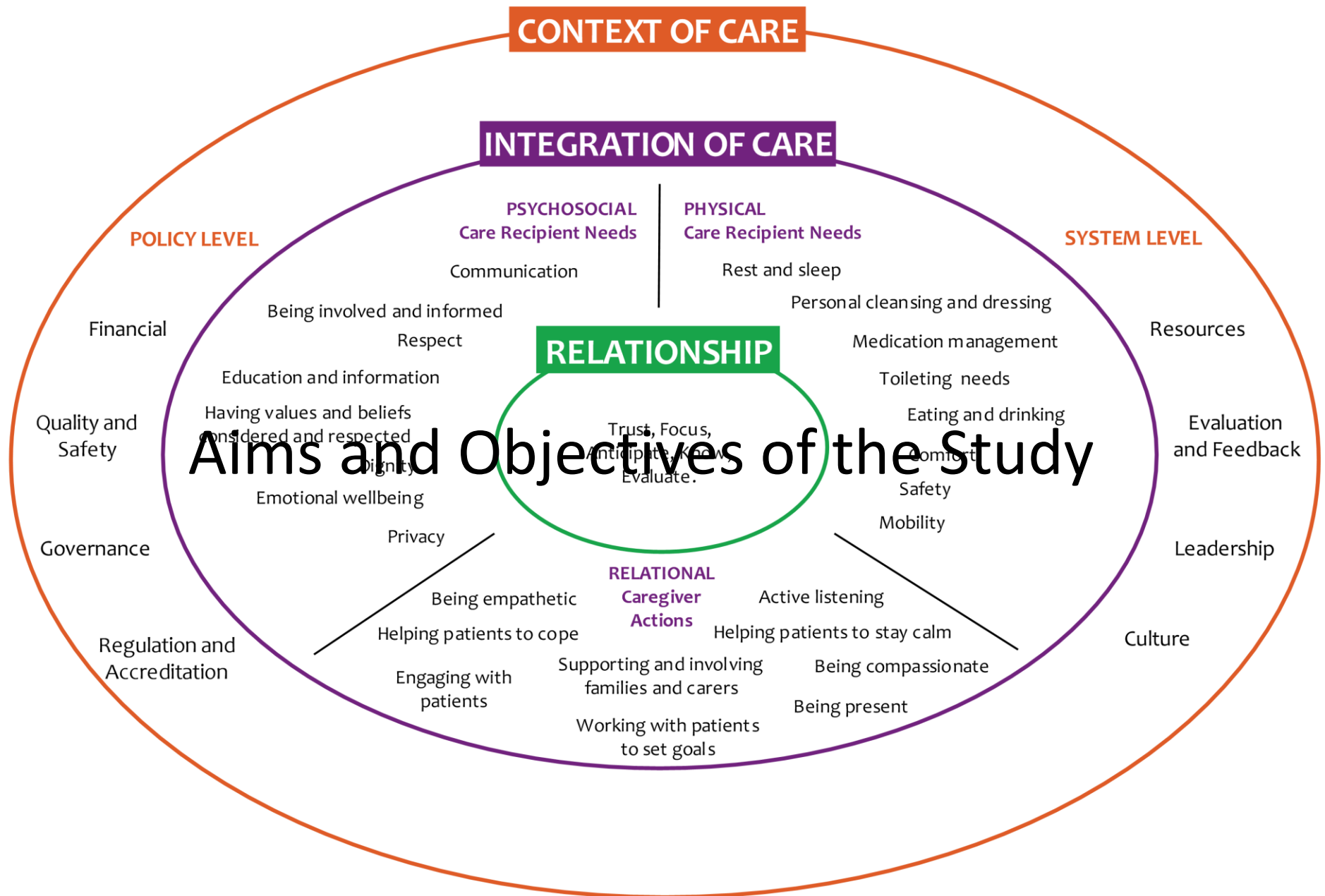


Implementing the  
Fundamentals of  
Care Framework  
in Clinical Practice

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Kim Monteiro RN Mnurs, PGDPC, PRINCE2  
Service Development Manager  
Te Whatu Ora: Counties Manukau Locality



# Methods

Qualitative approach informed by Constructionism

Ethics and Locality approval met including following Te Tiriti obligations

Study site- Large New Zealand District Health Board

Sampling- Homogenous purposive sample for 15-20 nurses working at the study site

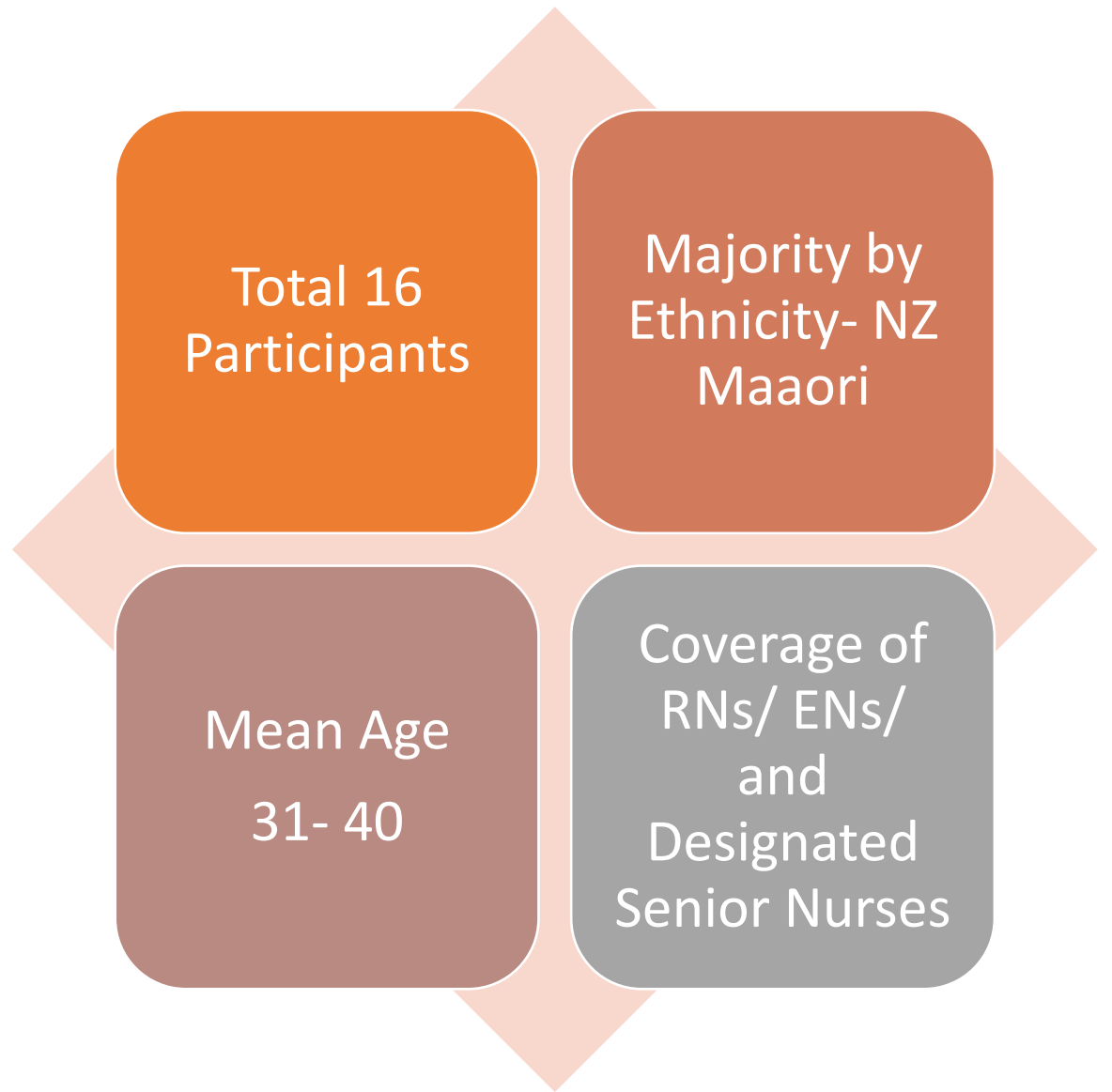
Individual semi-structured interviews being mindful of tikanga and permission for use of 'Getting Care Right' Video

Data analysis using Braun and Clarke's Reflexive Thematic Analysis



Findings and  
Discussion

# Key Demography





## Themes

**A Useful  
Framework to  
Learn Fundamental  
Care Delivery**

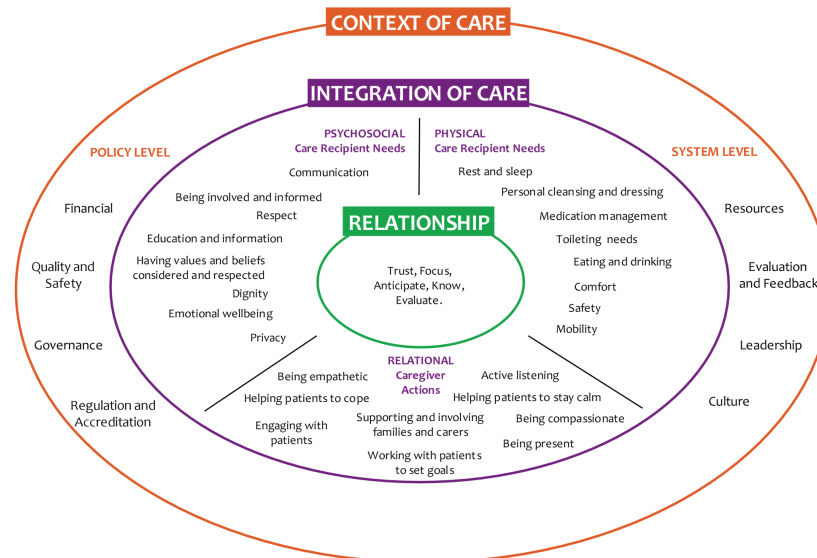
**A Familiar  
Framework**

**Integrating the  
Framework into  
Clinical Practice**

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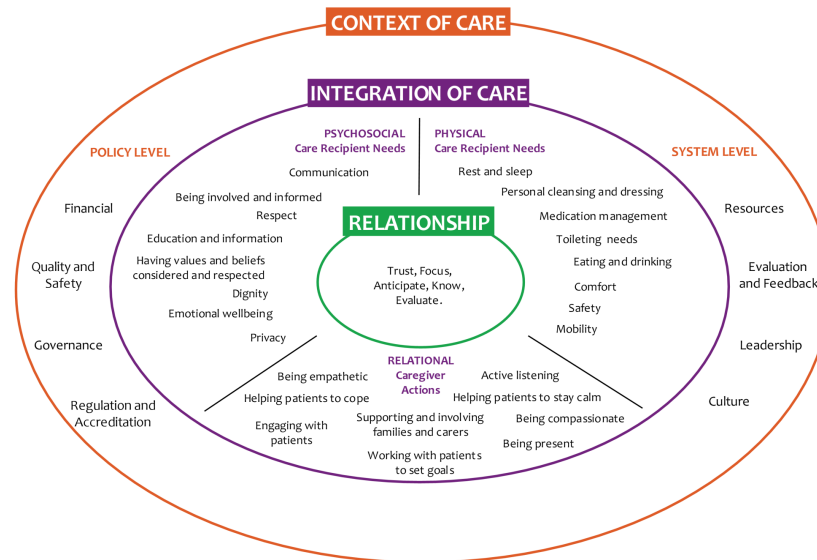
# A Useful Framework to Learn Fundamental Care Delivery

*I got like more understanding now, like when I talk about the fundamentals of ... I was talking about the communication, I talked about their care, all the physical help they needed, but I (was) also told about the short staffing everything (influences fundamental care delivery). I couldn't put it together for the fundamentals of care (delivery); now I know that it all comes under the Fundamentals of Care (framework). (P 14)*



# A Familiar Framework

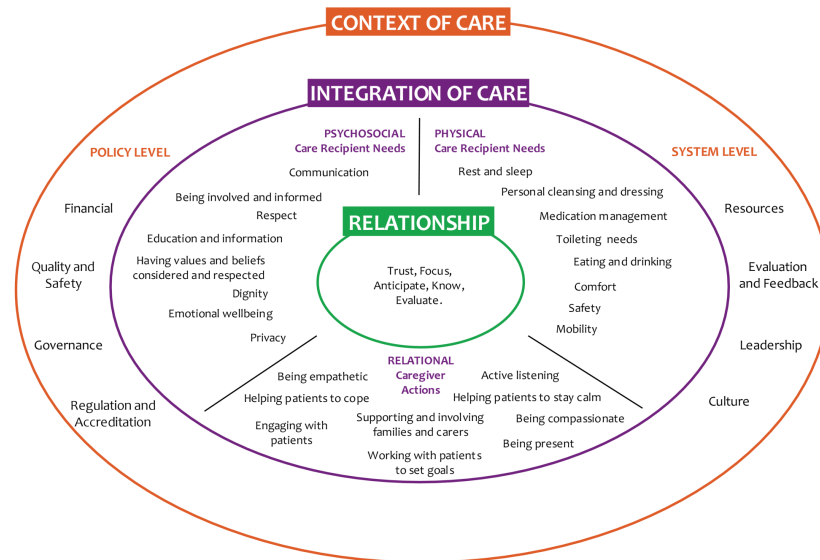
*...the framework itself is basic enough for people to understand and the content is not rocket science; it is something that care providers already have an idea as to what it is, and yeah, it is basically easy to understand (P 1)*





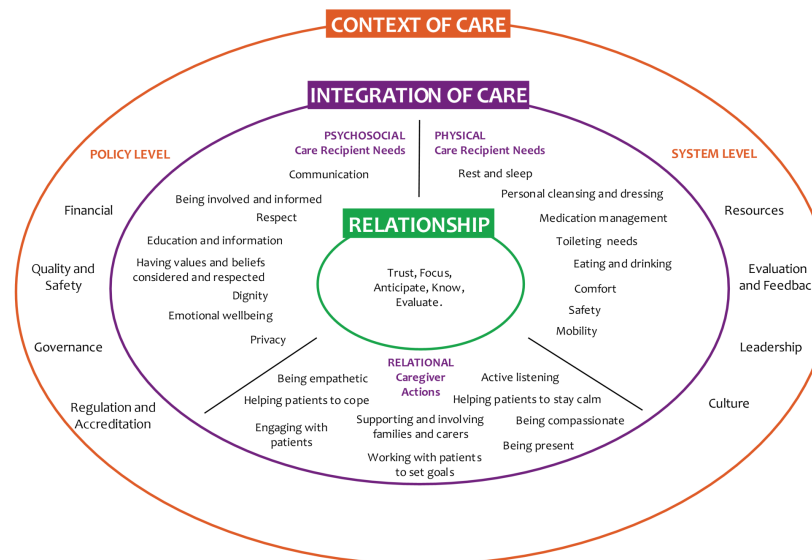
# Integrating the Framework into Clinical Practice- Culture and Spirituality

... there is one thing missing, because of my perspective for me in terms of my culture, is the **acknowledgement of spirituality** in the Context of Care if we are talking about fundamentals of care for pacific patients. **That is the biggest thing for us...** we refer to our spirituality side and not just God relationship and some other people may spirituality as the universe that inclines in stuff like that... (P 3).



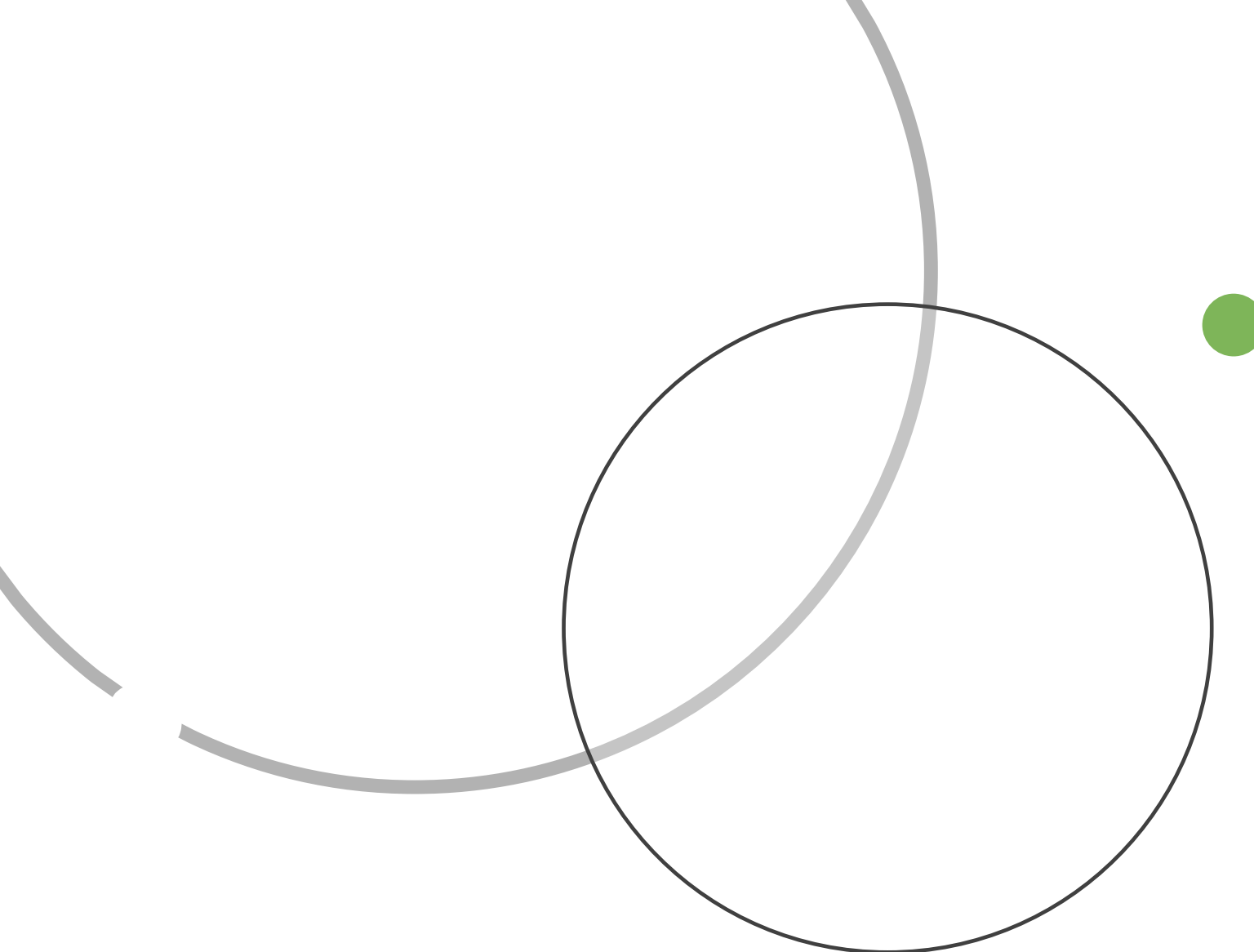
# Integrating the Framework into Clinical Practice- Education

well looking at this, I think I mean it's a bunch of words ... what actions would you take to help, for someone to be calm for someone to cope better, what actions would you take to help someone feel hopeful? , what actions would you take for someone to feel respected? , you know so for me, if you don't activate any of this, then for me, you are not delivering the care because it's got to be active in what you do. (P 4)



# Integrating the Framework into Clinical Practice- Support Organisational Culture Change

... I think there are pressures that come from all directions like I think... You've got a demand from the teams, demand from the management to get these patients out, we need to get... more patients up from ED. So, you become very just is focused on doing tasks... often it is the fundamentals that get pushed aside, cause I just need to get this patient's medication, IV medication done, then I can get that patient out of that bed so I can bring in admit another one. (P 7)



# Conclusion

Implementing the  
Fundamentals of Care  
Framework in Clinical Practice

# Benefits

A Useful  
Framework to Learn  
Fundamental Care  
Delivery

A Familiar  
Framework

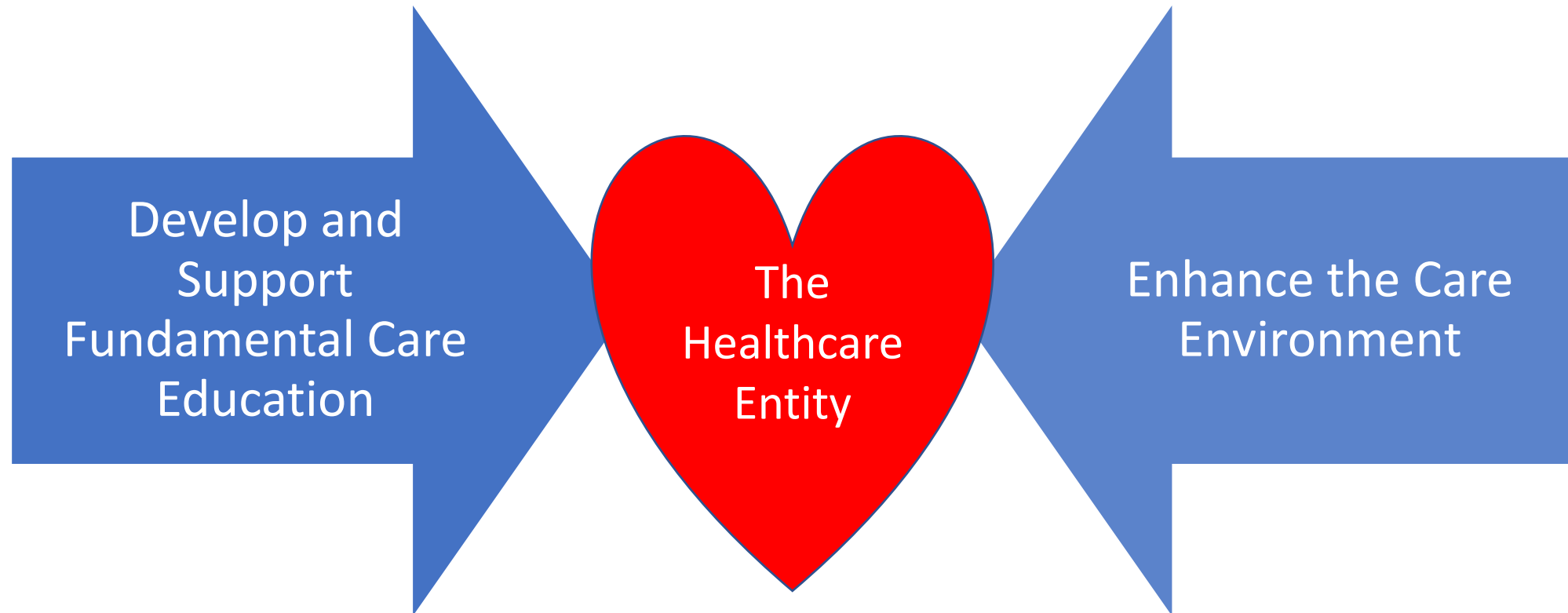
Compatibility With  
Organisational  
Values

# Bridge the Gaps to Adapt the Framework for Clinical Practice

Gaps in Understanding:  
Definition and  
Application

Gaps in the  
Framework: Culture  
and Spirituality

# Supporting the Integration of the Framework Into Organisational Practice



# CONTEXT OF CARE

## INTEGRATION OF CARE

### POLICY LEVEL

### SYSTEM LEVEL

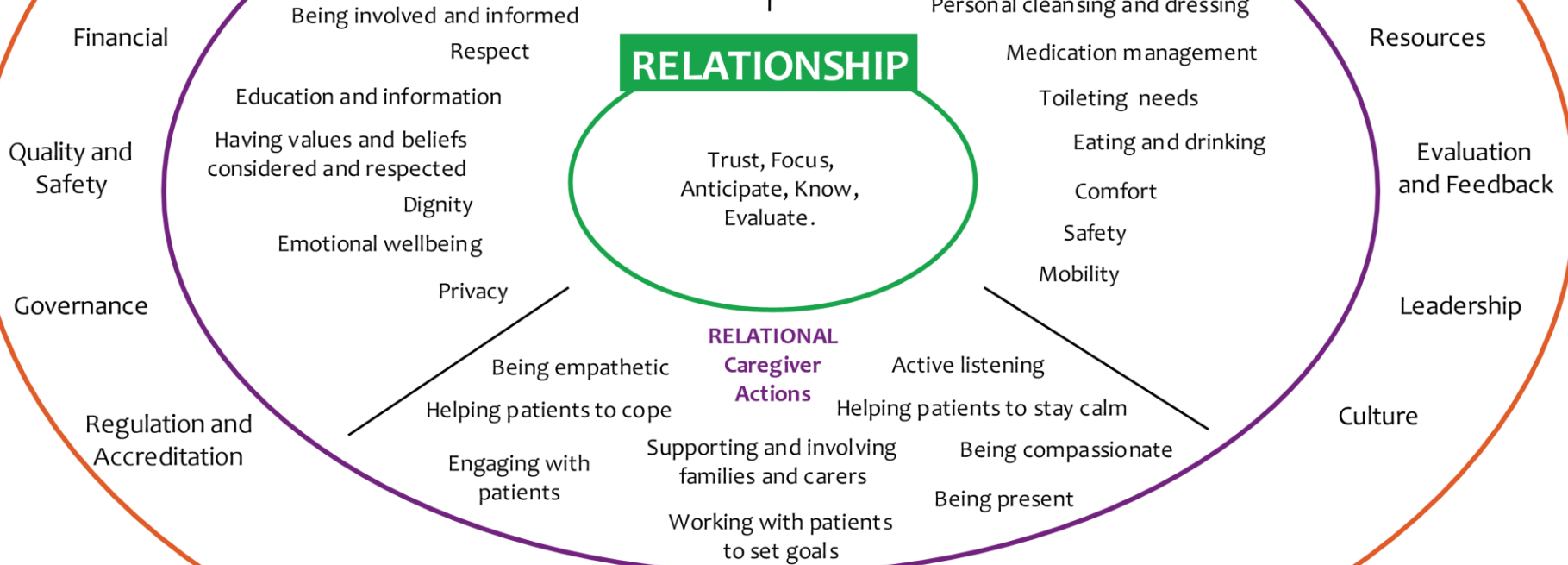
## RELATIONSHIP

### PSYCHOSOCIAL Care Recipient Needs

### PHYSICAL Care Recipient Needs

Trust, Focus,  
Anticipate, Know,  
Evaluate.

### RELATIONAL Caregiver Actions





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