

**KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTRE
NURSING AFFAIRS**

Unit Description : **IVF Clinic**
Monthly Patient Volume : Approximately 3,000

Scope of Service

The In Vitro Fertilization clinic is an ambulatory care center providing infertility investigations and treatments for male and female patients.

Referrals are accepted only from government institutions. The appropriate referral form must be completed and requested results of preliminary investigations must be included. A referral from Family Health is sent to eligibility for Saudi employees and/or dependents and the same plus an exception signed by the executive director is required for non-Saudi employees.

Patients are discharged when the eligibility criteria are no longer met, or when medically, the couples' chances for pregnancy cannot be increased.

Eligibility criteria:

- The wife must be less than 40 years of age
- Less than 2 living children from current marriage
- Duration of infertility of more than 5 years for an ovulation or unexplained factors
- Diagnoses of tubal or severe male factor will be accepted regardless of the duration of infertility
- Most common factors for infertility
 - male factor
 - tubal factor
 - anovulation
 - unexplained
 - polycystic ovaries
 - cervical hostility

Frequent Procedures/services/Functions

- Fertility screening cycle with ultrasound monitoring and timed intercourse or IUI
- Ovulation stimulation with ultrasound & E2 monitoring
- Intrauterine insemination plus ovarian super stimulation
- Pregnancy tests
- Pregnancy ultrasound
- In Vitro Fertilization
 - Stimulation of follicle production with U/S and E2 monitoring
 - In Vitro Maturation
 - Ovum Aspiration using conscious sedation
 - Intra Cytoplasmic Sperm Injection
 - Embryo transfer
 - Cryopreservation of embryos
 - Replacement of frozen embryos
- Male investigations, including diagnostic testicular biopsy
- Surgical Sperm Retrieval
 - Percutaneous epididymal sperm aspiration

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- Testicular biopsy
- Electroejaculation
- Vibroejaculation

Nursing assessment and use of nursing process per IVF protocols and Ambulatory Care Standards, including screening for vaccine preventable diseases and blood borne diseases.

Counseling regarding assisted reproductive techniques, with respect and empathy in mind toward this sensitive issue

Patient education on treatment aims, goals, medications, expected outcomes, and plan of care, with documentation on a collaborative patient education form. Patient surveys are conducted at intervals to assess the patient's understanding.

Diagnostic/Therapeutic Procedures Performed (Female)

- Local and or conscious sedation or analgesia
- ovum aspiration
- embryo transfer
- ovarian cyst aspiration
- follicle reduction
- ascites aspiration
- selective reduction
- hysteroscopy
- laparoscopy

Hours of Operation

Saturday-Tuesday	0800-1800
Wednesday	0800-1700
Thursday/Friday	0800-1430

STAFFING PLAN

Number and mix of staff

Asst Head Nurse	1
SN I	5
SN II	6
Medical Translator	1
PCA	1

Method of adjusting staff for variances (number of patients per day variable up to 75% with 1-2 days notice)

- Asst head nurse or designee is responsible for staffing schedule. Staff are cooperative in changing days off on short notice to accommodate clinic needs, and to ensure safe, quality patient care.
- The assistant head nurse works weekends as required to eliminate overtime and cover for leaves.

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QUALIFICATIONS OF STAFF:

Qualifications/Licenses/Certifications Required of Staff

- Current licensure, BCLS certificate and IV therapy certification are required of all nurses.
- A certificate of completion of a translation and medical terminology course is required for the medical translator.

Staff Competency/Inservices/Continuing Education:

- Mandatory yearly inservices on Fire, Electrical safety, Safety and Infection control, including TB and blood-borne pathogens.
- IVF journal club every 2 weeks.
- Unit nursing inservice monthly with at least 1 presentation per year per nurse.
- Basic competency at initial hire, plus IVF unit specific competencies. See orientation manual.
- Competencies are demonstrated and documented, including the protocol on conscious sedation.
- IV Certification required for all nurses.
- Review of any competency with re-demonstration when identified or requested by staff, physician or asst. head nurse.
- Unit protocols and guidelines

METHODS OF COMMUNICATION USED WITH OTHER DEPARTMENTS:

Face to face, telephone, fax, e-mail and written memos are used to facilitate patient care.

Collaborative Departments Within IVF Unit

- IVF physicians (report to Chair, OB/GYN)
- Andrologists (report to Chair, Urology)
- IVF Laboratory (report to Chair, Pathology)
- IVF Ultrasound (report to Section Head, IVF)
- IVF Secretary (report to Section Head, IVF)
- Appointment clerks (report to Dept. head, Appointments)
- Nursing (report to Nursing affairs via Head of Service, Ambulatory cCare)

Collaborative practice meetings within each section and across sections (Dept.-wide) are regularly scheduled. A monthly newsletter is utilized to communicate changes in protocols, solicit suggestions, offer recognition, and relay anecdotes.

Collaborative relationships with other departments are maintained to provide support to the patient for consultative, pharmaceutical, financial, social services and nutritional needs, for diagnostic and therapeutic interventions, as well as medical reports and sick leave statements. A security section is available to safeguard the patient and his belongings.

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GOALS OF THE IVF CLINIC:

- To assist couples in achieving pregnancy, using high quality, progressive techniques in a safe manner and at the lowest possible cost.
- To set a standard and assist in providing education and outreach support in establishing high quality centers easily accessible to those living outside Riyadh.
- We are striving toward providing pre-implantation services to those patients carrying dominant genes for Cystic Fibrosis, Thalassemia, etc.

PLAN TO IMPROVE QUALITY OF SERVICE

- A PI project was completed after performing a study with 96 patients. The results allowed us to eliminate, on most cycles, one expensive drug, (approximately SR 144,000/year)
- Continue patient surveys to assess effectiveness of teaching, and the patient's level of understanding of treatment.
- Continue monthly newsletter to provide communication to staff on changing protocols, solicit suggestions, promote staff recognition and involvement in performance improvement.
- Continually monitor outcomes, and practices to identify areas for performance improvement.
- Continue efforts to achieve renovation, allowing patients to obtain Infertility/IVF investigations and treatments in one unit, thereby offering comprehensive teaching and follow-up.
- Re-investigate plan to hold periodic evening IVF Information sessions by a physician and nurse, providing question and answer opportunities.