



**INTERNATIONAL FEDERATION OF FERTILITY SOCIETIES**

# Effective Strategies for running a successful fertility service





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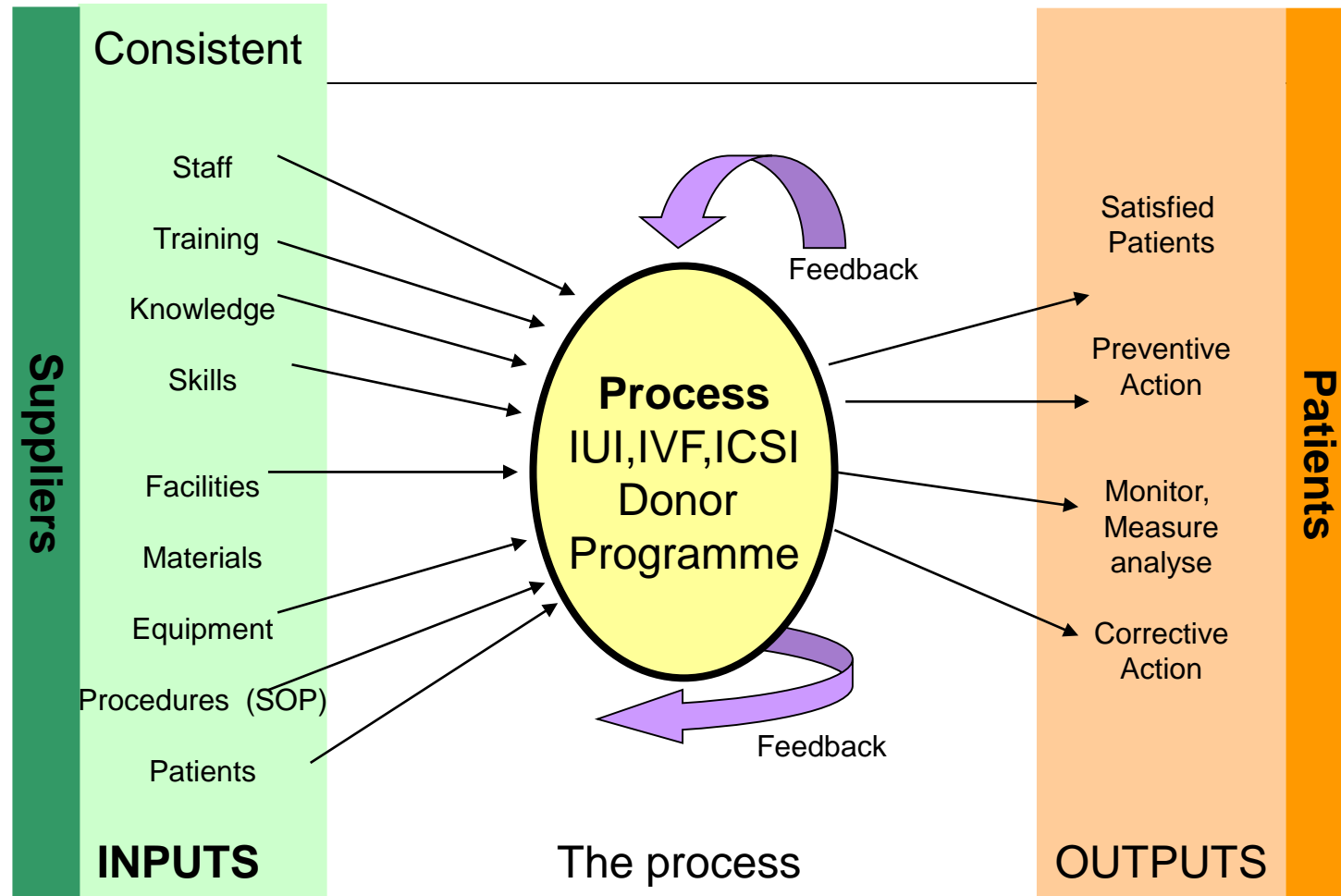
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# What does success mean in a fertility setting?

*A great clinic isn't just one that can give you effective treatment, it's one with compassionate staff, clear pricing, seamless administrative processes and exceptional emotional support.  
(HFEA 2018)*

# Factors that influence effectiveness



# Invest in your people

New staff should have an orientation plan, held in HR file, evidence  
Training plan in place combining

- Knowledge – theoretical, courses, internal CPD - evidence
- Skills with a plan in place to observe, to be supervised, assessed - evidence
- Competence – assessment by expert, internal or /and external – evidence.

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Key Changes Actioned		
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19	06-Mar-08	
20	29-Aug-18	Annual review

## **2 Induction and training packs**

Prior to a new member of staff commencing a welcome pack should be prepared by the relevant Area Manager based on information within the first two pages of Orientation Programme ([FM-TR-0013](#)) as detailed below as appropriate:

- QMS Awareness ([FM-TR-0047](#))
- Personal orientation programme ([FM-TR-0013](#)) which will have been circulated to all Area Managers
- Generic Induction Information ([FM-TR-0024](#))
- Staff induction handbook (from NHS Intranet)
- Personal Record File form ([FM-GN-0025](#))
- Generic Log Book ([FM-TR-0014](#))
- Record of Training ([FM-TR-0015](#))



## An RCN Education and Career Progression Framework for Fertility Nursing

# Competence Assessment

Beginner(B)

Advanced Beginner (AB)

Competent (C)

Proficient (P)

Expert (E)

Provision of Information and consent							
Knowledge - obtaining consent for investigation and treatment	Self-assessment (circle as appropriate)	Minimum standard for achievement	Expected date of achievement	Evidence submitted	Date of completion	Level achieved	Assessor sign-off (print and sign)
Ensure appropriate consent forms for any investigation or treatment required (in accordance with local Sops and HFEA Code of Practice) have been filed in medical records.	N, AB, C, P, E	Competent					

# External Training and CPD

- Training and knowledge:

Royal College of Nursing, Fertility Nurses Group.

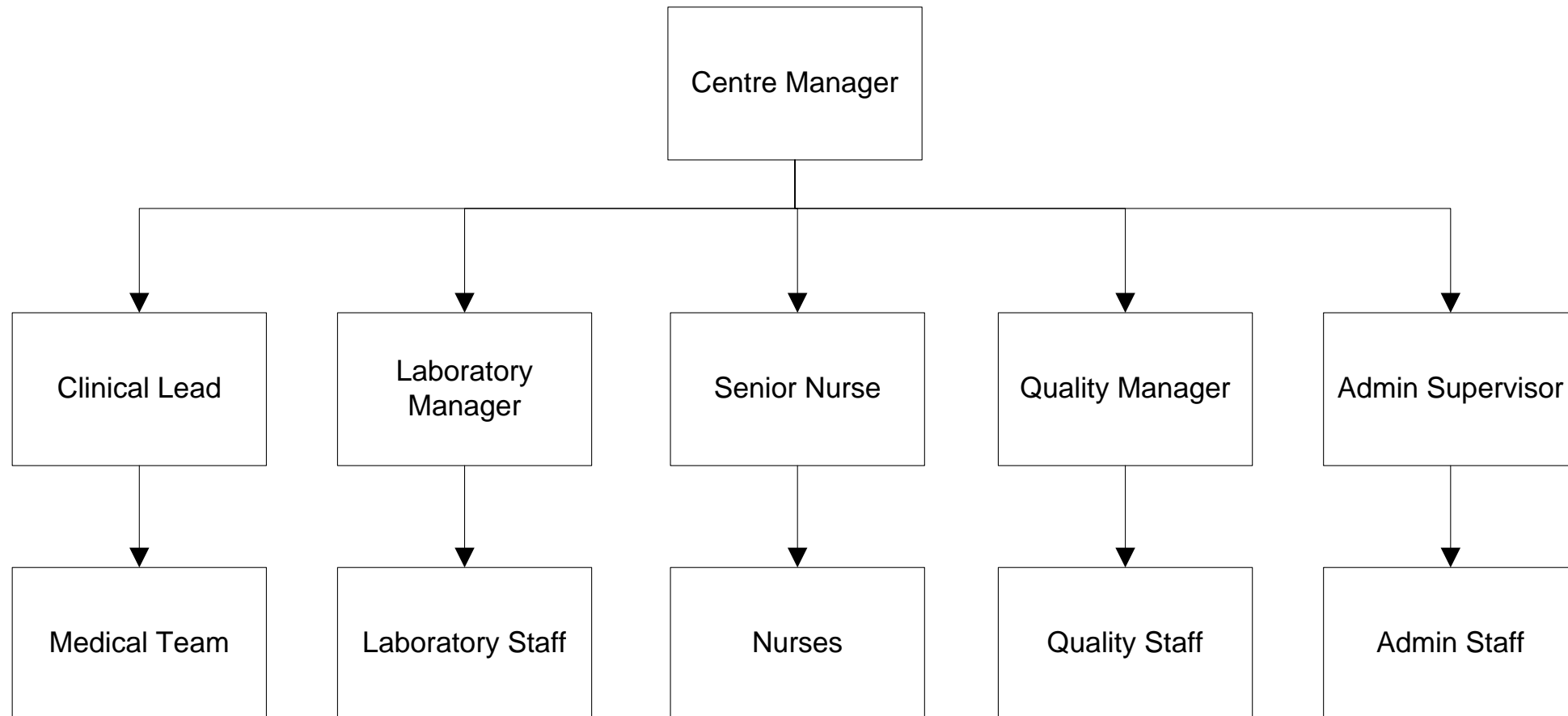
[https://www.rcn.org.uk/get-involved/forums/fertility-nursing\\_forum](https://www.rcn.org.uk/get-involved/forums/fertility-nursing_forum)

- Share knowledge and best practice:

Senior Infertility Nurses Group <https://singuk.co.uk/>



# Roles and Responsibilities



# Team work



**T**ogether  
**E**veryone  
**A**chieves  
**M**ore

# Communication is key



# Healthy mother and live baby

State how your service is delivered to ensure :

- Risk of multiple pregnancy is reduced
- How ectopic pregnancy is managed, due to increased risk in IVF population
- Ovarian Hyper Stimulation Syndrome risk is reduced

# Effective communication

- Efficient, caring professionals
- Deal with enquires promptly & courteously
- Be empathic
- Responding to queries quickly
- Information / involvement in decisions
- Actively listen – two ears and one mouth which should be used proportionately





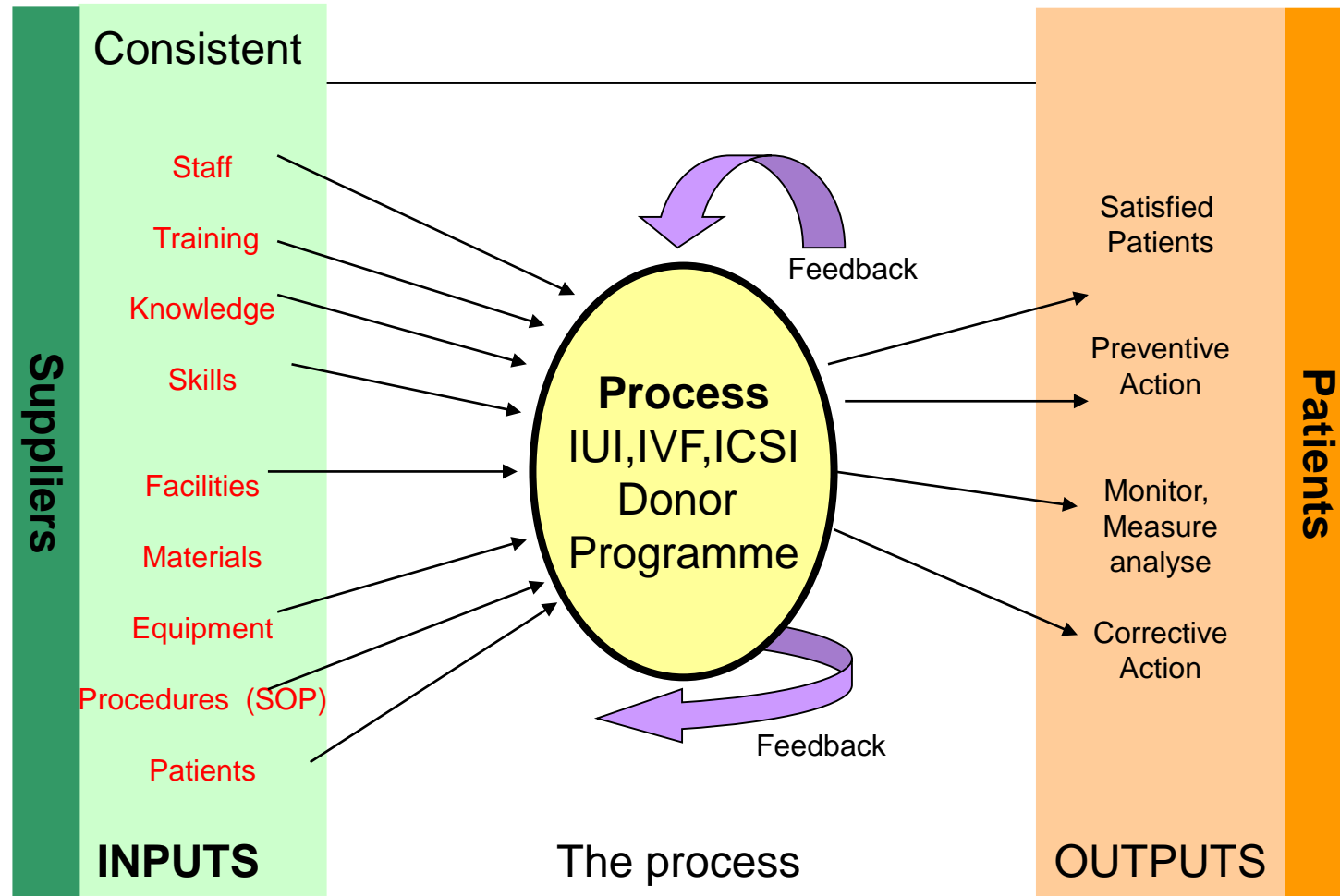
# Ask and react to Patient Feedback



# Facilities, Materials, Equipment

- Have a Procurement strategy with a clear Standard Operating Procedure including: User, Installation, Operational and Performance requirements
- All should meet standards required e.g. ISO
- Third party agreements with suppliers
- Maintenance agreements
- Calibration requirements, certification

# Factors that influence success





# What are you aiming to do??



# Treatments options

- IUI
- IVF
- ICSI
- Egg Donor Programme
- Sperm Donor Programme
  - Fertility preservation
- PGD

# Cost effective and efficient

- Evidence based practice – validation of Standard Operating Procedures
- Case selection – BMI, smoking, age
- Careful preparation – ensure all investigation and screening undertaken
- Simplified processes – monitoring strategy
- Consistency - SOP's
- Communication – specifically in relation to costs

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# Emotional support

- Counselling should be offered before, during and after IVF treatment regardless of the outcome.
- Counselling should be offered by someone not directly involved in the management of the couple's fertility problems.
- Research shows that over half of all men wouldn't be open to discussing fertility with their partner, yet they're just as at risk of experiencing feelings of sadness, shame, anger, depression or inadequacy.

HFEA CoP 2018



To me.....

Effectiveness/Success = Quality

# Quality Standards

**Quality management systems Requirements (ISO 9001:2015)** -The quality management principles are:

- — customer focus; (*staff training etc.*)
- — leadership; (*roles and responsibilities*)
- — engagement of people; (*patients, suppliers, referrers*)
- — process approach; (*SOP's*)
- — improvement; (*next few slides*)
- — evidence-based decision making; (*SOP's, CPD*)
- — relationship management. (*roles and responsibilities*)

**Medical laboratories — Requirements for quality and competence (ISO 15189:2012)** This International Standard can be used by medical laboratories in developing their quality management systems and assessing their own competence. It can also be used for confirming or recognizing the competence of medical laboratories by laboratory customers, regulating authorities and accreditation bodies. United Kingdom Accreditation Service (UKAS) Andrology Diagnostic Semen Analysis.

# Areas of compliance – Audit Plan

	Guidance Note		Guidance Note
2	Staff	16	Import and Export
3	Counselling	17	Storage of gametes and embryos
4	Provision of Information	18	Witnessing
5	Consent	19	Traceability
		20	Donor Assisted Conception
6	Legal parenthood	21	Intra-Cytoplasmic Sperm Injection (ICSI)
7	Multiple Births	22	Research and training
8	Welfare of the Child	23	The Quality Management System
9	Embryo Biopsy and Testing	24	Third-party agreements
10	Embryo testing and sex selection	25	Premises and Facilities
11	Donor selection	26	Equipment and Materials
12	Egg sharing	27	Adverse Incidents
13	Payment for donors	28	Complaints
14	Surrogacy	30	Confidentiality and Privacy
15	Procuring, processing and transporting gametes and embryos	31	Record Keeping and Document Control



# Factors that could influence effectiveness (RCA)

- Ineffective training
- Inadequate supervision
- High work load
- Poor working environment
- Ineffective communication
- Inadequate resources
- Uncertainties in roles and responsibilities.....

# Everybody, Somebody, Anybody and Nobody

There was an important job to be done and **Everybody** was sure that **Somebody** would do it.

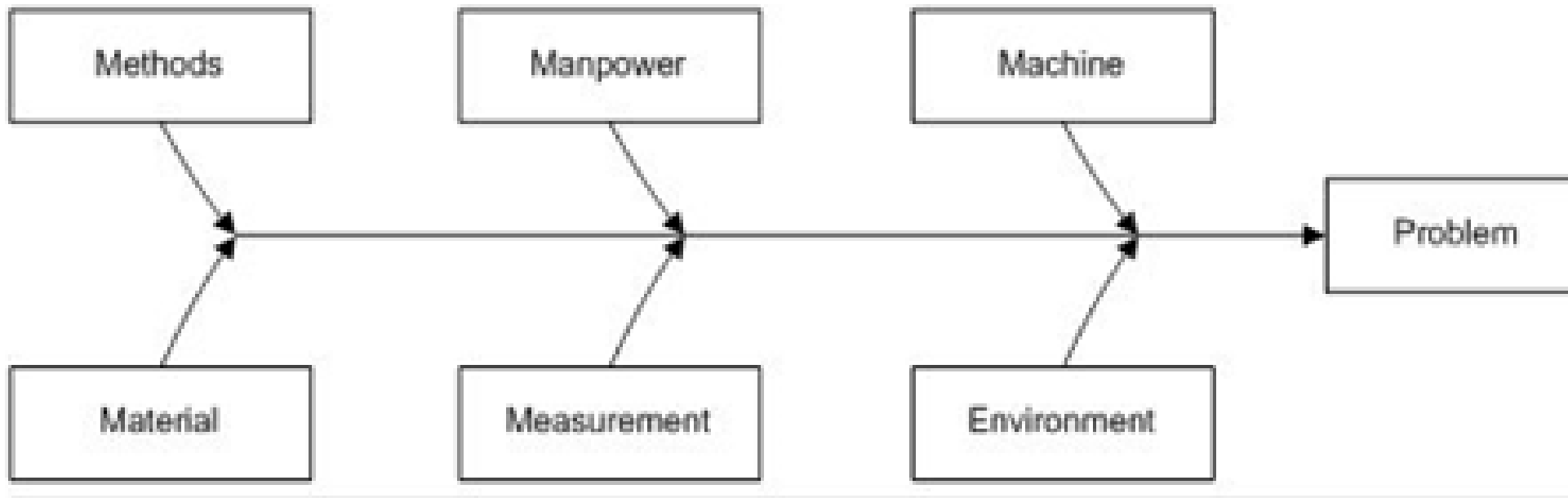
**Anybody** could have done it, but **Nobody** did it.

**Somebody** got angry about that because it was **Everybody's** job.

**Everybody** thought that **Anybody** could do it, but **Nobody** realized that **Everybody** wouldn't do it.

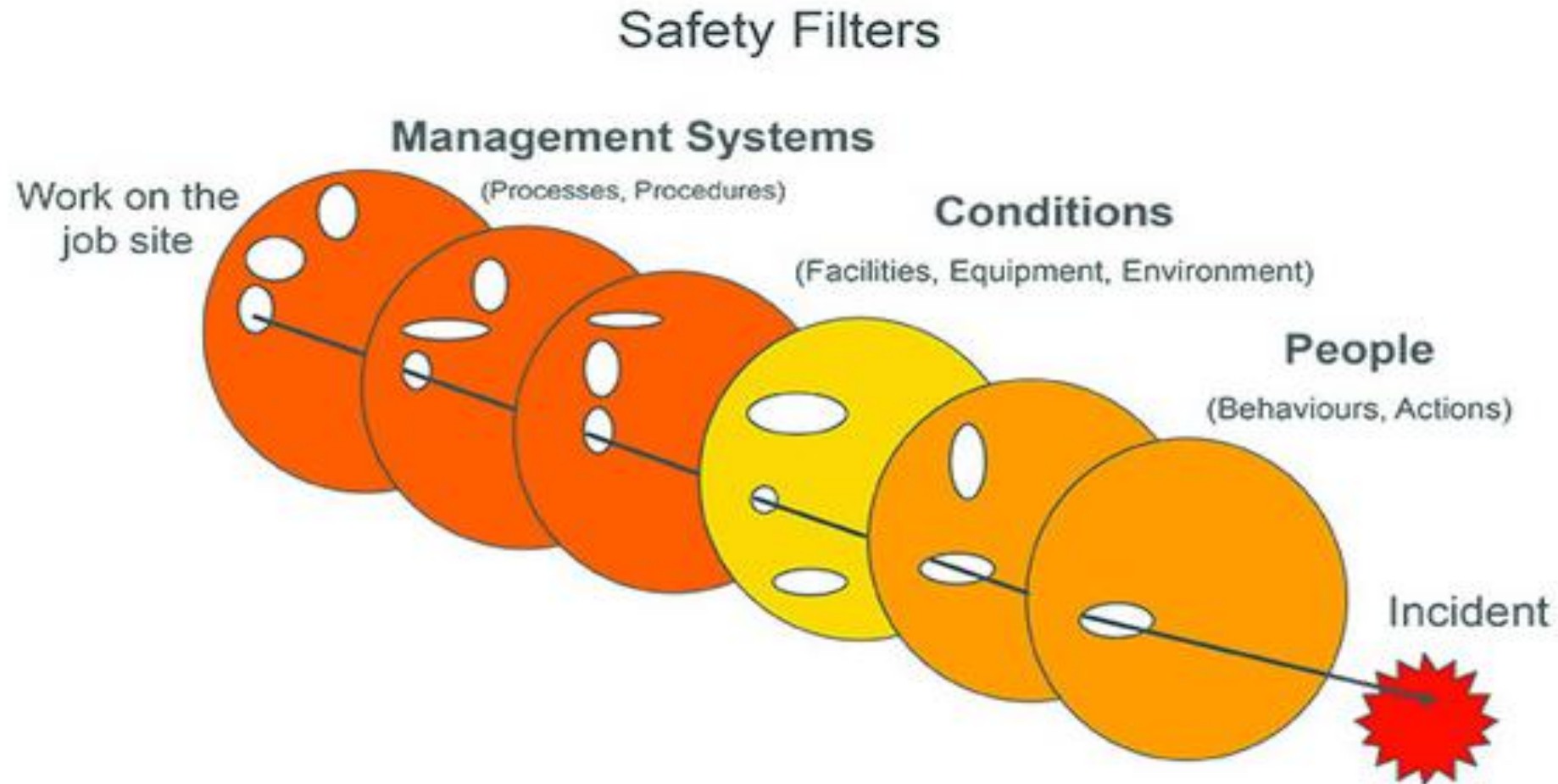
It ended up that **Everybody** blamed **Somebody** when **Nobody** did what **Anybody** could have done.

# Potential causes



Fishbone Diagram  
Potential causes of the problem separated into six categories

# Ensure you have safety filters



# Risk assessment

- A risk matrix can be used to identify/quantify the nature of risk within the Centre.
- **Calculating risk : the risk matrix.** Risk is the combination of the likelihood of a hazardous event occurring and the consequence of the event. The likelihood and consequence of a hazard are assessed using a standard Risk Matrix.

# Likelihood

Descriptor	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost certain (5)
Probability	Can't believe this event would happen – will only happen in exceptional circumstances	Not expected to happen, but definite potential exists – unlikely to occur	May occur occasionally, has happened before on occasions – reasonable chance of occurring	Strong possibility that this could occur – likely to occur	This is expected to occur frequently/in most circumstances – more likely to occur than not

# Impact/Consequences

Likelihood	Impact/Consequences				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost certain	Medium	High	High	Very high	Very high
Likely	Medium	Medium	High	High	Very high
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

# Risk calculation

Risk is calculated using the following:

*Risk = Likelihood x Consequence* which will provide staff with an action level.

If it the risk is:

1 – 4: Low - no need for further action

5 – 9: Medium - look to improve at next review

10-16: High - look to improve within specified timescale

17-25: Very High - stop activity and make immediate improvements

Depending on the potential severity of the risk, reassessment will take place either six monthly or yearly (unless a shorter time frame is recommended as part of the report).



# Example – Liquid Nitrogen Spillage

Likelihood: Not expected to happen, but definite potential exists – unlikely to occur (2)

Impact/Consequences: It possibly could happen and the consequences would be extreme (5)

$2 \times 5 = 10 = \text{High}$  – look to improve within specified time scale

- Ventilation
- Oxygen monitors
- Signage
- Training
- PPE

# Conclusions

- Patient Centred Care
- High quality = Effective and successful service
- Engaged, motivated and skilled staff
- Effective communication
- Cost effective and efficient
- Continuous improvement – audit, manage risk



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**MERCK**



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