

HOSPITAL IN THE HOME (HITH) – SERVICE AND CARE COORDINATION

This Local Operating Procedure is developed to guide safe clinical practice in the Newborn Care Centre (NCC) at The Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Local Operating Procedure.

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INTRODUCTION

A Hospital in the Home (HITH) model of care was initiated by the NCC to manage the care of preterm infants with a nasogastric tube in the home environment by parents. The model of care educates parents to manage tube feeds at home while establishing suck feeds.

1. AIM

- To coordinate and provide care advise for parents who are home early from NCC with their infant who has a nasogastric tube (NGT) in situ
- To monitor infant's feeding, weight gain and establishment of full suck feeds
- To reduce inpatient hospital length of stay, parent-infant separation and reducing parental anxiety

2. PATIENT

- Eligible NCC infants - See Eligibility Criteria (Table 1)
- Parents

Table 1- Eligibility Criteria

Infant is clinically stable
Infant is not requiring cardiorespiratory or oxygen saturation monitoring
Infant is on 50% or greater enteral feeds as suck feeds
Infant is maintaining body temperature in an open cot
Infant is gaining weight consistently
Infant is \geq 35 weeks gestational age (although outliers may be considered on a case by case basis)
Parents have been actively involved in FiCare during the infant's hospital stay
Parents are willing to collaborate with staff to provide care in the home setting
The family lives within the catchment area (refer to Governance document)
Parents have completed the Hospital In The Home - Neonatal Parent Checklist (SES060476) and signed off with NCC staff member

*Note this program is not suitable for Medicare ineligible babies and is part of the public health model of care. Private patients that are Medicare eligible can convert back to public patient status to gain access.

3. STAFF

- Medical and nursing staff

4. EQUIPMENT

- Items for HITH bag:
 - Thermometer
 - Stethoscope
 - Pulse oximeter
 - Infant weighing scales
 - Blue inco/absorbent pads
 - 5 mL and 10 mL feeding syringes and caps
 - pH strips
 - Brown tape

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- Duoderm
- Scissors
- Ambu bag, including medium & large face mask
- Examination gloves
- Hand sanitiser
- Sanitising wipes for equipment
 - Spare paper copies of Hospital In The Home - Neonatal Home Feeding Record (SES060478) and Hospital In The Home – Neonatal Home Observation Record (SES060475) for parents
- Smartphone
- Laptop with SIM for internet connectivity
- Vehicle access depending on daily availability of pool cars, with Uber as a back-up option (LHD account / credit card enabled), in line with LHD protocol
- Loan items for parents as required:
 - iPad
 - Data / dongle
 - Hospital grade breast pump
 - Digital neonatal scales

5. CLINICAL PRACTICE

Procedure

1. HITH Nurse to attend the Monday morning handover and liaise with Nursing Team Leader daily to identify infants in SCN / Transitional Care that meet the eligibility criteria for HITH.
2. HITH Nurse to commence the planning and preparation of transfer:
 - Procure a referral of infant to HITH from a clinician caring for the infant via eMR
 - Engage the family, with the Consultant / Fellow and HITH Nurse, to offer the HITH program
 - Ensure the above discussion is attended when the infant is near 33 weeks gestational age or when the infant is commencing suck feeds (whichever is earliest)
 - Provide parents with the HITH information leaflet with adequate lead time for parents to consider the program
 - Ensure parents have been integrated into FiCare before transferring to the HITH program
 - Provide parents with training and information on infant's medications that requires to be administered via the NGT
 - Ensure medication supply is dispensed to parents from the pharmacy
 - Provide and explain the Consent for Paediatric Hospital in the Home (HITH) Care Form (SMR020045) to parents
 - Witness parent's signing of the Consent Form
 - Document in the Hospital In The Home - Neonatal Nursing Transfer Checklist (SES060477)
 - Confirm with parents that the Hospital In The Home - Neonatal Parent Checklist (SES060476) has been completed
3. Prior to departure from NCC:
 - Confirm with parents that they have internet-enabled device available to conduct telehealth consult
 - Schedule and confirm with parents the first home visit
 - Schedule and confirm with parents the telehealth appointments via NSW Health myVirtualCare (<https://myvirtualcaresso.health.nsw.gov.au>)

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- Set expectations with parents
 - Weekly home visits
 - Weekly replenishment of stock of disposable feeding equipment
 - Daily telehealth appointments with the multidisciplinary team as part of Level 2 ward rounds, including weekends
 - Discuss the need for NCC review if clinically necessary with parents (to be scheduled in consultation with on-duty neonatologist)
 - Complete the Hospital In The Home - Neonatal Nursing Transfer Checklist (SES060477)
 - Provide parents with HITH pack:
 - Nasogastric tube (NGT) equipment: pH strips, brown tape, 2ml syringe for aspiration, connector parts (x2)
 - Feeding equipment: 50 ml feeding syringes, caps, single use bottles for storage of EBM, milk labels
 - Thermometer
 - Parent Booklet, including hard copy of Hospital In The Home - Neonatal Home Feeding Record (SES060478) and Hospital In The Home – Neonatal Home Observation Record (SES060475)
 - Ensure the Breast Pump Loan Agreement form (NHSIS1166) is completed by parent and HITH nurse if any equipment is loaned
 - Transfer of infant to HITH virtual ward by ward clerk (during business hours) or by Admission Desk during after-hours
4. Daily check:
- See Model of Care (Table 2)
 - Advise parents to email the infant's past 24 hours' Hospital In The Home – Neonatal Home Observation Record (SES060475) to the HITH Nurse by 08.30am for the telehealth consult
 - Save emailed copies of infant's records in infant's eMR prior to telehealth consult
 - Facilitate the telehealth consults with the Level 2 Consultant, Level 2 Fellow / Registrar, HITH nurse / NCC Team Leader (can be conducted in parallel with the HITH nurse at the home visit)
 - Review and discuss the following during the telehealth consult:
 - Past 24 hours' Hospital In The Home – Neonatal Home Observation Record (SES060475)
 - Infant's general health and wellbeing
 - Feeding progress and any challenges or specific concerns about the infant's progress
 - Discuss the next review, home visit, telehealth or NCC appointment and confirm these appointment details
5. At home visit by HITH Nurse:
- See Model of Care (Table 2)
 - Complete a mandatory Site Visit Risk Assessment via eMR for every visit
 - Take the HITH bag [see "EQUIPMENT"] with clinical equipment and data-enabled laptop on which to document notes directly to patient's eMR (eMR template)
 - Assess and document infant's vital signs including HR, temperature, RR and SpO2
 - Measure and document the infant's weight, length and head circumference
 - Assess the infant's feeding pattern through review and discussion of the Hospital In The Home – Neonatal Home Observation Record (SES060475) and discuss with parents, including number of suck feeds, number of tube feeds, breastfeeding progress/assessments of breastfeed, breastfeeding challenges
 - Revise the Hospital In The Home - Neonatal Home Feeding Plan (SES060479) in the Parent Resource Booklet and record in eMR

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- Advise parents of updated plan according to the infant's growth and progress
- Change the NGT when due and record details of change and next due date in eMR
- Provide parents with additional supplies of:
 - Paper Observation Charts and Feeding / NGT equipment
- Collect the previous week's original Hospital In The Home – Neonatal Home Observation Record (SES060475) and file in Medical Record

Table 2 - Model of Care

What	Duration	Who	When	How
Daily check	15 minutes	Clinical team: multidisciplinary team as part of level 2 ward round	Daily	Telehealth
At home visit	Allow 1 hour per visit	HITH nurse	1-2 visits per week depending upon need	In person at home
NCC Appointment	15 minutes	Medical Officer + other members of multidisciplinary team as required	As required, depending upon infant's need	In person in NCC

6. On final At Home Visit by HITH nurse:
 - Remove the NGT when the infant is taking all feeds via breast/bottle
 - Brief parents on the following:
 - Continue to monitor infant for 48 hours after the removal of NGT according to the Modified Latch Assessment Tool in the Parent Resource Booklet
 - Advise parents to immediately communicate with HITH nurse or Team Leader if two consecutive suck feeds are scored < 7
 - Continue with daily telehealth appointment with parents 48 hours post-NGT removal to confirm readiness for discharge from the HITH program

7. Final discharge from HITH:
 - Check with the Medical Officer and HITH Nurse to confirm that the infant can be discharged from the program
 - Schedule home visit:
 - Weigh infant, measure length and head circumference and record in Blue Book
 - Collect loan equipment and return to NCC
 - Finalise Neonatal Discharge Checklist (SEI010172)
 - Advise the medical team of discharge from HITH and obtain a discharge summary
 - Advise the Ward Clerk to post or email the discharge summary to parents and relevant clinicians, including Families First
 - Inform parents that infant has now graduated from the HITH program and has been formally discharged from the NCC
 - Inform parents that they can continue to make contact with NCC for two weeks following discharge from the program, then follow ups will be with their Paediatrician or GP
 - Advise the Ward Clerk to discharge infant from the HITH virtual ward

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8. Insertion and recording of NGT:
 - Refer to NCC Local Operating Procedure – Intra-gastric Tube Insertion and Maintenance
 - Record NGT insertion in infant's eMR:
 - Go to iView
 - Click on "Tubes & Drains"
 - On drop-down field – click on "Enteral Tubes"
 - Enter: Insertion date/time
 Inserted by
 - Record NGT removal in infants eMR:
 - Enter: Removal date/time
 Removal by
9. Accidental dislodgement or blockage of NGT
 - In Hours: [0800 to 1630 Mon - Fri] (not including Public Holidays)
 - Advise parents to contact the HITH nurse [Phone Number: 0456 587 735]
 - Schedule an appointment [a Home Visit or a return to NCC for NGT reinsertion/unblocking]
 - Out of Hours:
 - Advise parents to contact NCC Team Leader [0429 098 642] for re-insertion/unblocking of NGT
10. Immunisations
 - If an infant requires immunisations prior to discharge from HITH program, consider administration at 6 weeks (prior to transfer to HITH) or readmit infant to NCC to comply with in-patient practice to monitor infant
 - Keep infant in Transitional Care until appropriate to transfer back to HITH
 - Enter immunisation information into Blue book
 - Complete the Immunisations Register with the immunisation information

8. DOCUMENTATION / FORMS

- Existing inpatient eMR
- HITH Transfer Form (eMR HITH tab under AdHoc)
- HITH Notes (eMR HITH tab under AdHoc)
- HITH clinical documentation of visit (eMR template)
- Site Visit Risk Assessment (eMR template)
- Consent for Paediatric Hospital in the Home (HITH) Care (NSW Health (SMR020045))
- Hospital In The Home - Neonatal Home Feeding Plan (SES060479)
- Hospital In The Home - Neonatal Home Feeding Record (SES060478)
- Hospital In The Home - Neonatal Nursing Transfer Checklist (SES060477)
- Hospital In The Home - Neonatal Parent Checklist (SES060476)
- Hospital In The Home – Neonatal Home Observation Record (SES060475)
- Breast Pump Loan Agreement (NHSIS1166)
- Neonatal Discharge Checklist (SEI010172)
- eMaternity database
- Discharge Summary from NICUS database

9. RELATED POLICIES/PROCEDURES/CLINICAL PRACTICE LOP

- NSW Health Guideline GL2018_020 – Adult and Paediatric Hospital in the Home Guideline
- 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
- RHW NCC Nursing LOP – Intra-gastric tube insertion and Maintenance

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10. RISK RATING

- Medium

11. NATIONAL STANDARD

- Standard 1 Clinical Governance
- Standard 2 Partnering with consumers
- Standard 4 Medication Safety
- Standard 5 Comprehensive Care
- Standard 6 Communicating for safety
- Standard 8 Recognising and Responding to Acute Deterioration

12. ABBREVIATIONS AND DEFINITIONS OF TERMS

HITH	Hospital In The Home	SCN	Special Care Nursery
NCC	Newborn Care Centre	EBM	Expressed breast milk
HaPPI	Hospital and Parents Partnership Initiative	eMR	Electronic Medical Record
NGT	Nasogastric Tube	HR	Heart Rate
FiCare	Family Integrated Care	RR	Respiratory Rate
SIM	Subscriber Identity Module	SpO2	Peripheral capillary oxygen saturation
LHD	Local Health District	GP	General Practitioner

13. REFERENCES

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LOP DEVELOPMENT (DELETE PRIOR TO PUBLICATION)

Date identified	Identifier	Reason for LOP	Meeting approved	Allocation
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