



# **Bridging the gap between hospital and community**

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# Supporting Women, Infants & Families

- Importance of the early experiences for child development
- Increasing need among parents for informal and formal support
- If parents are well supported the outcomes for children are better
- Fragmented care



# Collaboration

Collaboration and integrated service delivery are common 'buzz' words and certainly prominent in government agendas and policies as the best way to address the significant needs of children and families.

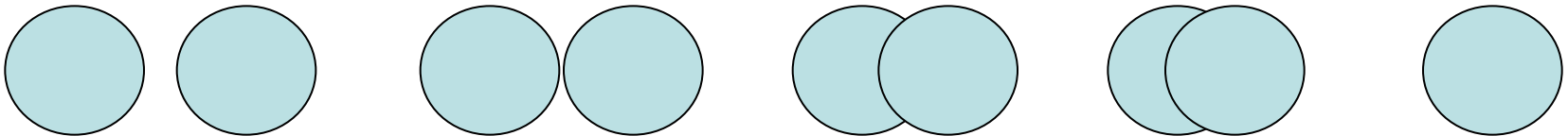
Examples include: Sure Start UK, Healthy Families America, Strengthening Families NZ, and in Australia, Families NSW, Best Start Vic and Families SA.

Evaluations suggest these whole-of-government initiatives have been somewhat successful in increasing collaboration and integration among multidisciplinary and multi-sectoral service-providers



# Collaboration

The terms co-ordination, co-operation, collaboration and integration are often used synonymously, however, all have different meanings and implications for practice. Axelsson and Axelsson (2006).



# Models of care or service organisation

- Liaison roles
- Multidisciplinary teams
- Case management
- Case or service coordination
- Co location of services

But

What is not well known is who benefits from integrated services and in what way?

What is the role of the midwife, CFHN & GP in collaborative and integrated models of care.



# Two studies

## **1. Transition in Care Study**

Aimed to examine the characteristics and nature of effect transitions of care in NSW between midwives and child and family health nurses

## **2 Understanding professional collaboration in integrated models of perinatal care (IPC)**

Aimed to examine the nature of collaboration that occurs between universal health services (midwifery, CFHN, GP) and other professionals/ disciplines and sectors in integrated models of perinatal care

# Universal Services

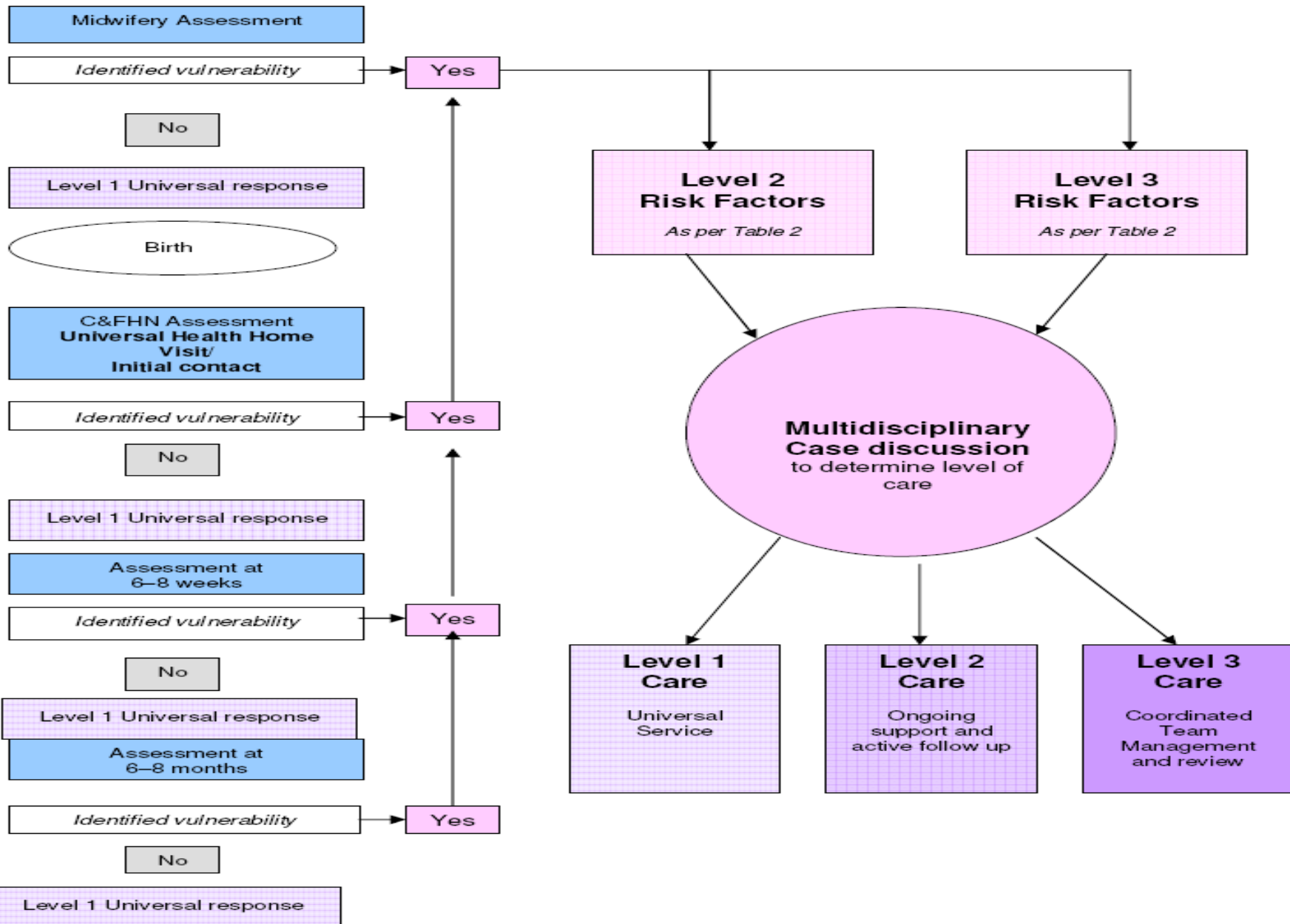



Fig. 1. Primary care pathways for SAFE START.



# Transition in Care Study

- State wide Survey posted to 81 potential participants
- There were 67 responses to the survey (response rate 83%). Respondents represented all AHS and included a similar proportion of midwives and CFHNs
- Indepth interviews and focus groups with midwives, nurses and mothers.



# IPC as case study of collaboration

- Qualitative indepth case study of collaboration in the perinatal period using thematic analysis
- Study site - metropolitan maternity unit in Sydney and related community services
- Participants and data collection:
  - Focus group x2 with 5 midwives
  - Focus group with 5 GPs
  - Focus group with 20 CFHNs
- Interviews midwifery managers, CFHN manager, social workers, mental health nurse consultants, bilingual workers, 2 NGO services, perinatal service cordinator



# Key findings

- Across the State a wide range of transition of care models exist
  - vary by setting, geography, context and history and risk
- Pathways – some are very sophisticated / complex
- The main models of transition were:
  - Structured non-verbal communication (n=45)
    - centralised referral process (n=8)
    - centre-based referral process (n=37)
  - Liaison person (n=17)
  - Purposeful contact (n=26) including CFHN services linking in before birth
- Weaving the net - coordinated network of support and health-related services in the antenatal and postnatal periods for mothers, infants and families

# Facilitators of collaboration & transition

## Communication

- having completed discharge summaries including contact details
- having a central intake point or a designated person, especially for women from vulnerable groups
- using similar assessment tools

Just keeping the lines of communication open and be able to respect each other's position that you will give feedback back and forth... instead of saying I'm not the referral point and let you know the feedback process.  
(CFHN study 2)



# Collaboration

**Collaboration requires hard work and**

- **Vision and leadership – thinking broadly about the model and having ‘a can do attitude’**
- **Commitment – to women and to the process**
- **Support – training & clinical supervision - *‘we seem to have a lot of backup there is a lot of collaboration’.***

# Relationships are central in effective transition

- having mechanisms that built relationships between midwives and child and family health nurses, including
  - regular meetings and shared education
  - the CFHN visiting the maternity unit regularly,
  - encouraging verbal handover,
  - being co-located



# Relationships

- “A major contribution to a smooth transition of care for parents from the midwives to the CFHNs is a good working relationship between both services. This is facilitated by trust and regular meetings (second monthly) and any difficulties in communication can be addressed face to face at these meetings.... team building is absolutely essential in large organisations. Some of these meetings need to allow time for networking, socialisation and “cuppa tea” to release these frustrations” (Clinical leader – CFHN)

# Relationships are central in building collaboration

- **Collaboration requires health professionals to develop:**
  - Shared values
  - Trust – Respect
  - Two way process of communication with feedback
  - Constant, consistent presence
  - Rapport & camaraderie – sharing stories, food and using humour
  - A safe environment
  - Being practical – eg. building a workable multidisciplinary meeting



# Benefits of collaboration

- Stronger focus on social and emotional needs of women who are linked to services
- Stronger sense of a professional role for midwives and nurses
- Enhanced support for midwives & CFHN and other professionals
- A feeling of shared responsibility through multidisciplinary working

# Challenges, tensions and issues

- **Organisational and service system barriers**
- **Professional relationships and role boundaries**
- **The role of universal health service providers in multidisciplinary and collaborative models?**
- **What are the outcomes for women, infants & families**

# Organisational or Systems Barriers



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Bringing knowledge to life

- Staffing issues
  - casualisation of the workforce
  - the removal of some community midwifery and nursing positions in some areas
  - Resistance to change – ghosts of the past
- Organisational processes
  - the delay in CFHNs receiving the discharge information from the maternity unit
  - lack of IT infrastructure, especially for CFHNs
  - Little opportunity for CFHN to link in before birth
- Little promotion of services – women have a lack of knowledge about the role of CFHN



# Professional boundaries

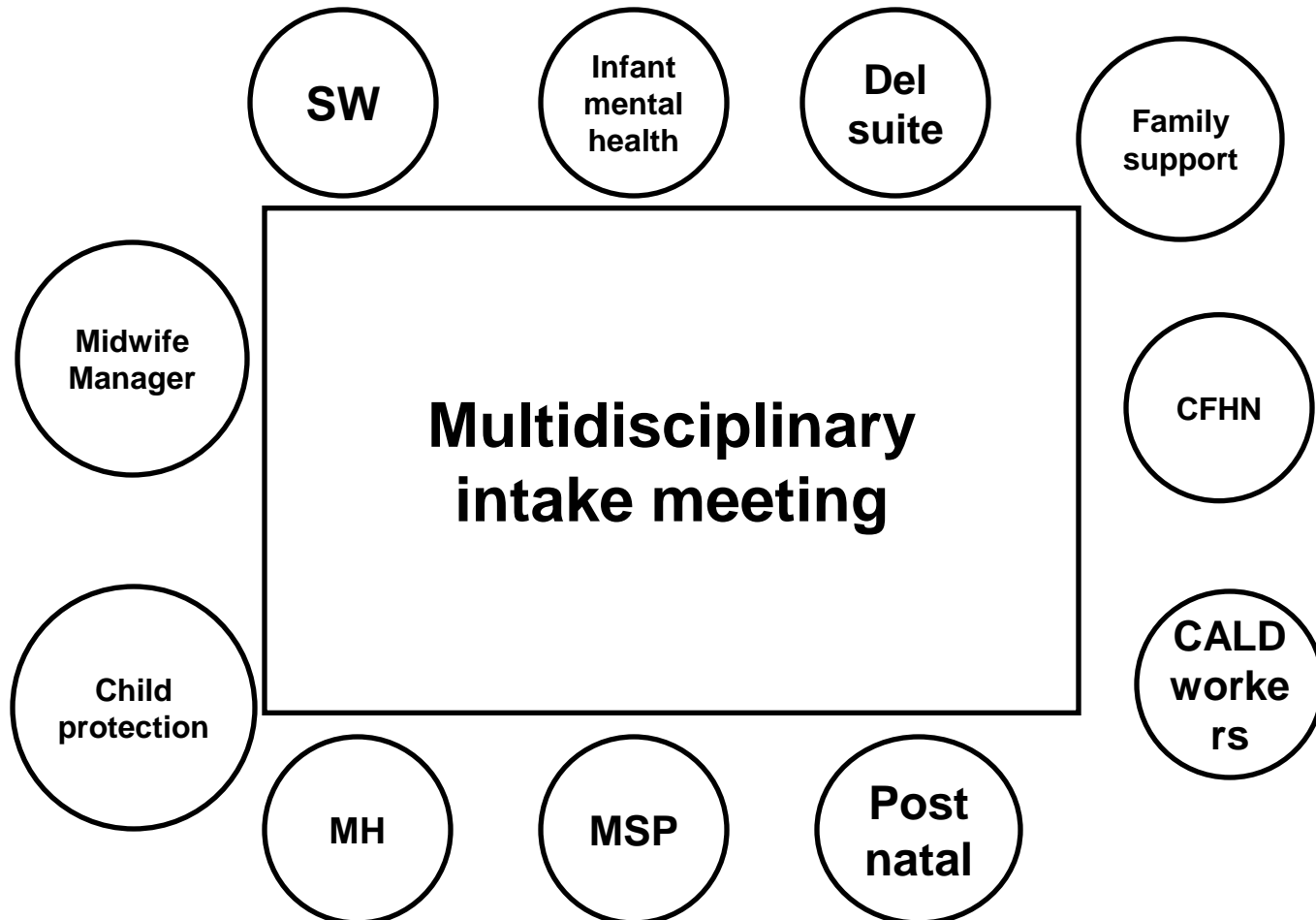
- “There is a misunderstanding between midwives and CFHN of each other’s expertise / work practices and appropriate transition timeframes” (FNSW coordinator)
- “There is a lack of understanding from midwives as to what happens to a client when they are discharged and the transition into parenting” (Clinical leader – CFHN).
- “maternity unit either does not communicate with our staff or the staff within the maternity unit do not communicate with each other” (Manager – CFHN)

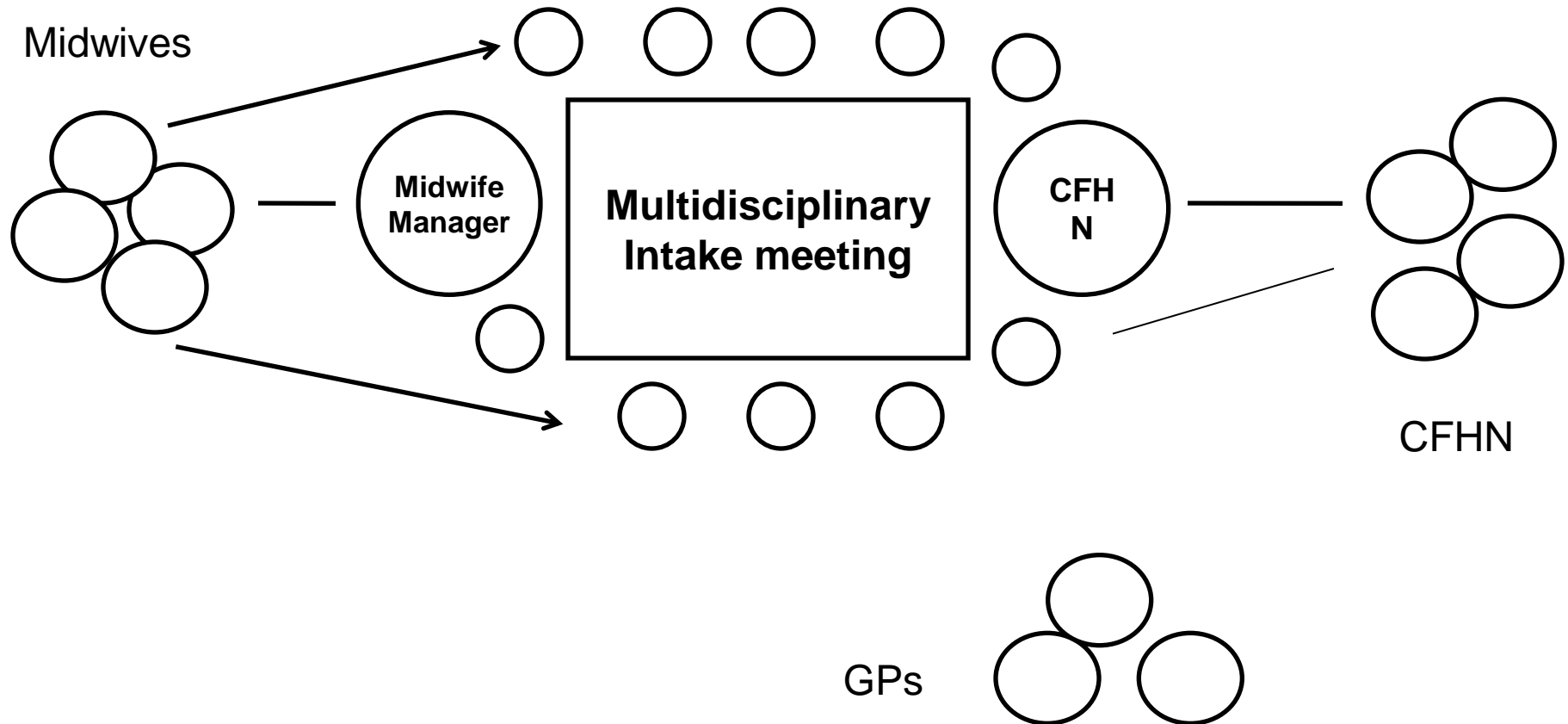
# Professional boundaries

- “There is ignorance of how the two systems work. The two areas of Maternity and CFHN have been traditionally seen as two separate entities” (Manager - midwifery)
- “Where good midwifery services are available postnatally, this can actually reduce women’s access to CFHN. There can be disputes over who the client belongs to and confusion for the women about who has contacted them for an appointment (FNSW Coordinator)



# The site of collaboration?

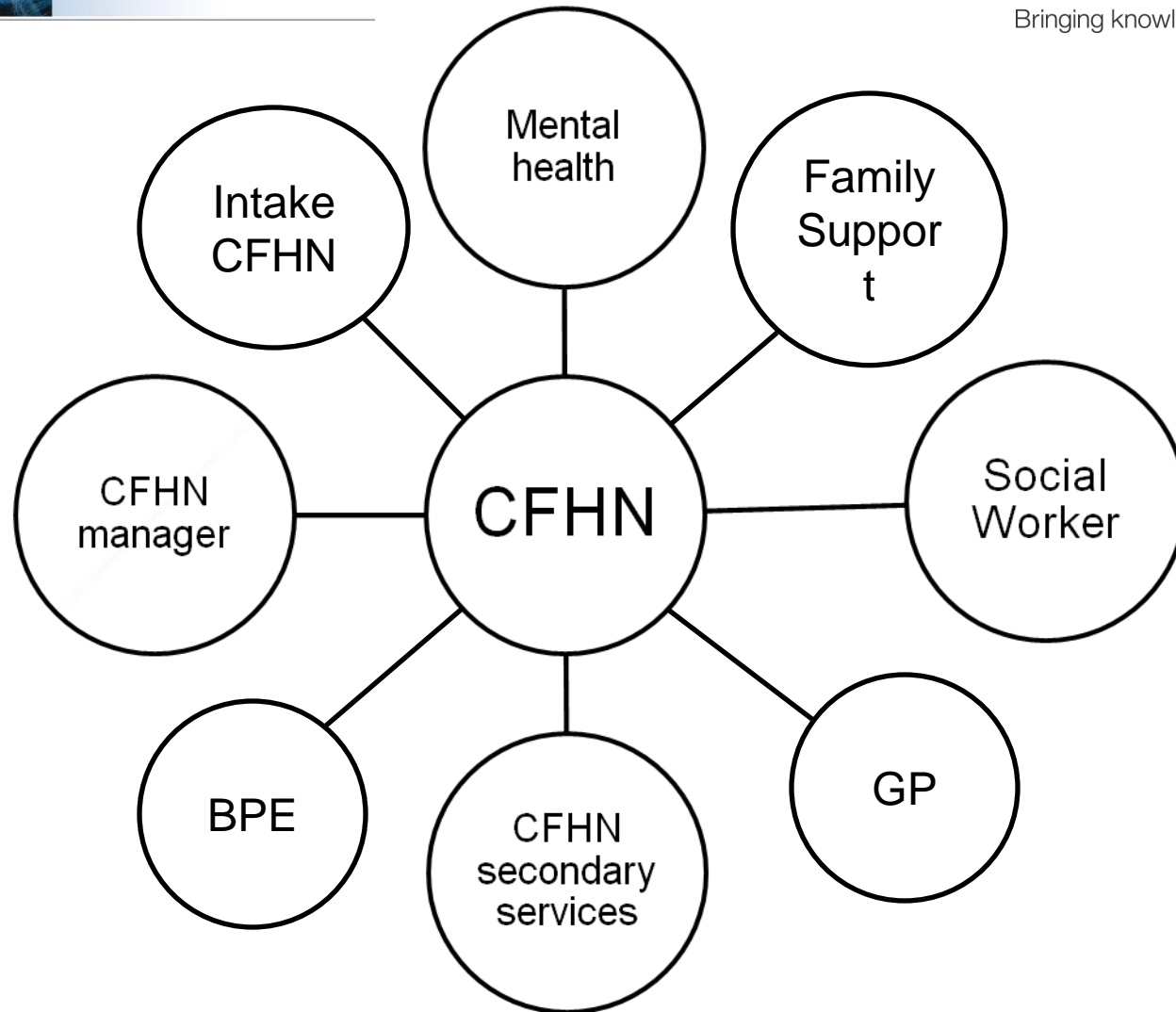






# Role of CFHN as coordinator

The CFHN is the one that sees the mother or is the coordinator because we look at the whole picture. We're looking at their mental health as well the feeding and their development of the baby. Whereas the other Allied Health services are just looking at one section. So I think – and we see them over a longer period of time I think we do probably coordinate most things with the mother



# What does this mean for women infants & families?



At this point in time we do not know the outcomes for women infants and families particularly those with vulnerabilities.

Is this surveillance? **Flagged Forewarned**

You've got all these lists as to what is happening with this family. So you know before these babies are born there is a risk.



# In summary

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Bringing knowledge to life

## **Principles of effective collaboration and transition:**

- take a primary health care and strengths-based approach
- ensure a culture of collaboration with processes that facilitate dovetailing rather than duplication
- have a clear understanding and respect for one another's roles, skills and expertise
- provide women with an understanding about the roles
- have systems to ensure timely transfer of information
- have mechanisms that facilitate communication (formal and informal) between the services
- have models of care that provide continuity of care
- ensure community-based services and home visiting is available