

To increase Postnatal (PN) class attendance rate to 50% of total deliveries in Singapore General Hospital

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Introduction

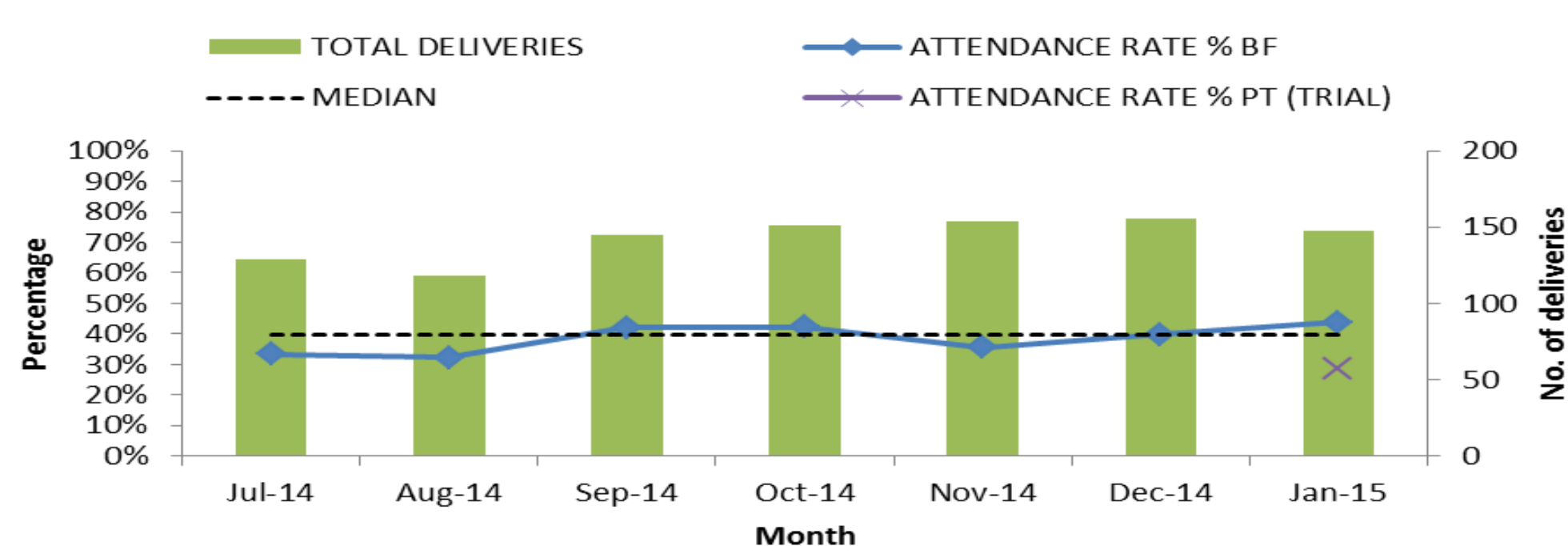
The objective of this study was to increase the awareness and utilisation of PN classes available by investigating and addressing the root causes of suboptimal usage. PN classes include breastfeeding (BF) and Physiotherapy (PT) class.

Nurses note that patients who seek help via phone calls post discharge often bring up issues that are addressed in the PN classes. Hence, it will be beneficial for more patients to attend the PN classes to optimise patient experience both on the ward and after discharge.

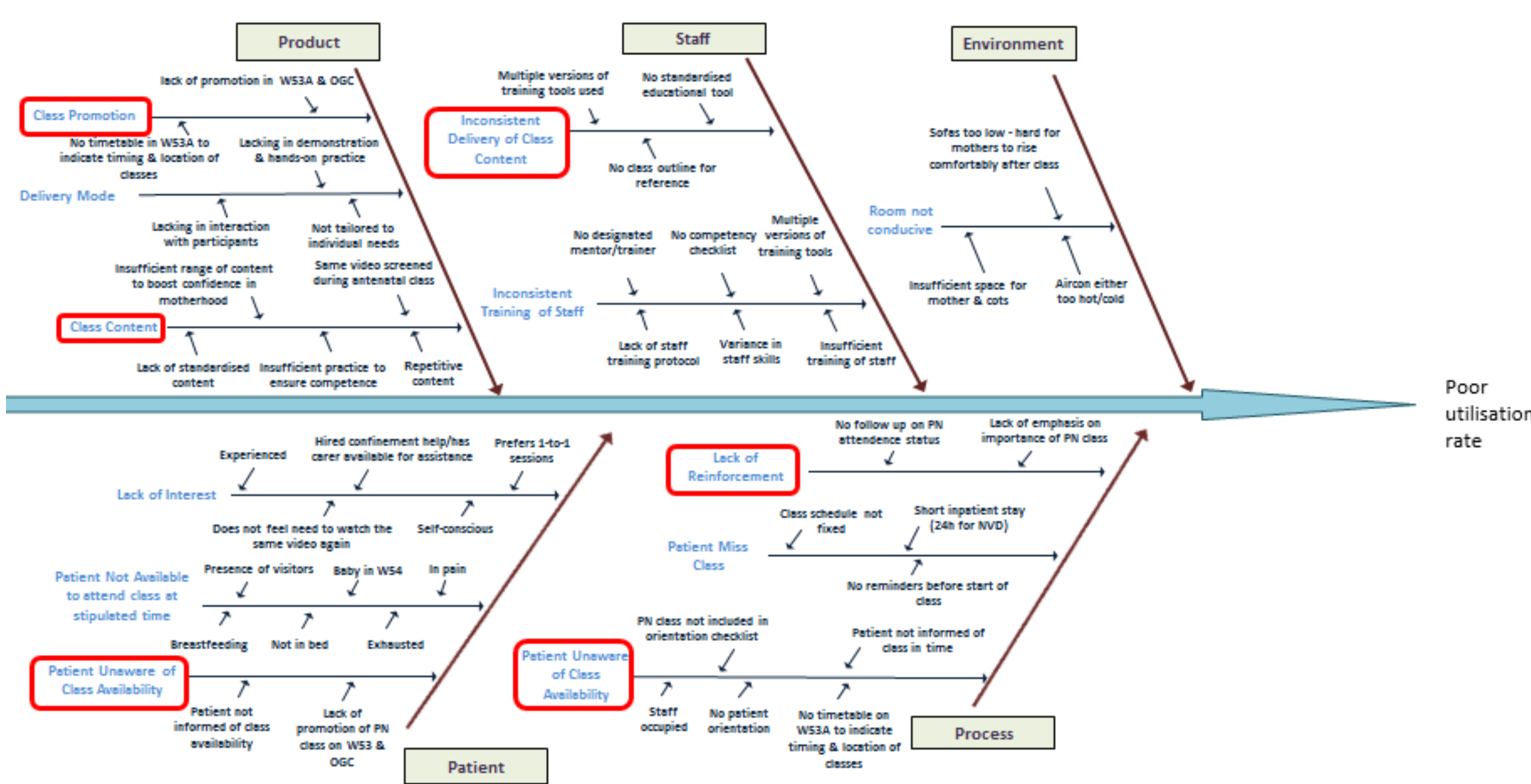
Methodology

Pre-implementation statistics on PN class utilisation was collected to form baseline data. The average utilisation rate was 38.76%.

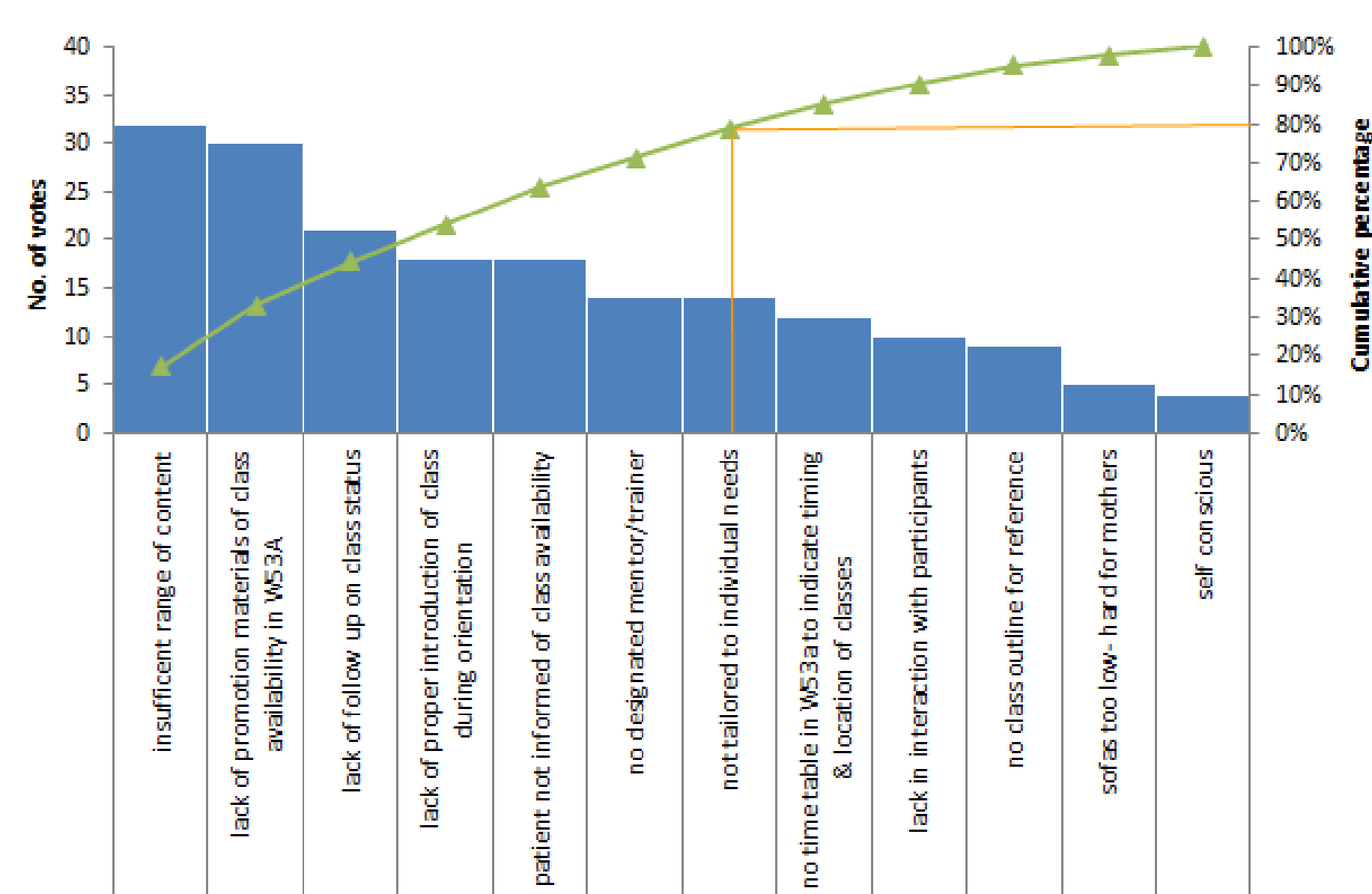
Percentage of patients who attended PN class (Jul'14-Jan'15)



A cause and effect diagram was created via brainstorming within the group and through interviews conducted with staff from the ward.



Root causes which the team can easily influence were identified and ranked in order of priority with a Pareto chart.



A tree diagram and prioritisation matrix was then used to develop ideas to address selected root causes. Prioritised root causes are shown in the chart below. A total of 5 Plan-Do-Check-Act (PDCA) cycles were implemented for this project.

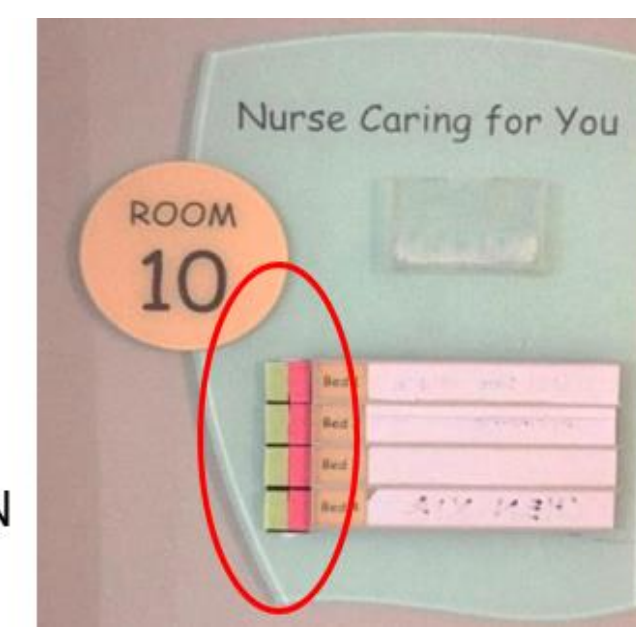
Root Cause	Solution	Time saving	Cost saving	Effective	Easy to follow up	Total
Inconsistent delivery of class content	Create standardised class outline	1	1	2	1	5
	Use standardised training tool	1	4	2	2	9
Patient unaware of class availability	Reinforce importance of orientating patients to PN class	3	5	5	3	16
	Create posters for PN class	10	10	5	5	30
	Create way to indicate patient interest and attendance status of PN class	10	5	15	10	40
Lack of reinforcement	Encourage PN class attendance at handovers	1	2	2	3	7
	Create way to indicate patient interest and attendance status of PN class	10	5	15	10	40

Interventions

PDCA 1 and 2 were created to indicate patient interest and class attendance status.

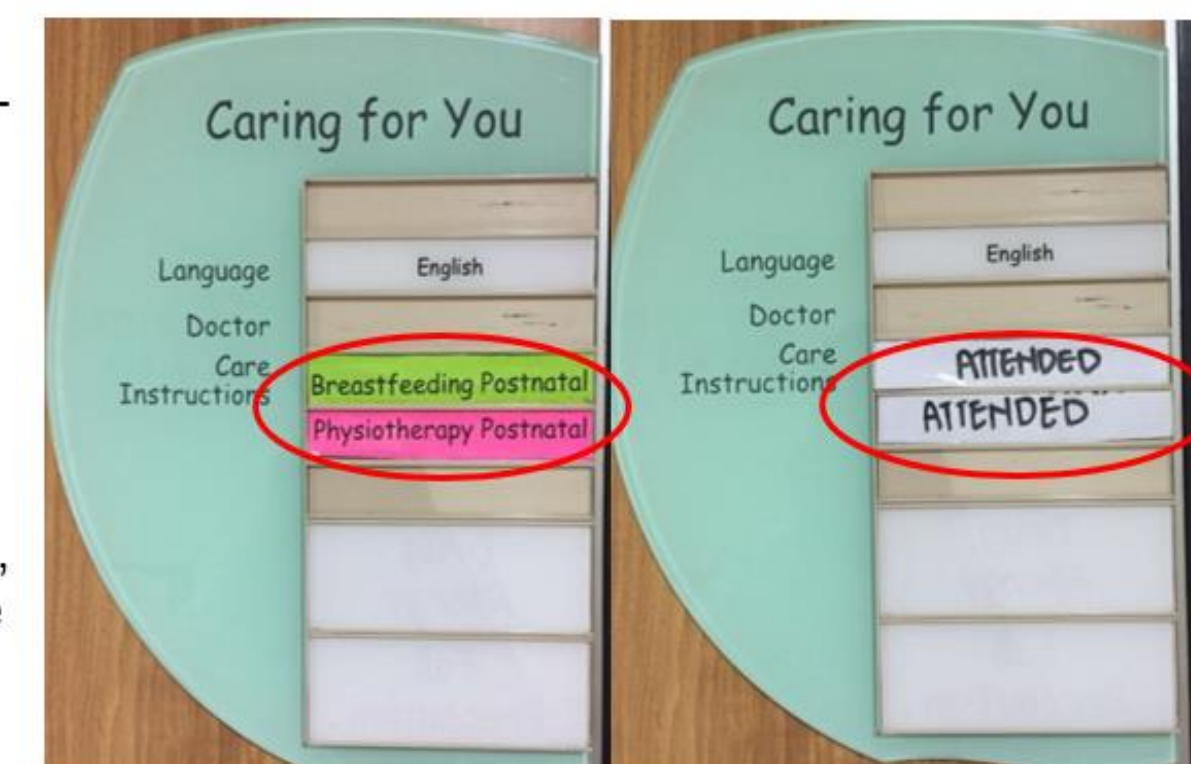
PDCA 1: Velcro

- The colour-coded Velcro beside patient's name
- PN class attendance is followed up per shift
- Velcro is removed after they have attended the PN classes



PDCA 2: Slot-o-vision

- The colour-coded Slot-o-vision
- Patients who indicate interest will have the respective Slot-o-vision indicator placed on the status board
- After attending PN class, respective indicators are turned over to reflect "Attended"



Post intervention survey of ground staff identified inherent problems of both PDCA 1 and 2 as described in table below. Discussion with staff led to the development of PDCA 3 which satisfies staff criteria of being easy to access and convenient to use.

Post intervention	Pros	Cons
PDCA 1 (Velcro)	Easy access and convenient	Unable to find suitable adhesive for long term use
PDCA 2 (Slot-o-vision)	Easy for shift handover	Intrudes into patient privacy to check behind closed curtains

PDCA 3 and PDCA 4 was created to create additional awareness of PN class availability. PDCA 5 to standardise class content and delivery.

PDCA 3: Magnetic Communication Board

- Indicate patients' interest in the PN classes with a "one glance" concept
- Uses colour coded magnets
- Serves as a reminder to encourage attendance during shift handovers



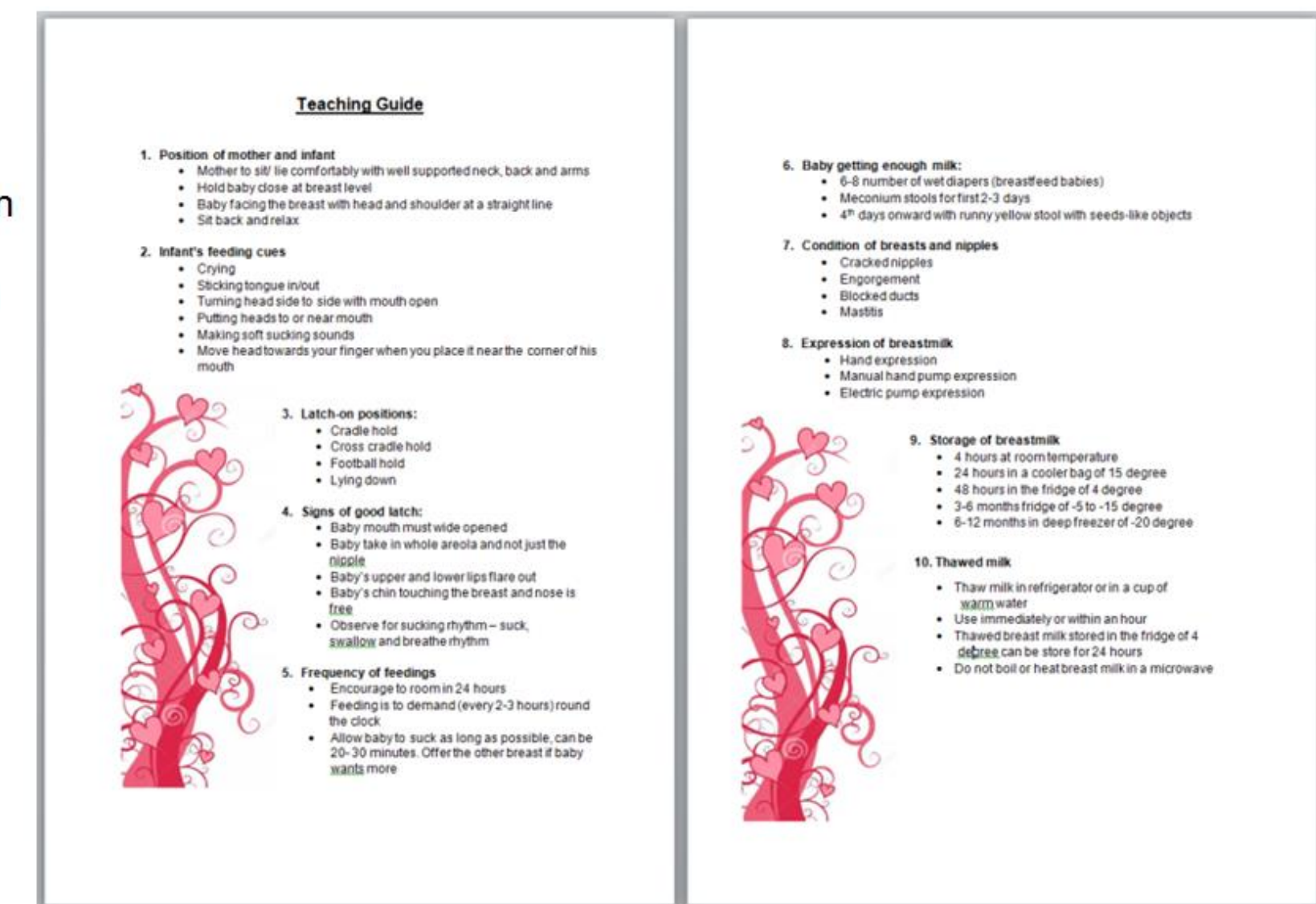
PDCA 4: Poster

- O&G centre
- Postnatal ward
- Labour ward
- Neonatal ward



PDCA 5: Teaching guide

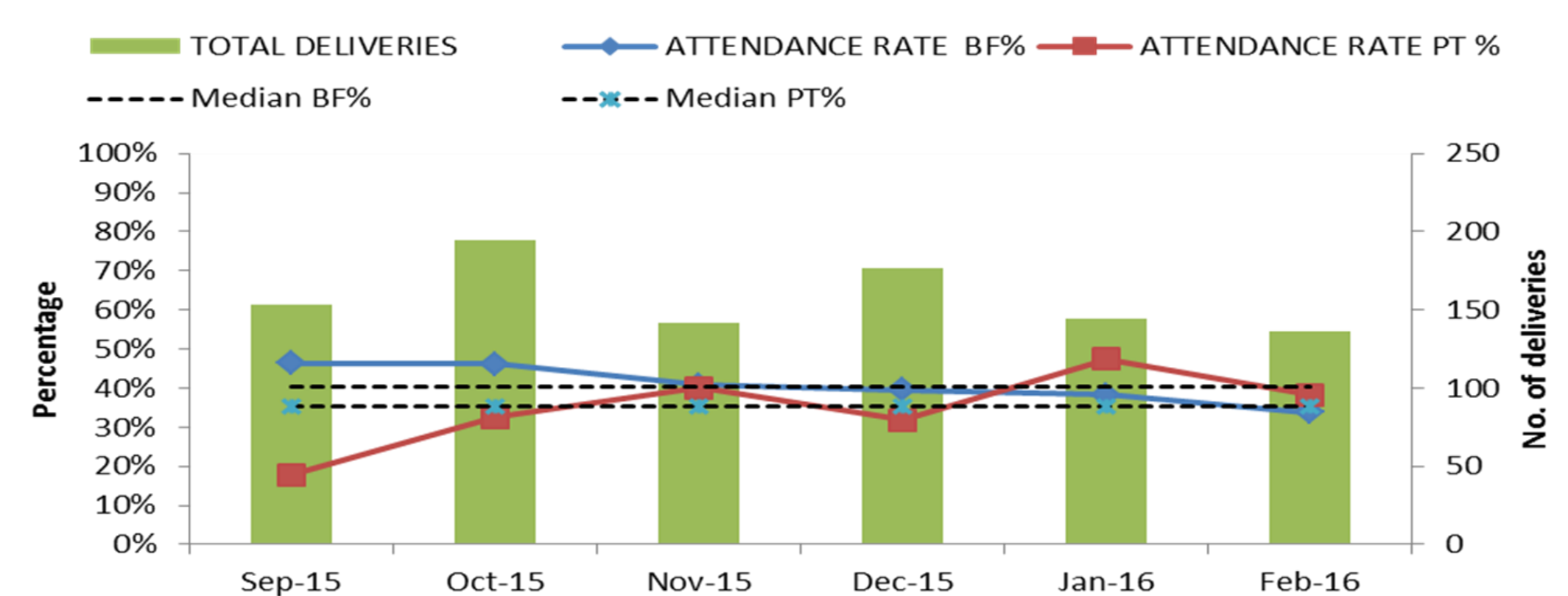
- Laminated and placed in the BF room for easy reference during BF PN class.



Results

PN class utilisation rate rose from 38.76% to 43.32%. Post-implementation survey revealed that all PN patients were aware of class availability and patients who attended the classes reported that the classes were (i) interesting, (ii) easy to understand and (iii) helped them to feel more prepared for motherhood.

Percentage of patients who attended PN class (Sep'15-Feb'16)



Conclusion

Although we were not able to meet the utilisation target set initially, we addressed all the high priority root causes. All PN patients were aware of the resources available to them and some made an informed decision of not attending the classes.

The final solutions employed in PDCA 3, 4 and 5 were cheap to implement, effective in streamlining workflow, saved time and are easy to sustain and follow up. Time saved through applying the solutions was better utilised to provide individualised one-to-one care for patients who needed more attention thus enhancing overall patient experience.

We understand that offering PN education via a class setting like this is unique to Singapore General Hospital within the Singhealth cluster.