

Arnold palmer hospital flow chart assignment

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OPM300-INTRO TO OPERATIONS MANAGEMENT MODULE 2 CASE

ASSIGNMENT First and foremost, I would acquaint myself with Diane's flowchart and learn the process that's already in place. I would take a few days or weeks to study her inputs and the process flow. After I get a clear and concise understanding, then I would suggest improvements if any. The process in place right now is very well maintained, however different Labor and Delivery (L&D) floors on which facilities for operations and normal delivery are scattered. In case of emergency the delivering mother has to be shifted many times from different floors, rooms, and facilities.

This process can risk critical time and also utilize excessive man power. One suggestion is to assign one entire floor or wing of the facility exclusively for L&D operations. This would minimize any unnecessary movement of delivering mothers; floor 8 would be adequate since that's where the triage process starts for the mother. Patients who are expected to have a cesarean or surgery may bypass the in between steps and jump from step 1 to step 7. In essence, step 7 would become step 2 as the mother would already be pre-registered and ready for the cesarean or operation.

Once the operation is complete with no complications, then step 6 would be next. After monitoring the mother and newborn without any complications, finalize with step 8. Following this process would prevent the mother to have to go back to any other steps in the flowchart. If expecting mothers could pre-register prior to arrival, this would minimize the long process immensely. Pre-registration should become mandatory for all expectant mothers, whether that means registering during the third trimester, electronically, or by phone.

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Then the order would change with step 3 now becoming step 1, since they would already be registered, and all other steps following. If all registration is completed prior to the delivery date, this would expedite the flow of patients while minimizing documentation errors. This would ease the scheduling of delivery rooms along with mother/baby rooms for the 40-44 hour period after delivery. The hospital could also plan accordingly and assess particular overcrowding and high birth seasons with adequate medical staff and emergency medical professionals. My suggested Labor and Delivery flowchart/process goes something like this: 1. Expectant mothers are to pre register as early as week one of the third trimester either manually or electronically and will receive a registration number. 2. The registration number is to be matched along with patient identification and date of birth while being admitted, along with doctor's diagnosis. 3. If the mother is due for a cesarean, admission should take place before 8 hours of scheduled surgery.

The mother should be taken to floor 8 for preoperative care, anesthesiologist assignment, surgical procedure, side effects, and complications briefs. Then proceed to step 6 4. Mothers scheduled for normal delivery or birth is imminent, are to be taken to floor 8 and finalize admission at bedside. They are then taken to Labor & Delivery Triage on the 8th floor for an exam. If no complications are present, then the mother and baby go to step 6. 5. If the mother has no contractions and still has time before delivery, she is directed to walk around to induce contractions and then to go to step 6. 6.

The mother is taken to a delivery room and after successful delivery with no complications, she then goes to the mother and baby room and proceeds to <https://assignbuster.com/arnold-palmer-hospital-flow-chart-assignment/>

step 7. 7. After thorough observation and both mother and child are found healthy, they are discharged and proceed to step 9. 8. If the mother is found healthy but the child is not yet fit to be discharged, then the child is taken to the Neonatal Intensive Care Unit for further observation. After observation/procedures are complete, then mother goes to step 9. 9. The mother and baby discharged with follow on dates for routine checkups and post operation procedures if necessary.