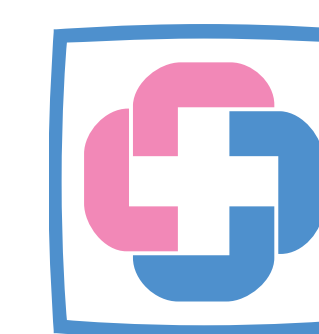




**Singapore Healthcare
Management 2015**

Home Improvements, With Rooms To Let

Cohorting High Risk Antenatal Patients –
Enhance Patients Care and Experience



**KK Women's and
Children's Hospital**
SingHealth

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1. INTRODUCTION

Background Information

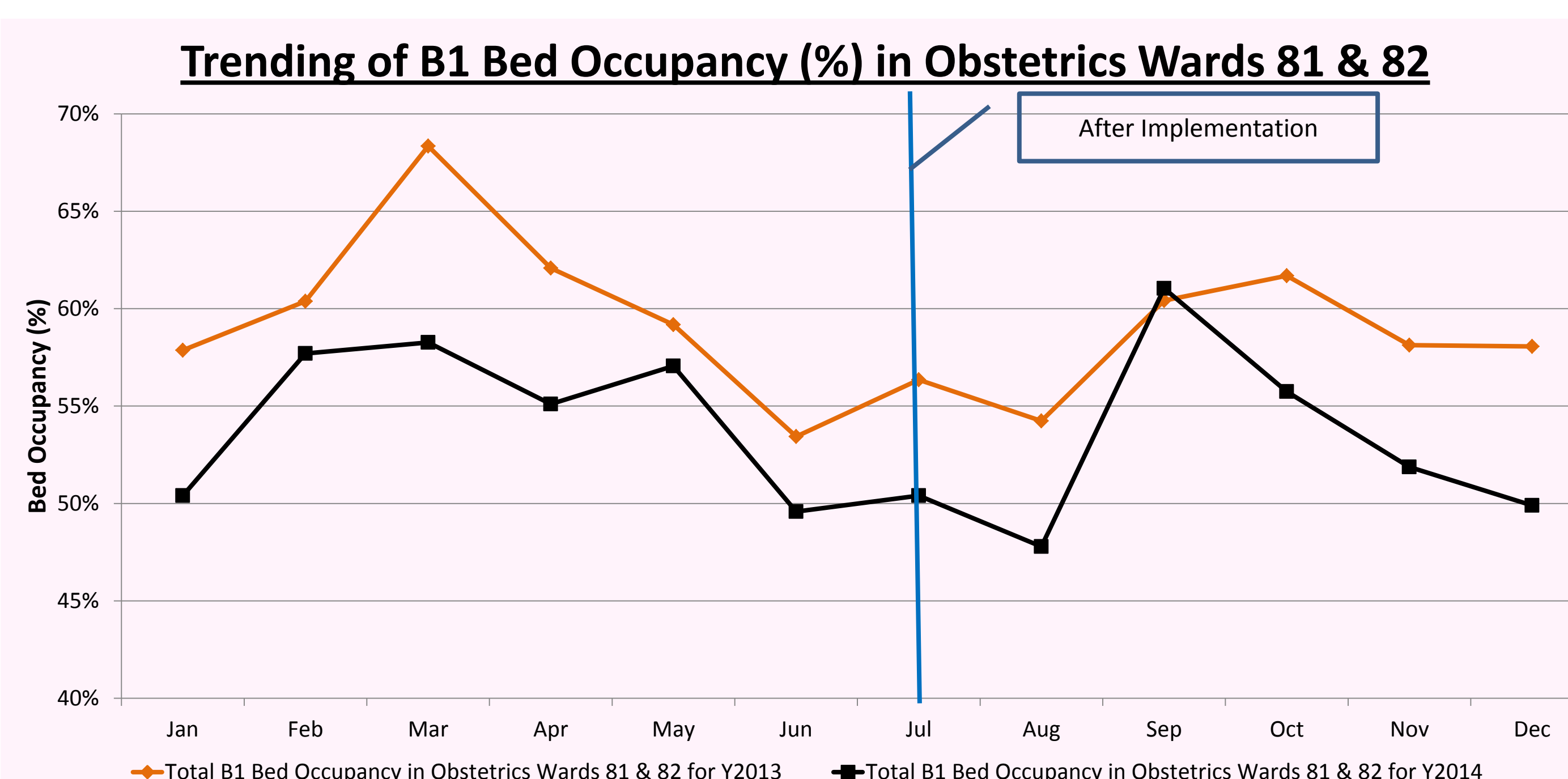
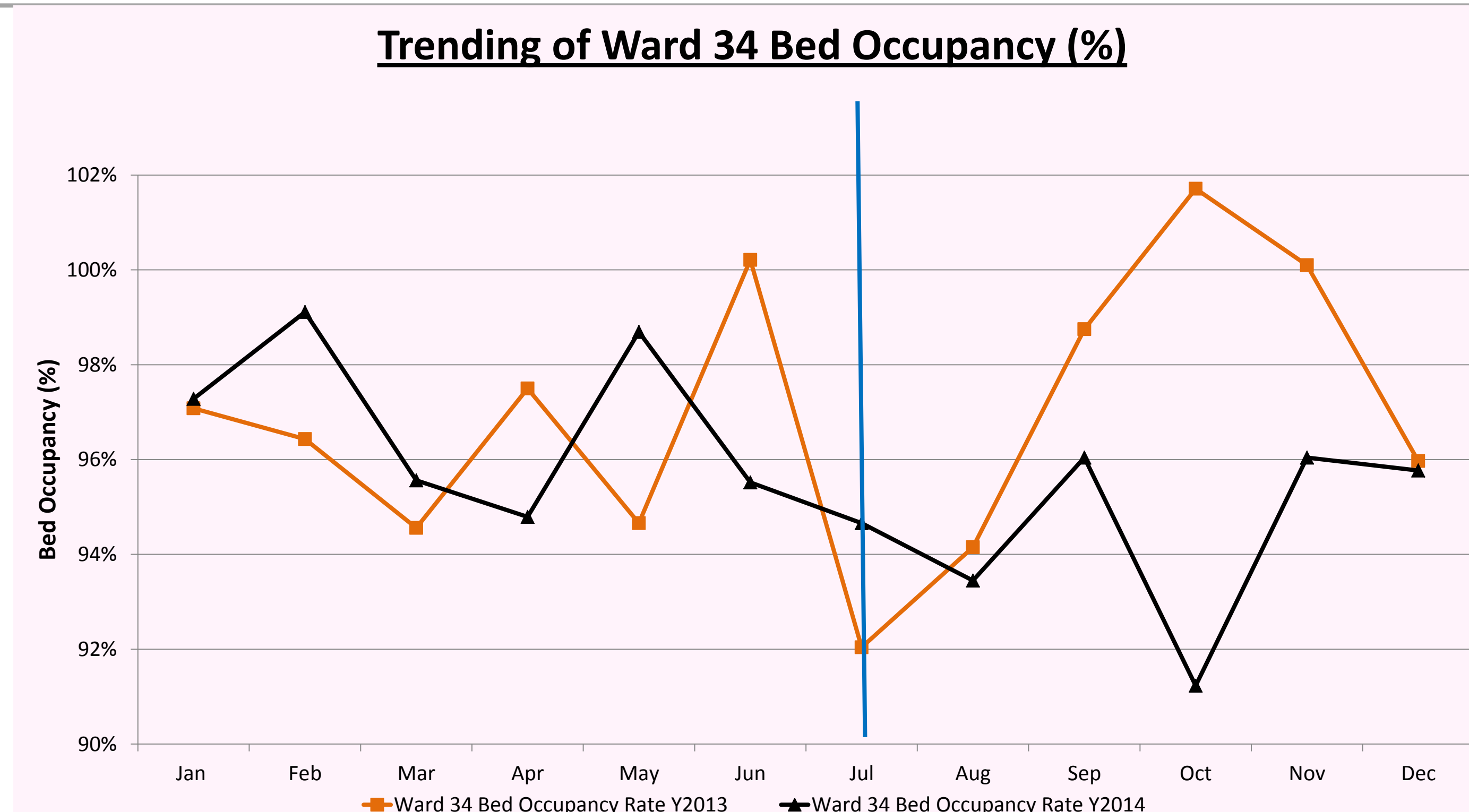
On average, about 45%-50% of the beds in subsidised obstetrics Ward34 are taken up by patients requiring antenatal care. Although rare, it can sometimes go as high as 70%. Antenatal inpatients tend to have a longer length of hospitalization stay compared to postnatal inpatients with uncomplicated delivery.

Issues Identified

1. With a high bed occupancy rate of more than 95%, it is operationally challenging to group within the same cubicle antenatal patients away from patients who had post delivered without deliberate unoccupied beds.
2. It also took a longer time for the clinical team to complete medical rounds.
3. Nursing team faces challenges in resource allocation as midwifery trained staff should be assigned to care for inpatients with high risk pregnancy.
4. With the level of noise from newborns and their visitors, the environment is not conducive for rest especially for antenatal inpatients.

Aims

The aims were to increase clinical quality of care through cohorting of patients by segregating high risk obstetrics patients requiring antenatal care from other inpatients who had post delivered.



3. RESULTS

With patients sharing similar conditions clustered within a location, the initiative achieved the following outcomes:

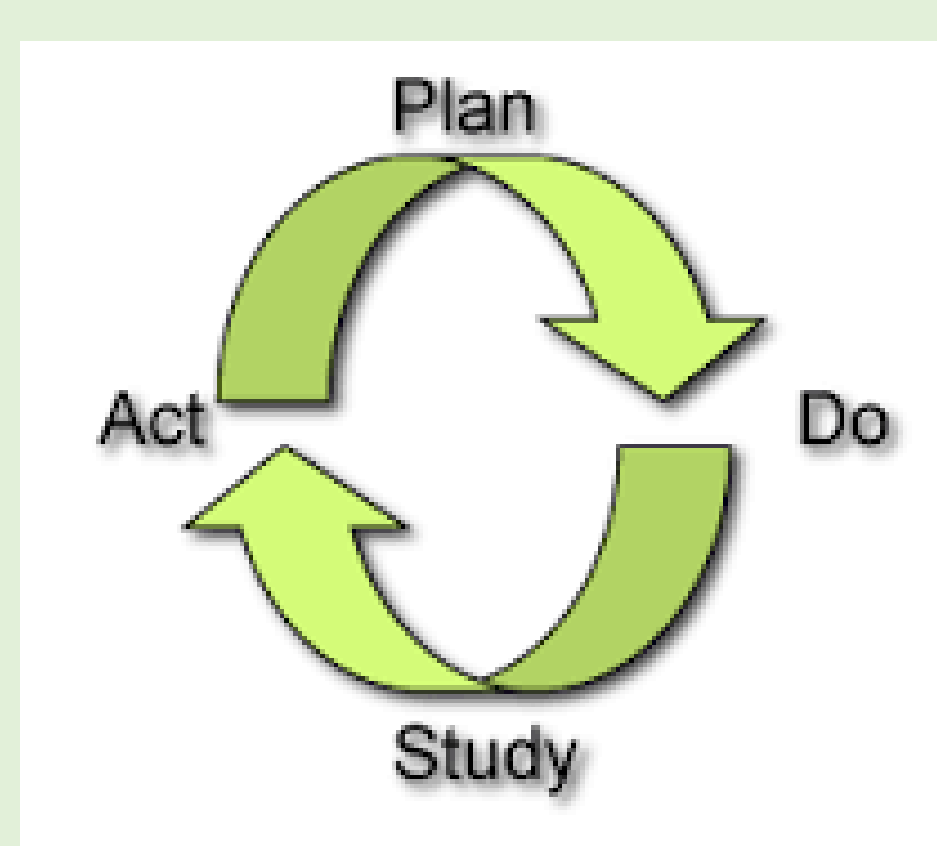
1. Smoother senior doctors' rounds with reduced total time spent in the wards yet with greater familiarity of patients.
2. More time spent at bedside to explain to patients about their conditions and treatment.
3. Medical and Nursing teams more focused in their care management
4. Efficient allocation of resources for better care management and patient safety
5. Reduced turnaround of patients within the same cubicle
6. More conducive environment for patient to rest

4. BENEFITS

By reserving one cubicle of 4 Class B1 beds each in Wards 81& 82 for up-lodged patients made the following positive impact:

1. Minimised patient transfers from one ward to another
2. Minimised handing over patients' treatment plans to ensure patient safety
3. Minimised additional operational cost
4. Optimised bed resources and nursing assignment
5. Meet patients' demand on their choice of beds to improve patient satisfaction
6. Delight subsidised patients while optimising utilisation of B1 beds
7. Enhanced hospital's image

2. METHODOLOGY



Quantitative data such as patient days breakdown by antenatal and postnatal categorized by their respective bed classes and bed capacity were obtained, analysed and presented to internal stakeholders.

Qualitative data such as feedback and discussions were collated and concerns addressed before the following initiatives were implemented in July 2014:

1. Improve the timeliness of discharge entry so that beds that have been vacated could be cleaned and utilized for the next incoming patient.
2. Cohort subsidized antenatal patients within the subsidized obstetrics wards.
3. Designate 8 B1 beds in private obstetrics Wards 81 and 82 (4 class B1 beds in each private ward) for up-lodging of well postnatal patients with uncomplicated normal vaginal delivery.

5. CONCLUSION

This project has helped improved the operational efficiency and effectiveness by improving work processes, clinical care quality and man-hours. The enhanced utilisation of resources has significantly improved on staff satisfaction levels. The Team will continue to improve the system and processes to support the constant need for changes and expansion.