

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



**Health**  
South Eastern Sydney  
Local Health District

**Ref: T25/38502**

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<b>SUMMARY</b>	A Hospital in the Home (HITH) model of care provided by the NCC aimed at guiding the management of care of eligible neonates in the home environment by parents.
<b>Key Words</b>	Hospital In The Home care, HITH, eligibility criteria, nasogastric tube, sucking feeds, medication administration, monitoring growth

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*Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.*

## 1 BACKGROUND

The aim of this CBR is to guide clinicians of the coordination of care and advice for parents who are eligible for the Hospital in the Home (HITH) program. It includes the monitoring of growth, breast feeding, bottle feeding and nasogastric tube (NGT) feeding to transition full sucking feeds.

The program aims to reduce the inpatient hospital length of stay, parental anxiety and parent-neonate separation.

## 2 RESPONSIBILITIES

### 2.1 Staff

- 2.1.1 NCC Medical – identify neonates who are eligible for HITH, liaise with HITH Co-ordinator and multi-disciplinary team for the continuation of care and discharge planning, complete discharge process including discharge summary
- 2.1.2 NCC HITH Co-Ordinator- identify neonates who are eligible for HITH, liaise with multi-disciplinary team for the continuation of care and discharge planning, provide education and support to parent/carers in hospital and at home, monitor feeding, growth and neonates condition at home, escalate care as required.
- 2.1.3 NCC Nursing – identify neonates who are eligible for HITH, liaise with multi-disciplinary team for the continuation of care and discharge planning, provide education and support to parent/carers in hospital.
- 2.1.4 RHW Pharmacy- dispense discharge medications.
- 2.1.5 Multi-disciplinary team (speech pathologist, dietician, physio)- liaise with NCC HITH co-ordinator and medical team for the continuation of care and discharge planning of

neonates, provide education and support to parent/carers in hospital, follow up neonates after discharge from HITH.

### 3 PROCEDURE

#### 3.1 Equipment

##### 3.2 HITH nurse suitcase

- 5mL and 10mL feeding syringes and caps
- NGT size 5Fg X2
- No-Sting barrier film
- Adhesive removal
- Adhesive tape
- Duoderm
- pH strips
- Scissors
- Ambu bag, including medium & large face mask
- Gloves
- Hand sanitiser
- Sanitising wipes for equipment

##### 3.1.2 Electronic devices

- Smartphone
- Laptop with data SIM card for internet connectivity

##### 3.1.3 Vehicle access

- Own car
- Pool cars if available
- Uber as a back-up option (Local Health District [LHD] account/credit card enabled), in line with LHD protocol

##### 3.1.4 Parents' pack

- 60mL, 10mL or 5 mL and 1 mL feeding syringes
- Syringe caps
- NGT size 5Fg X2
- No-Sting barrier film
- Adhesive removal
- Adhesive tape
- Duoderm
- pH strips
- Scissors
- Measuring tape

- 50mL bottles with Narrow neck X5
- Narrow neck slow flow teats (i.e. Pigeon) X5
- Parent's booklet
- Hospital In The Home - Neonatal Home Feeding Plan SES060479

### 3.1.5 Loan items for parents

- iPad for twins
- Hospital grade breast pump if required
- Digital neonatal weighing scales
- WelchAllyn Thermometer with probe cover

## 3.3 Clinical Practice

### 3.2.1 Eligibility criteria

- Location
  - the family lives within the catchment area (Appendix A)
- Neonate
  - clinically stable not requiring cardiorespiratory or oxygen saturation monitoring
  - is on 40% or greater enteral feeds as suck feeds
  - maintaining body temperature in an open cot
  - gaining weight consistently
  - $\geq 35$  weeks gestational age (although outliers may be considered on a case-by-case basis)
- Parents
  - actively involved in neonate's care during hospital stay
  - Able to provide care in the home setting in collaboration with HITH Co-Ordinator

#### Note

The HITH program is not suitable for Medicare ineligible families.

As part of the public health model of care, private patients that are Medicare eligible can convert back to public patient status to gain access to the program.

### 3.2.2 Planning and preparation of transfer

- Engage the family to offer the HITH program.
  - Provide parents with the HITH information leaflet
  - Explain and witness the signing of the Consent for Paediatric Hospital in the Home (HITH) Care Form SMR020045 (Appendix B) to parents
- Set expectations with parents:
  - Twice weekly home visits
  - Weekly replenishment of stock of disposable feeding equipment
  - Daily phone conversation with parent/carers, including weekends
  - Update of multidisciplinary team as part of Level 2 ward rounds

- Provide parents with training and information on neonate's medications
- Refer neonate to HITH via eMR.
- Provide parents with the HITH App access.

### 3.2.3 Prior to transfer of care from NCC to home

- Ensure that the Newborn Examination section of My Personal Health Record (Blue Book) is completed and file the green 55 page in neonate's medical record.
- Ensure that an interim discharge summary is provided to the parent/carers.
- Confirm home address and parking availability.
- Schedule and confirm the first home visit.
- Discuss the need for NCC review if clinically necessary with parents; to be scheduled in consultation with on-duty neonatologist.
- Ensure medication supply is prescribed and dispensed to parent/carers from the pharmacy.
- Provide parents with HITH pack.
- Ensure that the HITH app is functional.
- Ensure the Breast Pump Loan Agreement form NHSIS1166 (Appendix C) is completed.
- Transfer of neonate to HITH virtual ward in eRIC medical record.

### 3.2.4 Daily check-in with parent/carers

- See Model of Care (Table 2)
- Facilitate phone consults with HITH Co-ordinator/NUM/Medical Team
- Review and discuss the following during consults
  - Neonate's general health and wellbeing
  - Feeding progress and any challenges or specific concerns about the neonate's progress
- Discuss the next review, home visit, phone consult or NCC appointment and confirm details

### 3.2.5 Home visit by HITH Co-Ordinator

- See Model of Care (Table 2).
- Complete a mandatory Site Visit Risk Assessment via eMR on the first visit.
- Ensure home supply equipment is checked and replaced to bring to the visit.
- Assess neonate.
- Measure and document the neonate's weight, length and head circumference weekly.
- Assess the neonate's feeding pattern through review and discuss with parent/carers, including feeding challenges.
- Revise the Hospital In The Home - Neonatal Home Feeding Plan SES060479 (Appendix D) with parent/carers.
- Change the NGT weekly and remove when no longer required.
- Document the visit in eRIC.

**Table 2 - Model of Care**

**Note**

If the neonate requires additional specialist follow up consults (i.e. Retinopathy of Prematurity screening or surgical review), liaise with multi-disciplinary team to coordinate a suitable time in NCC.

What	Duration	Who	When	How
Daily check	15 minutes	Clinical multidisciplinary team	Daily	Phone call
Home visit	60 minutes	HITH Co-ordinator	2 visits per week or as required	In person at home
NCC appointment	15 – 60 minutes	Medical Officer and multidisciplinary team	As required by medical condition	In person in NCC

### 3.2.6 Preparation for discharge from HITH

- Medical Officer and HITH Co-ordinator to confirm that the neonate is ready to be discharged from the program
  - Weigh neonate, measure length and head circumference and record in My Personal Health Record (Blue Book)
  - Liaise with medical team to organise follow up appointments and obtain a medical discharge summary
- Final Home Visit
  - Collect loan equipment
  - Complete My Personal Health Record (Blue Book) discharge section and file the green page 53 in neonate's medical record.
  - Discuss the details of the medical discharge summary with parents
  - Inform parents that they can seek support from NCC after discharge from the program
- Advise the Ward Clerk to discharge neonate from the HITH virtual ward and NICUS database.

### 3.4 Documentation

- eRIC
- eMR HITH Transfer Form (eMR HITH tab under AdHoc)
- eMR HITH Site Visit Risk Assessment
- Consent for Paediatric Hospital in the Home (HITH) Care (NSW Health (SMR020045))
- Hospital In The Home - Neonatal Home Feeding Plan (SES060479)
- Breast Pump Loan Agreement (NHSIS1166)

- NICUS Database

### 3.5 Abbreviations

HITH	Hospital in the Home	NGT	Nasogastric Tube
LHD	Local Health District		

### 3.6 Related Policies/procedures

- RHW NCC CBR- Discharge Process - Neonate
- RHW NCC CBR- Intragastric tube insertion and Maintenance
- RHW NCC CBR- Silastic Tubes (Gastric Insertion)
- MoH- NSW Health Guideline GL2018\_020 – Adult and Paediatric Hospital in the Home
- SESLHD Procedure SESLHDPR/667 – Breastfeeding – Modified Latch Assessment Tool for Babies admitted to Neonatal Intensive Care Unit or Special Care Nursery
- SESLHD Guideline SESLHDDGL/081 – Expression and Safe Management of Expressed Breast Milk

### 3.7 References

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3. Holm KG, Clemensen J, Brødsgaard A, et al. Growth and breastfeeding of preterm neonates receiving neonatal tele-homecare compared to hospital-based care. J Neonatal Perinatal Med. 2019;12:277-84.
- Meerlo-Habing ZE, Kusters-Boes EA, Klip H, et al. Early discharge with tube feeding at home for preterm neonates is associated with longer duration of breast feeding. Arch Dis Child Fetal Neonatal Ed. 2009;94:F294-7.
4. Toral-López I, Fernández-Alcántara M, González-Carrión P, et al. Needs Perceived by Parents of Preterm Neonates: Integrating Care Into the Early Discharge Process. J Pediatr Nurs. 2016;31:e99-108 Remove any references that are no longer relevant or no longer used when LOP updated

## 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 4 Medication Safety
- Standard 6 Communicating for Safety

## 7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
9.11.2021	1	KB Lindrea (CNC), P Everitt (Lactation CNC), S Wise (Nursing Co-Director), J Blaeck (NUM), S Neale (NE), C Walter (CNE), S Mathew (CNS), A Summers (Consumer Representative), M Ward (Staff Specialist Neonatologist)
12/11/2024 22.05.2025	2	E Jozsa (CNS) Endorsed NCC CBR Committee


## Appendix A Eligibility to HITH by Location

### Hospital In The Home (HITH) (Neonate)

**RHW CLIN149**

SUBURB	POSTCODE	SUBURB	POSTCODE	SUBURB	POSTCODE
Alexandria	2015	Erskineville	2043	Rushcutters Bay	2011
Banksmeadow	2019	Hillsdale	2036	Surry Hills	2010
Barangaroo	2000	Haymarket	2000	Tamarama	2026
Beaconsfield	2015	Kings Cross	2011	The Rocks	2000
Bellevue Hill	2023	Kingsford	2033	Vaucluse	2030
Bondi	2026	La Perouse	2036	Waterloo	2017
Bondi North		Little Bay	2036	Watsons Bay	2030
Bondi Junction	2022	Malabar	2036	Waverly	2024
Bondi Beach		Maroubra	2035	Woollahra	2025
Botany	2019	Maroubra Bay		Woolloomooloo	2010
Bronte	2024	Maroubra Jun		Zetland	2017
Centennial Park	2021	Maroubra South			
Chifley	2036	Mascot	2020		
Coogee	2034	Matraville	2036		
Coogee South		Millers Point	2000		
Clovelly	2031	Paddington	2021		
Daceyville	2032	Pagewood	2035		
Darlinghurst	2010	Phillip Bay	2035		
Darling Point	2027	Potts Point	2011		
Double Bay	2028	Pymont	2009		
Dover Heights	2030	Queens Park	2022		
Eastgardens	2036	Randwick	2031		
Eastlakes	2018	Rosebery	2017		
Edgecliff	2027	Rose Bay	2029		
Elizabeth Bay	2011	Rose Bay North	2030		

## Appendix B Consent for Paediatric Hospital in the Home (HITH) Care Form SMR02004

 <b>NSW Health</b>	FAMILY NAME		MRN	
	GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	D.O.B. ____/____/____		M.O.	
	ADDRESS			
Facility:				
<b>CONSENT FOR PAEDIATRIC HOSPITAL IN THE HOME (HITH) CARE</b> (For all patients less than 16 years of age)				
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL				
<b>PROVISION OF INFORMATION TO PATIENT/PARENT/GUARDIAN</b>				
I, _____, have discussed with this patient's parent/guardian the option of Hospital in the Home (HITH) care for the patient to receive medical and nursing care as needed, under the safe guidance of _____ hospital, including the following proposed procedure/treatment: _____ Insert name of health professional Insert name of hospital Insert site name and reasons for procedure or treatment; do not use abbreviations				
I have informed this parent/guardian of the matters detailed below including the nature, benefits, risks and material risks of the proposed procedure of treatment.				
Signature of health professional _____ Date ____/____/20____ Time _____				
<b>Interpreter Use Only</b> Signature: _____ Interpreter Name: _____ Date: ____/____/____				
<b>PARENT/GUARDIAN CONSENT</b>				
I have discussed with the health professional named above, the proposed condition and treatment options, including the option of Paediatric Hospital in the Home (HITH) care.				
• I understand that HITH does not provide the routine everyday care of my child e.g. feeding, laundry. • I agree to seek advice or assistance from the appropriate people in the HITH service, if there is a change in my child's condition, or if I am concerned about any aspect of their management as per my child's health care team's instructions. • I understand that my child's care may require the administration of intravenous (through the blood vessel) medication, and agree to take responsibility for management of my child's venous access device (tube in the vein) in the absence of HITH staff based on instructions I have been provided. • If my child's file is kept in my home, I agree to make it readily available to HITH health care professionals as required under the HITH program. • I understand that my child's file remains the property of my Local Health District and I agree to return it when they cease to receive treatment. <i>Note: This file will contain confidential information, please ensure file is stored appropriately to maintain privacy and security.</i> • I agree to storing medication as instructed, in particular for medications that must be kept in the fridge until ready to use. • I understand a home visit risk assessment will be undertaken prior to home visits.				
<b>DAILY HOSPITAL CARE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A • I agree to attend the medical clinic at arranged times for my child's appointments.				
<b>DAILY CARE AT HOME</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A • I agree to present or have another responsible adult (over 18 years) present during all HITH visits and to assist staff with the care of my child. • I agree to allow safe access to my home for the purpose of treatment of my child. • I agree to inform HITH of my address to the hospital security service for the purpose of staff security. I agree to inform HITH if I plan to not be at home at the agreed time. I understand that if my child is not at home for a scheduled HITH visit then HITH staff will investigate the absence to ensure patient safety.				
Signature of parent/guardian _____ Date ____/____/20____ Print name of parent/guardian _____				
<b>PATIENT/PARENT/GUARDIAN CONSENT</b>				
I understand the nature of the treatment to be provided in HITH and that undergoing the treatment carries risks. I have had the opportunity to ask questions and I am satisfied with the explanation. I understand that I may withdraw my consent for HITH and the patient may be readmitted to hospital for remaining treatment. I consent to Hospital in the Home (HITH) care as described above for				
Insert name of patient _____				
Signature of 'mature minor' (optional) _____ Date ____/____/20____ Print name of 'mature minor' _____				
Signature of parent/guardian _____ Date ____/____/20____ Print name of parent/guardian _____				
Address where child will be receiving for HITH and where care is to be provided _____				
<b>DELETE IF NOT REQUIRED</b> <i>This part must be countersigned by your healthcare professional if retained</i> While I consent to the above treatment, after discussing this matter with the health professional, I refuse consent to have the following aspects of the recommended treatment: _____ Insert objection _____				
Parent/guardian's signature _____ Health professional's signature _____				

## Appendix C Breast Pump Loan Agreement form NHSIS1166

[illegible]

## Appendix D Neonatal Home Feeding Plan SES060479

[illegible]