

Opm 300 mod 2 ca



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Solution 1:

a) Flow Chart: (For Flowchart please see next page).

b) Process Improvements:

The flow of processes as has been followed by Arnold Palmer Hospital (APH) is accurate and takes into account all the possible events. However the process can be improved by making a few simple changes. These have been discussed below: First, as soon as the mother comes into the hospital check for baby en route, or imminent. If yes, then the mother should immediately be checked for complications. If complications are present, then the mother needs to be shifted to the intensive care unit (ICU) or operation room, as necessary. In case of no complications then the mother can be shifted to the Labor and Delivery Triage. In case the baby is not en route or imminent then the mother can directly be sent to the Labor and Delivery Triage. The registration needs to be left to the attendant/family. This will reduce the overall movement for the mother and reduce rush and confusions.

Solution 2:

Changes in Chart: In the case that the mother requires to undergo a Caesarean-section birth then the process and flow will remain the same until Step 2, i. e. " If the baby is born en route or if birth is imminent, the mother and baby are taken by elevator and registered and admitted directly at bedside. They are then taken to a Labor & Delivery Triage room on the 8th floor for an exam". Once the mother is taken to the Labor & Delivery Triage

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Room, here a new decision of whether a Caesarean-section birth is required or not will need to be taken.

In case a Caesarean-section birth is required, then the mother will need to be checked if ready for delivery or not, i. e. Stage 4. From here if the mother is ready for delivery, then she will be shifted to the operation room for the delivery until the baby is born. The process after this stage, i. e. to check for any complications for either baby or mother will follow.

Section3:

In the case that all mothers were either electronically or manually pre registered, there will be minimal changes in the flowchart. Here one stage of registration will be eliminated. Please see flowchart below.

Section4:

The process can be improved to a great extent.

First the mother can be directly taken to the individual room (or as booked by the patient). Once ready for delivery, the mother can be taken to the labor and delivery room or the operation room (in case of the C Section operation). Once the baby is born, the mother can be kept in the recovery room (in case of the C Section) or taken back to their personal room/ward, or the ICU in case of any complications. The child can be taken to the nursery or the Neonatal ICU in case of any complications.

Once the mother and child are both clear of any complications or possible issues, they can be taken back to their personal rooms and observed for 48 hours after which they can be discharged. This makes the overall process

and room changing minimal and helps in making the overall experience more comfortable for the mother as well as family members.