

## **Project Title**

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

## **Project Lead and Members**

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## **Organisation(s) Involved**

KK Women's and Children's Hospital

## **Healthcare Family Group(s) Involved in this Project**

Medical, Nursing

## **Applicable Specialty or Discipline**

Obstetrics

## **Aims**

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

## **Background**

See poster appended/ below

## **Methods**

See poster appended/ below

## **Results**

See poster appended/ below

### **Conclusion**

See poster appended/ below

### **Project Category**

Care & Process Redesign

Access to Care, Turnaround Time, Value Based Care, Productivity, Safe Care

### **Keywords**

Patient Safety, Obstetrics Monitoring Unit

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# 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.

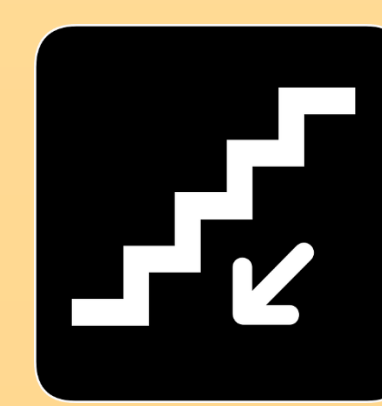
## Problems and Aims

- 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

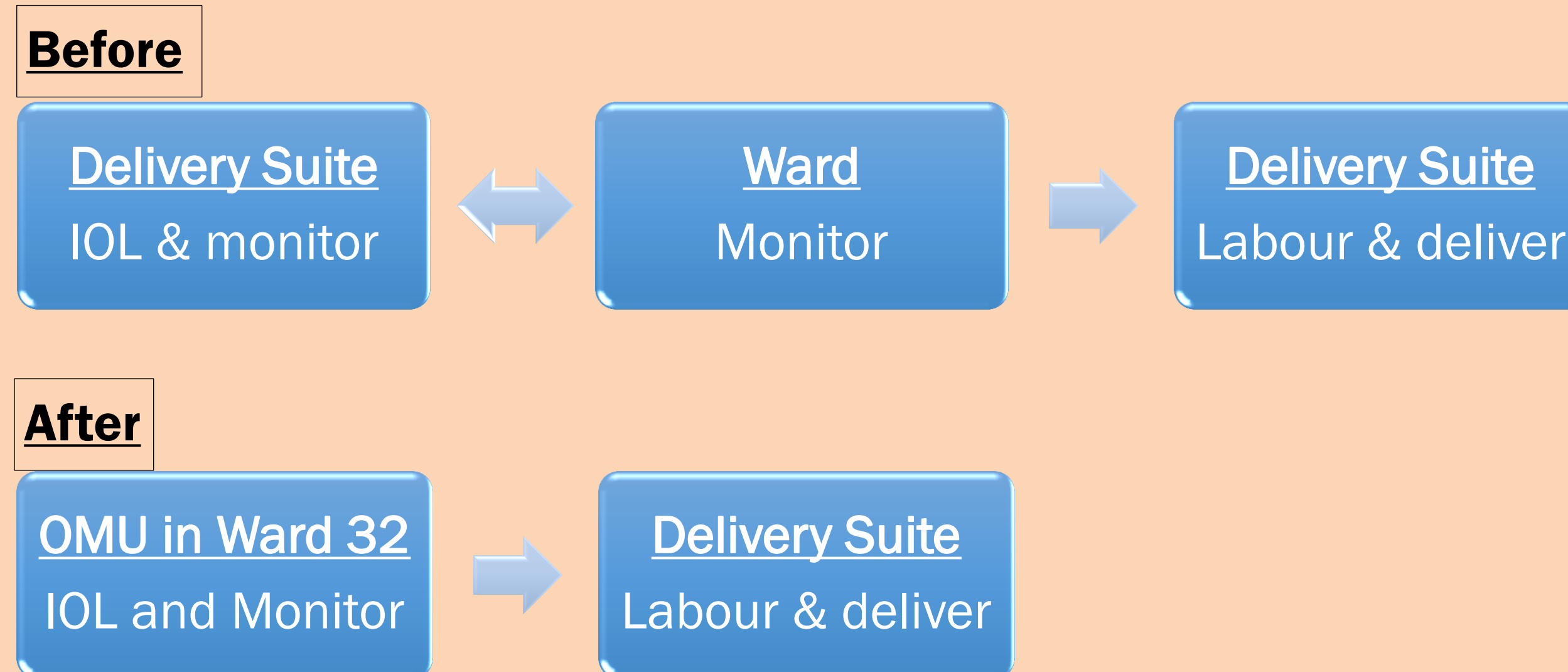
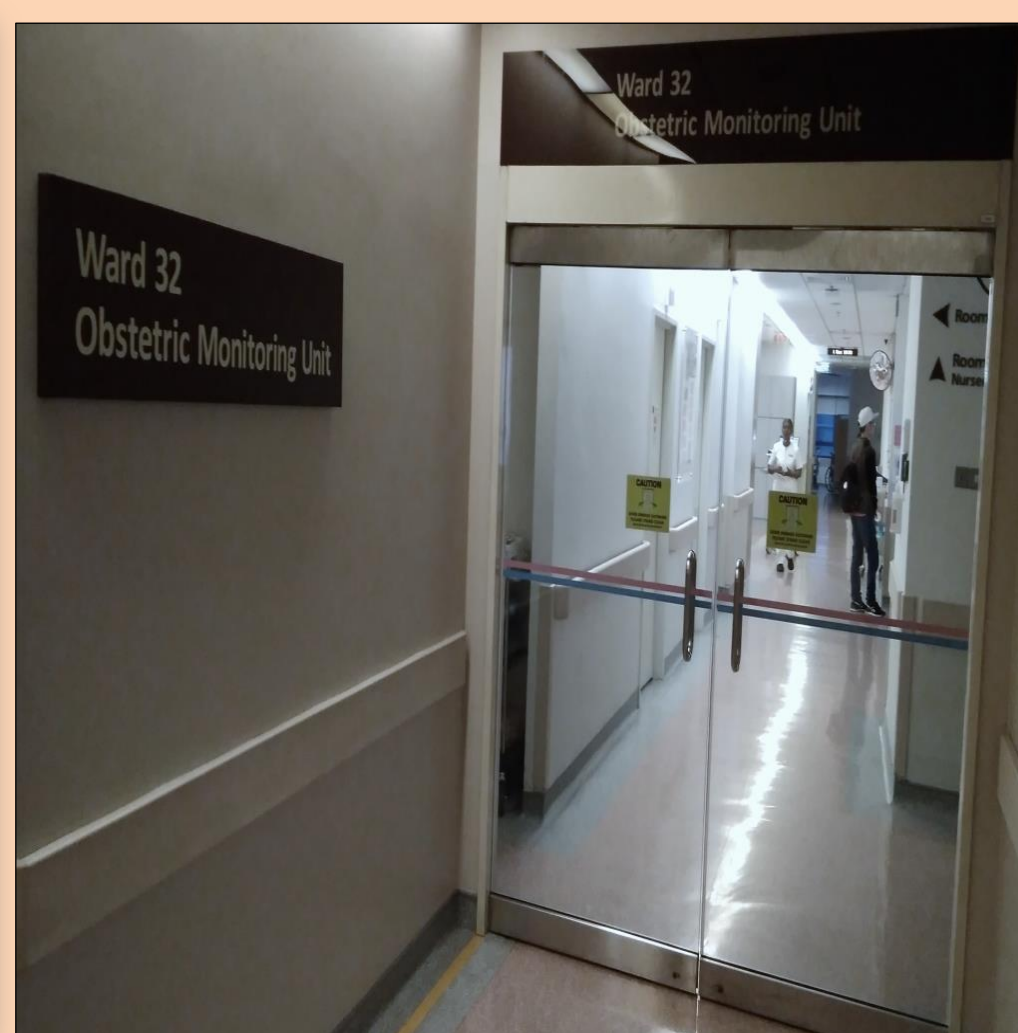
Problem: Husband **cannot be with wife** to support her due to violation of privacy of other patients  
Aim: **Allow** husband to be with wife

## Solutions

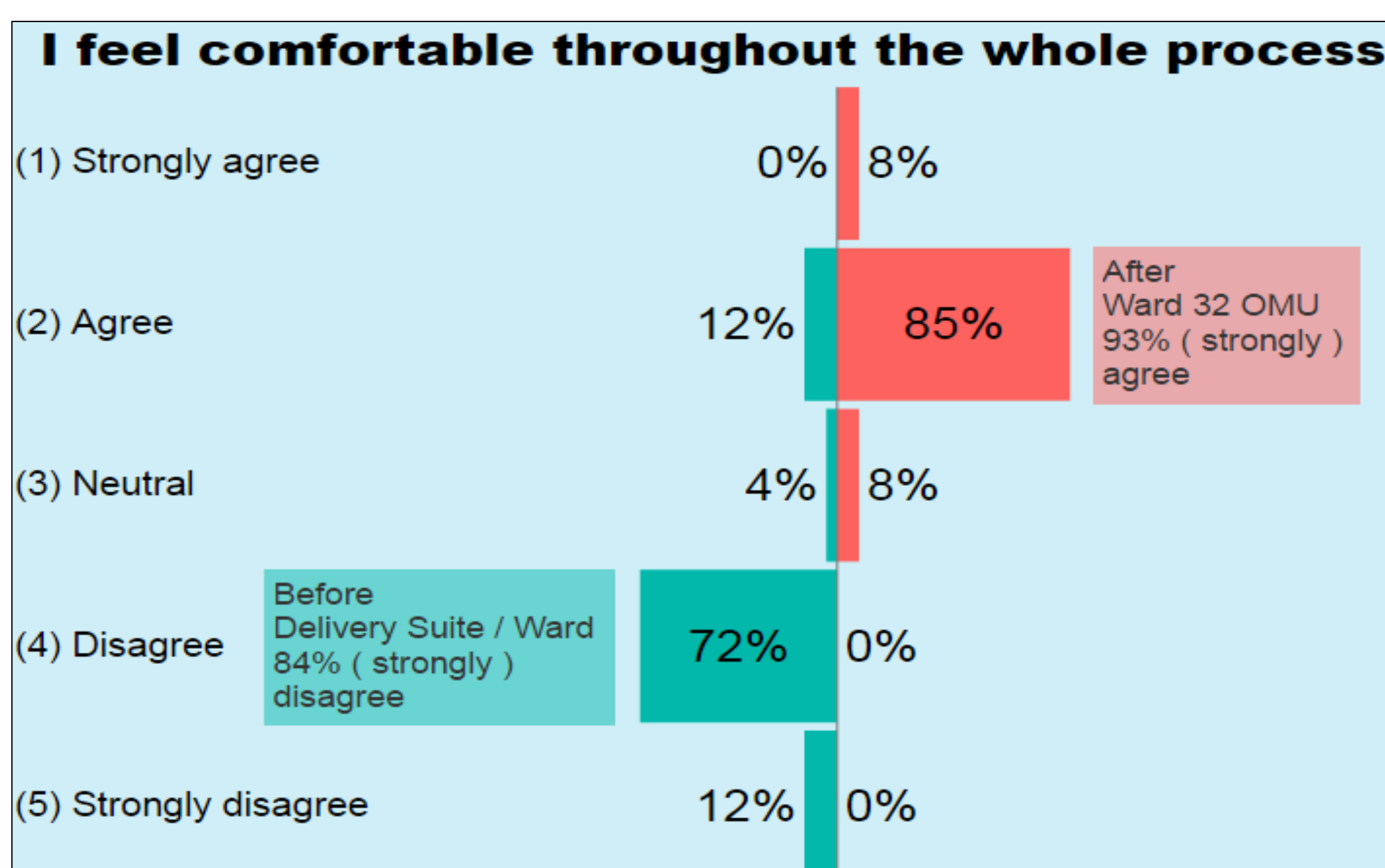
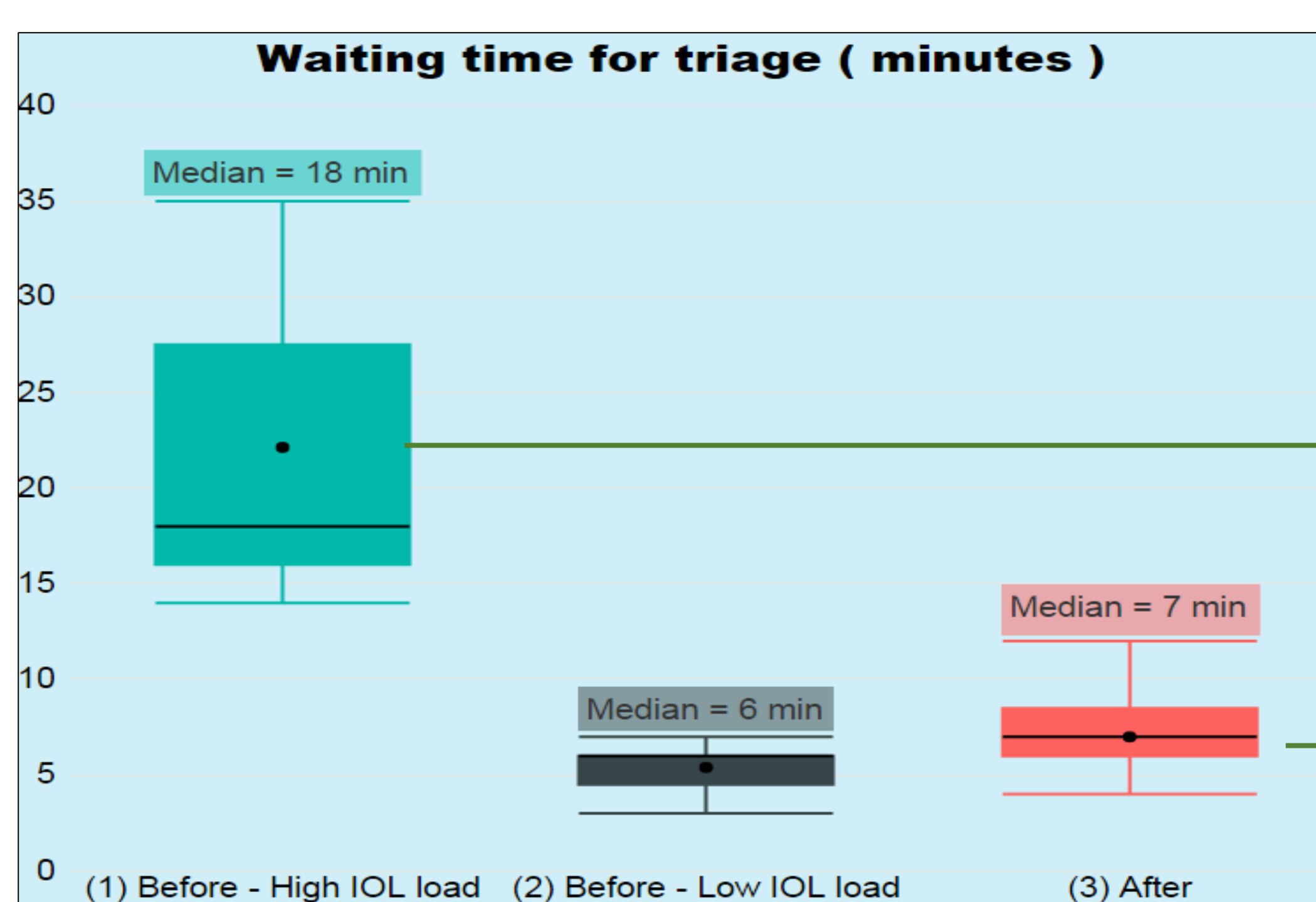
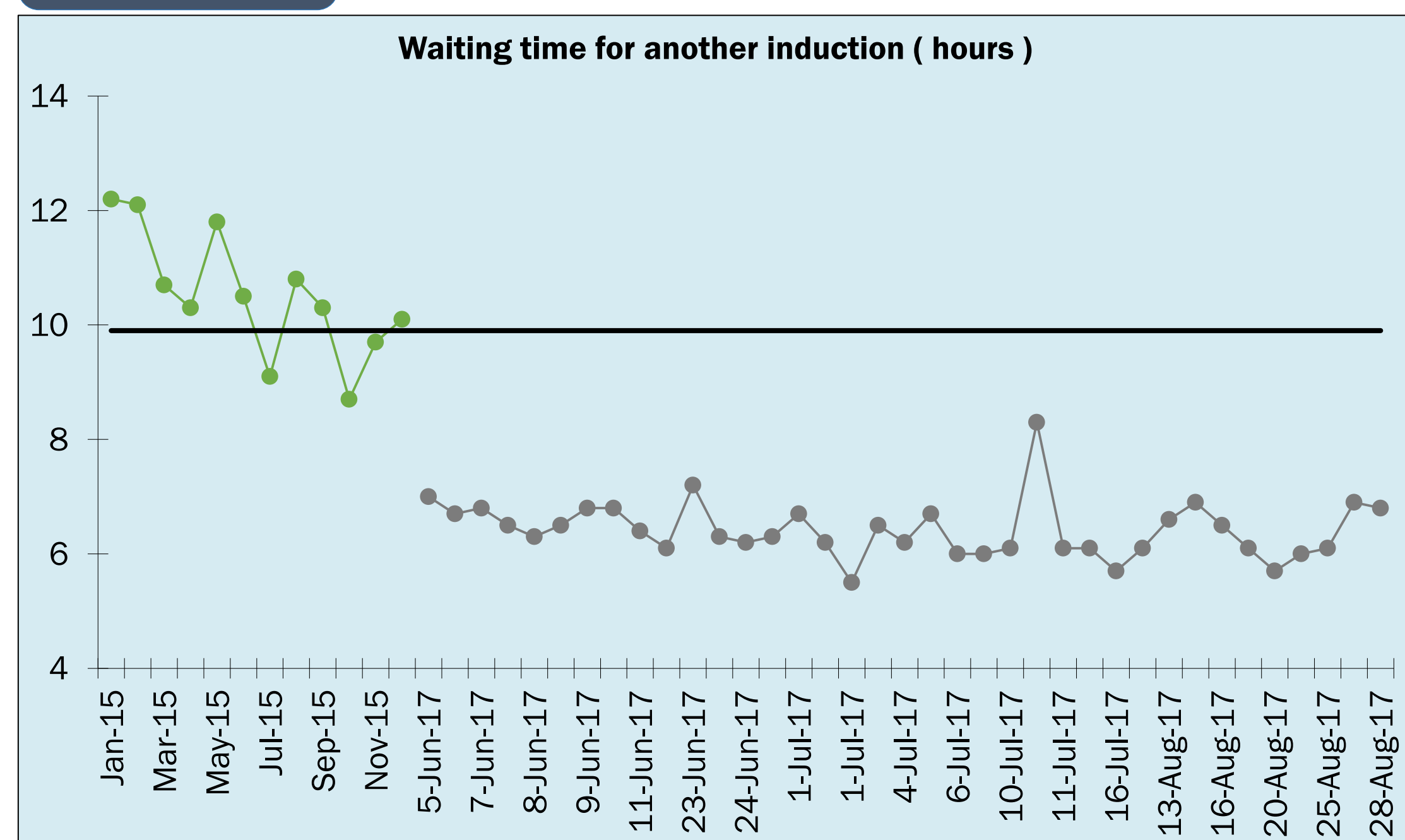
Set up an **Obstetric Monitoring Unit (OMU)** in Ward 32 for these processes **without increasing headcount** of healthcare workers;

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

Patients are monitored in OMU till they go into labour.



## Results



### Patient feedback before (IOL in Delivery Suite)

Long waiting  
Up and down  
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