

Family Integrated Care : Challenges with Implementation and Solutions

Clare Raiman



Objectives

- * At the end of this session attendees should be able to
 - * Understand what is key to the success of FiCare
 - * Feel able to embrace the challenges!

Where to start ?

- * Who is going to lead the implementation?
- * Other staff to support who are knowledgeable about FiCare / multidisciplinary
- * Need to challenge practice
- * Appreciate it may not be easy
- * Develop a plan
- * Assess what is the unit like and what it could or should be
- * Support each other

Requires Whole Team

- * Whole team accepting change in model of care
- * Medical and Nursing Leadership
- * Its not enough to have one or two
- * Present the evidence
- * Many units think they are doing FiCare already....?
- * Believe one or two aspects will be enough
- * Negativity, wont work , cant work, unit too busy

Assessment of Staff Needs

- * Assess educational needs/support required
- * Get feedback how processes might work/challenges/
how it will effect work
- * Accountability
- * Nurse who doesn't conform?
- * Include in PDR
- * Lead by example
- * Roles and responsibilities

Staff education and support: Pillar 1

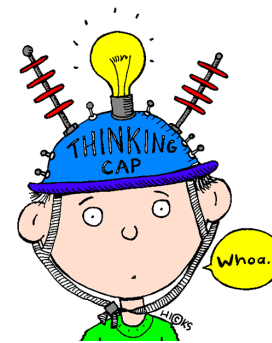


- * To provide staff with the skills and tools to educate, mentor & support parents to care for their infant
- * All staff play a role in the successful implementation of FiCare & require education in the model
- * How FiCare differs from FCC

Questions For Each Group



- * What is FICare ?
- * Is it important?..... If not why not?
- * Is it behind everything we do or does it come as an afterthought?
- * Will it be easy / not easy ?
- * Key words
- * How do we change practice?



Reinforcing Education

Use different methods to provide the information

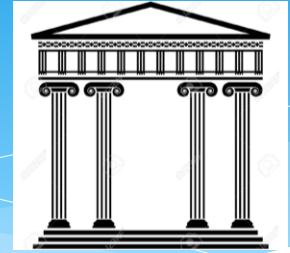
- * Celebrate good practice
- * Ownership of the new model
- * Give staff an area to focus on
- * Lunchtime Teaching/ handover
- * Peer Champions
- * Staff Orientation/return to work
- * Repeat information

Parent education and support: Pillar 2



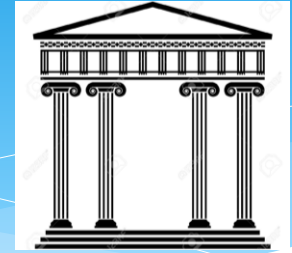
- * Staff aware of programme
- * Facilitate some sessions
- * Encourage parents attending the sessions
- * Know the content

Veteran Parents : Pillar 3



- * Start small
- * Should be part of implementation group
- * Part of parent education
- * Support current parents
- * Educate staff
- * Need a go to person

Environment: Pillar 4



- * Work with current resources
- * Facilities to promote prolonged presence
- * Review of policies (visiting/ infection control)
- * Communication Boards
- * Siblings

Consistent messages....

- * **Parents' experiences of neonatal units**
- * Support parents to have a close and loving relationship with their baby.
- * Enable babies to receive breastmilk and to breastfeed when possible.
- * Value parents as partners in care
 - * Unicef Baby Friendly Initiative
 - * Principle 3

- * NHS Improvement, which has reviewed the care of children who deteriorate while in hospital, says parents at the bedside are well placed to see any change in their child, but are not always heard and can be afraid to speak up
- * Too often parents worry “about ‘time-wasting’ with any repeated concerns” or that they won’t be listened to, but “it is imperative that parents feel welcome and encouraged to speak up”, said Dr Mike Durkin, the NHS national director of patient safety.
- * "Doctors, nurses and other health professionals must be in partnership with the patient and their family"

Team Effort



Family Integrated Care

