GUIDELINE

Home Visiting Nurse Service

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations.

Read the full statement here:
CAHS Child Safe Organisation Commitment Statement

This document should be read in conjunction with this disclaimer

Aim

The Home Visiting Nurse (HVN) Service aims to support the transition from hospital to home for infants discharged from the Neonatal Units within CAHS.

Risk

Patients who are eligible for the service but do not receive support are at risk of missed health promotion opportunity and linkage with key community services.

Key points

Inclusion Criteria

- Babies born <35 weeks and/or <1800gms and;
- Babies identified by Consultant Neonatologist in consultation with Clinical Nurse Consultants (CNC) as needing HVN Service for a specific clinical reason.
- For home visits, patient address must be within a 35km radius of Subiaco (see Appendix 1).
- If the patient's home address is outside the visiting catchment, the patient can be followed up via telehealth appointment
- Patients discharged from other hospitals within 7 days of transfer from PCH or KEMH Neonatal Units (patients discharged >7 days post transfer do not meet HVN Service criteria).

Process

- Patients are identified by the bedside nurse, HVN, Consultant Neonatologist or CNC in relation to inclusion criteria above.
- Referral to HVN service should be made as soon as the patient is identified as meeting the HVN Service criteria (i.e. on admission or relevant clinical need). The HVN commences the Home Visting Referral and Assessment MR254.00
- Once HVN has reviewed the patient and confirmed eligibility, the HVN meets with parents/carers and completes a risk assessment for the home visit which is documented on the Home and Community Visit Risk Assessment MR255.04. This can also be done by the bedside nurse. See Appendix 2 for HVN safety process. Risks identified are to be escalated to the CNC and social worker to discuss feasibility of a home visit.
- Prior to discharge, the patient's nurse completes the MR254.00 and places in the designated area for submission:
    - KEMH:
        - 2West, designated file located at the nurse's station
        - HDU or SCN2 designated file at NICU reception.
    - PCH: Scan and e-mail the referral to CAHS.NeonatologyHomeVisiting@health.wa.gov.au and place the original in the internal mail.
- Visits and/or ongoing contact are scheduled by the HVN as required.
- Patients usually have 2 visits (if residing within the visiting catchment) or 2 calls (if residing outside of the visiting catchment) before the HVN hands over care to the Child Health Nurse (CHN). The frequency and number of visits and calls are decided on a need's basis.
- Parents calling the home visiting nurse mobile out of hours will be directed to leave a message or if urgent to call emergency services.
- Staff on 2 West can leave a message in the Home Visiting diary to communicate discharge to home.

Inter-Hospital Transfers

Patients that have been transferred to peripheral hospitals for on-going care may still be followed up if discharged within 7 days of transfer. An MR254 must be completed at the time of transfer and placed in HVN file. (This includes infants transferred to PCH).

Related CAHS internal policies, procedures and guidelines
Neonatology Guidelines • Discharge Process: Medical and Nursing Responsibility CAHS Policy • Home and Community Visits

Useful resources (including related forms)
• Home Visting Referral and Assessment MR254.00 • Home and Community Visit Risk Assessment MR255.04

This document can be made available in alternative formats on request.

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Reviewer / Team:	Neonatology Coordinating Group		
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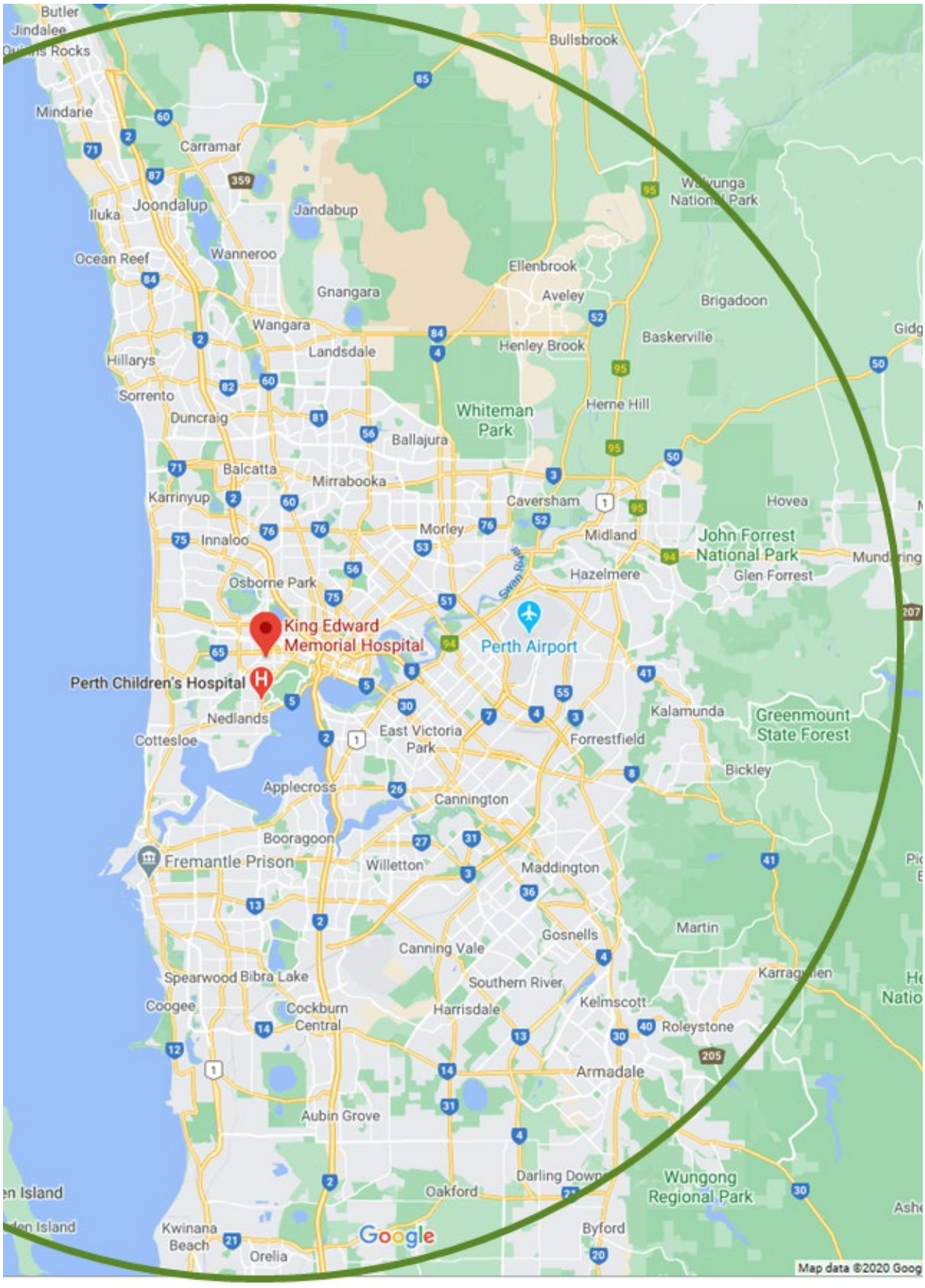
Healthy kids, healthy communities

Compassion | Excellence | Collaboration | Accountability | Equity | Respect

Appendix 1: Home Visiting Nurse 35 km Metro Radius



Appendix 2: Home Visiting Nurse Safety Process

- The HVN or bedside nurse will complete a risk assessment with the family prior to a home visit and document on the Home and Community Visit Risk Assessment MR255.04
- The HVN will wear the duress device at all times during work related activity.
- Follow-up Clinical Nurse Consultant (CNC) will have access to the HVN schedule for oversight of safety processes. King Edward Area Manager is informed when CNC not available.
- HVN will call/text the follow-up CNC or Area Manager mobile on return to the hospital after the last visit for the day. Acknowledgement of text must be received. If contact is not received within 1 hour of last home visit the following escalation should occur:
    - Try to contact the HVN via work mobile and personal contact phone number respectively.
    - Continue to attempt contact for 30 minutes.
    - If no contact made, escalate to Nurse Co-Director (in-Hours 08:00 – 16:00) or on-call SRN for Neonatology (16:00 -08:00).
    - Nurse Co-Director / SRN on-call to contact staff member, if unable to contact call Next of Kin. If no contact made call **SafeTCard** Australia:
        - Office Phone 07 4037 4800
        - Monitoring room 07 3279 3279