



GUIDELINE	
Home Visiting Nurse Service	
Scope (Staff):	All Neonatology Staff
Scope (Area):	Neonatology, KEMH, PCH
Child Safe Organisation Statement of Commitment	
<p>The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policies and procedures to ensure the safety and wellbeing of children at CAHS.</p>	

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

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 patient is identified as meeting the HVN Service criteria (i.e. on admission or relevant clinical need). The patient's nurse completes the referral form (MR254) and informs the HVN of referral by email: EMAILADDRESS@health.wa.gov.au. Subject line should read: REFERRAL: [Patient's Surname].
- Once HVN has reviewed the patient and confirmed eligibility, the HVN meets with parents/carers and completes risk assessment for the home visit and schedules visits and ongoing contact as required. Risks identified are escalated to the CNC and social worker to discuss feasibility of a home visit.


- Prior to discharge, the medical record form, MR254, is completed by the patient’s nurse and placed in the designated area for submission:
 - KEMH: Special Care Nursery (SCN) 2West, designated tray.
 - PCH: Scan and e-mail the referral and place the original in the internal mail.
- Out of hours calls from the parents to the home visiting nurse mobile divert to SCN 2West. All phone calls received by SCN 2West, are to be documented in the HVN communication book with date and time of entry with a signature.
- 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 needs basis.
- The HVN will complete the Home Visiting Risk Assessment (see Appendix 2 for HVN safety process).

Inter-Hospital Transfers

Patients that have been transferred to peripheral hospitals for on-going care may still be followed up. 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
Home and Community Visits

This document can be made available in alternative formats on request for a person with a disability.

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Reviewer / Team:	Neonatal Coordinating Group		
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Standards Applicable:	NSQHS Standards:  Child Safe Standards: 1,10		

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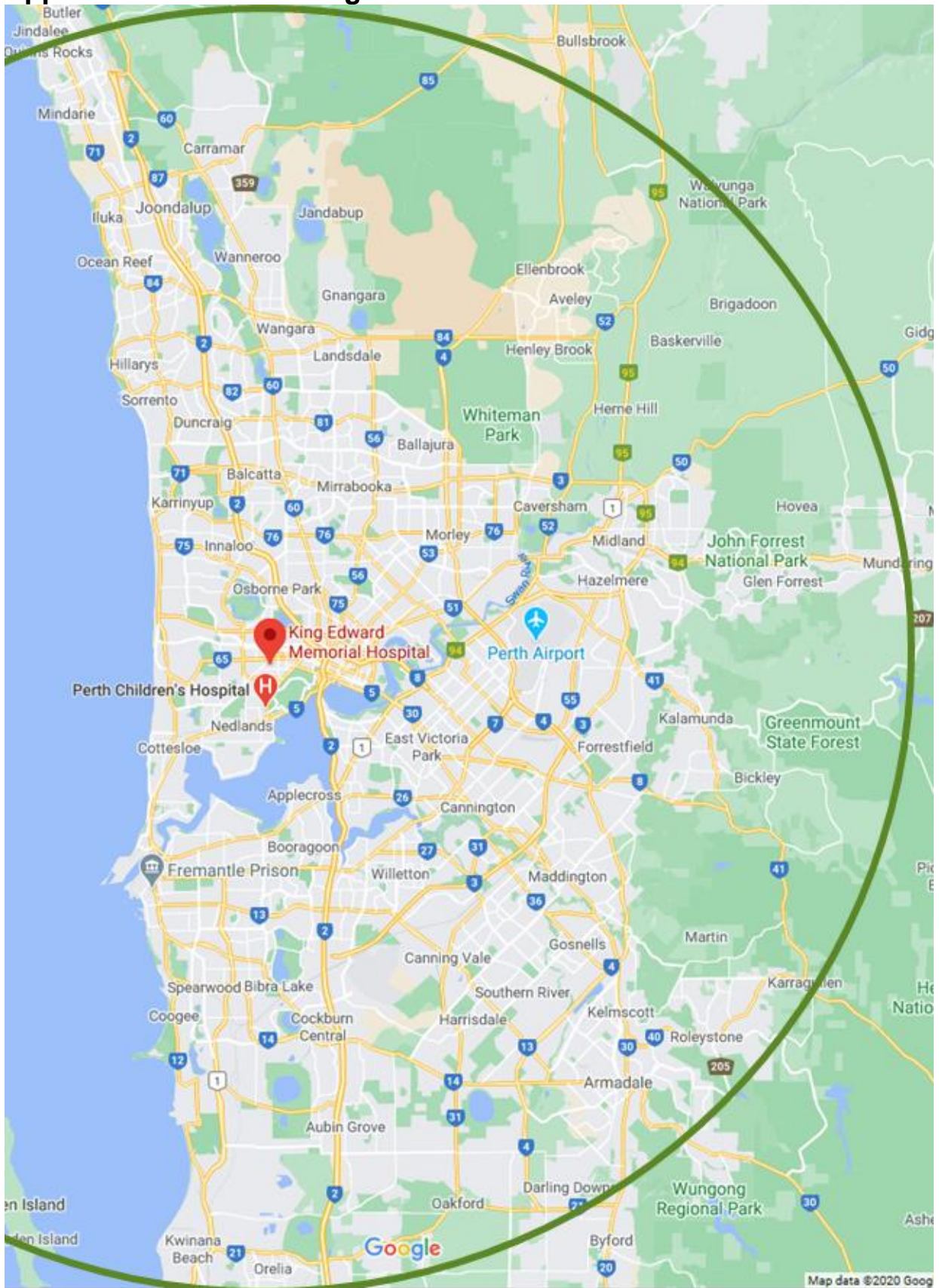


Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

Neonatology | Community Health | Mental Health | Perth Children’s Hospital

Appendix 1: Home Visiting Nurse 35 km Metro Radius



Appendix 2: Home Visiting Nurse Safety Process

- The HVN will complete risk assessment (MRXXX(in development) with the family prior to a home visit.
- The HVN will wear the duress device at all times during work related activity.
- HVN will call the Coordinator in SCN 2 West before 17:00hours to report they are safe and have finished for the day. If the call is not received by 17:00 on active HVN Service days the coordinator will:
 - Try to contact the HVN via work mobile and personal contact phone number respectively.
 - Continue to make contact until 17:30 at which time the on-call nurse for Neonatology should be contacted and security check processes commenced.