

## Neonatal Community Service

### Guideline Responsibilities and Authorisation

<b>Department Responsible for Guideline</b>	Women's and Children's Health
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<b>Document Facilitator Title</b>	CNS - Neonatal Community Service
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<b>Document Owner Title</b>	Charge Nurse Manager, NICU
<b>Target Audience</b>	Waikato DHB medical and nursing staff
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### Guideline Review History

Version	Updated by	Date Updated	Summary of Changes
V1	Anthea Higgins	2023	Original Version

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## Neonatal Community Service

### 1 Overview

#### 1.1 Purpose

- This guideline outlines the role of the Neonatal Community Service (NCS), the eligibility criteria and how to refer to the service.
- This guideline does not provide a guide to medical treatment.

#### 1.2 Scope

Staff in the Te Whatu Ora Waikato Neonatal Community Service.

#### 1.3 Patient/client group

- The Neonatal Community Service (NCS) provides care to medically fragile infants under the primary or joint care of a Neonatologist or Paediatric Specialist.
- Refer to section 3 for further eligibility information.

#### 1.4 Exceptions / contraindications

- Discuss unclear cases with the neonatal Charge Nurse Manager.
- Discuss all exceptions/general issues with the Head of Department and/or the Child Health Clinical Nurse Director.

#### 1.5 Definitions and acronyms

<b>NCS</b>	Neonatal Community Service
<b>CNS</b>	Clinical Nurse Specialist
<b>North team</b>	Covers North Waikato & Hamilton City
<b>South team</b>	Covers South Waikato & Hamilton City

### 2 Community Service

#### 2.1 Purpose of the service

- To ensure seamless discharge and transition from inpatient to outpatient for infants with chronic and/or complex medical conditions who meet the inclusion criteria.
- To provide specialist nursing support and advice in the homes of infants up to six months of age with chronic and/or complex medical conditions who meet the inclusion criteria.
- To provide specialist nursing information and advice to community health and education professionals to enable the eligible infants to be cared for and participate in their communities.

## Neonatal Community Service

### 2.2 Roles and Responsibilities

#### All Staff

- To make appropriate referrals as per inclusion criteria below
- All clinical teams to work conjointly as necessary for mutual support and patient benefit.

### 2.3 Service model

- The Neonatal Community Service is based at Waikato hospital, and covers the greater Te Whatu Ora Waikato boundary. Service hours are Monday to Friday, 0830-1600 hrs.
- Neonatal Community services are provided in a multitude of ways;
  - Home Visiting
  - Telephone (Calls/Texts)
  - Webex/Teams Video Calls
  - Email
  - Joint attendance at clinical appointments
- Case management and care coordination involves partnership with other primary care and social services.
- Refer to 'Neonatal Community Service – Model of Care' ([Appendix A](#)).

### 2.4 Service Care Capacity

- The Neonatal Community Service is a team of Clinical Nurse Specialists and is subject to care capacity issues during following situations;
  - Increasing demand on inpatient services; ie. winter months
  - Team illness or extended leave
  - community public health restrictions or epi/pandemic
- In consultation with Neonatal Charge Nurse Manager; any changes in care capacity will be communicated to all interested parties.
- Refer to 'Neonatal Community Service – Care Capacity Plan' ([Appendix B](#)) for guidance on care capacity variances.

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## Neonatal Community Service

### 3 Eligibility

#### 3.1 Referral criteria

Any infant with chronic/complex medical needs, who meets one or more of the following criteria;

- Infant < 6 months corrected gestational age
- Premature Birth, born at < 33/40 gestation
- Infant < 2 kg on discharge, gaining weight for at least 48 hours on full suckle feeds
- Is technologically dependant for life or health sustaining functions;
  - Naso-gastric tube
  - Gastrostomy
  - Home oxygen or other respiratory support
- Medically fragile infants including
  - Infants with congenital anomalies or special needs that require monitoring related to a chronic and/or complex health conditions.
  - Infants with cardiac conditions that are subject to the 'Home monitoring/Close surveillance' criteria as outlined in [Appendix C](#).

For exceptional circumstances, see criteria 1.4

#### 3.2 Exclusion criteria

- Outpatient overnight oximetry for diagnostic purposes only, e.g. not on respiratory support.
- Blood pressure monitoring only. Must have associated condition that meets inclusion criteria.
- Case management/care coordination only ie. Social concerns only
- Central lines for medication e.g. IV antibiotics
- End of life care only. Must have associated condition that meets referral criteria.

#### 3.3 Exit criteria

- When all technology dependant needs are resolved.
- When infants with congenital anomalies and/or complex health conditions, no longer require specialised nursing input and can be safely and effectively managed by their primary health care team.
- The infant relocates outside of Te Whatu Ora Waikato region.
- The infant is > 6mths corrected gestational age, and fits the criteria for transfer to the Waikids Complex Care team.

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## Neonatal Community Service

### 4 Referral Process

#### 4.1 All children requiring Neonatal Community Service need:

- To meet the referral criteria set out in 3.1
- To be under the primary care of a Neonatologist or joint care with a Paediatrician.

#### 4.2 Referral Process

- Identification of referrals should happen at the earliest possible opportunity prior to discharge from NICU, the paediatric ward, or the Mothercraft Unit, and initiated in a timely manner.
- Complete Nursing referral form (R1098HWF) and send to the Community Referral Centre.
  - [CRC@waikatodbh.health.nz](mailto:CRC@waikatodbh.health.nz)
- For whānau with complex social situations or who have Oranga Tamariki involvement, the referral must include a copy of background assessment and associated social service contacts.
- Verbal contact to be made with the Neonatal Community service as soon as eligibility has been identified.
- The Neonatal Community Service will be part of the discharge planning process so as to ensure a seamless transition into the community.
- The Neonatal Community Service will make contact/visit with the whānau prior to discharge.
- Neonatal Community Service - CNS contact;
  - [WaikidsHomecareCNS@waikatodhb.health.nz](mailto:WaikidsHomecareCNS@waikatodhb.health.nz)
  - North team: 027 276 8675 or 027 456 5476
  - South team: 021 905 197 or 021 929 896

### 5 Patient Information

- 'Children's Homecare – Clinical Nurse Specialists' brochure [G2653HWF]
- 'The road to home – Newborn Intensive Care Unit' brochure [C1263HWF]
- 'Home oxygen use for babies and children' brochure [C1443HWF]
- 'How to look after your late preterm baby at home' brochure [C1675HWF]

### 6 References

- PCCS Nurse Specialists. (June, 2019). Starship Community Nurse Surveillance for Paediatric Cardiology. Received 11<sup>th</sup> March 2022 [Email].

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## Neonatal Community Service

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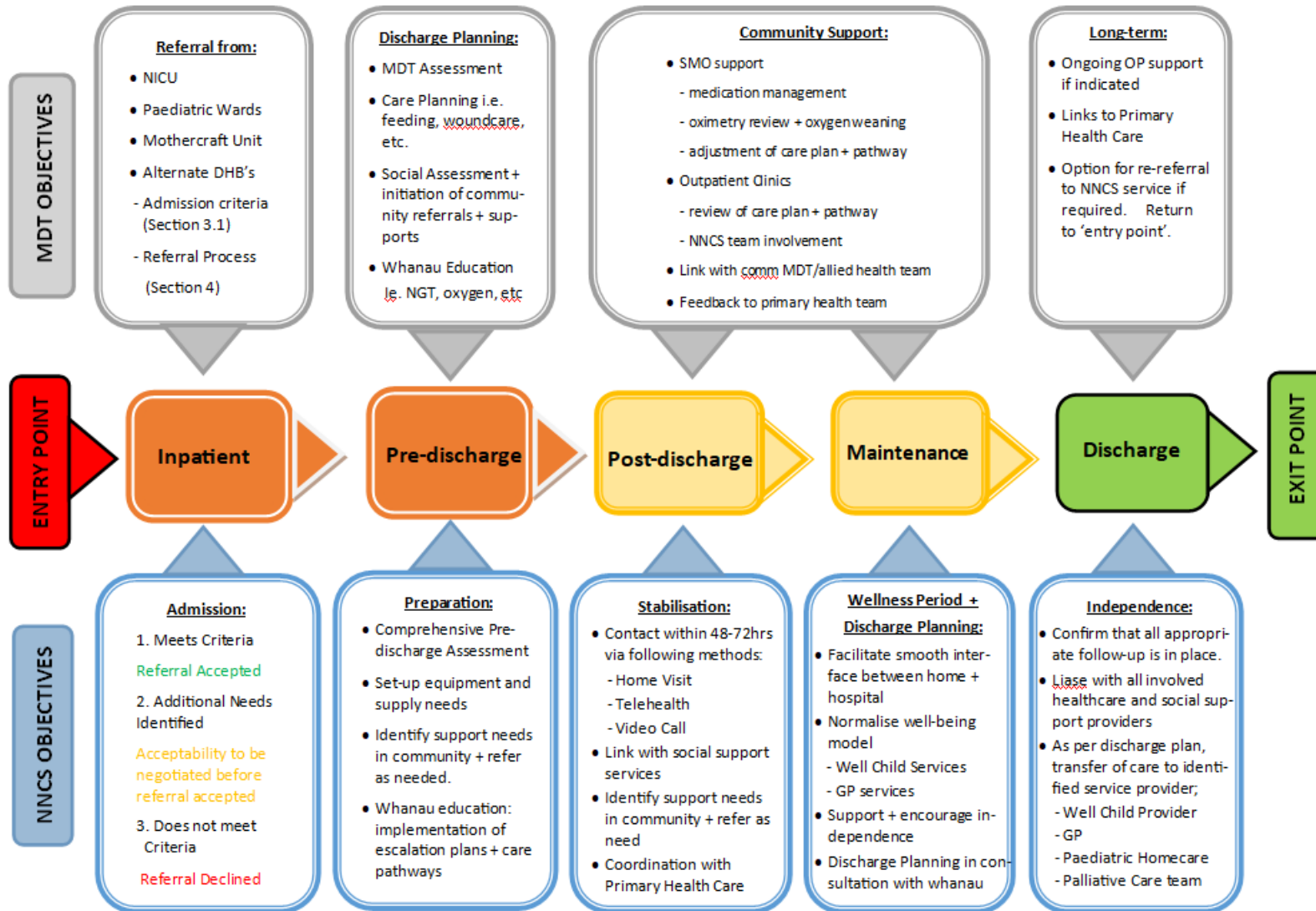
### 7 Associated Te Whatu Ora Waikato documents

- Nursing referral form [R1098HWF]
- [Consumables: Long Term Supply](#) procedure (Ref. 3699)
- [Staff Personal Safety – Community](#) procedure (Ref. 4708)
- [Telehealth](#) policy (Ref. 2715)

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## Neonatal Community Service

### Appendix A – Neonatal Community Service – Model of Care



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## Neonatal Community Service

### Appendix B – Neonatal Community Service – Care Capacity Plan

<p style="text-align: center;"><b>GREEN</b></p> <p>Service continues business as usual</p> <p>Preparation for escalation – equipment, parent/staff education</p> <p><b>STAFFING LEVEL</b> Fully Staffed; no roster deficit - 3 x CNS as per roster - 2 x CNS per day</p> <p><b>CNS Availability</b></p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Work from Office</th> <th>Work from Home</th> <th>Sick</th> </tr> </thead> <tbody> <tr> <td>3</td> <td>-</td> <td>-</td> </tr> <tr> <td>2</td> <td>1</td> <td>-</td> </tr> </tbody> </table>	Work from Office	Work from Home	Sick	3	-	-	2	1	-	<p>Service Hours Unchanged Mon – Fri 0800 – 1600 hrs</p> <p>Visiting continues as per individualised care plan.</p> <ul style="list-style-type: none"> <li>Home Visits</li> <li>Webex Video Call</li> <li>Phone Consult</li> </ul> <p>Whanau able to make contact via normal pathways</p> <ul style="list-style-type: none"> <li>Call/Txt/Email</li> </ul>	<p>Scheduled Meetings Continue (Physically/Virtually)</p> <ul style="list-style-type: none"> <li>Weekly <ul style="list-style-type: none"> <li>NNCS Team Meeting</li> <li>NICU Discharge Planning</li> <li>E5 Discharge Planning</li> <li>NNCS/CNM Meeting</li> <li>Mothercraft Discharge Planning</li> </ul> </li> <li>Monthly <ul style="list-style-type: none"> <li>Paeds Homecare Transfer</li> <li>Complex Care Meeting</li> <li>Medically Fragile Meeting</li> <li><del>Waikids</del> CNS Meeting</li> </ul> </li> </ul> <p>All Referrals via RCC</p> <ul style="list-style-type: none"> <li>Shared Email + Printer</li> <li>Allocation at NNCS Team Meeting</li> </ul> <p>Documentation of ALL contacts as per legal guidelines.</p> <ul style="list-style-type: none"> <li>CWS (electronic)</li> <li>Hardcopy Notes (written)</li> </ul>	<p>Full Access to wider MDT and Clinical Supports</p> <ul style="list-style-type: none"> <li>SMO / Medical teams</li> <li>Surgical teams</li> <li>SLT's</li> <li>Dieticians</li> <li>VNT's</li> <li>Clinic Staff</li> </ul> <p>Community services continue at full capacity + referrals accepted</p> <ul style="list-style-type: none"> <li>GP services</li> <li>Well-child Services</li> <li>Community Based support services</li> <li>Medically Fragile Respite</li> <li>CSES</li> </ul>
Work from Office	Work from Home	Sick										
3	-	-										
2	1	-										

## Neonatal Community Service

<p style="text-align: center;"><b>YELLOW</b></p> <p>Early care capacity deficit</p> <p>Service is stretched to maximum capacity</p> <p><b>STAFFING LEVEL</b> Fully staffed; no roster deficit; reduced office hours - 3 x CNS as per roster - 2 x CNS per day</p> <p><b>CNS Availability</b></p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Work from Office</th> <th>Work from Home</th> <th>Sick</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>-</td> <td>1</td> </tr> <tr> <td>1</td> <td>2</td> <td>-</td> </tr> </tbody> </table>	Work from Office	Work from Home	Sick	2	-	1	1	2	-	<p>Service Hours Unchanged + Office Hours Reduced Mon – Fri 0800 – 1600 hrs</p> <p>Reduced visiting capacity + service prioritisation.</p> <p><b>Office CNS</b></p> <ul style="list-style-type: none"> <li>• Priority Home Visits only             <ul style="list-style-type: none"> <li>– New Referrals</li> <li>– Recent Discharges</li> <li>– Cardiac Babies</li> <li>– Oxygen Dependant Babies</li> </ul> </li> </ul> <p><b>Home CNS</b></p> <ul style="list-style-type: none"> <li>• Webex Video Consults</li> <li>• Phone Consults</li> </ul> <p>Whanau able to make contact via normal pathways.</p> <ul style="list-style-type: none"> <li>• Call/Txt/Email</li> <li>• Delayed response times</li> </ul>	<p>Scheduled Meetings allocated according to availability (Physically/Virtually)</p> <p><b>Office CNS</b></p> <ul style="list-style-type: none"> <li>• Physical Meetings             <ul style="list-style-type: none"> <li>- Paeds Homecare Transfer</li> <li>- NICU Discharge Planning</li> <li>- E5 Discharge Planning</li> <li>- Mothercraft Discharge Planning</li> </ul> </li> </ul> <p><b>Home CNS</b></p> <ul style="list-style-type: none"> <li>• Virtual Meetings             <ul style="list-style-type: none"> <li>- Complex Care Meeting</li> <li>- Medically Fragile Meeting</li> <li>- <del>Waikids</del> CNS Meeting</li> </ul> </li> </ul> <p><b>Office + Home CNS</b></p> <ul style="list-style-type: none"> <li>• NNCS Team Meetings             <ul style="list-style-type: none"> <li>- NNCS/CNM Meeting</li> <li>- NNCS Team Meeting</li> </ul> </li> </ul> <p>All Referrals via RCC</p> <ul style="list-style-type: none"> <li>• Shared Email + Printer</li> <li>• Allocation at NNCS Team Meeting</li> </ul> <p>Documentation of ALL contacts as per legal guidelines.</p> <ul style="list-style-type: none"> <li>• CWS notes only</li> <li>• <b>NO</b> hardcopy notes</li> </ul>	<p>Reduced access to wider MDT and Clinical Supports</p> <p><b>Delayed</b> communication with:</p> <ul style="list-style-type: none"> <li>• SMO / Medical teams</li> <li>• Surgical teams</li> <li>• SLT's</li> <li>• Dieticians</li> <li>• VNT's</li> <li>• Clinic Staff</li> <li>• CSES</li> </ul> <p><b>Delayed</b> referrals to support services:</p> <ul style="list-style-type: none"> <li>• Community Based support services</li> <li>• Medically Fragile Respite</li> </ul> <p><b>Increased</b> referrals to:</p> <ul style="list-style-type: none"> <li>• GP services</li> <li>• Well-child Services</li> <li>• Emergency Dept</li> </ul>
Work from Office	Work from Home	Sick										
2	-	1										
1	2	-										

## Neonatal Community Service

<p style="text-align: center; font-weight: bold; font-size: 1.2em;">ORANGE</p> <p>Significant care capacity deficit</p> <p>Service is working past maximum capacity, care prioritisation decisions are made. Higher risk of negative consequence</p> <p><b>STAFFING LEVEL</b> Roster deficit; minimal office hours - 2 x CNS on roster - 1/2 x CNS per day</p> <p><b>CNS Availability</b></p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Work from Office</th> <th>Work from Home</th> <th>Sick</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>1</td> <td>-</td> <td>2</td> </tr> <tr> <td>-</td> <td>3</td> <td>-</td> </tr> <tr> <td>-</td> <td>2</td> <td>1</td> </tr> </tbody> </table>	Work from Office	Work from Home	Sick	1	1	1	1	-	2	-	3	-	-	2	1	<p>Service Hours Reduced + Office Hours Minimal</p> <p>No visiting capacity + service prioritisation.</p> <ul style="list-style-type: none"> <li>• Webex + Phone Consults only</li> <li>• Priority contacts only                             <ul style="list-style-type: none"> <li>- Acute issues</li> <li>- Cardiac Babies</li> <li>- Oxygen dependent Babies</li> </ul> </li> </ul> <p>Whanau <u>unable</u> to make contact via normal pathways</p> <ul style="list-style-type: none"> <li>• 1-2 'no service days</li> <li>• Significant delays in response time</li> </ul>	<p>Daily Team Meetings only</p> <p><b>Daily NNCS Team Meeting</b></p> <ul style="list-style-type: none"> <li>• Daily escalation to CNM of service capacity</li> <li>• Workload Allocation</li> </ul> <p>All Referrals via RCC</p> <ul style="list-style-type: none"> <li>• Referrals to Shared Email only.</li> <li>• Referral Prioritisation                             <ul style="list-style-type: none"> <li>- Unable to accept complex care patients</li> <li>- Stable referrals for Ph/Webex contact only</li> </ul> </li> </ul> <p>Documentation of ALL contacts as per legal guidelines.</p> <ul style="list-style-type: none"> <li>• CWS notes only</li> <li>• <b>NO</b> hardcopy notes</li> </ul>	<p>Minimal access to wider MDT and Clinical Supports</p> <p><b>Significant Delays</b> in communication with:</p> <ul style="list-style-type: none"> <li>• SMO / Medical teams</li> <li>• Surgical teams</li> <li>• SLT's</li> <li>• Dieticians</li> <li>• VNT's</li> <li>• Clinic Staff</li> <li>• CSES</li> </ul> <p><b>Significant Delays:</b></p> <ul style="list-style-type: none"> <li>• Care Assessments + Referrals</li> </ul> <p><b>Primary Whanau contacts:</b></p> <ul style="list-style-type: none"> <li>• GP services</li> <li>• Well-child Services</li> <li>• Urgent Care / Emergency Dept</li> </ul>
Work from Office	Work from Home	Sick																
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1	-	2																
-	3	-																
-	2	1																

<p style="text-align: center; font-weight: bold; font-size: 1.2em;">RED</p> <p>Critical care capacity deficit</p> <p>Service is critically compromised with increased risk of negative consequences .</p> <p><b>STAFFING LEVEL</b> Roster crisis; periods of no service available - 0/1 x CNS on roster - 0/1 x CNS per day</p> <p><b>CNS Availability</b></p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Work from Office</th> <th>Work from Home</th> <th>Sick</th> </tr> </thead> <tbody> <tr> <td>-</td> <td>1</td> <td>2</td> </tr> <tr> <td>-</td> <td>-</td> <td>3</td> </tr> </tbody> </table>	Work from Office	Work from Home	Sick	-	1	2	-	-	3	<p><b>NO</b> Service / Critically reduced Hours</p> <p>Whanau <u>unable</u> to contact NNCS</p> <p><b>1 x Home Nurse (Admin only),</b></p> <ul style="list-style-type: none"> <li>• Daily escalation to CNM of service capacity</li> <li>• Bulk email to Whanau advising of change in care capacity</li> <li>• Decline of all Referrals to Shared Email</li> <li>• Email all relevant teams/services</li> <li>• Document any incoming enquiries + deferral pathway advised</li> </ul> <p><b>Whanau Care Pathway:</b></p> <ul style="list-style-type: none"> <li>• GP services</li> <li>• Well-child Services</li> <li>• Urgent Care / Emergency Dept</li> </ul>	<p><b>NO</b> meetings</p>	<p><b>NO</b> comms with MDT</p>
Work from Office	Work from Home	Sick										
-	1	2										
-	-	3										

## Neonatal Community Service

### Appendix C – Starship Community Nurse Surveillance for Paediatric Cardiology

Criteria	Monitoring Requirements	Feedback
<p>Complex Congenital Heart Defect</p> <ul style="list-style-type: none"> <li>Single ventricle fragile infants on Home Monitoring programme</li> <li>Fragile infants who do not meet the Home Monitoring criteria and children, young persons who require close surveillance</li> </ul>	<ul style="list-style-type: none"> <li><b>Strictly</b> twice weekly community nurse review and reporting to PCCS Nurse Specialist weekly or if any breach in Home Monitoring/Close Surveillance criteria or changes in condition causing concern</li> <li>Cardiac and respiratory assessment which includes : <ul style="list-style-type: none"> <li>Chest auscultation – breath sounds and murmurs</li> <li>Respiratory rate, work of breathing, accessory muscle use</li> <li>Palpation of upper versus lower limb pulses (brachial &amp; femoral)</li> <li>Perfusion – central and peripheral cap refill time</li> <li>Colour – pallor, cyanosis</li> </ul> </li> <li>Observations as above plus oxygen saturations, Blood Pressure and temperature if signs of illness</li> <li>Skin – Wound assessment, dressings, removal of sutures and hygiene as per discharge guidance</li> <li>Nutrition <ul style="list-style-type: none"> <li>Frequency, volume and method of feeds</li> <li>Changes in feeding pattern, sweating with feeding, not completing feeds, fatigue</li> <li>Supplements – e.g. Calogen (ensure community dietician)</li> <li>Perfusion – central and peripheral cap refill time</li> <li>Colour – pallor, cyanosis</li> </ul> </li> <li>Observations as above plus oxygen saturations and temperature if signs of illness</li> <li>Skin – Wound assessment, dressings, removal of sutures and hygiene as per discharge guidance</li> <li>Nutrition <ul style="list-style-type: none"> <li>Frequency, volume and method of feeds</li> <li>Changes in feeding pattern, sweating with feeding, not completing feeds, fatigue</li> <li>Supplements – e.g. Calogen (ensure community dietician referral if required)</li> <li>Weight – tracking centiles</li> </ul> </li> </ul>	<p><u>Home monitoring</u> patients will remain on community nurse twice weekly visits until their second stage of surgery (Bi-Directional Glenn).</p> <ul style="list-style-type: none"> <li>Weekly summary via email from community nurse to primary cardiac nurse specialist (preferably on a Tuesday prior to the Wednesday Single Ventricle meeting at SSH).</li> </ul> <p><u>Close Surveillance</u> patients will remain on community nurse twice weekly visits until they have had their specific surgery or until their condition improves in negotiation with community nurse and cardiac nurse specialist.</p> <ul style="list-style-type: none"> <li>Weekly summary to primary cardiac Nurse Specialist via email.</li> </ul> <p>Information required in email update:</p> <ol style="list-style-type: none"> <li>SPO2 range</li> <li>Weight including gain/loss over the week</li> <li>Recent observations- HR, RR, SPO2</li> <li>Feeding regime</li> <li>Social</li> </ol> <ul style="list-style-type: none"> <li>Post cardiac clinic - primary cardiac nurse specialist will provide update and any changes to on-going surveillance to</li> <li>Escalation to Cardiac Nurse Specialists when there is a deviation from expected pathway or changes in condition that cause concern</li> </ul> <p>Monday to Friday 8.00 – 1630 ring 09 630 9972 or direct to Cardiac Nurse Specialist</p> <p>Outside of these hours – family to present to Emergency Department</p>

(PCCS Nurse Specialists, 2019)