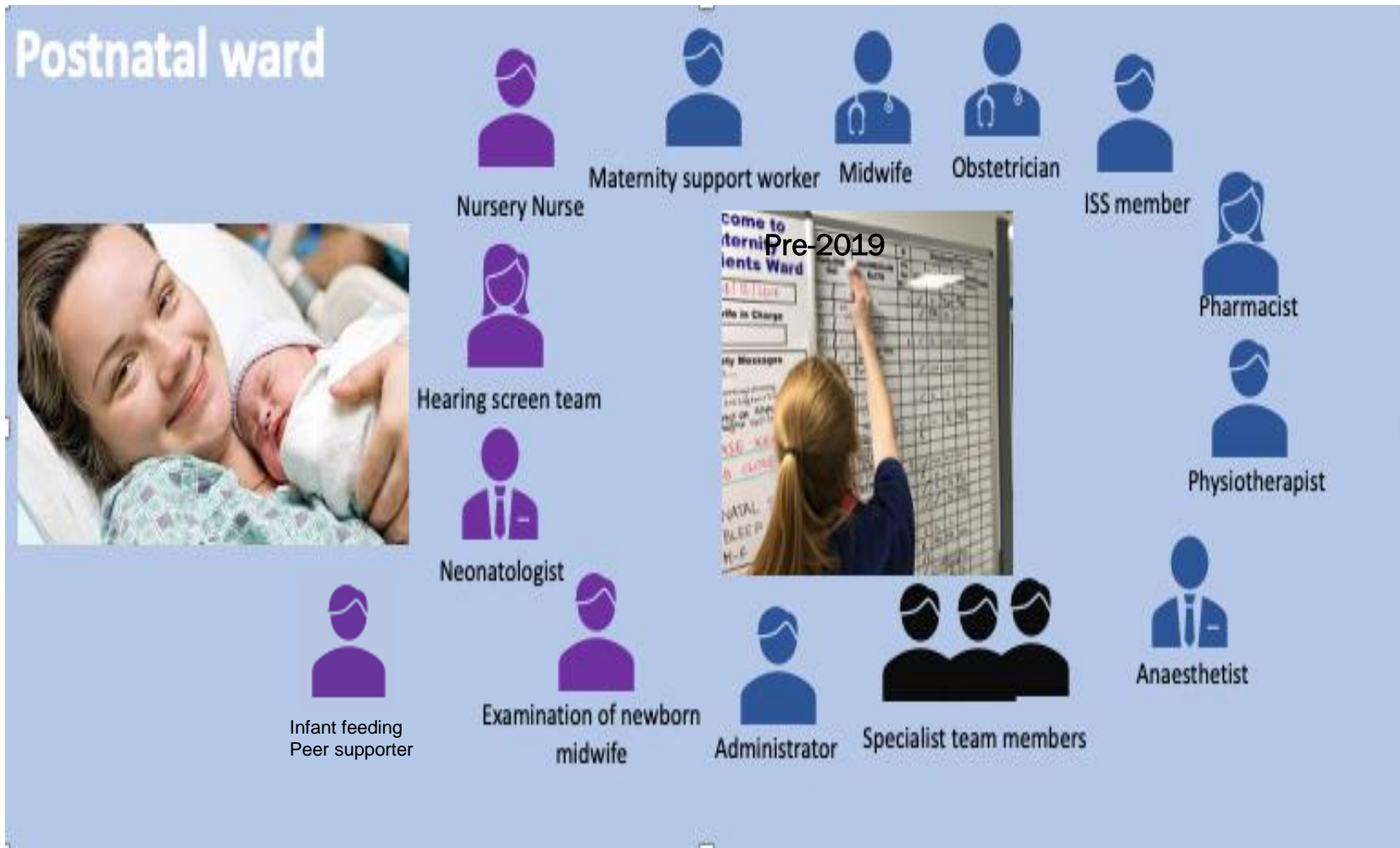


Streamlining postnatal ward discharges at Chelsea and Westminster Hospital: A case study

Miss Sunita Sharma
Consultant Obstetrician and Gynaecologist
NHS England Clinical Entrepreneur



UNIQUENESS OF POSTNATAL WARD CARE



INNOVATION THROUGH DESIGN THINKING

POSTNATAL WARD NEEDS-

Real-time visibility of 'mother and baby(ies)' progress *together*

through the ward processes

MADE POSSIBLE BY

bringing *all* team members

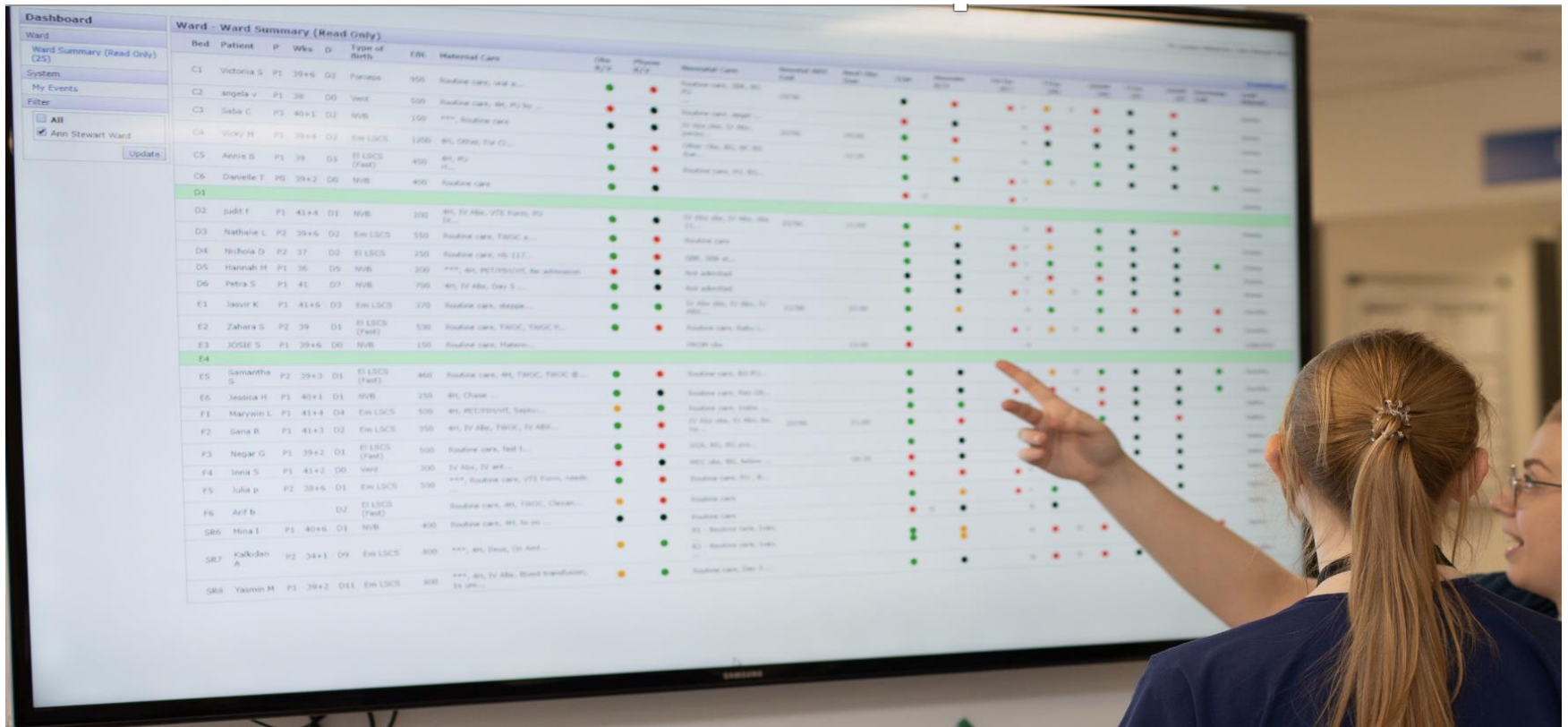
into

one *digital* portal

For safety and clinical effectiveness, if too many professionals are involved without proper coordination, there may not be an effective operational system in place



INNOVATION: CO-DESIGNED WITH ALL STAKEHOLDERS



Lumeon

CW Innovation

Chelsea and Westminster Hospital 
NHS Foundation Trust

OUTCOME MEASURES

PROOF OF CONCEPT

- ❑ Supported postnatal ward care for 11,000 NHS births

Real-time traffic-light operational dashboard

Be-spoke mini-digital dashboards for different staff role with their work-list

Staff handover of care sheets

Mother and baby care

- ❑ Enhanced QI capability

CLINICAL IMPACT

- ❑ Better performance in **NHS Long Term Plan**

416 (20%) more eligible women accessed physiotherapy services compared to before

National newborn hearing screen on the ward

99.2% of babies completed compared to 98.7% previously

Improved safety netting

Less clinical incidents related to 'missed' baby antibiotic doses, postnatal venous thromboembolism risk assessment and Anti-D administration



PROCESS AND BALANCING MEASURES

PROCESS MEASURE

Staff survey

N=40

70% found innovation 'extremely useful' to 'somewhat useful'

Frustration- separate sign-on

- One of the 14 separate groups has chosen not to engage with the system

BALANCING MEASURE

Currently

Stand-alone digital system, on a background of other systems (paper and digital) in use in maternity

Next steps

Seek innovation funding to create interoperability with Trust's maternity EPR



THANK YOU

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COMMENTS, QUESTIONS, SUGGESTIONS

Contact details-

Sunita.sharma8@nhs.net

@Sunita2016

