**Background**

Daily, KKIVF Centre receives an average of 10 patients ready to start their In-vitro fertilisation (IVF) cycle. Once the patient arrives in the Centre, she will have a scan done. The nurse will review the individual patient’s scan results first, confirm the treatment regime and approach the doctor to ask for endorsement before allowing the patient to start stimulation.

As a result, the nurse will need to disturb the doctor who is having a clinic consultation at least 10 times (20 times of opening and closing of the consultation room door) every morning to ask for the doctor’s endorsement. This increases the waiting time for patients as the nurses will have to wait for the doctor to either finish or pause her consultation with another patient before asking the doctor to endorse. At times, when the doctor is called away for procedures or delivery, both the nurse and patient have to wait for the doctor to be back to decide if patient can start Stimulation.

The constant disturbances and interruptions can affect the doctor’s concentration during the consultation session as well as intrude on the privacy of the patients. There may be a need to toggle the computer screens to view different patient’s result and medical history as well as the need to order different prescriptions. These disturbances during the clinic session increases the risk of errors in a busy clinic session.

The medical and nursing team felt that more can be done to enhance the processes and improve the quality of care given to our patients. The guideline was crafted out with inputs from both the nurses and doctors. This guideline was implemented in April 2018.

**Problems or Opportunities**

Nurses will need to consult review doctors 100% of the time before allowing patients to start stimulation. There should be a standard guideline to empower the nurses to make an accurate clinical decision and allow patients to start stimulation without the need to consult the review doctor.

**Aim**

Nurses are able to start stimulation for the patients as long as the patients fall within the criteria stated in the Start STIM guideline. We aim to cut down the need to look for the doctors by 50%.

**Root Causes**

Lack of a guideline to assist and empower the nurses to make clinical decisions on allowing patients to start Stimulation.

With the implementation of the Start STIM guideline, there is a **significant reduction** on the need to consult the doctor before patients start their stimulation. This greatly reduces interruptions and disturbances to the doctor’s ongoing clinic sessions and allows the doctor to have full concentration during their clinic consultation.

**Acknowledgment**

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