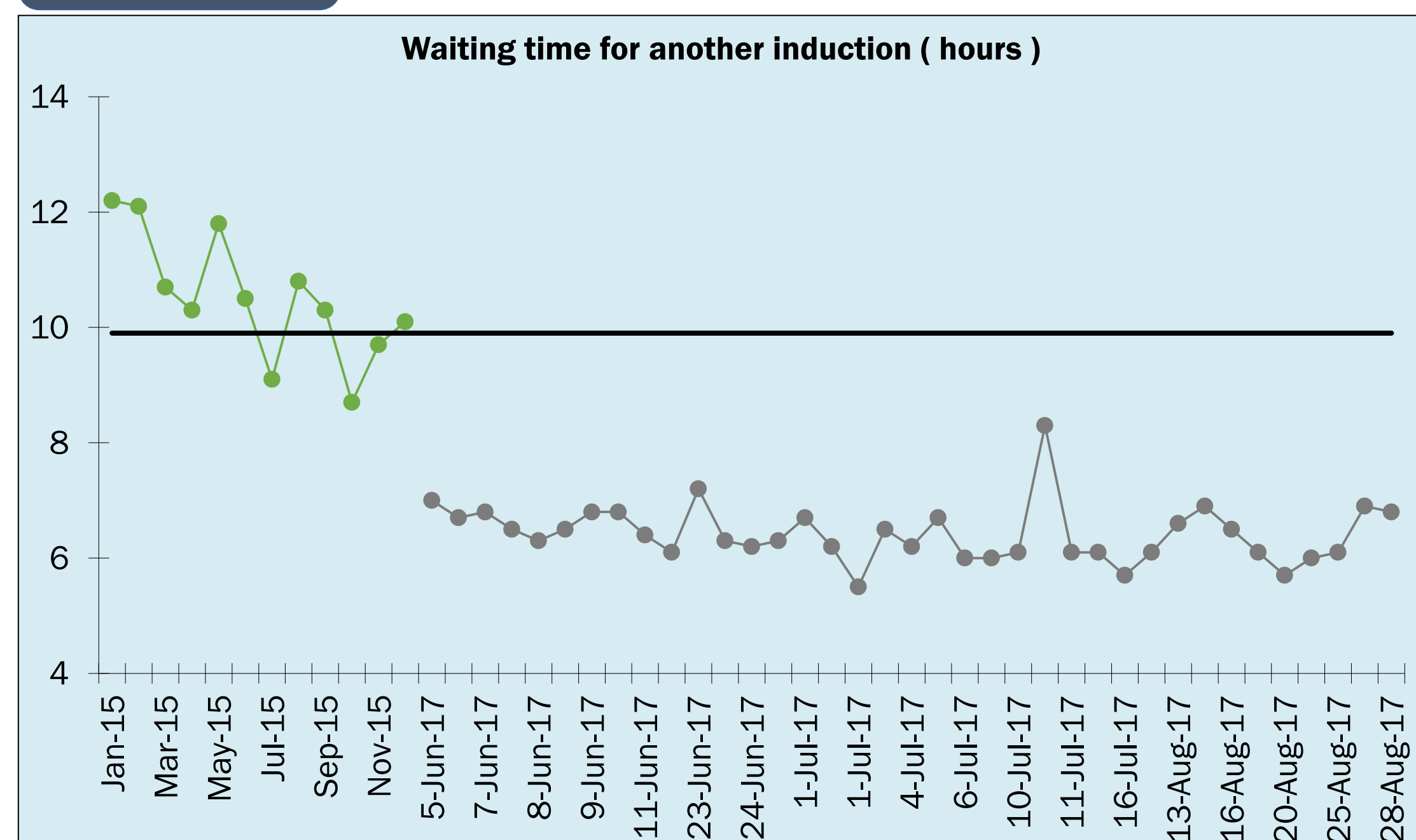
Before



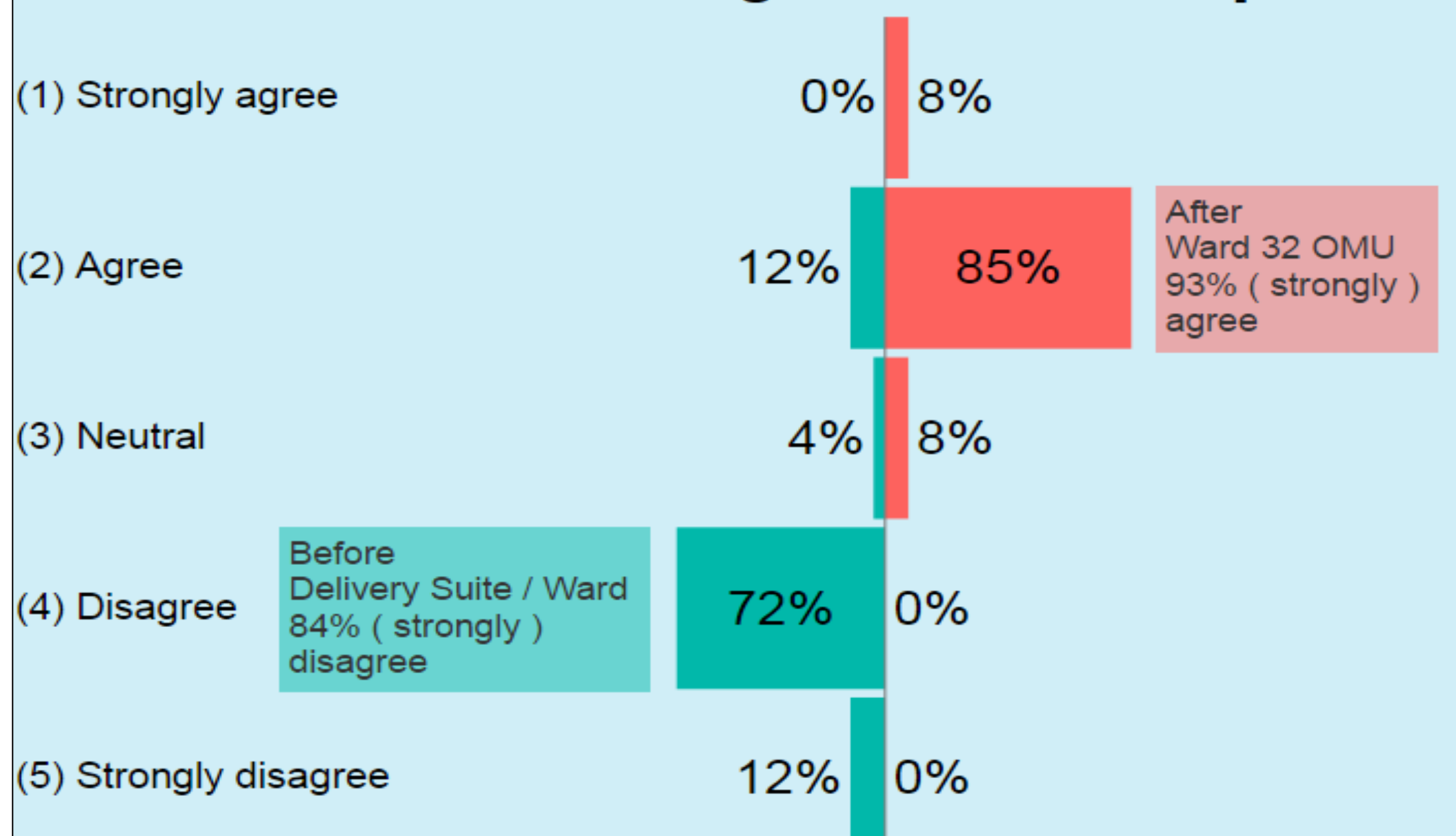
After



Results



I feel comfortable throughout the whole process



Patient feedback before (IOL in Delivery Suite)

Long waiting
Up and down
no privacy
Husband not with me
Uncomfortable

Patient feedback after (IOL in Ward 32 OMU)

NIL
Very reassuring
Husband not with me throughout

Conclusion

- Triage waiting time has been **reduced** from 18 min to 7 min
- Waiting time for another induction has been **reduced** from 9.9 hr to 6.3 hr
- Patient comfort agreement **increased** from 12% to 93%
- Fewer** feedback on husband cannot be with wife
- Reduced** handovers by not transferring patients between Delivery Suite and Ward for IOL and monitoring

On average, 8 man-hour saved per day to handle triage patient to reduce their waiting time for triage