Adopting design thinking approach to postnatal care in a busy National Health Service hospital in United Kingdom

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Talk format

01 United Kingdom: National Health Service (NHS)
- Postnatal care

02 Chelsea and Westminster Hospital NHS Foundation trust

03 Postnatal ward set up

04 Project
01. United Kingdom: National Health Service (NHS)

Postnatal care

Postnatal care: points of note

- Maternity
  - England and Wales in 2016
    - Nearly 700,000 live births
    - Majority occur in National Health Service maternity units
  - Postnatal period
    - Important transition in parent’s lives
Postnatal care in United Kingdom: ‘Cinderella’ of maternity service

- ‘National surveys of women’s experiences of their maternity care almost unanimously distinguish the postnatal period as the worst performing and most deprived segment.

- This is unsurprising when we consider that on average in England only 8.5% of a woman’s total maternity care budget is spent on her postnatal care.

United Kingdom: Postnatal period
United Kingdom: Postnatal period

- Main points
  - High risk period
  - Unmet expectations
  - Staff feel overwhelmed
  - Not enough money
02. Chelsea and Westminster Hospital NHS Foundation trust

The hospital @ London SW10 9NH
The hospital @ London SW10 9NH

https://rbkclocalstudies.wordpress.com/2014/01/23/the-hospital-in-little-chelsea/

03. Postnatal ward

Challenges similar to those reported in the National reports

https://rbkclocalstudies.wordpress.com/2014/01/23/the-hospital-in-little-chelsea/
04. Adopting design thinking approach to delivery of postnatal care in hospital

Chelsea and Westminster Hospital NHS Foundation Trust

Aim of project

- Postnatal care and Design thinking
- Human centered approach
- Restructure delivery of postnatal care on the ward
  - Newer models of delivery of care
  - Manage expectations
  - Better guidance and support to staff
  - Improve outcomes
Design thinking approach

- Discovery phase
- 12 months
  - Interviews
    - Women and partners
    - Staff (clinical and non-clinical)
  - Lead of top performing centres
    - Picker survey
    - Friends and Family
  - Service Safari
  - Touch point analysis
  - Informatics (existing dataset)
  - Flow of finances in NHS postnatal care
  - Analogous thinking
  - Understanding extremes

Discovery phase: Themes
Discovery: what matters to mums

Feeling loved
• +/- Overlooked - busy/task focused

Recuperating Emotional/Physical

Adjusting to motherhood

Caring for the baby
• +/- worry/anxiety

Responsibilities To baby/family/financial

Service Safari

• Non maternity team members
  • Clinicians
  • Non-clinical team members
    • Senior Management
    • Administration
    • Legal service
    • Hospital Charity
    • Maternity Voices representatives

• Comparison with co-located birth center and private maternity unit
Environment

- Clinical
- Busy/noisy
- Tidiness
- Safety
- Physical space: for self and communal
- Partner
- Quiet times
- Curtains
- No difference for high risk

Translation of care

- Non-clinical
- Clinical
- Staff
Communication Channels

- Midwives
- Support workers

- Hearing screener
- New born examination team

- Doctors
- Obstetrician/
  Neonatologist/
  Anaesthetist

- Physiotherapist
- Support services
- Volunteers
- Administrator

Process mapping
Emotional journey mapping: Transfer to the ward

- ‘staff checked I’m comfortable, helped at night, didn’t feel alone, felt assured as had buzzer, didn’t have to explain anything to midwife as all in my notes’
- ‘postnatal midwife took the time to listen to what happened during the birth’
- ‘Rushed over from labour ward’
- ‘felt two very different and separate teams (labour ward and postnatal ward)’
- ‘didn’t know what the uniform colour code meant’

Emotional journey mapping: Settling into the ward

- ‘partner being present, offered a comfort blanket’
- ‘friendly staff pop in to check all ok and checking if painkillers needed’
- ‘felt exposed in the cubicle’
- ‘the hustle/bustle, such a big change from the one midwife in one room settling’
Co-design workshop: 7th July 2017

Changes to the microsystem: Small steps

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<th>Areas</th>
<th>Themes</th>
<th>Progress</th>
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| Staff survey        | Personalised and constructive feedback  | Ward member of the month  
                      |                                                                        | MDT training programme                                                |
| Mums- feeling loved | Volunteers to support mums              | Defined supporting activities  
                      |                                                                        | Reflection log                                                        |
| Environment         | Music therapist once a week              | ‘... it helps new and anxious parents to share a moment/connection with others in an identical situation.’ |
| Mum-recuperation    | Pain management                          | Introducing standardised tools of pain assessment                        |
Established Leaders
Leadership Programme team
Amrit Lochab, Carmen Martin-Marero, Charlotte Deans, Fiona Taylor, Harbens Kaur

Maternity Voices chairs- Sarah Espenhahn and Rebecca Leuw

Volunteer- Anita Vunic

Team members

Music therapists- Claire Flower, Grace Watts, Kathryn Cave

Perfect day team
Tom Rafferty
Joe Donnelly
Sophie Coronini-Cronberg
Tarek Youssri
Dominic Conley
Chirag Tank
Samuel Laryea
Amal Naboulsi
Henna Kuivalainen
Holly Brooks-Burgin
Sarah Holland
Yasmin Sezgin
Neesha Gobin

Co-design workshop: 7th July 2017
Thank you

Any questions?