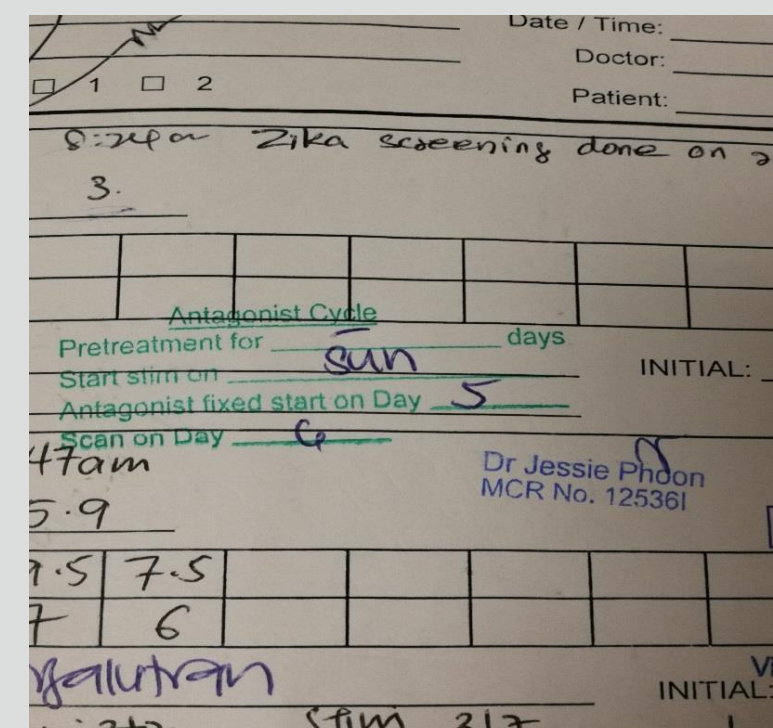


START STIM GUIDELINE

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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%.

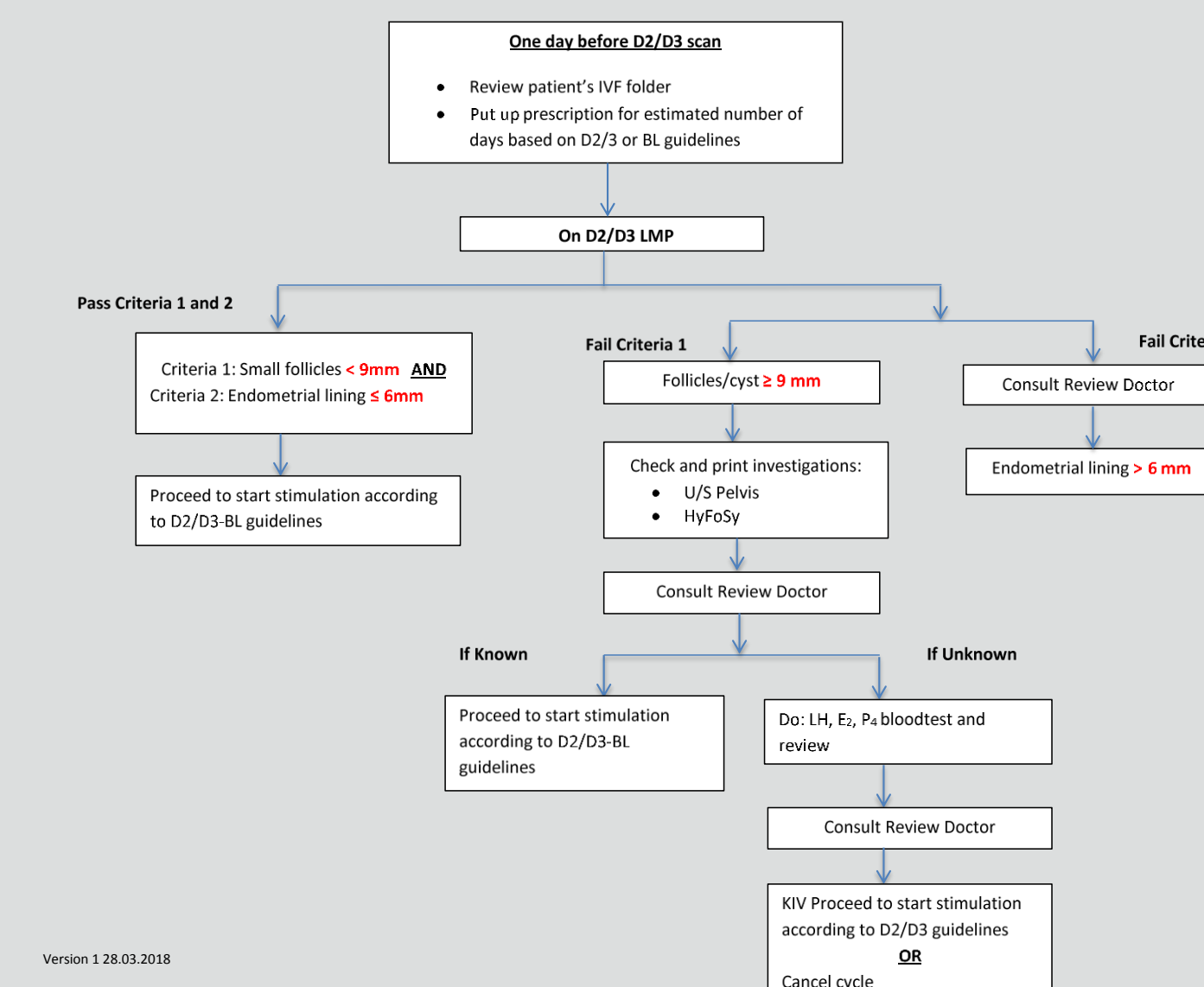
Root Causes

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

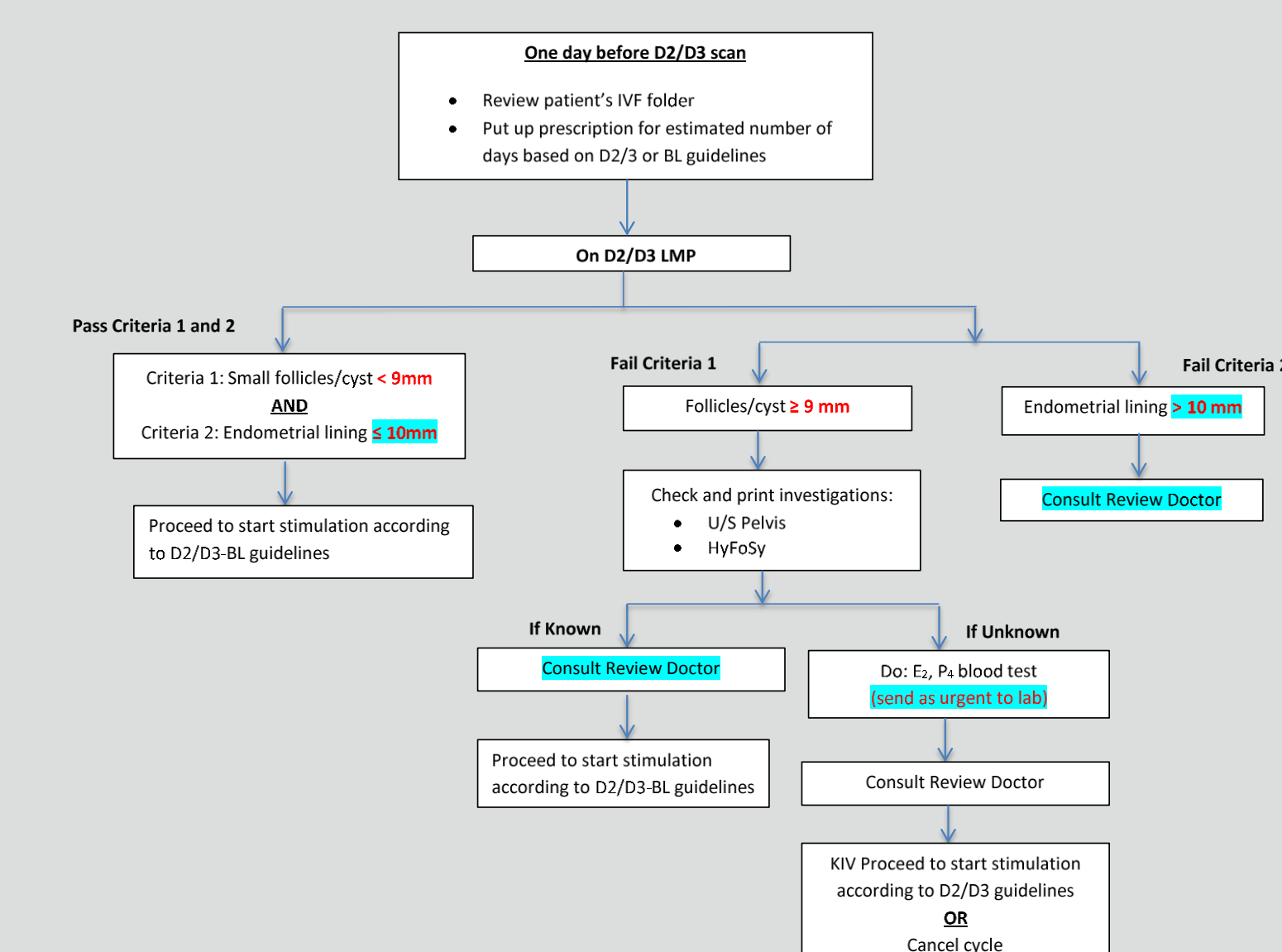
Solutions

To involve the doctors and nurses to formulate an easy and reliable Start STIM guideline.

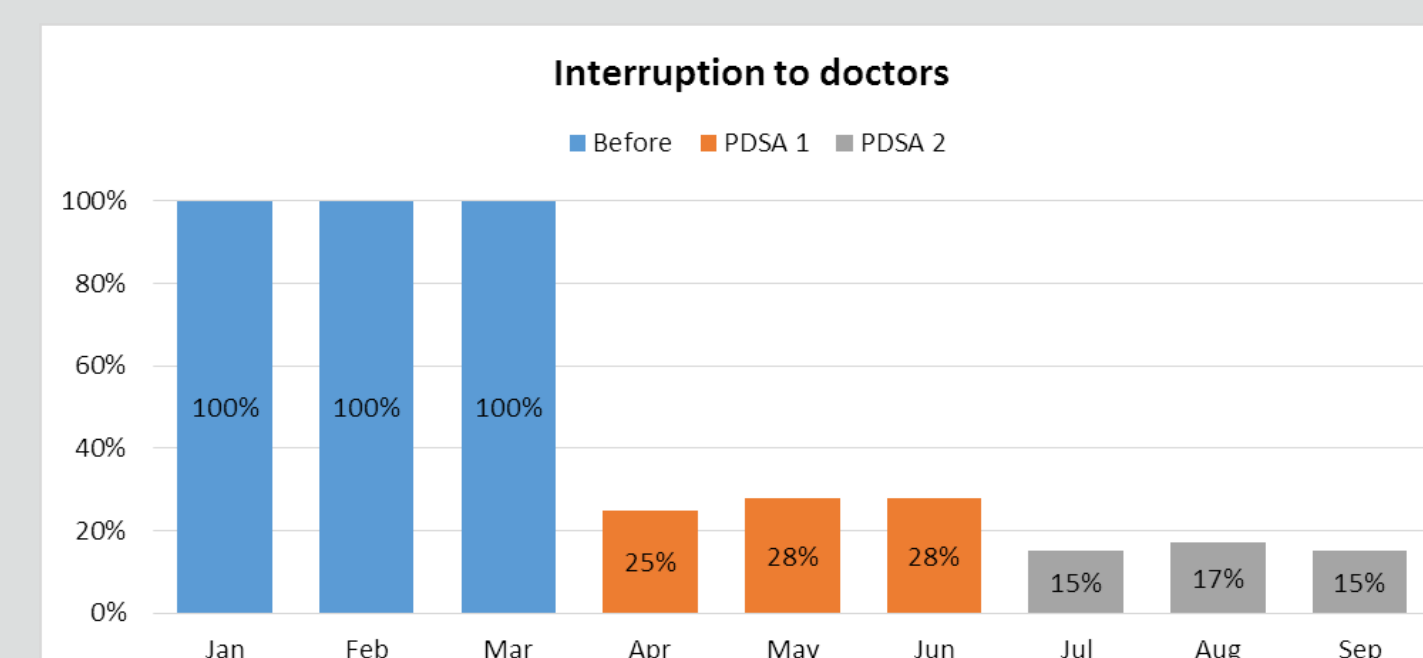
PDSA1



PDSA2



Results and Conclusions



		period		Total
		before	after	
consult	yes	Count 510 _a	137 _b	647
		% within period 100.0%	26.9%	63.5%
no	Count	0 _a	372 _b	372
		% within period .0%	73.1%	36.5%
Total		Count 510	509	1019
		% within period 100.0%	100.0%	100.0%

Each subscript letter denotes a subset of period categories whose column proportions do not differ significantly from each other at the .05 level.

Chi-Square Tests					
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	587.037 ^a	1	.000		
Continuity Correction ^b	583.888	1	.000		
Likelihood Ratio	744.591	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	586.461	1	.000		
N of Valid Cases	1019				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 185.82.
b. Computed only for a 2x2 table

Jan '18, Feb '18 and Mar '18

Apr '18, May '18 and Jun '18

Reduction is statistically significant

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

Special thanks to all doctors from department of Reproductive Medicine, nurses from KKIVF Centre and our Administrative support team.