

The Importance of FiCare in Supporting Discharge Planning and the Transition to Home



Facilitating Safe Early Discharge Home, Reuniting the Family Unit

- South West England



Neonatal Outreach

The role of the neonatal outreach team is to coordinate the discharge planning process and support the transition from hospital to home, providing expert neonatal care in the community





This Photo by Unknown Author is licensed under [CC BY-SA](#)



Discharge Planning

Criteria for Outreach

- All infants born below 34 weeks gestation
- All infants weighing less than 1.5kg at birth or under 2kg at discharge
- Infants part tube feeding
- Infants going home on oxygen
- Infants going home for palliative care or end of life care
- NAS infants weaning on morphine
- Any infants with additional needs as requested by neonatologist and clinical team



Discharge planning and Home Visits

- Discharge planning meeting
- Discharge checklist
- Appropriate skills sheets completed and home guidance leaflet provided
- First visit checklist
- Outreach visits, tailored to meet family's needs

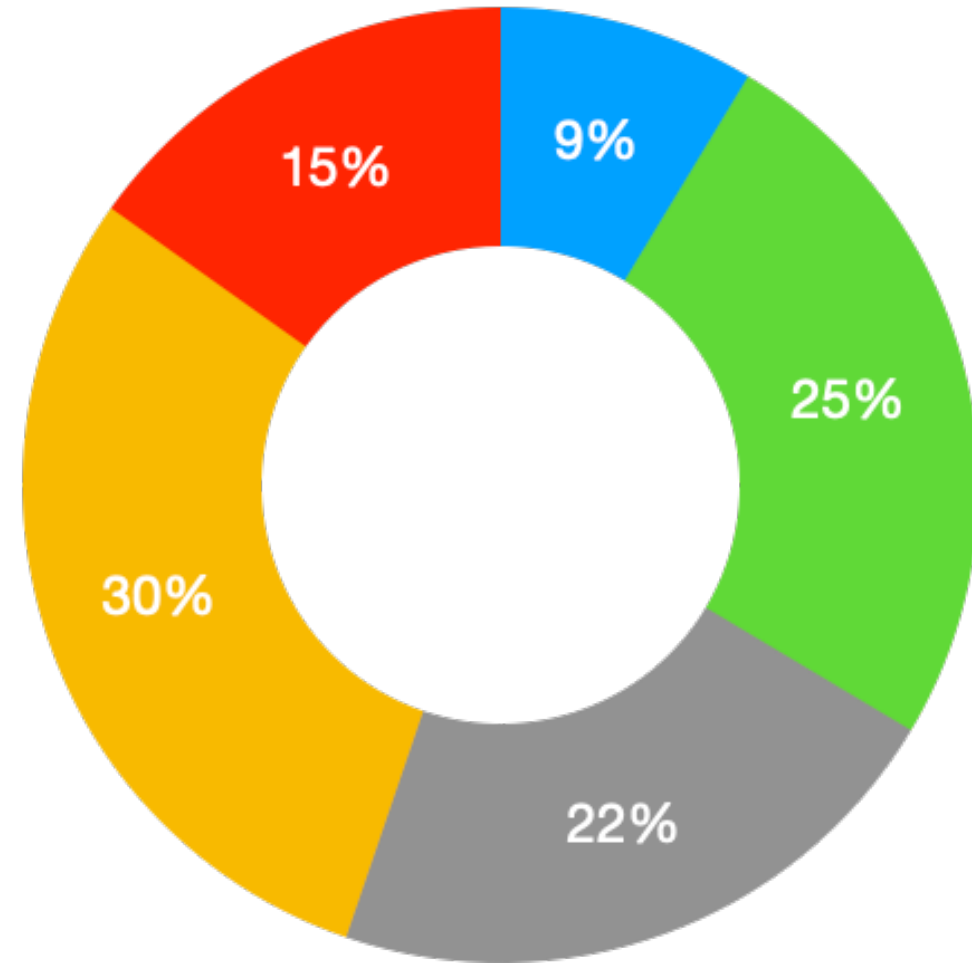
Parent feedback

After consultation with several outreach staff, life support training and tube feeding training I felt very confident and reassured. If there were any issues I had fantastic back up.

Having the outreach team was fantastic. Knowing that there was going to be someone coming to visit us made the transition easier. Especially with all the issues with COVID and not having friends and family around for support.

I was much more confident than I thought I would be knowing that I'd have the support of the outreach team, they were on hand to help even when we were not due a visit.

Gestational age of infants seen by outreach team



NNAP data; keeping mother and baby together with TCW and outreach



Keeping mothers and babies together (term babies)

Average number of days a baby born at 37 weeks or greater was cared for in a neonatal unit separately from their mother when they didn't require oxygen and didn't have surgery or a transfer during their stay.

National rate
2.9 days

Our unit
1.0 days



Keeping mothers and babies together (late pre-term babies)

Average number of days a baby born between 34 and 36 weeks was cared for in a neonatal unit separately from their mother when they didn't require oxygen and didn't have surgery or a transfer during their stay.

National rate
6.5 days

Our unit
1.8 days

Guidance from governing bodies

- Health Education England, Maternity Workforce Strategy: *Neonatal outreach teams have their own staffing, additional to that required for the neonatal unit, transitional care and postnatal ward.*
- BAPM with Bliss: FICare for COVID 19. *Perhaps the most important thing we can do is use the FICare model to facilitate earlier, supported discharge”*
- RCM: *home visit guidance for midwives*

Bliss Baby Charter

Bliss
for babies born
premature or sick

40 years
of change
for babies

UK standard for developing, measuring and improving family-centred care, and achieving Bliss Baby Charter accreditation is an esteemed marker of quality.

Now a nationally recognised tool referenced in the NHS England Neonatal Critical Care Review, Neonatal Critical Care Transformation Review, the BAPM Quality Indicators and the RCPCH QI resource map, as well as being endorsed by the Scottish Government and included in the All Wales Neonatal Standards.

Palliative Care and Cohesive Working



- Use of an advance care plan
- Collaborating with bereavement midwife, children's hospice, GP and health visitor
- Antenatal meetings with parents
- Adapting care as journey progressed

Family and Baby Project Support

**Supporting
you through
your journey**

**Meet non
medical support
and link to your
local children's
centre**

**A service
tailored to meet
the needs of each
unique family**

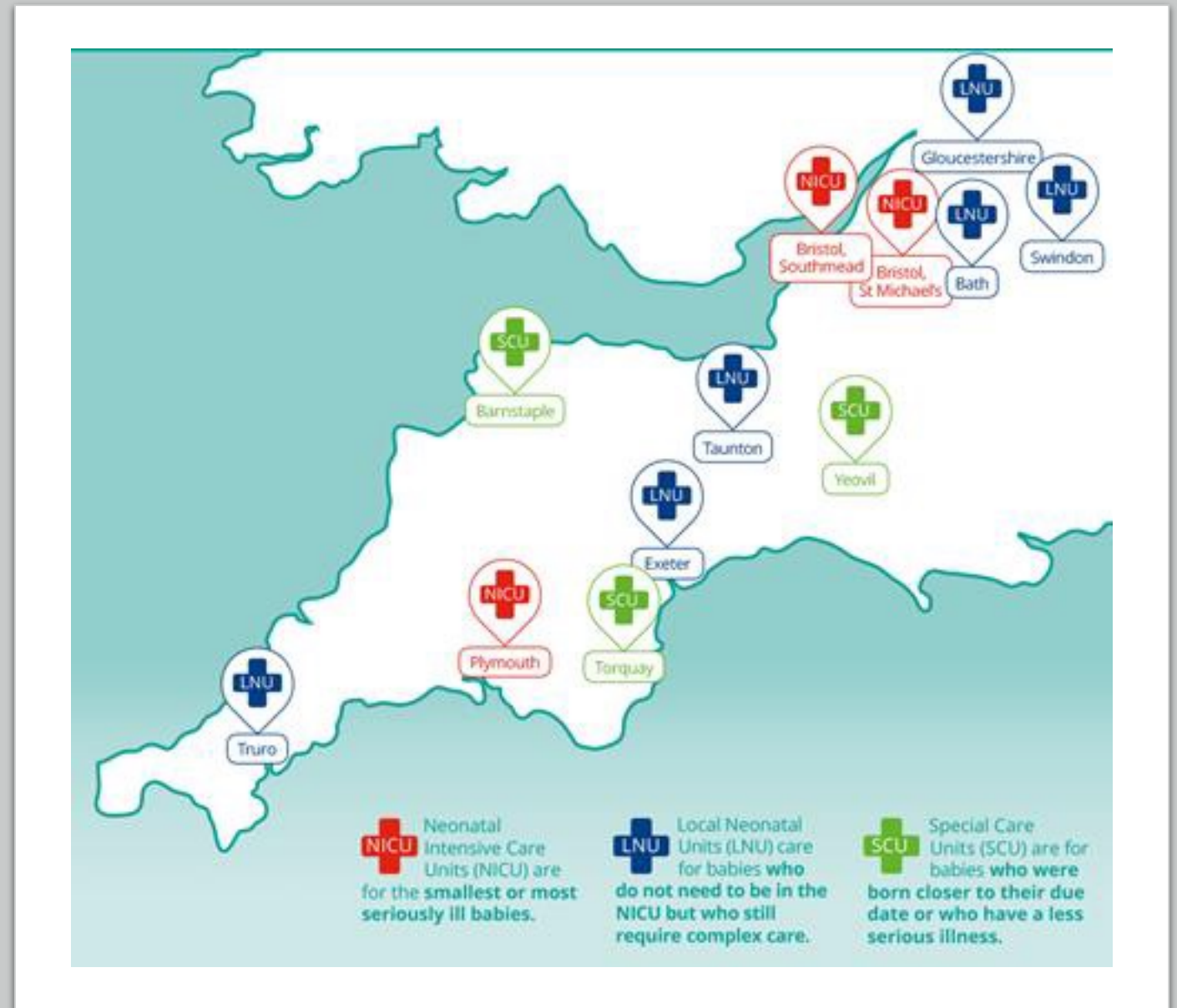


Neonatal Lead Care Coordinators

- . Forms part of the plan from the Neonatal Critical Care Review (2019)
 - Aim of NHS Long Term Plan (2019)
 - Enhance and provide equity of care
 - Assist provider organisations with the improvement of accommodation, facilities and support available to parents and families. Maximise the use of available funding for these purposes
-
- Develop, improve and enhance Family Centred and Family Integrated Care (FiCare) in all units.

South West Neonatal Network

- In 2003 neonatal care delivery was changed operationally in England. Neonatal Networks were formed. Ten years later the networks were reorganized and 12 operational delivery networks were formed. Units are designated as SCU (level 1), LNU (level 2) and NICU (level 3). Each network has at least one level 3 unit.





Family Support and Discharge Planning

- Facilitating and recognizing parents as partners in care throughout their infant's NICU journey will make the transition home as a healthy happy family unit an easier step to take.
- Providing on-going expert neonatal nursing support for families in the community allows for earlier safe discharge home, reuniting the family unit.



References

- Aloysius et al, 2018 *Support for families beyond discharge from the NICU* Journal of Neonatal Nursing, 24
- BAPM with Bliss, Family Integrated Care– COVID-19 Resources
- www.rcm.org.uk/media/3900/home-visit-guidance-for-midwivespdf
- Maternity Workforce Strategy – Transforming the Maternity Workforce. March 2019 Health Education England
- McKeon-Carter R, 2018 *Neonatal Transitional Care – A concept not a place* Infant 14 (3)
- Molley E et al, 2020 *Neonates in the COVID-19 Pandemic* Pediatric Research August 3
- Child and Young Person’s Advance Care Plan Collaborative cypacpuk
- Safe, Sustainable and Productive Staffing. An Improvement Resource for Neonatal Care. June 2018, edition 1. National Quality Board