

Systemic service design for service transformation

Healthcare Improvement Scotland: Design community of Practice

Dr Alison Prendiville Professor of Service Design

ual: university
of the arts
london

Agenda

Takeaways

1. Background on the emergence of service design research and practice
2. Understanding design's contribution to service innovation
3. The evolving nature of service design practice
4. A systemic service design approach.

Contribution to the field

Research & practice

- Understanding the contribution of service design to service development and service innovation.
- Undertaking service design practice in inter-disciplinary and trans-disciplinary research contexts in social and healthcare settings, particularly relating to AMR
- Taking a design anthropology lens to the nature of service and service design.

My contribution AMR

Research & practice

- RIPEN - Re-envisioning Infection Practice Ecologies in Nursing - UKRI AHRC.
- DARPI - Drivers in Anti-microbial resistance in poultry in India - Bhabha Newton, UKRI ESRC and DBT.
- DOSA - Diagnostics for a One health user Driven Solution for AMR - Bhabha Newton, UKRI ESRC and DBT.
- DOSA2 - Performance Trial for a community based UTI test and new service in Assam, India - LifeArc.
- Blood culture pathway from arrival at the ED and the decision and prescribing of antibiotics - NIHR.

Growing complexity

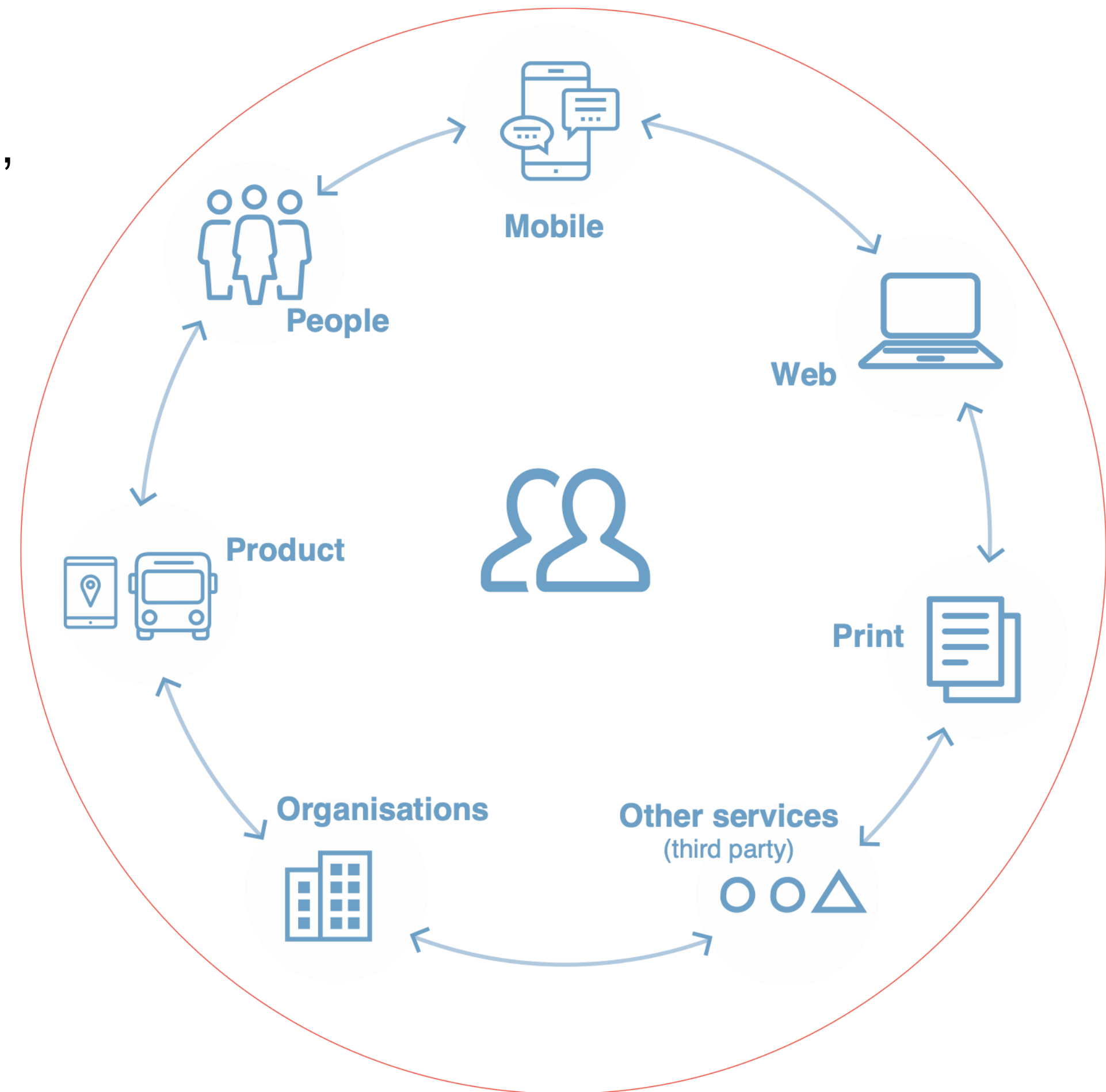
What is service design?

Service design is the intentional activity of planning and organising relationships between people, institutions, artefacts, and technology for service delivery.

Sangiorgi and Meroni 2011

Service systems are dynamic entities that are capable of adapting changing conditions through transformation.

Spohrer et al, 2007



Mapping service design research & practice

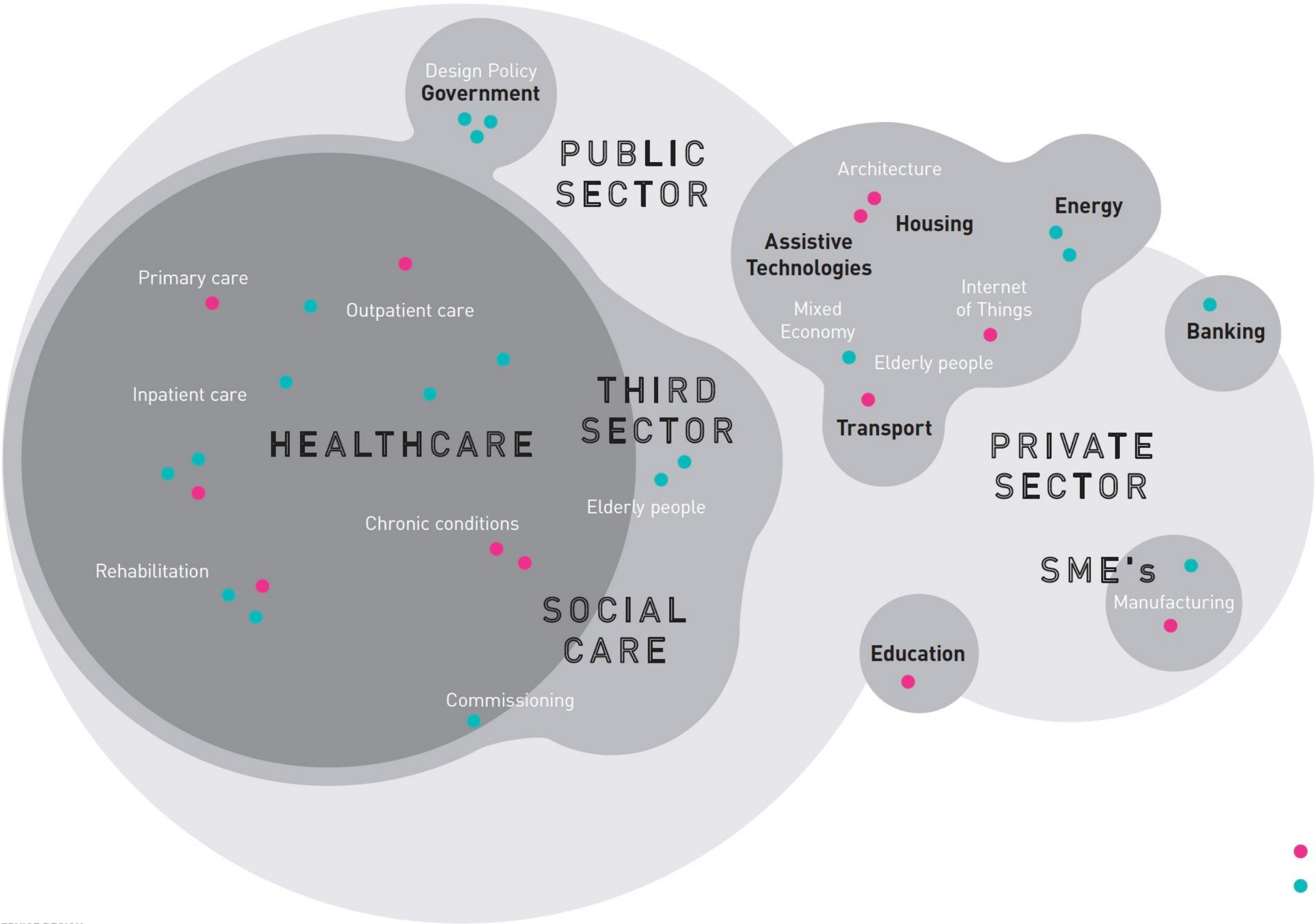
Emergence as a new field



Mapping and developing
Service Design Research in the UK

DANIELA SANGIORGI | ALISON PRENDIVILLE | AMY RICKETTS

Sectoral Map



● PhD
● Project

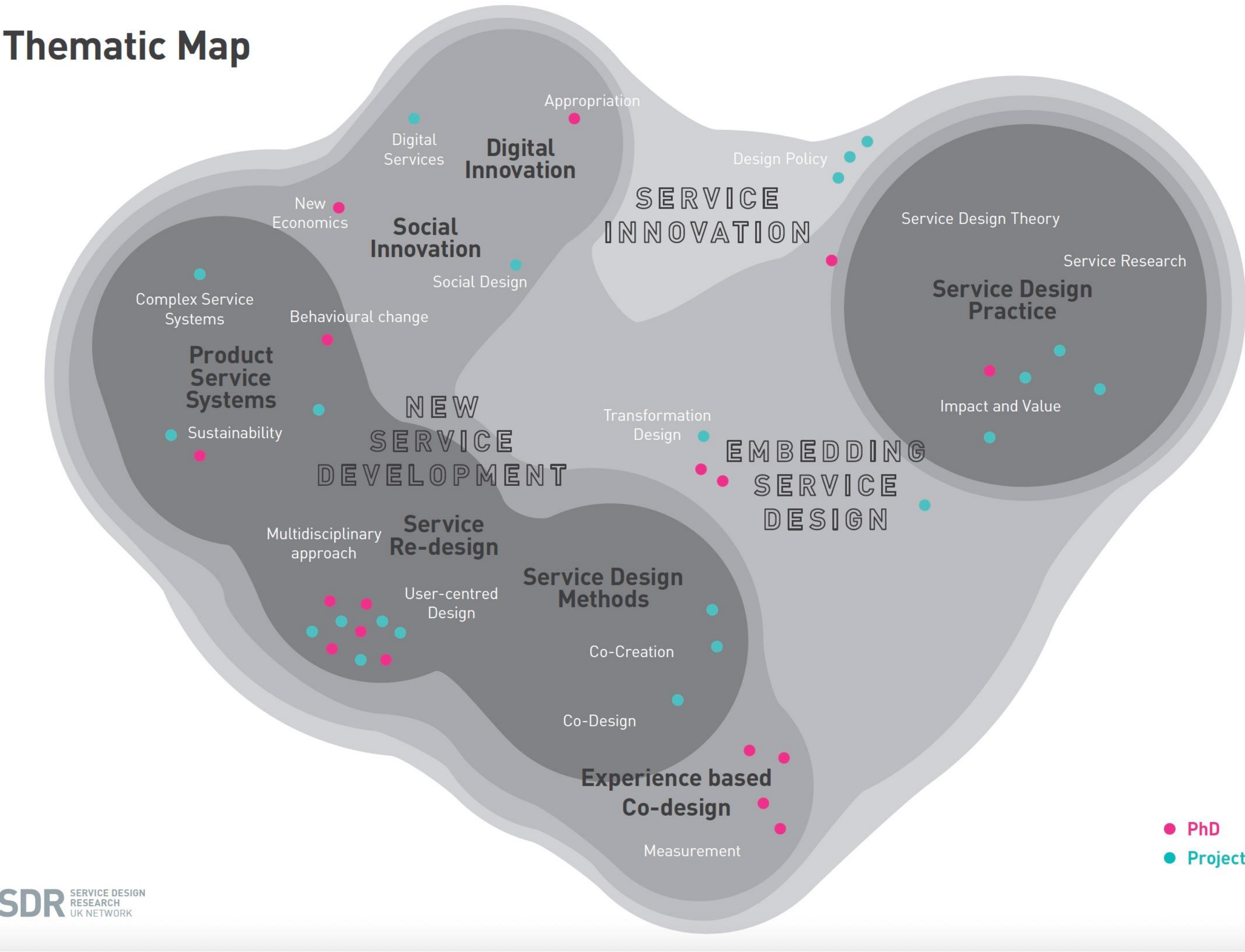
Mapping service design research & practice

Emergence as a new field



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Service design's contribution

Service Innovation & Development



Design for Service Innovation & Development
Final Report

DANIELA SANGIORGI | ALISON PRENDIVILLE | JEYON JUNG | EUN YU

Public sector

Engaging with service designers gives legitimacy and formalisation to internal innovation processes that are often considered ad-hoc and in need of justification.

Sense making plays a large part in the SD's role in justifying the process to different members of the organisation.

Digital projects

Lean and agile methods are used to quickly iterate ideas.

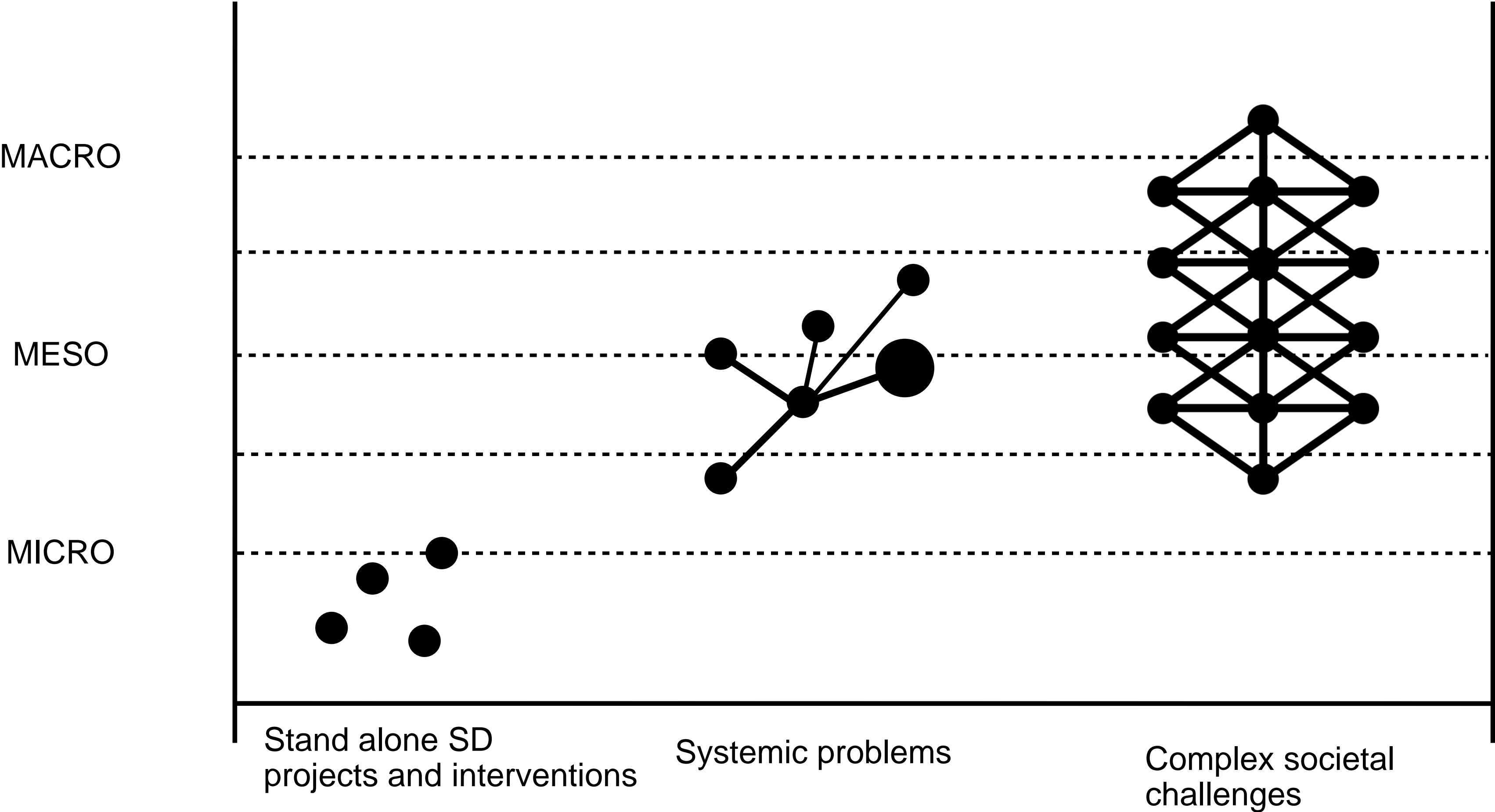
Design contributed to building capacity for change within an organisation.

Private sector

Rigidity to change is overcome with SD projects, with people aspiring to new roles and challenging existing rules once they encountered SD practices.

Growing complexity

Inter-disciplinary to transdisciplinary



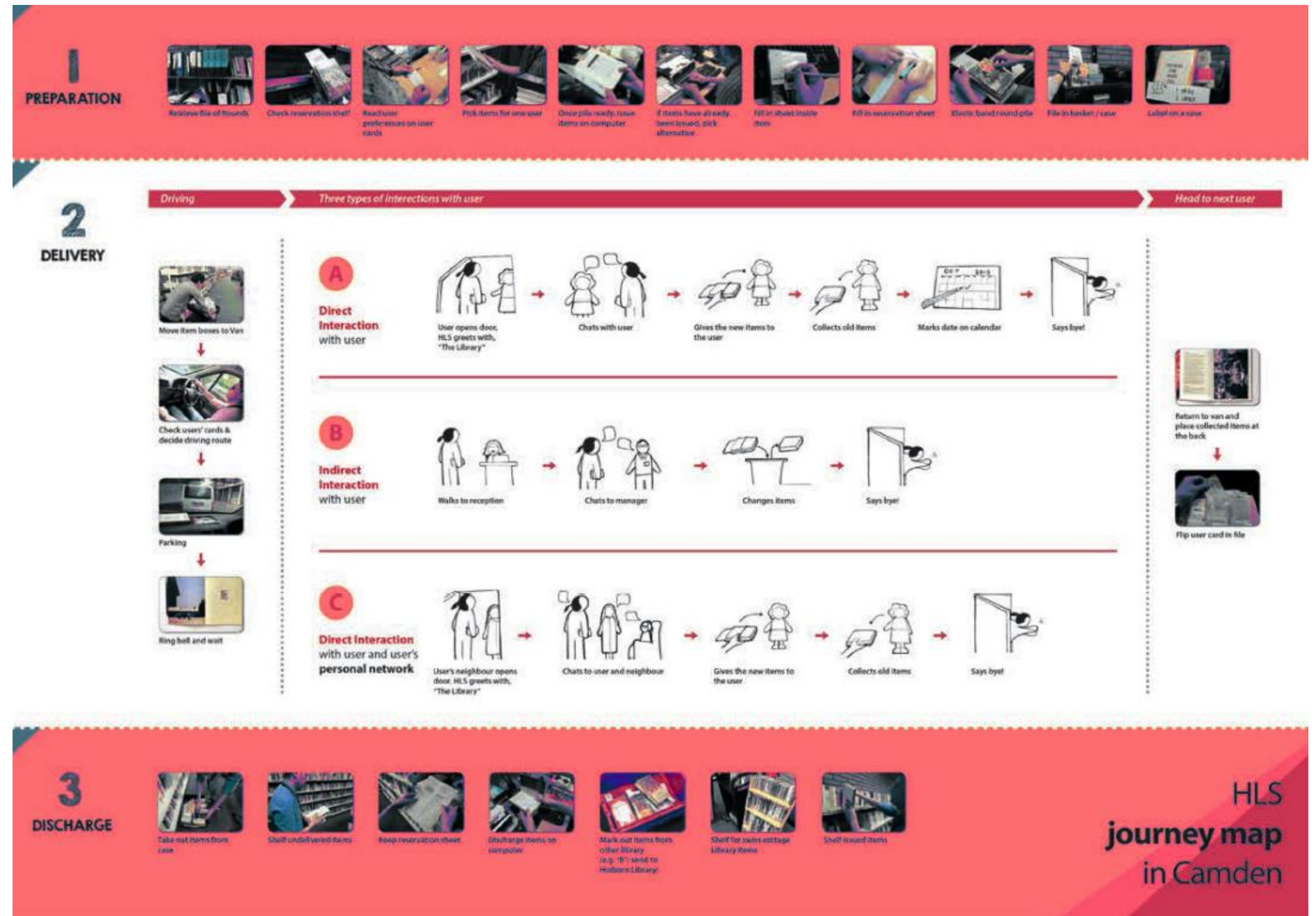
Service design methods & tools

Sense making activities that are relational

- Design ethnography
- Role of co-design
- Storytelling
- Visualisations
- Mappings
- Prototyping

Design's contribution

Visualising the every-day



Exploring co-design

Relational making and reconfiguring



Designing for new service possibilities.



Co-designing with new end-users and feeding back iterations on prototypes.



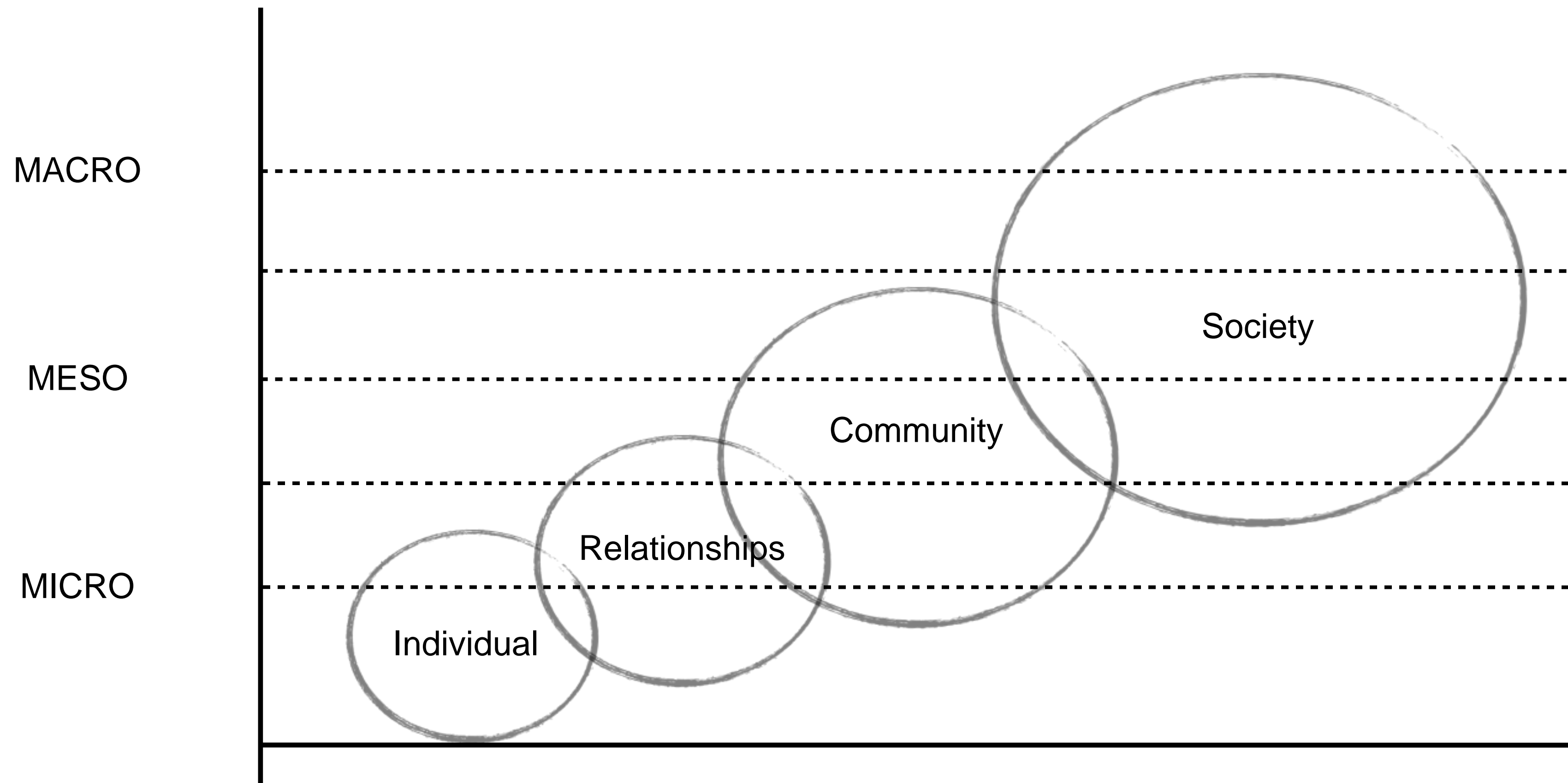
Co-designing for new organisational structures and changing mindsets - institutional arrangements are design materials.



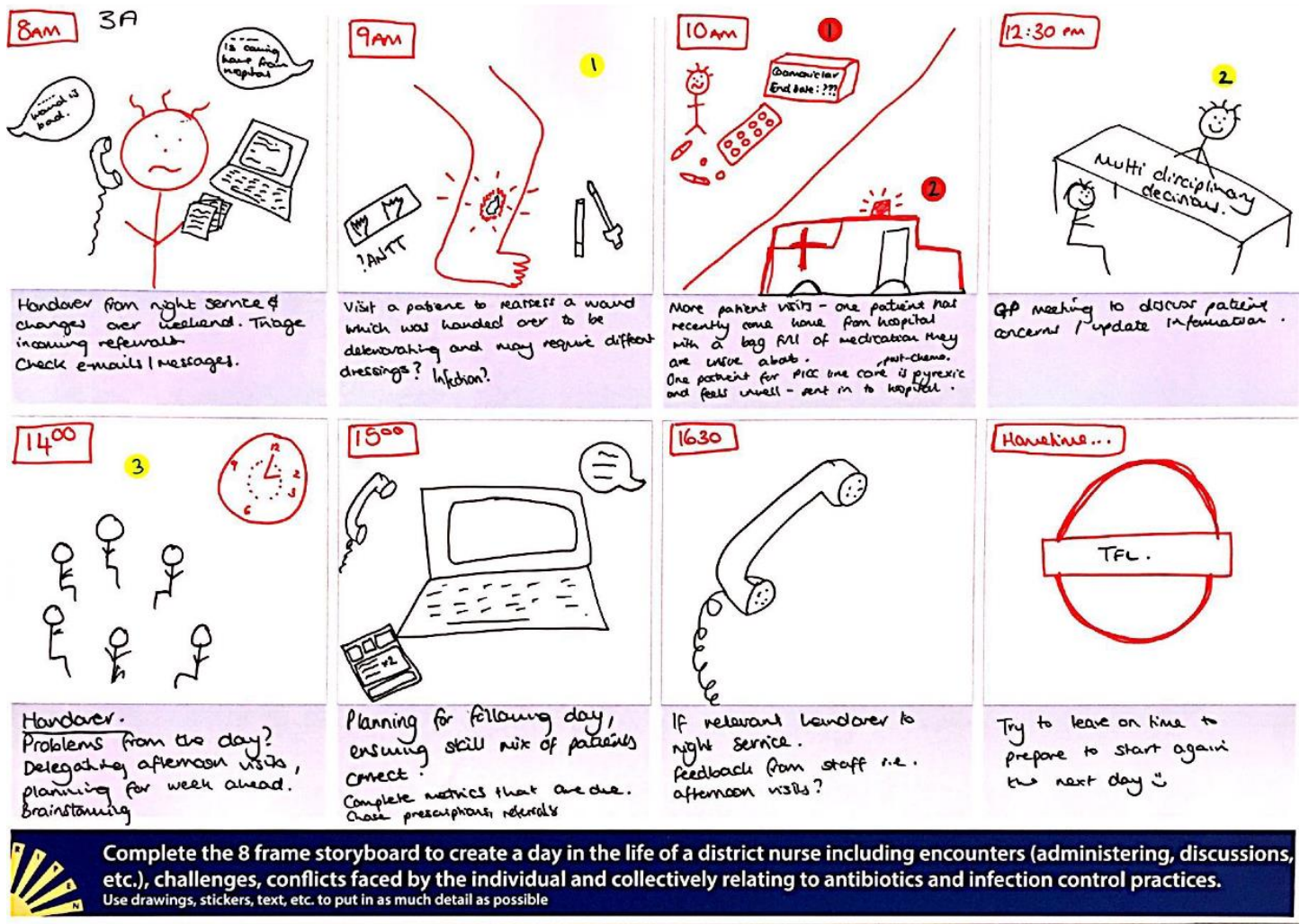
Co-designing for forming new external relationships and service transformation

RIPEN

Re-envisioning infection practice ecologies in nursing



Visualisation of daily practices



Infection Hotspots

Dot	AMR Infection hotspot description	AMR Infection hotspot description
1	Importance of documentation behind prescriptions → why were the antibiotics prescribed? How long was the course and when was the end date? Does the patient really understand or have capacity to understand?	1 Assessment of wounds, appropriate infection control → hand washing, aseptic non-touch technique. Assessing & being able to identify infection.
2	Identifying when an infection is evident and needs urgent treatment. ? sepsis ? neutropenia.	2 All decisions having multidisciplinary involvement → GP overall pt. care and can advise re. interactions, unknown previous patient history & patterns (e.g. Grams of antibiotics). Sharing of knowledge and experiences. 3 Shared learning and knowledge, teaching other members of staff and brainstorming. Ensuring continuity of care.

Bespoke tools

Iterative learning

AMR: What could be done?

We would like to understand your perspective on what things could be done to tackle some of the most pressing issues around AMR that were unveiled during our first workshop. Please use this template as a guide to help you develop some initial ideas that may be developed as interventions. These will be further discussed, explored and developed during our next co-design group session.

1. THEMES (choose 1):

- ☐ Overuse/misuse of Abx
- ☐ International travel
- ☐ Lifestyle/wellness
- ☐ Inconsistencies in AMR practice
- ☐ Compliance issues

2. CONTEXT (choose 1):

- ☐ Hospital environment
- ☐ Community environment

3. ROLE OF NURSES (choose as many as appropriate. You can also add other roles):

- ☐ Primary carer
- ☐ Supporter
- ☐ Ombudsperson
- ☐ Intermediary/mediator
- ☐ Educator
- ☐ Designer
- ☐ Co-participant
- ☐ Policymaker
- ☐ Decision-maker
- ☐ Other role(s): _____

4a. YOUR PROPOSAL'S VISUALISATION:

4b. YOUR PROPOSAL'S DESCRIPTION:



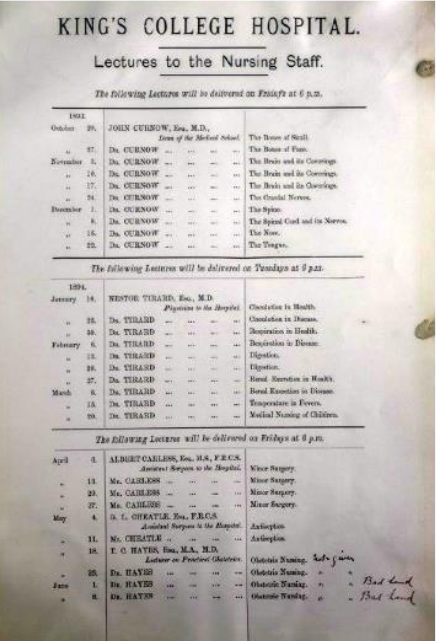
We have looked into the groups' work from the first workshop to devise this activity in preparation for the second workshop. It should take you about 20 minutes to complete the tasks. You should develop 2 different ideas, using 2 separate sheets.

Pre-Workshop
VLE Activity

DOWNLOAD > PRINT > COMPLETE > PHOTOGRAPH/SCAN > UPLOAD
Please, get in touch with us should you experience any issues or have any questions.

Historical perspective

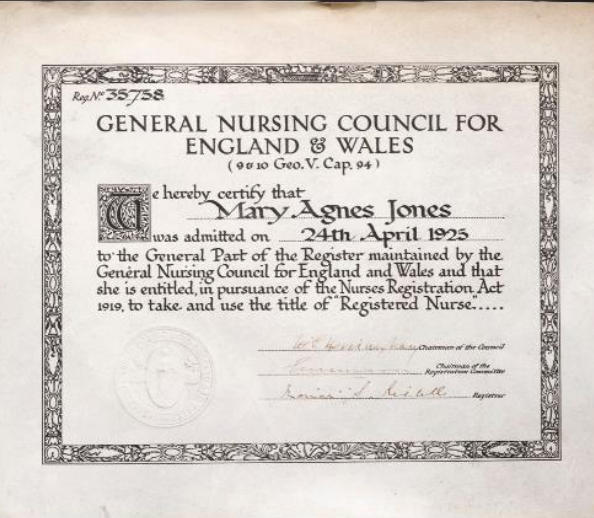
Visual analysis



George Cheate's lectures to Nursing Staff at King's College Hospital addressed antiseptics in 1893.



This glass bottle was used to take a blood sample and test for syphilis, a sexually transmitted infection. This diagnostic blood test was developed in 1906 (Wellcome Trust Archive).



A nursing certificate 1925 (Kings College Archive)



Septrin presented as smelling of bananas (Wellcome Trust Archive)..



Around the nurse are scenes arranged in imitation of a stained-glass window: (top left) showing children how to keep fit; (middle left) visiting a sick man at home in a garret; (bottom left) visiting a mother with a new-born baby; (top right) washing country children in a farmyard; (middle right) attending a sick man in a hospital ward; (bottom right) bandaging a child in a school sickroom

Office national d'hygiène sociale. Bureau central des infirmières (1927) (Science Museum Archive).

WHAT DOES IT REPRESENT? (history, attitudes, knowledge and understanding)

SPECIALISATION

2. "NURSE CURRICULA"

- HAND HYGIENE
- GELS

→ EVIDENCE + RESEARCH BASE.

↓ EFFECTIVENESS OF ANTIBIOTICS.

ALT. MEASURES.

PUBLIC HEALTH BROADCAST.

- T.V. CAMPAIGN.
- ANTIBIOTIC HEPATITIS?

WHAT CHANGES DID IT BRING ABOUT?

AWARENESS OF BIRD FLU - SWINE FEVER - TRAVELS. M.S.R.A.

AWARENESS DUE TO NEED.

QUALITY + SOURCES OF INFO

- MEDIA.
- STATS

STATUTORY REPORTING: LOCAL

ROLE + STATUS OF WHO. H. VISITING.

EXTENDS

ADVICE - PUBLIC HEALTH EDUCATION.

"MAKING EVERY CONTACT COUNT"

TODAY

SCHOOL HUNGRY, WORN CLOTHES AND DIRTY.

PUBLIC STANDARDS AND PROFESSIONAL PRECAUTIONS.

HOW DOES IT RELATE TO AMR AND ICP PRACTICES?

PAEDS? ORTHO? SURGICAL?

VOCATION "A CALLING" LIFE COURSE

WHAT MATHS SAID! (STEREOTYPE)

PROFESSIONALISM / GENDER FORMALITY

NURSING & HISTORY

APPEARANCE OVER PRACTICALITY

LAUNDERING SEWING ROOM ISSUED WITH A SUIT WAISTCOAT OPTIONAL IN MENTAL HEALTH.

RETURN TO THIS.

APPEARANCE PARAPHANALIA OUT OF WORK. - UNDERSTANDING. ROLE - STATUS APPROPRIATENESS

WHAT CAN WE LEARN FROM THESE PRACTICES WHEN FACED WITH TODAY'S CHALLENGES OF AMR?

WHOLE SYSTEMS APPROACH.

NO INDIVIDUAL UNDERSTANDS THE 'WHOLE SYSTEM'.

"GENERAL NURSES"

"GENERAL PRACTITIONERS?"

WHAT DOES THIS MEAN IN (21st? "Your PIN"

NEED TO PROTECT THE UNIFORM? IDENTITY. QUALIFICATION. TRUST. ASSURANCE

13. LA MESSAGERE DE SANTE

2. Nurses at St Thomas' Hospital, c.1900

"The messenger of health: at the preventorium; in the countryside; by the patient's bedside; at the hospital; by the child's cradle; at the school's clinic." National Office of Social Hygiene, 192?

In groups of 2-3, working from the individual pre-workshop activity and presentations, participants are now required to select two images and use the template to explore the circumstances that led to the introduction and adoption of their chosen artefacts, standards and practices within nursing. Each group will produce a visual analysis of the selected artefacts etc, supported by a reflective narrative about their use and impact on nursing.

WS.03 Activity 03: Historical Perspectives on Nursing Practice

A systemic lens

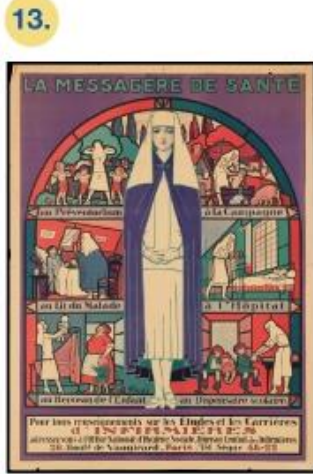
Infection Prevention & Control

Levels of change

POLICY

SYSTEM

PRACTICE



13. "The messenger of health: at the preventorium; in the countryside; by the patient's bedside; at the hospital; by the child's cradle; at the school's clinic" National Office of Social Hygiene, 1922?



10. A nursing certificate, 1925



1. Patient chart with details about changes of wound dressing, 18??



4. GRI laundry, 1909



8. Checking pre-set tray, c.1964



9. Lecture to nursing staff addressing antiseptics, King's College, 1893



5. Infection control memo highlighting hand-washing and laundry disposal, 1944



3. Nursing staff, St Thomas' Hospital, 1908



7. Nurses with PPE sterilising bandages, c. 1960



6. Penicillin, 1946



12. Glass bottle used to take blood sample and test for syphilis. Diagnostic test developed in 1906

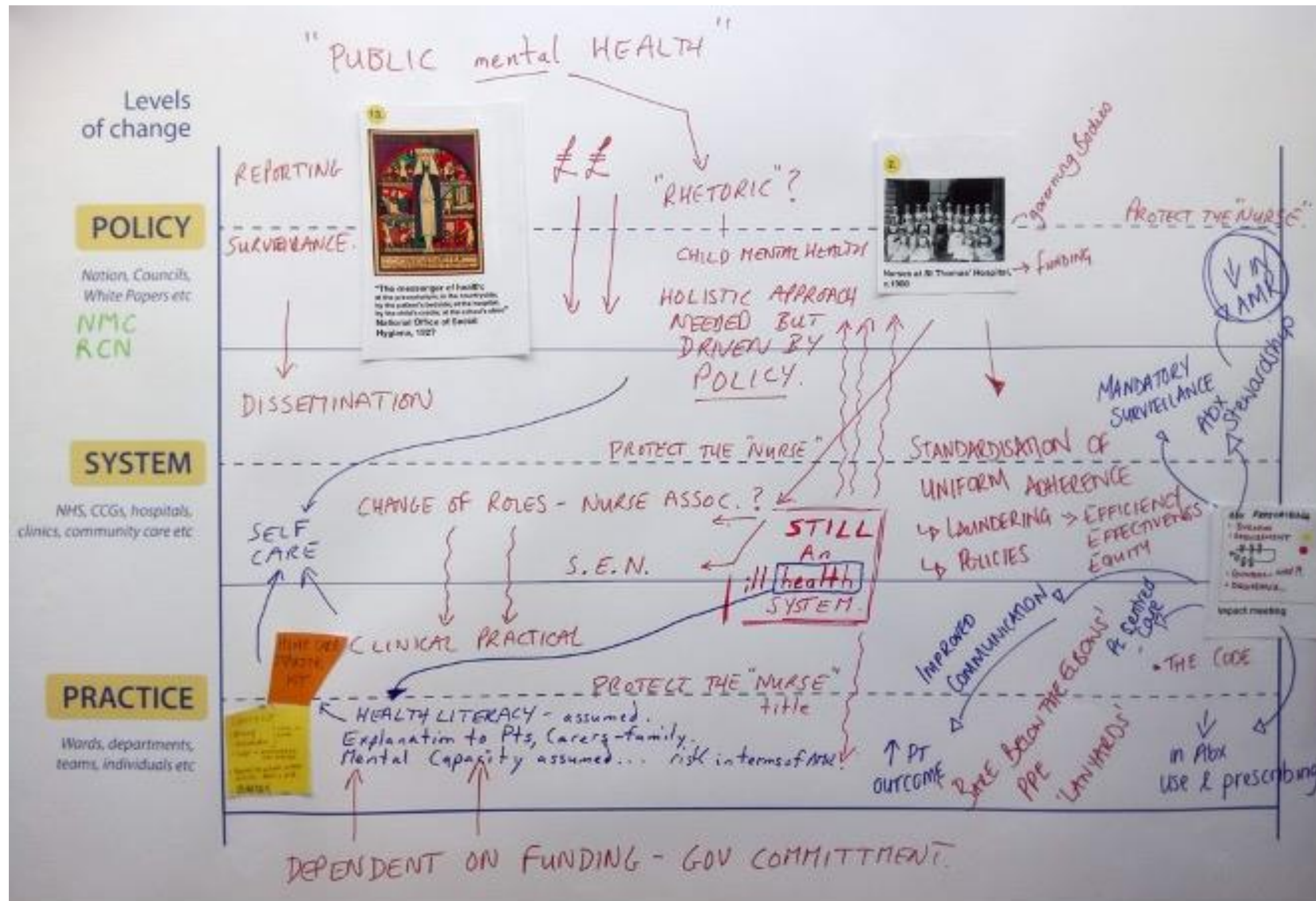


11. Ieptrin presented as smelling of bananas



2. Nurses at St Thomas' Hospital, c.1900

Infection Prevention & Control



Policy level

Translating practices

Invitation to a
POLICY WORKSHOP Event



Visualising and Activating Nursing Action to Address Antimicrobial Resistance

Nursing hasn't yet leveraged its full potential to prevent and control Antimicrobial Resistance (AMR). This **Policy Workshop** event brings together nurses from clinical practice settings across the UK with key policy leaders to plan how we can optimise nursing's power for change.

We will draw on the processes and findings of the AHRC funded **Re-envisioning Infection Practice Ecologies in Nursing (RIPEN)** through Arts and Humanities Approaches to inform discussions. The outcomes from the event will inform the update of the RCN's position document on nursing and AMR.

Friday 4th of OCTOBER 2019
11am to 3pm

To confirm your place,
RSVP by 23rd of August to:
Mrs. Frances Kennedy
f.kennedy@gsa.ac.uk

Cowdray Hall Conference Suite
Royal College of Nursing
20 Cavendish Square
London W1G 0RN

Briefing Paper

RIPEN & RCN
Policy Workshop

Friday 4th October 2019

RCN Headquarters
20 Cavendish Square
London UK

Visualising
and Activating
Nursing Action to Address
Antimicrobial Resistance

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SCHOOL OF ARTS

KING'S
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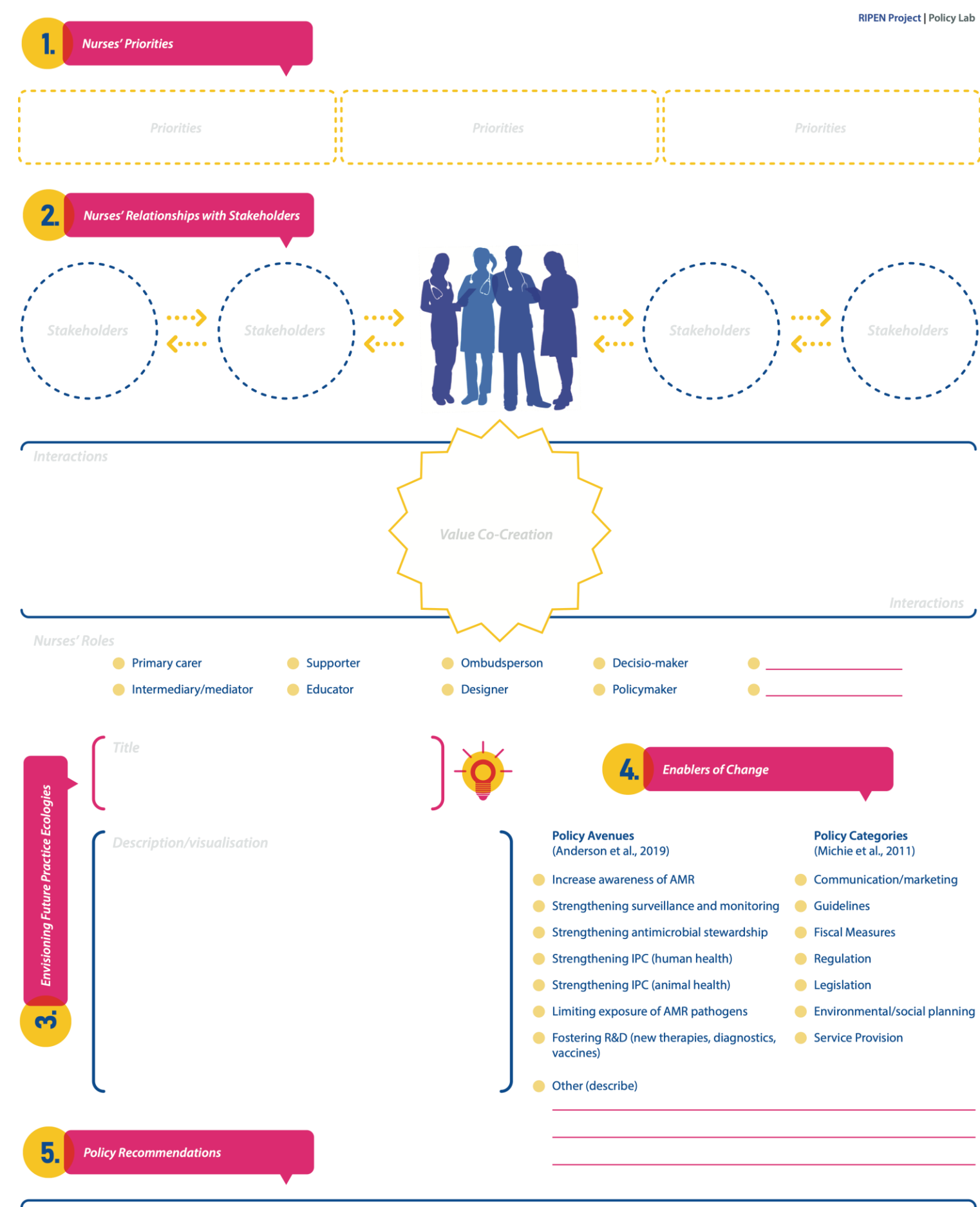
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University

Arts & Humanities
Research Council

Policy level

Scaffolded learning



Reflective practice

Experiences and methods & lasting impact

I found drawing a storyboard helpful, thinking through elements of normal day and of the impact that activities would have on anti-microbial use and efficacy. I am more comfortable with troubleshooting small, local problems than with envisaging worldwide problems

I think to have such a spread of different backgrounds all approaching a problem for a variety of perspectives has helped me think about this and other problems in a wider way. Additionally, I am now exploring other ways of using more visual approaches in other areas of my work

It has opened my eyes, helped me to focus on my clinical practice and question even more deeply than I did prior to attending the issues of AMR

Brought a different depth to it (AMR) in terms of understanding and meant I was a lot more involved than in other research because the focus is different rather than just tick sheets.

Conclusion

Summary

- Service systems are constantly reconfiguring themselves.
- Service design is having to continuously evolve to respond to the increasing complex challenges.
- Design ethnography is essential for understanding different cultures of care within communities, and how are hidden values, recognised and amplified.
- Co-design practices as part of sense making can have many different roles within a project internally and externally with stakeholders, and we need to think acknowledge their different roles.
- Multi-level approaches are necessary for reconfiguring services to be transformative.
- Participants themselves are often transformed in the visual and collaborative ways of working.

Thank you

Q&A

a.prendiville@lcc.arts.ac.uk