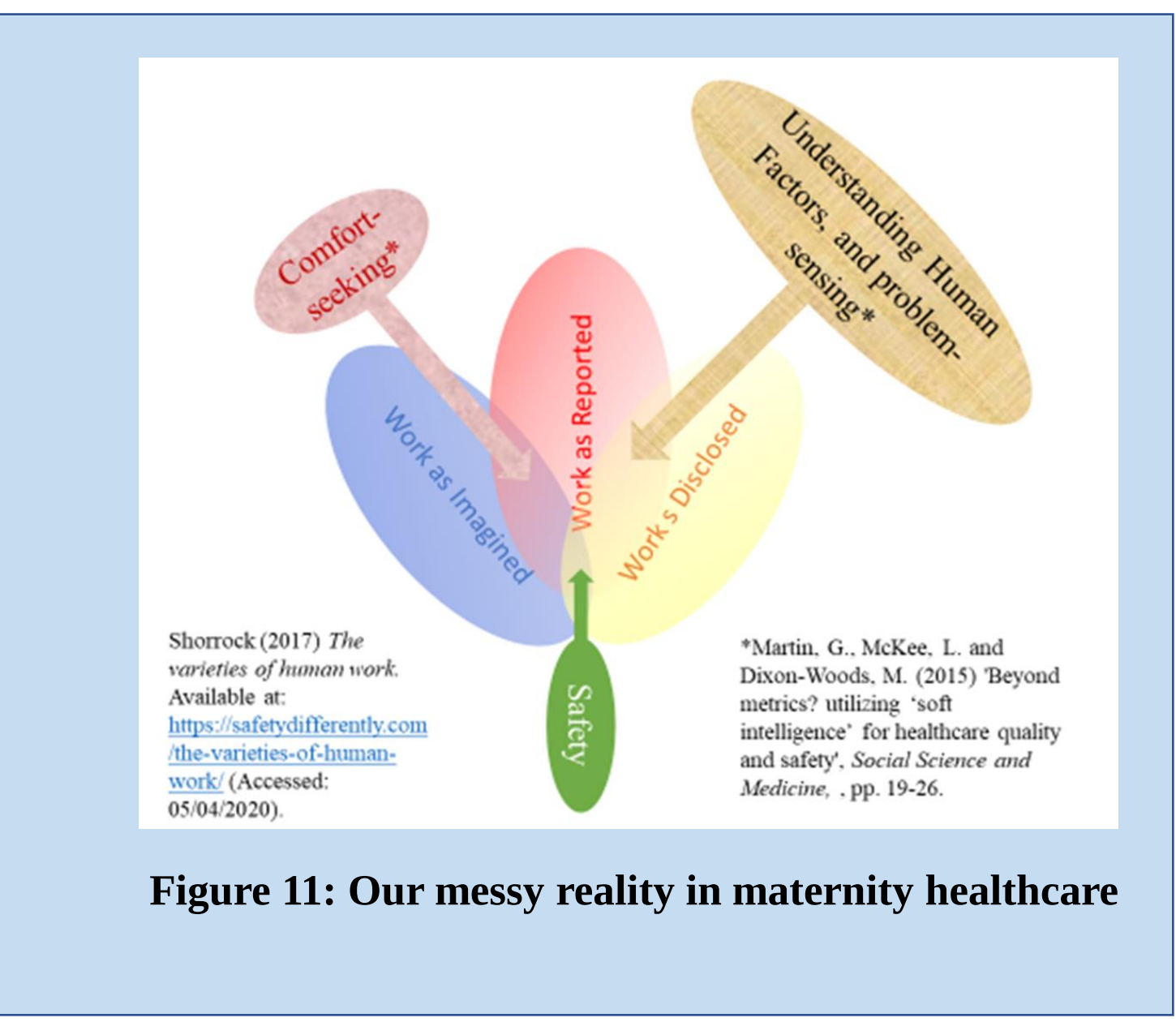
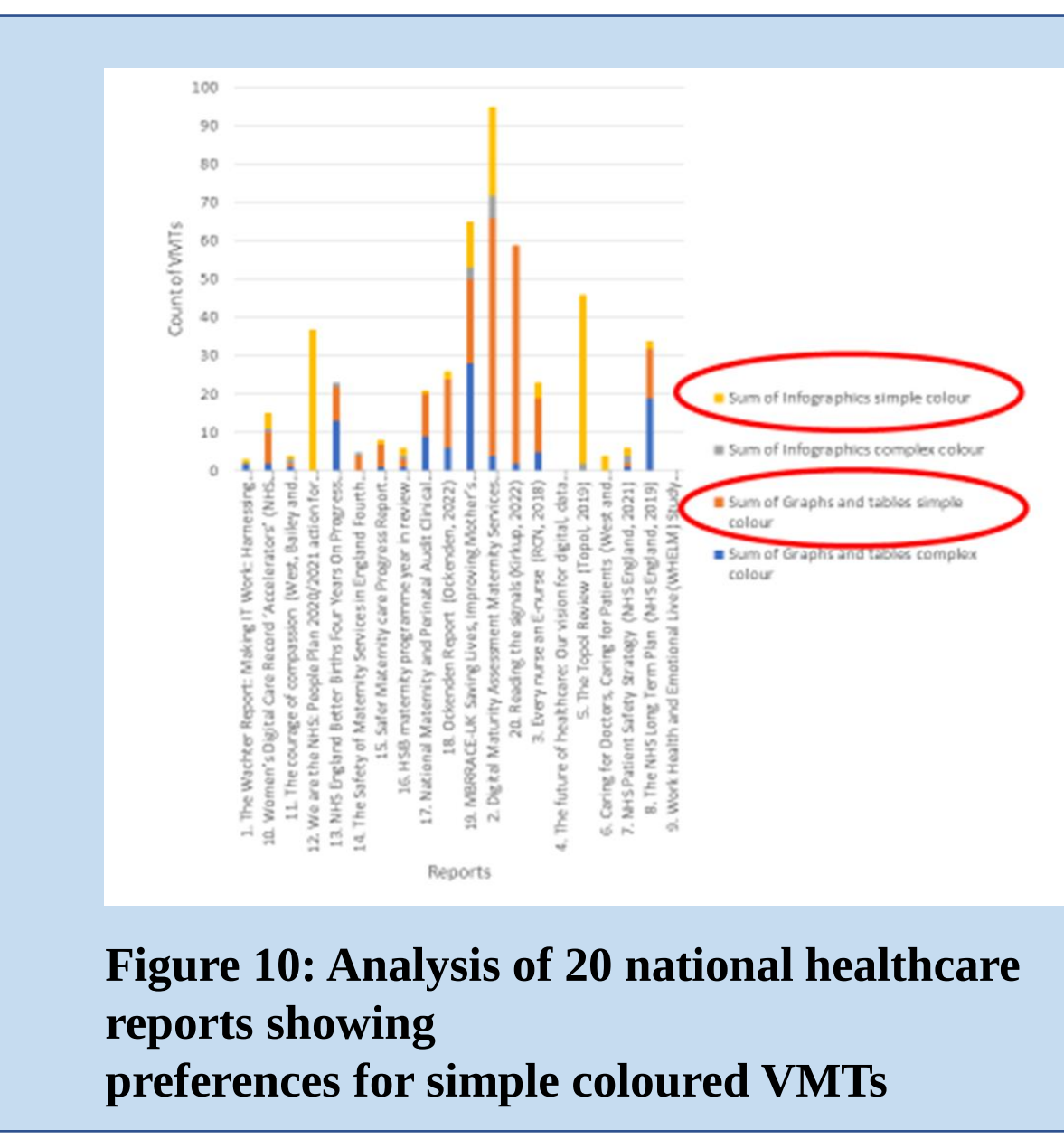
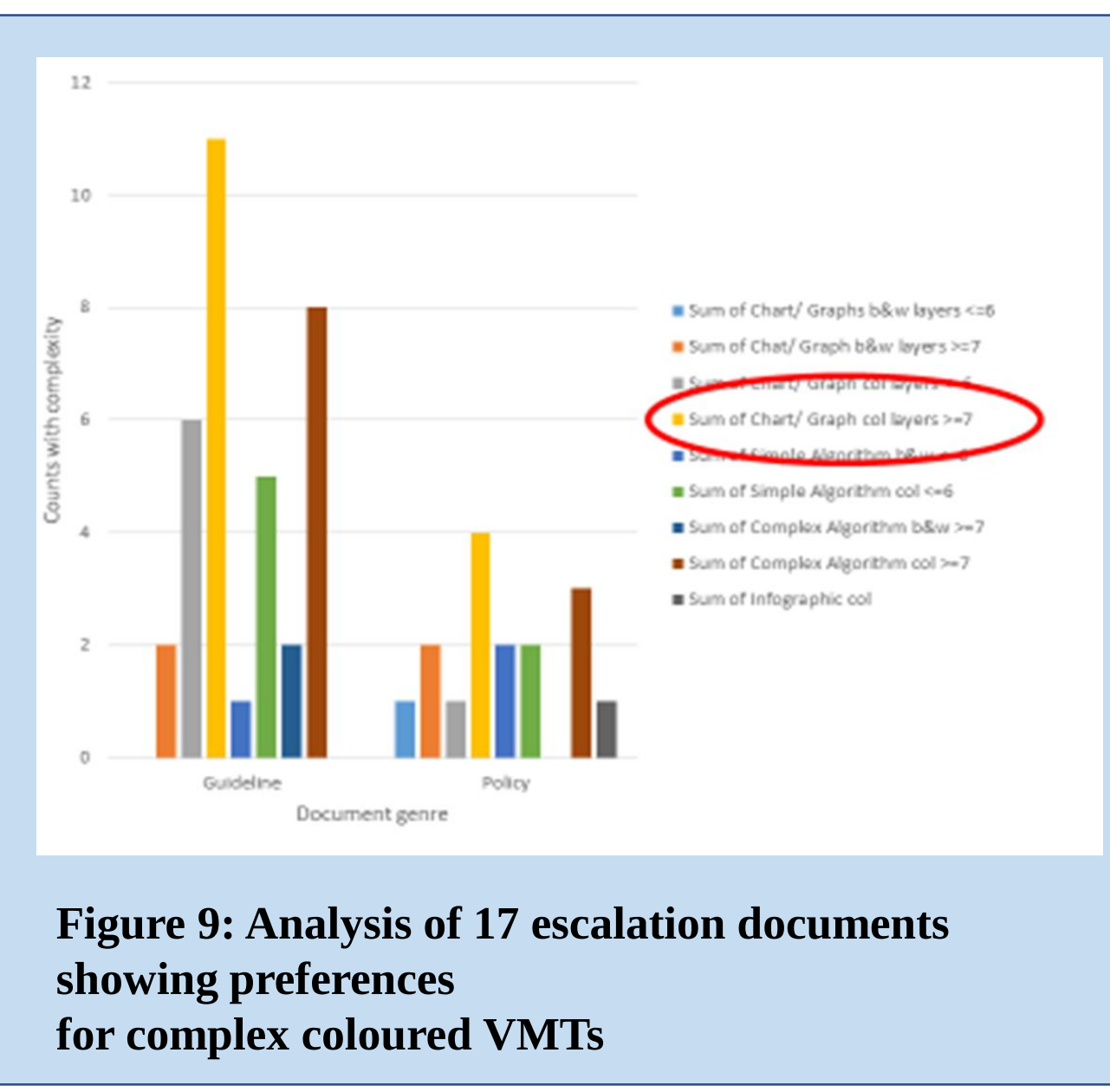
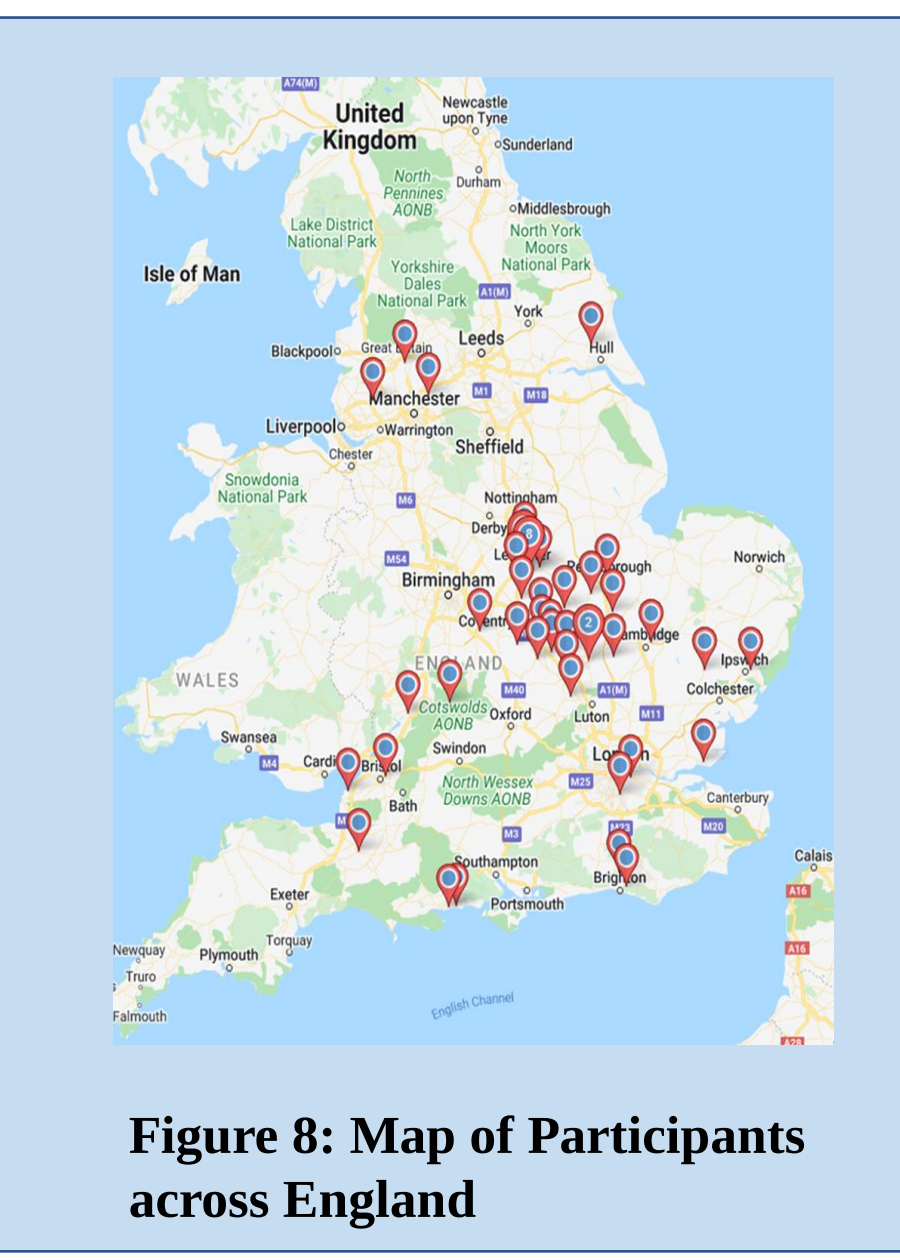
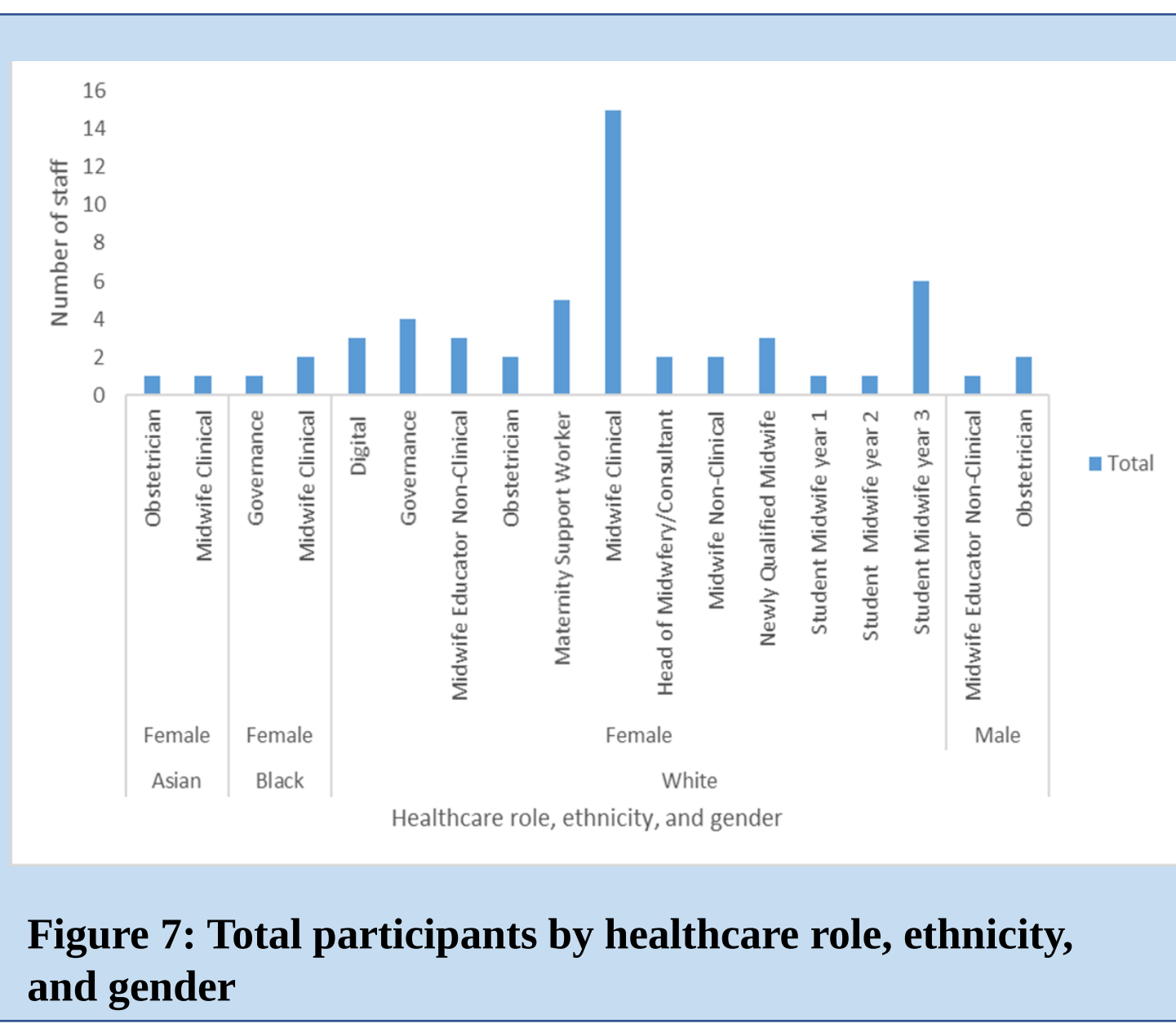
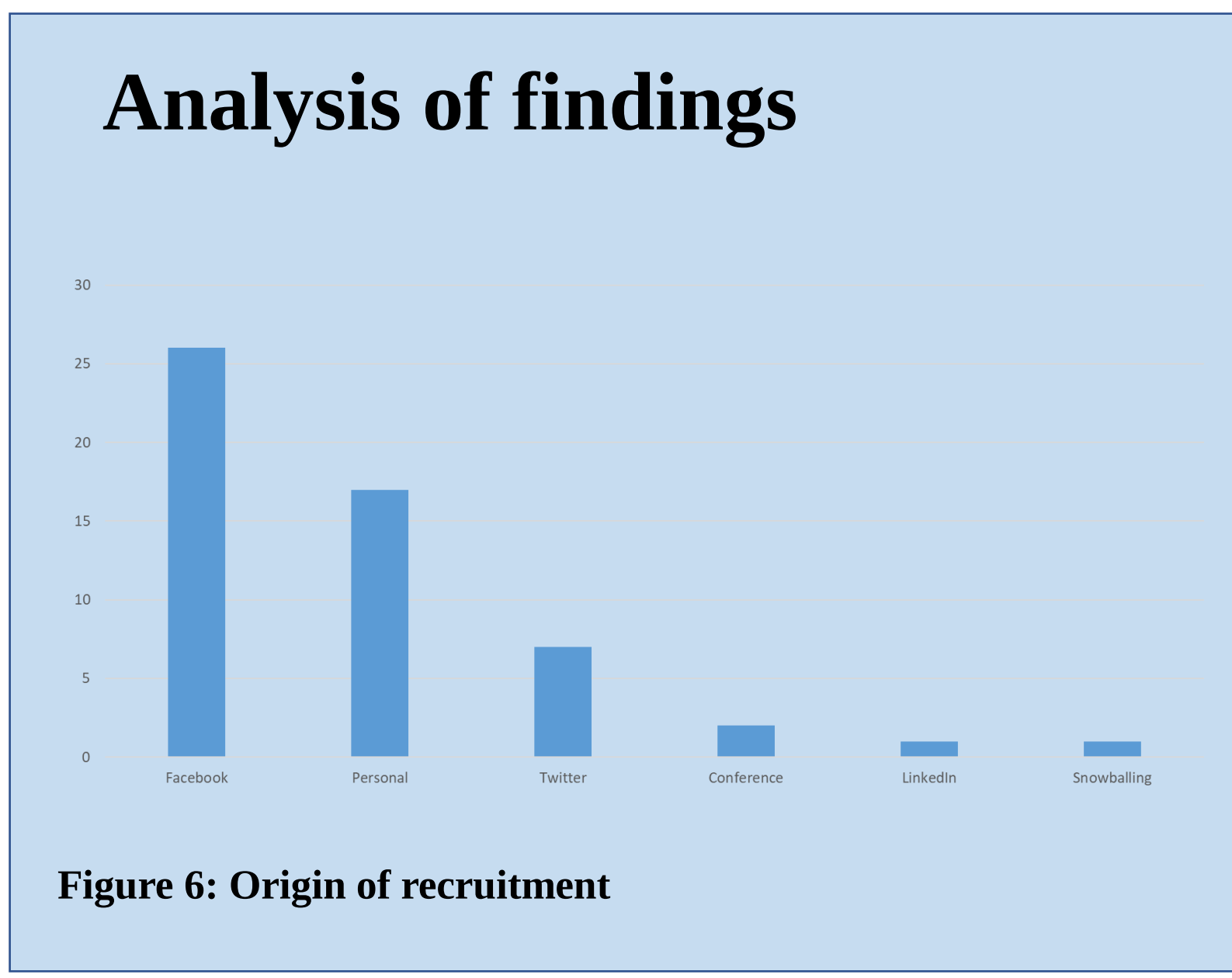
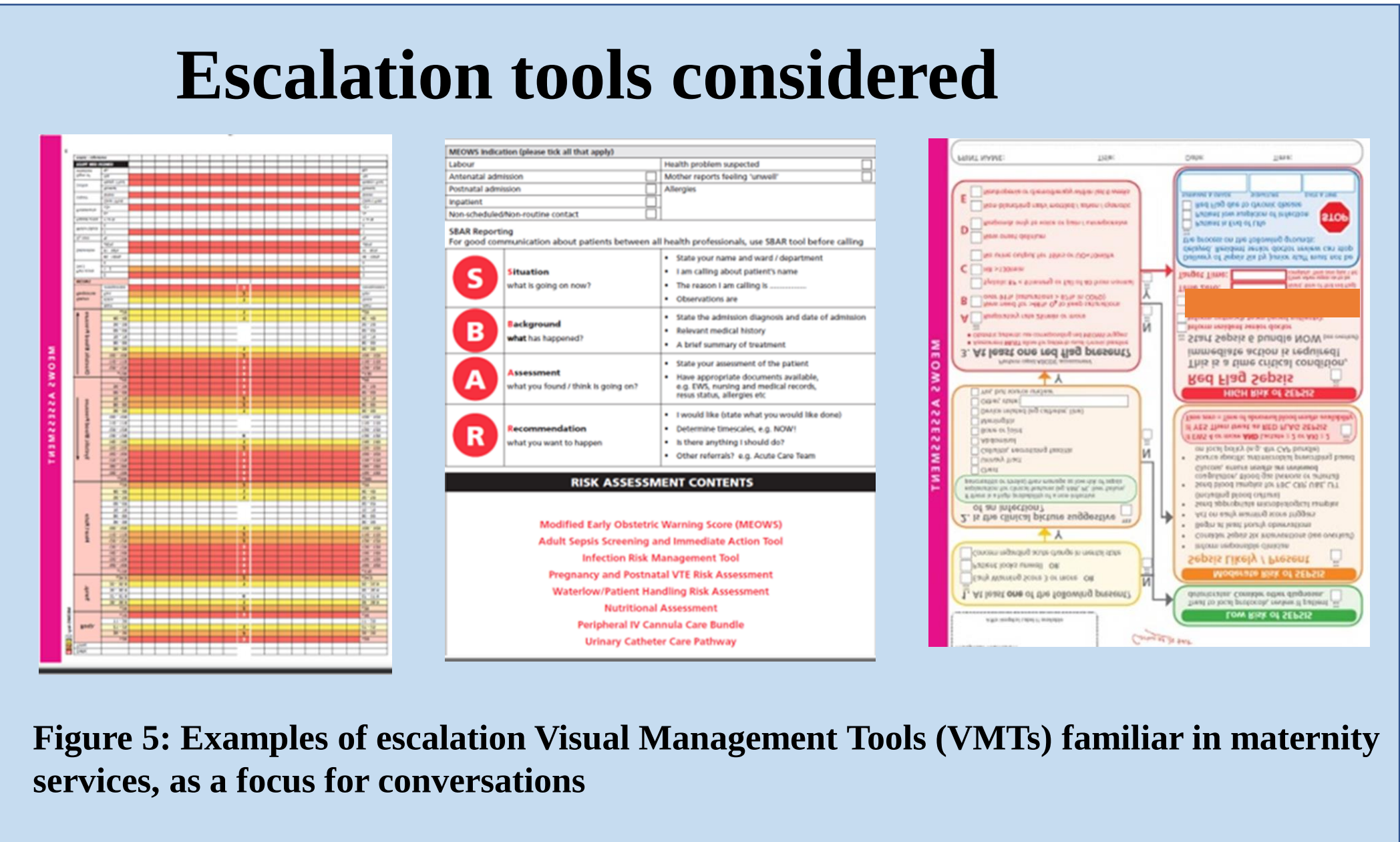
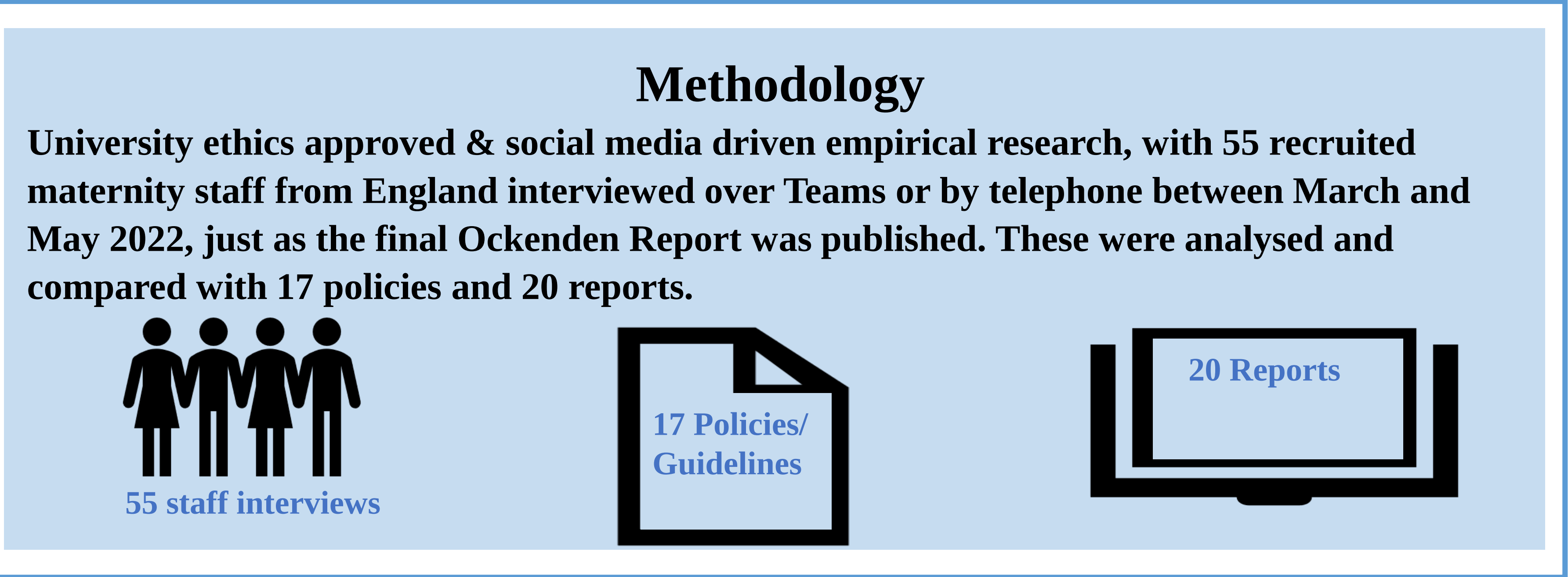
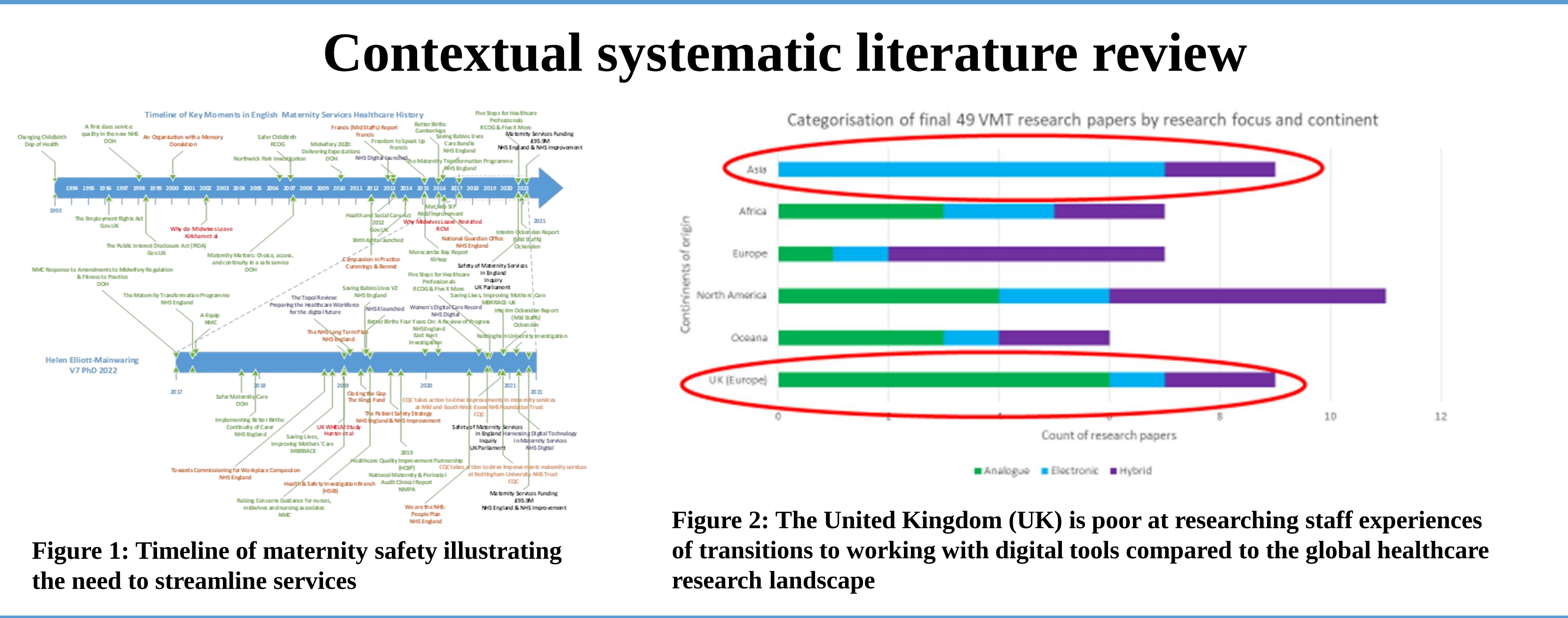


PP.0016

What is asking for help like for staff working in maternity services?

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The objective of this research has been to explore how maternity healthcare staff experience escalation tools in practice in the transition to digitalisation, and to pragmatically review how policies and reports align with practice, to open a conversational space about future safety in maternity services in England



Interview Findings

This research has identified that an inherent tension exists in healthcare digitalisation, between management layers of accountability, and creating a manageable clinical workload for staff asking for help

“So, it’s just a simple flash it up at the QR code, and I can take my guideline in the room with me, I don’t have to wait for my computer to load up, I don’t have to wait for those things, then try and find it through the system” (M8)

“Tool for learning appropriate escalations. If you don’t feel comfortable to speak out, how can you escalate freely?” (J4)

“So many options all linked to audits, so takes longer to complete than actually seeing the women” (J9)

“It’s a system that if you do anything on a desktop it updates straight away on a mobile device as well” (M23)

There’s so many women having obs taken and things like that, the focus is very much on getting the work done, rather than getting it done thoroughly” (J4)

“Because you have not given me the resources, you have not given me the staff... to be able to adequately manage this. So, the tool will only be useful if I had the right level of staff with me. That is ultimately the reality of it. You’re only as skilled with your tools as your team is. It’s about everything. The tool links us all, but the tool alone is not gonna fix the problems” (S4)

Invisible tasks become visible when you cannot access them (Dr3)

“For an emergency, I remember being pulled up and had my wrist slapped for not using an SBAR sticker. I couldn’t find the SBAR sticker” (M2)

“It’s always a bit strange when you’re managing an emergency in a new place, because you haven’t yet made those relationships” (Dr2)

“They’re not prioritising the digital implementation. They are not considering the impact of morale” (M19)

Multiple automated alerts...

“novelty that had worn off” (S1)

“And it’s kind of like a bit of overload” (J16)

“you might have a system or a tool that really efficiently solves one problem. But it just moves everything... Perhaps even overwhelms it, you know...more obs on ‘less sick’ people” (M9)

Implications for practice

Maternity Services in England applying SEIPS

*Systems

Tools & Technology

• Complicated navigation within tool design

• Poor tool deployment & implementation

• Lack of safe spaces and time to ask for help

• Inadequate equipment availability

• Ineffective training & ongoing support

• Information overload

• High false positives: alert-fatigue/decision-fatigue

• Poor level-term service agreements for system failures

• Slow change requests

• Systems not in quality control

• Lack of accountability and ownership of data

• Underestimated importance of colour in tools

• Lack of acknowledgment of time to care

• Chaos versus standardisation

Processes

Digitalisation & Escalation

Outcomes

• 62% litigation payments (NHS Resolution 2022)

• 57% midwives responding to an RCM survey said that they were planning on leaving (RCM 2021)

• 30% attrition rate from speciality trainees (RCOG 2018, 2022)

A system is perfectly designed to get the results it gets ...

Donabedian, A. (1988) 'The quality of care: How can it be assessed?', Arch Pathol Lab Med., 121, pp. 1145-1150

*Deming, E. (1982) Out of crisis. Cambridge, Mass: MIT Center for Advanced Engineering Study Publishing

Figure 12: Maternity Services Safety in England, applying SEIPS to ‘Tools and Technology’ digital implementation