Royal Hospital for Women (RHW)
NEONATAL BUSINESS RULE
COVER SHEET

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SUMMARY	To provide a summary of the discharge process of babies admitted to the newborn care centre
Key Words	Discharge, transfer, newborn, Newborn Care Centre

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NEONATAL BUSINESS RULE

Health
South Eastern Sydney
Local Health District

Neonatal Discharge Process from Royal Hospital for Women

RHW CLIN089

Contents

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RHW CLIN089

1 BACKGROUND

Discharge preparation begins from the first day of the Neonate's admission.[1] Optimal discharge planning is essential to ensure the family feel empowered and prepared when the time for discharge arrives. This practice supports family-centred care.[2]

The discharge planning process involves the multidisciplinary team. This process is tailored to the family and their newborn's specific needs.[3]

The aim of this CBR is to:

- coordinate and facilitate the discharge planning process from the time of admission and,
- ensure appropriate follow-up processes are in place prior to discharge/transfer.

2 RESPONSIBILITIES

2.1 Staff

2.1.1 Medical – to be aware and comply with the discharge/transfer process of neonates admitted to the Newborn Care Centre (NCC) and Posnatal Ward

2.1.2 Nursing/Midwifery - to be aware and comply with the discharge/transfer process of Neonates admitted to the NCC and Postnatal Ward

2.1.3 Pharmacists- to complete medication reconciliation on discharge and dispense discharge medications.

3 PROCEDURE

3.1 Clinical Practice

3.1.1 Neonate being discharged home (Figure 1. Flowchart)

- Neonatal Nurse Practitioner(NNP)/Registrar/Senior Resident Medical Officer(SRMO) to prepare the draft discharge summary (DS) as soon as the discharge planning process is initiated by the team.
- Fellow/consultant to review and finalise the summary as soon as the draft is ready.
- NNP/registrar/SRMO to perform discharge check and complete the Blue Book (My Personal Health Record) preferably within 24 hours prior to discharge and notify the fellow/consultant of any concerns.

- If a medical script is required, NNP/registrar/SRMO/fellow/consultant to write the script and hand over to the discharge planner/team leader, who will hand over to the pharmacist for dispensing.
  - Either pharmacist or NCC staff to have the medication ready in Treatment Room (either in designated area in fridge or in medication cupboard) prior to discharge.
- If a general paediatrician/other specialist is to be involved in the post-discharge care, NNP/registrar/SRMO/fellow/consultant to provide verbal handover prior to discharge.
- NNP/registrar/SRMO/fellow/consultant to write referrals for accepting specialist teams. Please ensure provider number of neonatologist is included in the referrals.
- JMO/discharge planner to ensure the follow-up appointments have been scheduled prior to discharge.
- JMO/discharge planner to review the DS with carer, address any questions raised and amend the discharge summary as necessary.
- Discharge planner/fellow to upload eRIC discharge summary onto Powerchart.
- JMO/fellow/discharge planner to email the final discharge summary to
  - accepting general paediatrician/specialist
  - clinician in-charge who may have referred the neonate to RHW
  - All emails are also to be copied to discharge planner at seslhd-dischargeplannerncc@health.nsw.gov.au.
- Discharge planner/RN to ensure the discharge checklist, the Blue Book (particularly birth details, newborn examination, SWISH test, vitamin K, hepatitis B vaccine +/- other vaccinations) and DS have been completed. Additionally, they should ensure discharge medications are available for parents/carers prior to discharge home.

3.1.2 Neonate transferred to the Postnatal Ward (PNW) (Figure 2. Flowchart)

- All neonates admitted to NCC for ≥24 hours will require a discharge summary. Occasionally, neonates admitted to NCC for <24 hours may need a discharge summary.
- NNP/registrar/SRMO to prepare the draft DS as soon as the transfer is decided by the NCC team.
- Fellow/consultant to review and finalise the discharge summary.
- NNP/registrar/SRMO to examine all neonates before transfer. In addition, the Blue Book (My Personal Health Record) can be completed if neonate is >24hours old.
- Discharge planner to upload the eRIC DS onto eMR (powerchart). If a discharge summary is not warranted a detailed progress note with plan must be documented in eMR by NNP/registrar/ SRMO/fellow.
- If continuing medication outside of NCC, medications must be charted in eMEDS prior to transfer.
- NNP/registrar/SRMO/fellow to handover case to JMO covering PNW prior to transfer.
- If discharge from postnatal ward and discharge medication is required, discharge medication reconciliation should be completed and Prescription Output Version 2 Prescription needs to be generated and printed and sent to pharmacy.

NOTE:

PNW also includes other areas outside of NCC: antenatal ward, birthing unit, and close observation unit.

Neonates admitted for < 24 hours in NCC do not need a discharge summary unless requested by medical team based on multidisciplinary team involvement.

3.1.3 Neonate transferred to the Hospital in The Home (HITH) program (Figure 3. Flowchart)

- Neonates eligible for the HITH program are to be identified by clinicians.*
- Once the neonate is ready to be transferred to HITH:
  - NNP/registrar/SRMO to prepare the interim discharge summary.
  - Follow-up plans and referrals to general paediatricians/specialists must be made prior to transfer to the HITH program. Ensure provider number of neonatologist is included in the referrals.
  - Fellow/consultant to review interim DS prior to transfer to HITH program.
  - JMO/HITH nurse to review the interim DS with carer, address any questions raised and amend the DS as necessary.
  - NNP/registrar/SRMO to perform discharge check and complete the Blue Book (My Personal Health Record) and notify the fellow/consultant of any concerns.
  - If a medical script is required, NNP/registrar/SRMO/fellow/consultant to write the script and hand over to the HITH nurse/team leader who will hand over to the pharmacist for dispensing.
    - Either pharmacist or NCC staff to have the medication ready at the bedside prior to transfer to HITH program.
  - HITH nurse/RN to ensure the Blue Book (particularly birth details, newborn examination, SWISH test, vitamin K, hepatitis B vaccine +/- other vaccinations) and interim discharge summary have been completed, and discharge medications are available for parents/carers prior to transfer to HITH program.
  - NNP/registrar/SRMO to cease medications on eRIC when neonate has been transferred to the HITH program.
  - NNP/registrar/SRMO/fellow/consultant to update final discharge summary when the neonate is discharged from the HITH program.
  - HITH nurse to give a copy of the final discharge summary to carers.
  - When the neonate is discharged from the HITH program, HITH nurse/NNP/JMO/fellow to email the final discharge summary to
    - accepting general paediatrician/specialists who will be involved in the post-discharge care
    - clinician in-charge who may have referred the neonate to RHW.
    - All emails are to be copied to discharge planner at seslhd-dischargeplannerncc@health.nsw.gov.au.

NOTE:

Please refer to RHW LOP “HITH Service and Care Coordination” for full information on process and of model of care. Neonates under the HITH program may be re-admitted in the NCC unit for any clinical concern or screening procedures.

3.1.4 Neonate transferred to other hospital (Figure 4. Flowchart)

- NCC team to inform the parents/carers about the transfer of the neonate.
- NNP/registrar/SRMO/fellow/consultant to provide verbal/visual handover to a senior medical officer of the receiving hospital and ensure formal acceptance of the neonate.
- Once the medical team accepts care, discharge planner/team leader/Nurse Unit Manager to liaise with nursing team at the receiving hospital for bed availability and book inter-hospital transfer on patient flow portal (PFP).
- NCC team to collect surveillance swabs for multi-resistant organisms (MROs), preferably within 24 hours of transfer or as per receiving hospital policy.
- NNP/registrar/SRMO to prepare the draft DS as soon as the transfer is decided by the NCC team.
- NNP/registrar/SRMO to perform discharge check and complete all appropriate sections of the Blue Book (My Personal Health Record) preferably within 24 hours prior to transfer to other hospital and notify the fellow/consultant of any concerns.
- Fellow/consultant to review and finalise the discharge summary.
- JMO/discharge planner to review the DS with carer, address any questions raised and amend the summary as necessary.
- Discharge planner/RN to ensure the discharge checklist is complete, and relevant sections of the Blue Book are filled in (particularly birth details, newborn examination, SWISH test, vitamin K, hepatitis B vaccine +/- other vaccinations).
- On the day of transfer
  - NNP/registrar/SRMO/fellow/consultant to ensure the receiving consultant/team of the day is updated
  - RN to handover to receiving nurse on nursing care.
- JMO/fellow/discharge planner to ensure two copies of the final discharge summary go with the neonate and a copy is emailed to
  - accepting general paediatrician/specialist
  - clinician in-charge who may have referred the neonate to RHW.
  - All emails are also to be copied to discharge planner at seslhd-dischargeplannerncc@health.nsw.gov.au.
- Discharge planner/team leader to complete
  - eRIC to eRIC transfer section if being transferred to another eRIC using facility
  - complete nursing discharge summary on eRIC immediately prior to transfer.

NOTE:

The Blue Book must be updated and accompanied with neonate at the time of transfer to another hospital.

3.2 Documentation

- eRIC
- eMEDS (Neonates transferred to postnatal ward only)
- POV2 Prescriptions (for Neonates in Postnatal Ward Only)
- eMaternity
- Register of Congeintal Conditions (ROCC)- Notifications via eMaternity

3.3 CBR Implementation Plan

The revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and understood the revised CBR. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access it.

3.4 Abbreviations

NNP	Neonatal Nurse Practitioner	SRMO	Senior Registered Medical Officer
DS	Discharge Summary	PNW	Post Natal Ward
eMR	Electronic Medical Record	eMEDS	Electronic Medication Management System
HITH	Hospital in the Home	PFP	Patient Flow Portal
MROs	Multi- resistant Organisms	ROCC	Register of Congeintal Conditions

3.5 Related Policies/procedures

- RHW NCC Medical LOP - Hospital in the Home (HITH) service and coordination
- SESLHDPR/743 Dispensing of Medications for Patient-Take Home Use using paper prescription generated by eMEDS(Prescription Output Version 2)

3.6 References

1. Padratzik HC, Love K. NICU discharge preparation and transition planning: foreword. Journal of Perinatology. 2022;42:3-4.
2. Gooding JS, Cooper LG, Blaine AI, et al. Family Support and Family-Centered Care in the Neonatal Intensive Care Unit: Origins, Advances, Impact. Seminars in Perinatology. 2011;35(1):20-28.
3. Smith VC, Love K, Goyer E. NICU discharge preparation and transition planning: guidelines and recommendations. Journal of Perinatology.2022;42:7-21.
4. NSW Health and Social Policy. Guideline: Maternity and Neonatal Service Capability. Ministry of Health; NSW Government. 2022; 37pp.

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.

- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6 NATIONAL STANDARDS

- Standard 1 Clinical Governance
- Standard 2 Partnering with Consumers
- Standard 3 Preventing and Controlling Infections
- Standard 4 Medication Safety
- Standard 5 Comprehensive Care
- Standard 6 Communicating for Safety

7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
24/05/2024	1	G Tinoco Mendoza (Fellow), SJ Tapawan (CMO), M Daly (CNS), R Macpherson (CNS), J Cross (RN), E Jozsa (CNS), R Jackson (NE), A Scott-Murphy (NUM), N Haywood (RN), K Lindrea (CNC), R Prasad (Fellow), T Parmar (Fellow), J Smyth(Neonatologist), S Bolisetty (Neonatologist), Endorsed by NCC CBR Committee
23.9.24	1	Endorsed BRGC

Figure 1. FLOWCHART FOR NEONATES BEING DISCHARGED HOME FROM NEWBORN CARE CENTRE (ALL PATHWAYS ARE TO BE COMPLETED)

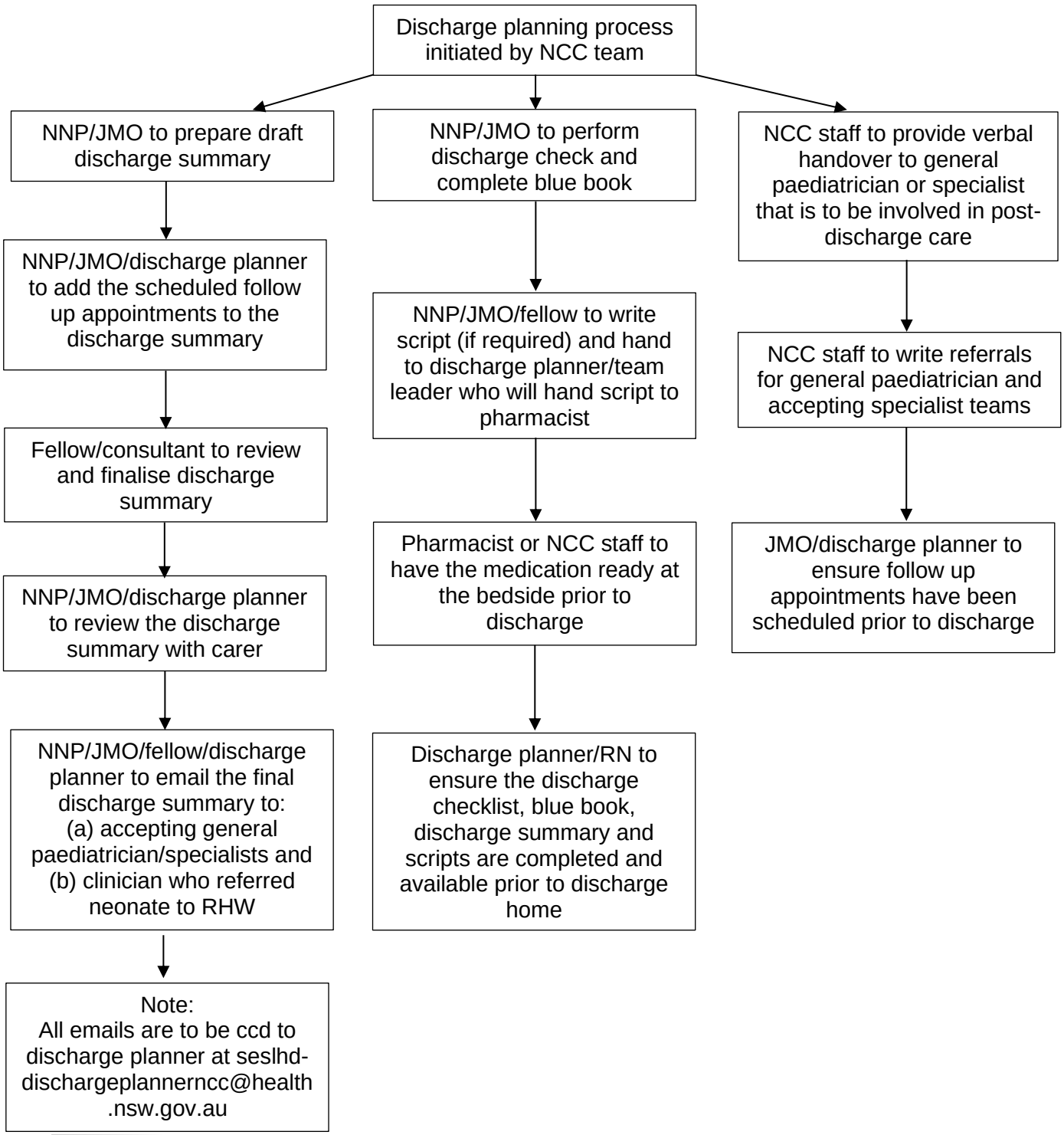

Figure 2. FLOWCHART FOR NEONATES TRANSFERRED TO POSTNATAL WARD (ALL PATHWAYS ARE TO BE COMPLETED)

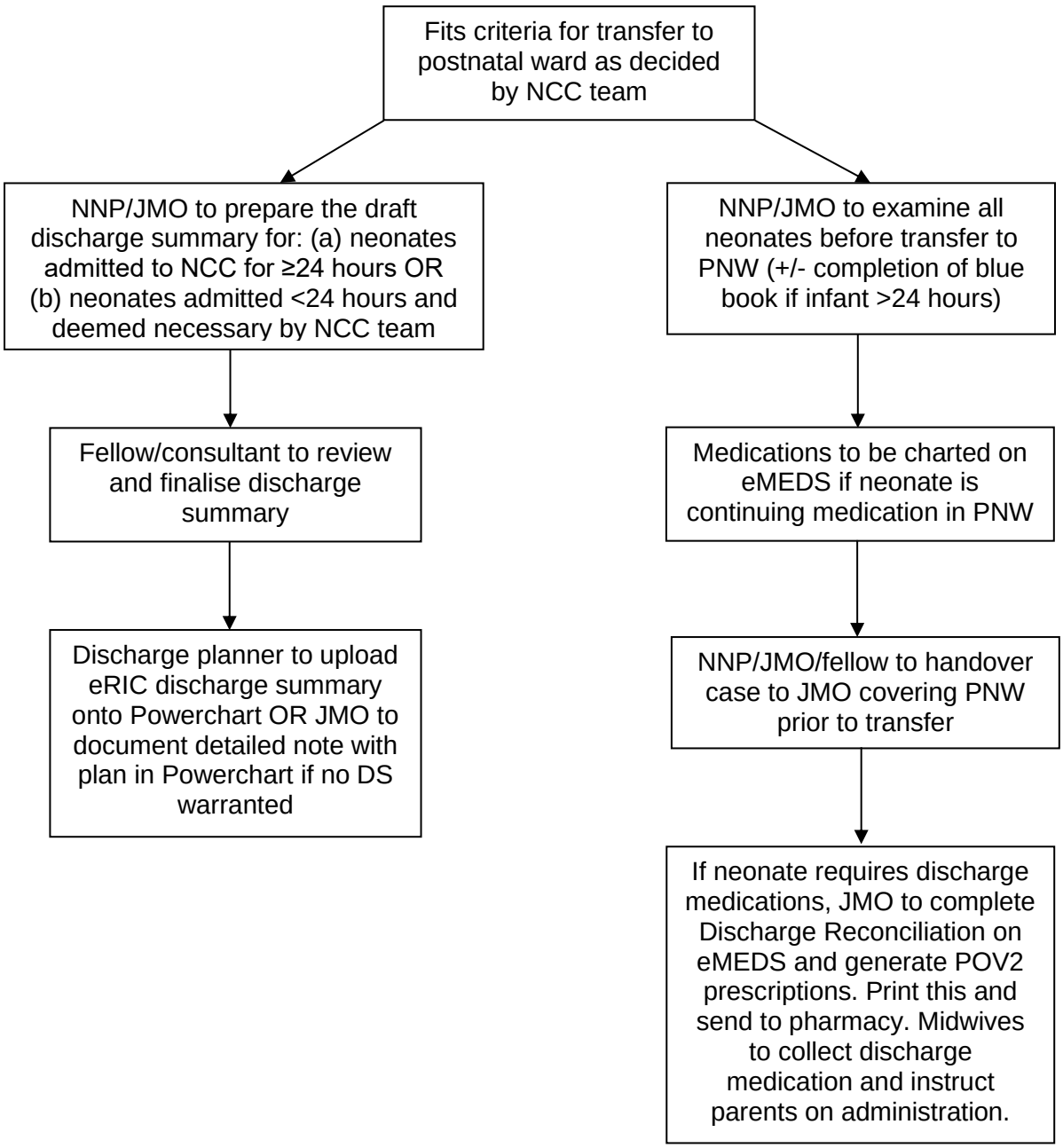

Figure 3. FLOWCHART FOR NEONATES TRANSFERRED TO HOSPITAL IN THE HOME (HITH) PROGRAM (ALL PATHWAYS ARE TO BE COMPLETED)

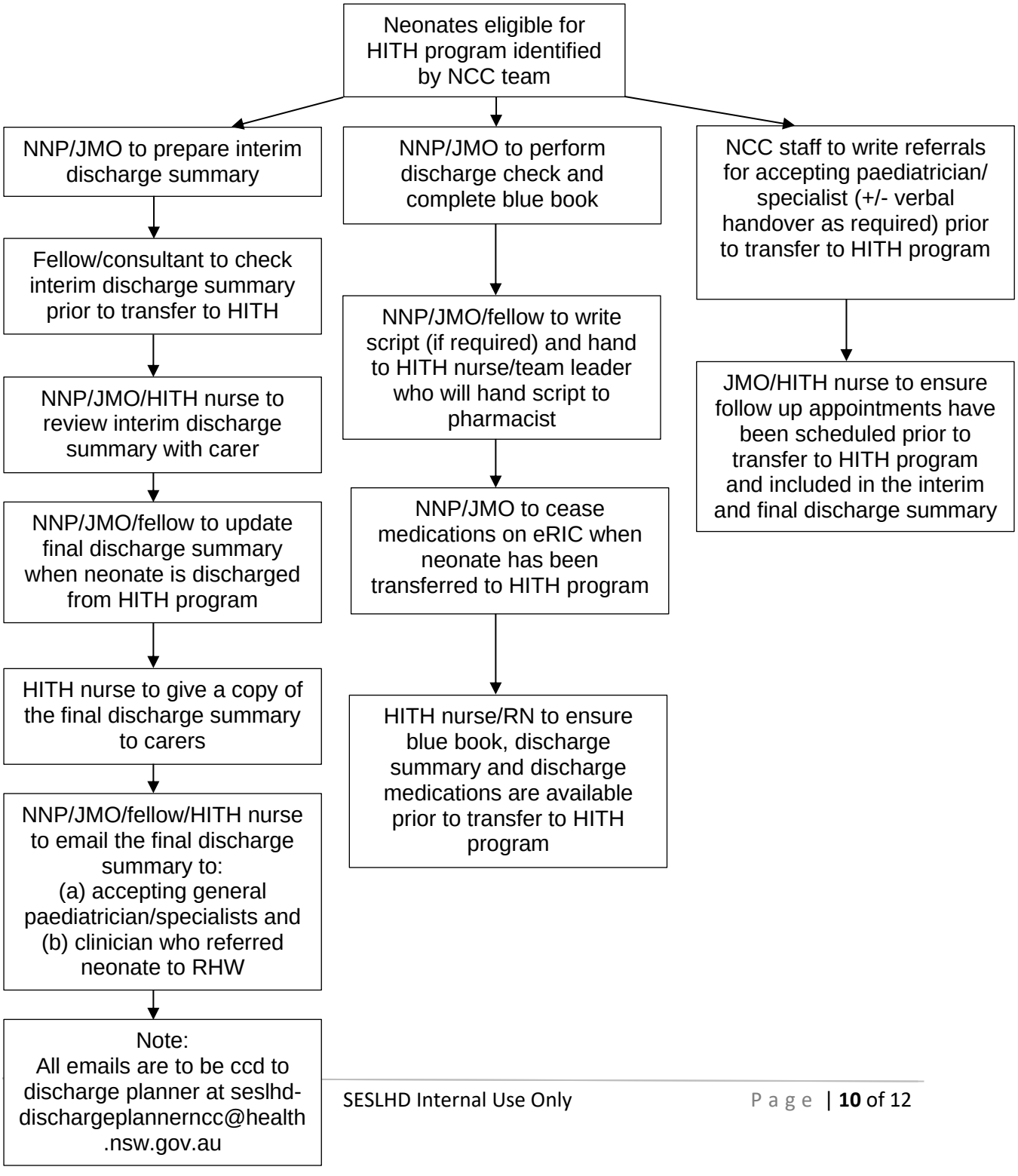

Figure 4. FLOWCHART FOR NEONATES TRANSFERRED TO OTHER HOSPITAL (ALL PATHWAYS ARE TO BE COMPLETED)