



STREAMLINING THE INDUCTION BOOKING PROCESS TO ALIGN WITH CANADIAN GUIDELINES

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DESCRIPTION

At Humber River Health (HRH), patient experience is a critical component of overall healthcare quality and organizational success. Internal reviews of the patient journey identified opportunities to improve care delivery for pregnant patients scheduled for inductions. The Birthing Unit (BU) assessed existing workflows and recognized a need to streamline the induction process. With the focus on resource matching: scheduling induction procedures strategically to match staff availability, reducing patient wait times, and updating policies and forms to align with the latest Society of Obstetricians and Gynecologists of Canada (SOGC) induction guidelines. In addition to enhancing patient counselling and education.

OBJECTIVE

To improve care delivery for pregnant patients scheduled for inductions at HRH.

ACTIONS TAKEN

An initial current-state analysis, which included audits and time studies to better understand the patient's journey, were conducted. Time studies measured times from patient registration to final disposition (admission to BU or discharged home). Additional actions included:

- Updating induction booking form
- Holding daily induction huddles
- Completing plan-do-study-act cycles
- Auditing to assess compliance with the new induction booking process
- Update policies

Induction of Labour

Waiting for the birth of your baby can be both an exciting and anxious time. For mothers who do not experience spontaneous labour or for those where medical reasons exist, we may need to stimulate the onset of labour to benefit the mother and baby. This is called an **induction**. If this happens, your doctor or midwife will discuss the reason for your induction, examine you, and discuss the type of induction that is right for you.

The reason I am being induced is:

My Appointment: You will receive a call from the hospital regarding your appointment date and time.

Please note: For the safety of you and your baby, we may have to reschedule or delay your induction.

Location:
Humber River Health
Maternal and Child Program
4th floor, 1235 Wilson Ave., Toronto, ON M3M 0B2

Take the Central Elevators to the 4th floor.

Types of Induction

Prostin: A gel that contains medicine that softens the cervix and prepares it for labour. We insert it into the vagina and monitor you for about 1 hour before you are able to return home. After about 5 hours, you will come back to the hospital for triage and reassessment.

Cervidil: A vaginal insert attached to a string (similar to a tampon) that softens the cervix and prepares it for labour. We insert it into the vagina and monitor you for 1 to 2 hours. You may be able to return home afterwards and we will let you know when to come back to the hospital to get reassessed. We pull the medicine out by the string after 10 to 12 hours or until labour begins.

Balloon (Foley) Catheter: A tube that your doctor inserts into the cervix to help open it. The tube usually stays in the cervix for several hours or overnight, until it falls out at the start of labour or your doctor removes it after reassessing you.

AROM (artificial rupture of membranes): During a vaginal exam, your doctor or midwife uses a small device to gently pull on the bag of membranes (or waters) that surround your baby to make a small hole.

Oxytocin (Pitocin): A medicine that starts labour. A pump pushes the medicine into your vein (intravenously). For this induction, you stay in Labour and Delivery and a nurse monitors you continuously.

During any induction, we monitor both you and your baby closely. If we discharge you home, we give you an instruction sheet to let you know what to do while you are at home and when to return.

Where do I go?
Humber River Health,
Maternal and Child Program
4th floor, 1235 Wilson Ave., Toronto, ON M3M 0B2
Take the Central Elevators to the 4th floor.
Tel: (416) 242-1000
Birthing Unit/Obstetrical Assessment: Ext. 45300 / 45200
Outpatient Clinic/Prenatal Clinic/Lactation Clinic: Ext. 21450

Induction of Labour: Discharge Instructions

Today, I saw DR. _____

The REASON I am being induced is: _____ (Affix patient label here)

The MEDICINE/TREATMENT I received for my induction was: _____

I need to come back to triage at _____ a.m./p.m. or return immediately if I have any of the following:

- Leakage of fluid (water breaks). Write down the time and colour of the fluid.
- Bright red blood discharge. It is normal to notice some spotting from the exam.
- Contractions every 4 minutes, lasting 1 minute long, for at least 1 hour.
- Less than 6 baby movements in 2 hours.

If you have any other concerns, call the triage nurse directly at (416) 242-1000, ext. 70219

Comfort Measures:
While you are at home, you may feel some discomfort from the labour. The following activities can help you feel more comfortable.

- A massage or counter pressure
- Walking
- Napping or resting
- Drinking fluids often
- Eating small, light meals or snacks.

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Figure 1. Induction of labour (IOL) information sheet provided to patients in the office to explain IOL process and various methods. In addition, a Discharge Instruction sheet is given once Induction process is initiated to ensure patients are well-informed regarding the care they are receiving.

Phase 1 - Q4 2022

- Review update SOGC guidelines and review internal IOL policy to ensure alignment
- IOL Form completion
- 2nd choice for IOL date
- Clinical priority
- Bishop score
- Patient Consent
- Daily IOL Review Huddles at 0945 with RP, CPL/Manager if available) once team confirmed IOL booking form complete and appropriate then booking to be processed by clerical once confirmed with clinical team

Phase 2 - Q 1/2 2023

- Update IOL booking form
- Include ECV
- Add cervical ripening time/amount
- Adjust IOL times and specify cervical ripening from Arm/Pit (9,10,11,12 for Arm/Pit) (1400, 2000 Cervical ripening)
- Standardize amount of IOL bookings per day (4 Arm/pit), patients under 24 hours to be seen as triage not IOL
- Automated email to MRP when patient IOL booked in community wide
- Updated IOL policy with new SOGC guidelines

Phase 3 - Q 2/3 2023

- IOL Booking forms to be booked by prenatal office during business hours.
- Booking Clerk coordinates with RP for total procedures (amount)
- Closed loop communication with MRP and booking office when IOL forms received and when IOL booked

Figure 2. Quality Improvement Plan for the induction labour process, outlines the PDSA cycles.

Induction of Labour (IOL) Request Form

Preferred Name: _____ Tel: _____
Health Care Provider: _____ All Tel: _____

REQUESTED DATE OF INDUCTION: 1st choice: _____ 2nd choice: _____
RECOMMENDED METHOD OF CERVICAL RIPENING: Foley Cervidil Gel Misoprostol PREVIOUS C/S: Yes No
RECOMMENDED METHOD OF RUPTURE: AROM Oxytocin KNOWN PREGNANCY LOSS: Yes No

GBS Status: NEGATIVE POSITIVE UNKNOWN

GA at induction: _____

PRIORITY

Priority 1 (Immediate or within 24 hours of requested induction date)
Maternal and Fetal Indications for IOL:
 Pre-eclampsia, HELLP Syndrome or Eclampsia at any gestational age
 Prolonged labour, greater than or equal to 34 weeks
 Abnormal fetal surveillance (check all that apply): Abnormal BPP, Abnormal NST, Intrauterine Growth Restriction (IUGR)
 Abnormal Doppler Flow Studies (indicate findings) Decreased Absent Reversed EDF
EFW less than the 10th percentile WITH other abnormal FHS parameters, please indicate _____
EFW less than the 10th percentile, otherwise uncomplicated greater than or equal to 37 weeks
 Dismaternal/Diamniotic twins 36-37 weeks
 Significant Maternal medical disease _____ OR CP-oral complication _____
CP-oral complication: _____ OR Patient declined _____

Priority 2 (Within 48 hours of requested induction date)
 Dichorionic/Diamniotic twins, otherwise uncomplicated, 37-38 weeks
EFW 9th to 10th percentile, otherwise uncomplicated greater than or equal to 39 weeks (Suggest Iupoint)
 Type 1, Type 2 or GDM on insulin, uncomplicated, 38-39 weeks (Suggest Iupoint)
 Gestational hypertension or pre-existing hypertension, with or without medication(s) greater than or equal to 39 weeks, with well-controlled BP and NO adverse conditions
 Cholelithiasis greater than or equal to 39 weeks with clinical diagnosis OR Bile salts less than 40mmol/L
 Cholestasis less than 39 weeks (if Bile salts are greater than 40mmol/L (Suggest Iupoint)
 Oral disease, genetic or anatomic indications
Other: Maternal Fetal

Priority 3 (Within 2-4 days of requested induction date)
 Diastolic blood pressure (not managed) greater than or equal to 39 weeks, otherwise uncomplicated
 IAMA (greater than or equal to 40 years), otherwise uncomplicated, greater than or equal to 40 weeks
 Prolonged labour, greater than or equal to 41 weeks
 Pre-pregnancy BMI greater than or equal to 40 kg/m², otherwise uncomplicated, greater than or equal to 39-40 weeks BMI _____ kg/m²
 DVT or additional thrombotic disorders receiving anticoagulation therapy, greater than or equal to 38 weeks
 Other: Maternal Fetal

OUTPATIENT CRITERIA: Lives less than 1 hour away Adequate transportation BPP B8 (within 7 days)
OR: NST AP Assessment (within 48hrs) IOL explained Demonstrates understanding of information provided

BISHOP SCORE

SCORE	DILATATION (cm)	EFFACEMENT (%)	STATION	POSITION	CONSISTENCY
0	Closed	Greater than 3	-3	Posterior	Firm
1	1-2	2-3cm	-2	Midline	Medium
2	3-4	3-4cm	-1	Anterior	Soft
3	Greater than 5	0-1cm	+1-2	----	----

Total Score: _____

FAVORABLE CERVIX: Greater than or equal to 6 Bishop score greater than 8, increases the likelihood of vaginal birth similar to that of spontaneous labour. Consider additional cervical ripening to improve Bishop's score prior to additional intervention.

FOR BOOKING OFFICE USE: Date patient is booked for IOL: _____ Appointment booked by (RP/TL): _____ Date Booking Completed: _____
 Please call and advise of booking date Please advise they will be called by us regarding time to arrive Requesting office called and confirmed appointment

ADDITIONAL COMMENTS: _____

Figure 3. Induction of Labour Form updated to help standardize booking process.

LESSONS LEARNED

To optimize the induction booking process, a multitude of interventions were required to streamline operations and improve patient experience.



SUMMARY OF RESULTS

The changes allowed for evidence-based inter-professional decision-making, improved patient experience, and alignment between available resources and patient volumes to ensure safe, effective, and timely care of all patients. Daily induction huddles promoted the timely review and processing of induction requests to minimize delays in accessing care and limited scheduled procedures to reduce patient wait times. Automated booking confirmation emails facilitated streamlined communication to physicians.

The initial analysis inclusive of audits and time studies identified pivotal areas of focus. Following the first phase, the BU will continue to monitor compliance. PDSA cycles are continued to further refine the induction booking process, enhance communication, and ensure timeliness in the patient journey.