

SESLHD POLICY COVER SHEET



Health
South Eastern Sydney
Local Health District

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1. POLICY STATEMENT

Neonatal bed demand in South Eastern Sydney Local Health District (SESLHD) refers to situations where high bed occupancy levels and/or acuity, and/or staffing deficits threaten the safe continuation of services within the Neonatal Intensive Care Unit (NICU) at Royal Hospital for Women (RHW).

2. AIMS

This policy supports the provision of high quality, safe and timely care for newborns who will ideally will be located as close to home as possible.

The aim of this policy is to establish a shared and consistent understanding of demand for services and to outline appropriate responses to changing service demands. This requires effective communication and collaboration across SESLHD.

3. TARGET AUDIENCE

Neonatal NUM's
Birthing Services MUM's
NICU Team Leaders
Medical Staff, Neonatal and Obstetric
Access Demand Manager
After Hours Nurse/Midwifery Manager

4. RESPONSIBILITIES

A consistent high standard of communication amongst all stakeholders will enhance the seamless provision of critical neonatal services across SESLHD.

5. DEFINITIONS

Funded bed numbers - RHW NICU currently has 16 Intensive Care Beds and 28 Special Care Nursery (SCN) beds; St George Hospital (SGH) >32 weeks 12 beds; The Sutherland Hospital (TSH) >34 weeks 4 beds.

Bed numbers for determining occupancy - the number of staffed inpatient beds that are available for patient use.

Over census bed - a bed that is used that is over the number of funded beds available. An over census bed is only available if there is physical bed space available. For a NICU bed, this will require conversion of a SCN bed space into a NICU bed space resulting in a decrease in capacity of SCN by 3 bed spaces.

6. NICU TRIGGERS

Key triggers for capacity are; bed availability, predicted discharges to postnatal ward or home, transfers back to local hospitals, acuity of patients and available staff.

The RHW NICU is part of the NSW Health state wide Perinatal Services Network and includes the Perinatal and Paediatric Resources System (PPRS) which is a NSW state wide database showing currently available neonatal beds.

- **GREEN** (accepting admissions from anywhere)
- **AMBER** (restricted, will negotiate admissions)
- **RED** (closed and unable to accept admissions)

7. ESCALATION TABLE

Status		Action	Responsibility	Outcome
GREEN	Demand Access Escalation Level 1 <i>Beds available</i>	<ul style="list-style-type: none"> • No action necessary 	<ul style="list-style-type: none"> • N/A 	
AMBER	<p>Demand Access Escalation Level 2 <i>Beds restricted, will negotiate admissions</i></p> <p>Consideration given to:</p> <ul style="list-style-type: none"> • Impending admissions/transfers • Acuity in the NICU • Staffing/skill mix availability • NICU capacity across the State • No cases to be refused without consultation with Neonatal consultant in cases where it is anticipated a neonatal bed is required 	<ul style="list-style-type: none"> • Update PPRS to reflect status • Review/optimize nurse:patient ratios • Consider use of SCN bed space for NICU admission • Identify non local NICU patients that may be able to transfer to another NICU closer to residence • Address “exit block” in SCN and identify patients that may be suitable to transfer back to local SCN 	<ul style="list-style-type: none"> • Neonatologist on service for NICU • Nurse/Midwifery Unit Manager, NCC & Birthing Services • Team Leader, NCC & Birthing Services • Access Demand Manager • After Hours Nurse Manager (AHNM) • Medical and Nursing Co-Director, Neonatal Services 	<ul style="list-style-type: none"> • Successful identification and transfer of suitable patients back to local SCN • Conversion of SCN bed space to NICU space • Adequate staffing and skill mix to cover increased demand

SESLHD POLICY

Neonatal Services Demand Management and Escalation Plan

SESLHDPD/304

Status		Action	Responsibility	Outcome
RED	<p>Demand Access Escalation Level 3 <i>Closed and unable to accept admissions</i></p> <p>Consideration given to:</p> <ul style="list-style-type: none"> • Impending admissions/transfers • Acuity in the NICU • Equipment availability • Staffing/skill mix availability • NICU capacity across the State • No cases to be refused without consultation with Neonatal consultant in cases where it is anticipated a neonatal bed is required 	<ul style="list-style-type: none"> • Update PPRS to reflect status • Review/optimize nurse:patient ratios • Divert expected admission/transfer to an available bed in a GREEN unit • Use of SCN bed space for NICU admission • Identify non local NICU patients that may be able to transfer to another NICU closer to residence • Identify suitable patients to transfer to Sydney Children's Hospital (SCH) • Address "exit block" in SCN and identify patients that may be suitable to transfer back to local SCN. • Notify General Manager (GM) • Nursing overtime may need to be considered 	<ul style="list-style-type: none"> • Neonatologist on service for NICU • Obstetric Consultant • Nurse/Midwifery Unit Manager, NCC & Birthing Services • Team Leader, NCC & Birthing Services • Demand Access Manager • AHNM • Medical and Nursing Co-Director, Neonatal Services 	<ul style="list-style-type: none"> • Successful diversion of potential admission to available GREEN unit • Conversion of SCN bed space to NICU space • Adequate staffing and skill mix to cover increased demand • Overtime shift (if required) filled successfully

- **Borderline viability cases will be discussed on an individual basis – see Time Critical In-utero Transfers within SESLHD as a reference**

SESLHD POLICY

Neonatal Services Demand Management and Escalation Plan

SESLHDPD/304

8. LHD HOSPITAL STATUS FOR ACCEPTING BACK TRANSFERS TABLE

Hospital	SCN Phone Number	Gestation	Weight	Feeding	Funded Beds
Royal Hospital for Women	9382 6160	All	All	All	16 NICU 28 SCN
St George Hospital	9113 2558	Clinically stable as per capacity framework	Clinically stable as per capacity framework	All, except TPN	12 SCN
The Sutherland Hospital	9540 7994	Clinically stable as per capacity framework	Clinically stable as per capacity framework	All, except TPN	4 SCN
Prince of Wales Private Hospital	9650 4490	>32/40	N/A	IGT, IVT	9 SCN
St George Private Hospital	9598 5345	>32/40 if stable	As per Paediatrician	IGT	10 SCN
Hurstville Private Hospital	9579 7735	>32/40 if stable	As per Paediatrician	IGT	10 SCN
Kareena Private Hospital	9717 0220	>32/40 if stable	N/A	IGT	6 SCN
Wollongong Hospital	4253 4246	Clinically stable as per capacity framework	Clinically stable as per capacity framework	All, except TPN	14 SCN
Shoalhaven Hospital	4423 9387	Clinically stable as per capacity framework	Clinically stable as per capacity framework	IGT	4 SCN
Wollongong Private Hospital	4286 1266 4286 1000	Based on Stability	Based on Stability	IGT	6 SCN

9. DOCUMENTATION

Regular electronic updating of PPRS

Neonatal Services Demand Management and Escalation Plan**SESLHDPD/304****10. REFERENCES**

[SESLHDPD/302 Time Critical In-utero Transfers at Borderline Gestations within SESLHD](#)

[The Royal Hospital for Women Clinical Business Rule Demand Access Escalation](#)

[NSW Ministry of Health Guideline GL2016_018 Maternity and Neonatal Service Capability Framework](#)

[The Sydney Children's Hospital Network Demand Management and Escalation Plan Policy](#)

[South Western Sydney Local Health District - Demand Management and Escalation Plan for Neonatal Intensive Care Service Policy](#)

[King Edward Memorial Hospital \(Western Australia\) Neonatal Bed Demand Management Policy](#)

11. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
August 2017	Draft	Sally Wise, Nursing Clinical Co-Director, Neonatal Services, RHW
June 2018	1	Neonatal Steering Committee SESLHD
June 2018	1	Endorsed by Executive Sponsor
July 2018	1	Endorsed by SESLHD Clinical and Quality Council