



GUIDELINE

Home Visiting Nurse Service

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

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

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 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: CAHS.NeonatologyHomeVisiting@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, MR254.00, 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 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
<p>CAHS Policy</p> <ul style="list-style-type: none"> • Home and Community Visits <p>Neonatology Guidelines:</p> <ul style="list-style-type: none"> • Home Visiting Nurse Service during a Pandemic

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

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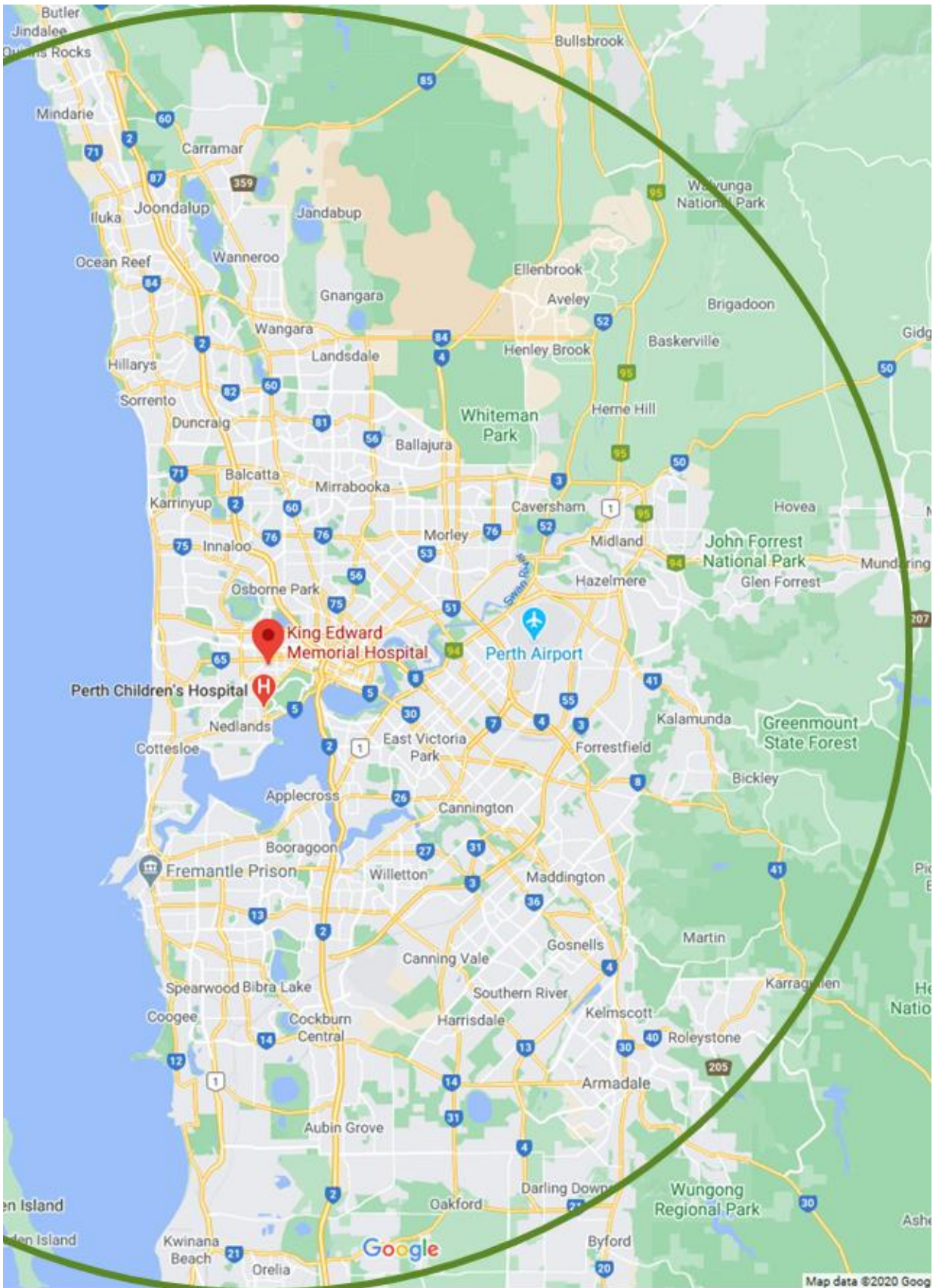


Healthy kids, healthy communities

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 MR254.02 with the family prior to a home visit.
- 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.
- HVN will call/text the follow-up CNC 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