Worcestershire Neonatal Outreach Service

OPERATIONAL POLICY FOR NEONATAL OUTREACH

Owner: Rachel Cashmore	Job title: Neonatal Outreach Sister
Approved by: Paediatric Quality Improvement Meeting	On: 17th June 2020
Review Date This is the most current document and should be used until a revised version is in place:	

Key Amendment

Date	Amendment	Approved by
17th June 2020	Updated document approved	Paediatric QIM

The aims of the service are:

- To facilitate early hospital discharge of babies with on-going medical/nursing needs
- To provide a seamless transition from hospital to home
- To adequately prepare the parents to be confident and competent in the care of their baby at home. This includes psychologically preparing parents for having a baby at home
- To provide a skilled resource for the family
- To prevent readmission

The provision of the service is for:

- Babies who are born at Worcestershire Royal Hospital (WRH) or have been born at another hospital and returned to WRH
- Babies who have been resident on the Neonatal Unit (NNU) or Transitional Care Unit (TCU), for a period of time before discharge
- Babies who are registered with a Worcestershire GP (this is a Countywide service)
- Parents/carers who have demonstrated competence in specified aspects of care

Exclusions:

- Every family has the right to decline the use of Neonatal Outreach, this decision will be respected and the baby will remain in hospital until medically fit for discharge
- Any babies with GP's outside Worcestershire
- Babies who are medically fit but have complex social care packages
- Families where there have been displays of violence or aggression on the Neonatal Unit. They will require assessment as to whether Neonatal Outreach will admit to their caseload
- Where parents/carers are unable to demonstrate competence in specified aspects of care for their baby

The service is provided:

Monday - Sunday 08:00 – 16:00 (including Bank Holidays).

Evenings – parents are advised to phone NICU/TCU or alternatively GP out of hours service. Open access to Riverbank Ward is obtained for babies on home oxygen to allow parents to be able to phone regarding any respiratory related issues.

The babies will remain under the care of their named consultant. The Neonatal Outreach Team will liaise with all members of the Primary Health team including GP and Health Visitor.

The Neonatal Outreach Team consists of:

- Rachel Cashmore RGN, RN (Child), ENB 405 and completed Care of the Neonate in the community, with 6 years community experience.
- Sarah Parkins RGN, RM, ENB 405 and completed Care of the Neonate in the community, with 6 years community experience.
- Kate Tromans RN (Child), Neonatal Critical Care Pathway
- Charley Wain Bsc (Hons) Childrens Nursing, Neonatal Critical Care Pathway
- Vicky Olson, Nursery Nurse
- Helen Clayton, Nursery Nurse
- Megan Perrins, Nursery Nurse

The Outreach Service will provide band 6 cover each day with the Nursery Nurse being responsible to the band 6 on that day.

Workload and visits should be discussed at the start of each day and visits allocated according to need. The band 6 sister should visit babies requiring:

- Home oxygen
- Neonatal Abstinence
- Home phototherapy

CRITERIA FOR DISCHARGE TO NEONATAL OUTREACH

Babies who are:

- Gaining weight and the consultant is satisfied with weight gain
- Maintaining temperature in cot for over 24 hours
- No longer requiring monitoring for apnoeas (off caffeine for 7 days) (occasionally babies might be discharged home on caffeine at consultant discretion, these babies will be provided with an apnoea alarm until 7 days after caffeine is stopped)
- Establishing full oral feeds (completing 2 full suck feeds)
- Neonatal Abstinence Syndrome on reducing doses of Morphine (as per guideline)
- Babies of at least 33 weeks gestation
- Weight of over 1.6 KG (less at consultant discretion)

- Requiring supplementary oxygen, where oxygen saturations are stable in a set amount of oxygen, evidenced by a satisfactory overnight oxygen saturation download prior to discharge. This is offered for up to 6 months corrected gestation
- Babies who have long term needs may initially be discharged to the Neonatal Outreach Team, but may then have an assessment from Orchard Team (Paediatric Community Team), who will continue their care.
- Babies requiring home phototherapy who fulfil guideline criteria

Identifying babies suitable for Neonatal Outreach

A member of the Neonatal Outreach Team will attend NNU/TCU on a Monday morning to identify potential babies, and thereafter visit the units daily to assess progress.

Neonatal Outreach will introduce themselves to parents/carers and discuss their role, answer any questions and give relevant leaflets. They will give an invitation to a baby life support course for that week.

Ward staff and Neonatal Outreach will work in partnership to educate and empower parents/carers to care for their baby and complete any necessary competencies for discharge home.

Home oxygen

Parents/carers of babies who require oxygen at home will be provided with specific training to ensure they are aware of what equipment they will be provided with, and how to use equipment.

The parents/carers will be given a 'Going Home on Oxygen' booklet and will be required to complete the home oxygen competencies.

Outreach will initially order oxygen, after oxygen saturation downloads are satisfactory and baby's oxygen requirement is stable usually anywhere between 0.01 – 0.5/ litres per minute.

A home visit prior to discharge will be necessary to ensure baby's home is suitable for home oxygen and to complete the Home Oxygen Safety Assessment.

Wherever possible, a home visit will be arranged within 2 hours of discharge to ensure correct administration of oxygen. When this is not possible the NNU/TCU staff will phone parents/carers to ensure oxygen is being administered, evidenced by satisfactory oxygen saturations.

They will receive a telephone call day after discharge and an assessment as to whether a visit is required that day, if not, a visit will be booked for the following day.

Babies who go home on oxygen will be visited at least twice weekly for the first 2 weeks, this will allow the Outreach Team to assess wellbeing and support parents/carers. Once oxygen downloads commence and oxygen is weaning, fortnightly visits will be arranged.

Home naso-gastric tube feeding

Parents/carers will have been working in partnership with nursing staff to become competent in giving naso-gastric tube (NGT) feeds. They will receive a 'Going Home NGT Feeding' booklet and will be required to complete an NGT competency.

They will be provided with a supply of 5ml and 20ml syringes, Ph indicators, a spare NGT and adhesive.

They will receive a telephone call the day after discharge and an assessment as to whether a visit is required that day, if not a visit will be booked for that week.

Babies will be visited at least weekly for NGT change and weight assessment.

Neonatal Abstinence Syndrome

Baby needs to be:

- >33 weeks gestation
- >1.8Kg
- Maintaining normal temperature in cot
- Show adequate weight gain and sleep pattern
- Withdrawal symptoms controlled following first reduction of treatment, this is unlikely to be within the first week of life
- Have satisfactory discharge arrangements with the Safeguarding Team into foster care placement
- Ensure carers have completed Neonatal Abstinence competencies.

Day after discharge

Neonatal Outreach Nurse to telephone carers and assess whether a visit is necessary that day. If a visit is not required then an appointment will be made for the following day and a plan made to visit every 2 days whilst medication is reducing.

Outreach Sister will discuss with carers the baby's progress in conjunction with completed care package (feed chart, scoring chart and medication reducing regime) and any reduction discussed with consultant as per guideline.

Once Morphine has been stopped for 5 days, a discharge visit will be arranged.

Baby will be discharged from Neonatal Outreach if:

- There are no signs of withdrawal
- There is adequate weight gain with appropriate feeding regime
- Carers have no concerns with baby's progress.

Upon discharge health visitor and social worker will be informed where necessary.

Home Phototherapy

This service will be offered to

- Babies who are currently on NNU/TCU and fulfil the criteria to continue phototherapy at home
- babies who are currently under the care of Neonatal Outreach at home who develop a need for phototherapy AND fulfil the criteria to receive phototherapy at home

All babies will:

- Have an individualised plan of care which will be discussed prior to discharge.
- Be offered and encouraged to undertake a baby life support course provided on NNU prior to discharge.
- Have a phone call the morning after discharge and an assessment made as to whether a visit is necessary that day, and an appointment made for the first visit.

First visit: On all first visits the Outreach Nurse will undertake an assessment of the baby which will include observations deemed appropriate (weight/oxygen saturations/temperature). Assessment will include colour, warmth, skin integrity, feeding regime and bowel/bladder function. (Home visit assessment sheet will be completed)

Subsequent appointments will be made at each visit and the frequency of these will depend on individual assessment and needs of the baby and parents/carers.

Babies who weigh < 1.8 KG, will be individually assessed to ensure weight gain is adequate and will require one to two visits per week until they are maintaining a satisfactory weight

gain. These visits may alternate between the health visitor and the Neonatal Outreach Team.

REFERRAL TO OTHER PROFESSIONALS BY OUTREACH TEAM

The GPs of all babies that are to be discharged to Neonatal Outreach will receive a full discharge summary.

The midwife/health visitors of all babies discharged to Neonatal Outreach will receive a full discharge summary. Health visitors will receive a phone call the day after discharge to discuss care and liaison between services.

If the baby develops a new problem such as a cold, constipation etc or coincidental illness then they will be referred to their GP.

Babies with exacerbating conditions, especially related to chronic lung disease, will have open access arranged to Riverbank Ward.

Outreach can contact the consultant on call for advice if needed, and re-admit directly if necessary.

- Emergency situation – call 999
- Non acute referrals - parents own transport.

DISCHARGE FROM NEONATAL OUTREACH TEAM

Babies can be seen for varying lengths of time, but usually 6 – 8 weeks post discharge, or at time of 1st clinic appointment with consultant.

All babies who still require oxygen at 6 months of age (corrected), will require a review with their consultant. After discussion with parents a referral will be made to the Orchard Team (Community Paediatric Nurses) and a joint visit undertaken so care can be handed over for continuing care.

Considerations of service delivery – potential to be compromised

Annual leave: Outreach staff to liaise with each other over staffing rota and annual leave to ensure leave will not be taken together and 7 day service is covered.

Sickness: contact Nurse-in-charge of NNU and inform of sickness and potential duration.

If Outreach Nursery Nurse is on the Nurse in charge of NNU to liaise with them, if not Nurse-in-charge to access neonatal outreach diary and notes

Nurse-in-charge to arrange telephone calls by a qualified member of staff to all booked visits for that day. Assessment should be made over the phone of temperature, feeding regime, bowel and bladder actions and where relevant any NGT issues or home oxygen issues. A visit should be booked for the next available date.

If after telephone assessment a visit is deemed necessary for that day then arrangements should be made for parents/carers to bring baby to the Neonatal Unit for assessment (NGT change/weight)

Telephone conversation and/or visit to be documented in Outreach notes.

Extreme weather: if extreme weather is forecast then Outreach Nurse should plan visits carefully (performing these earlier in the day if possible)

Where visits are not deemed possible or safe then parents/carers should be contacted and telephone assessment made of baby. Where able, re-book the visit or if necessary arrange for local assessment by Health Visitor/GP.

Vehicle Breakdown: Outreach staff to ensure their vehicle used is regularly serviced and maintained and any faults repaired promptly. Staff should have appropriate vehicle breakdown cover.

In the unfortunate event of a breakdown staff should pull over in a safe place and await assistance.

Telephone Neonatal Unit Nurse-in-charge and inform of the situation.

Telephone parents/carers booked for that day and inform of the situation, where possible re-arrange visits for the next available day. If a visit is required for that day (eg NGT change) arrangements should be made for parent/carer to bring baby to NNU.

Lone Worker: Outreach Nurse to adhere to Trust Lone worker policy (WHAT-CG-511)

Where possible arrange visits in daylight hours.

NNU Nurse-in-charge to be informed when leaving and returning to WRH.

Visits for the day to be written in the NNU ward diary with address and postcode.

Ensure mobile phone is fully charged before going out on visits

Ensure lone worker device is fully charged and functioning. Input details of each visit prior to leaving vehicle.

If upon arriving at an address the Outreach Nurse deems the visit to be 'unsafe' arrangements should be made for a 2 person visit on another day or the parent/carer to bring baby to Children's Clinic and meet with Outreach Nurse.

Safeguarding

Please refer to Worcestershire safeguarding children pathway WHAT-TP-037

- Contact police if immediate danger
- Identify and record the facts
- Discuss the concerns with immediate manager and the safeguarding team

- Consider what needs to be shared with the baby's parents/carers regarding the referral

- Telephone the family front door **01905 822 666**
  Emergency duty team **01905 768020**
- Complete the cause for concern notification online
  (email a copy to Worcestershire Safeguarding Team and print a copy for patient records)

Social concerns

NNU/TCU to alert Outreach Nurse to any social concerns and these are to be highlighted on Outreach notes front sheet.

Outreach Nurse to liaise and share information where necessary with other services i.e: Health visitor, midwife, social worker etc.

Document in Outreach notes.

Documentation

Documentation will adhere to the NMC Code (2015) relating to records and Worcestershire WHAT-CRK-08 guidelines.

On admission to Outreach handheld notes will be produced, these will be kept securely in the Outreach office and upon discharge from outreach will be sent for scanning into medical notes.

Outreach handheld notes will be taken on visit to the relevant baby and all visits recorded in these along with the babies red book.

During the day's visits relevant notes will be kept securely in the boot of a locked car and returned to the office at the end of the day.

Audit

Weekly admission/discharge figures will be produced and relayed to the Trust.

Monthly data will be collected on babies visited, weight, days NG feeding, Days Home oxygen etc and presented on a spread sheet.

Yearly audit will be carried out highlighting workload, usage and aim to show improvement in the service.

References

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	Race		
	Ethnic origins (including gypsies and		

	travellers)		
	Nationality		
	Gender		
	Culture		
	Religion or belief		
	Sexual orientation including lesbian, gay and bisexual people		
	Age		
2.	**Is there any evidence that some groups are affected differently?**		
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**		
4.	**Is the impact of the policy/guidance likely to be negative?**		
5.	**If so can the impact be avoided?**		
6.	**What alternatives are there to achieving the policy/guidance without the impact?**		
7.	**Can we reduce the impact by taking different action?**		

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	**Yes/No**
1.	Does the implementation of this document require any additional Capital resources	
2.	Does the implementation of this document require additional revenue	
3.	Does the implementation of this document require additional manpower	
4.	Does the implementation of this document release any manpower costs through a change in practice	
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.