NEONATAL NURSE PRACTITIONER MODEL OF CARE REPORT

NOVEMBER 2011

A report prepared by Kelvin Hicks, RN
(Project Officer for the Southern Health Nurse Practitioner Program)
For the Victorian Department of Health: Nursing & Midwifery Policy
Southern Health

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Approved by:

[Signatures]

CEO Southern Health

The work to develop the proposed Southern Health (SH) Neonatal Nurse Practitioner (NNP) model has resulted from a willingness to share resources, including information and tasks in order to achieve a common goal.

I wish to acknowledge the particular contributions of the following people and their respective organizations:

- The Department of Health Services: Nurse Policy
- The Southern Health Neonatal Nurse Practitioner Steering Committee members:
  - Dr Elizabeth Carse – A/CDirector of Monash Newborn
  - Dr Catherine McCadam – Clinical Director of Paediatrics
  - Dr Peter Forrest – Unit Head, Dandenong Special Care Nursery
  - Kym Forrest – DON Clayton/ Womens’ & Children’s Program
  - Alison Medhurst – NUM Monash Newborn - Clayton
  - Janet Courtot – NUM Monash Newborn - Clayton
  - Tracey Clark – NUM Monash Newborn Dandenong Special Care Nursery
  - Trish Cove – A/C NUM Monash Newborn Casey Special Care Nursery
  - Amanda Vaulin – NUM Monash Children’s At Home
  - Denise Owen – Nurse Consultant Professional Practice
  - Jacquie Taylor – Clinical Educator Monash Newborn
  - Kelvin Hicks – Project Officer Nurse Practitioner Project
- Members of the Victorian Neonatal Nurse Practitioner Implementation Group
- The Southern Health Nursing and Midwifery Executive Leadership Team
Southern Health

BACKGROUND OF THE PROJECT

Southern Health is the largest single provider of a medical and surgical neonatal program for sick and/or premature infants and their families in Victoria with services offered at Monash Medical Centre, Clayton; Dandenong Hospital and Casey Hospital, as well as a Hospital In The Home service – Monash Children’s At Home. In addition, the neonatal program is expanding with new services being implemented at Casey Hospital, along with an increase in neonatal intensive care beds at Monash Medical Centre, resulting in approximately 100 beds across the three sites by 2016.

Southern Health faces continued growth in demand for neonatal services from catchments both within SH as well as surrounding health services. This growth will necessitate progressing novel models of care that feature innovative care delivery strategies, such as the Neonatal Nurse Practitioner role, to provide safe, effective, efficient and high quality patient centred care to be able to match demand.

In March 2011, SH was successful in receiving funding from the Victorian Department of Health’s Victorian Nurse Practitioner Project funding round 4.8 (Neonatal Services) enabling employment of a project officer to coordinate the Southern Health Neonatal Nurse Practitioner Project.

The project began with a gap and growth corridor analysis, (Appendix B) via individual key stakeholder meetings, across the Monash Newborn and MC’s generally. From this a service map, (Appendix A), was developed.

The Neonatal Nurse Practitioner Steering committee was established at the commencement of the project and consists of key stakeholders within Monash Newborn and Southern Health generally. A key role of the steering committee was to ensure alignment of the new model of care with the existing and developing service, as well as structural and strategic frameworks which the Neonatal Nurse Practitioner position will exist within. The following model of care was endorsed by the Steering Committee.

The SH NNP Steering Committee also:
- Developed a governance structure for the role, (Appendix C)
- Identified the key supports in place for the new role, (Appendix D)
KEY PRINCIPLES - NEONATAL NURSE PRACTITIONER MODEL OF CARE:

The following has been taken from the Australian Nursing and Midwifery Council:

“A nurse practitioner is a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. The nurse practitioner role is grounded in the nursing profession’s values, knowledge, theories and practise and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practise.”

- The model does not replace existing services, such as ANUM/CNC/Medical positions, rather it is designed to enhance the current services.
- This role has been designed to utilise the advanced clinical knowledge and skills of the NNP in physical assessment and treatment planning to provide contemporary best practice client care. This will also assist the NNP to maintain an advanced level of skills and knowledge.
- While this role is autonomous, a collaborative approach is essential for effective care.
- The Model of Care is dynamic. The model and role of the NP is expected to develop in response to changes in client service needs.
- MC operates from a philosophy of family centred care. This informs all interactions, assessments and tasks performed.
- The NNP will be required to have additional notation on their registration to prescribe from the Paediatric Care Formulary.
- Key to the role will be the seamless transition of newborns through Monash Children’s.
- The NNP will work in collaborative service partnerships with Medical and Nursing staff.
- Infants receiving care from the NNP will remain under the relevant Consultant’s bed card.
- It is expected that the NNP will work within their scope of practice at all times. It is anticipated that any assessments and procedures that fall outside the NP's scope of practice will be referred to the appropriate professional.

Entering into NP’s Care
* Transfer from Level 3 SCN/NICU
* Based in PNW/MCAH – unstable pt cohort, keeping Mother/Baby together
* May be involved with any baby in ED or ward setting, within their scope of practice, as required
* Focused on the following cohorts:
  - Infants of DM mother
  - Bacterial Sepsis
  - Jaundice
  - NAS
  - LBW/Pre-term
  - Feed establishing, nutrition + hypoglycaemia
  - Respiratory compromised

Care Provided:
* Performing physical assessment, ordering + interpreting diagnostics + pathology to formulate and manage treatment + discharge plans
* Transitional care ensuring smooth transfer between services
* Managing infants in PNW when appropriate
* Liaising with Consultants + referring to L2/3 SCN re: possible admissions + transfers out as required, or when needs fall outside their scope of practice
* Identifying and admitting neonates suitable for MCAH
* May manage MCAH neonatal including receiving daily reports and conducting weekly reviews subject to guidelines
* Conducting clinics as required
* Readmission rights for unwell neonates
* Involved with complex infants as part of the MDT both with inpatients and MCAH
* May be referred neonates in all areas on site for assessment and advice on treatment
* Education and training

Transition from the NP’s care:
* Discharge home
* Transfer to other health services
  * GPs, Paediatricians and/or Neonatologists
  * Community Based Services
  * Palliative services

SH Neonatal Nurse Practitioner – Transitional Care Model through SH services
Primary focus Family Centred Care in PNW & MCAH
Aim: Keep mothers/babies together
Improve flow/transition through service
**Southern Health**

**DETAILED SH NNP ENDORSED MODEL OF CARE**

### ENTRY TO THE NNP's CARE

**Referral Criteria:**
- Admission criteria as per guidelines to PNW, SCN, and MCAH
- Transfer from Level 2/3 SCN/NICU
- May be involved with any baby in ED or ward setting as required
- Focused on the following cohorts:
  - Infants of DM mother
  - Sepsis: Suspected, at risk of, and completing course of treatment
  - Early neonatal jaundice
  - Neonatal Abstinence Syndrome
  - LBW/Pre-term as per ward/service area guidelines
  - Infants with hypoglycaemia needing assistance to establish feeds
  - Infants with mild respiratory distress

**Sources of Referrals:**
- Transfer from level 2 and 3 Monash Newborn
- Infants on PNW but requiring more intense treatment
- Other wards (e.g. ED, Paediatric Wards) requiring assessment and advice on neonates
- Neonates accepted on MCAH

(See Appendix E: Restrictions to NP's Care for exclusion criteria)

### CARE PROVIDED

The main focuses for the NNP role are transitional care from Level 2/3 SCN, keeping mothers and babies together in line with a family centred care approach, research, leadership, service development and education. The care provided by the NNP is summarized below:
- Performing physical assessment, ordering & interpreting diagnostics & pathology to formulate and manage treatment & discharge plans
- Transitional care ensuring smooth transfer between services
- Managing infants in the appropriate service setting as per admission guidelines
- Identifying and admitting neonates suitable for MCAH
- May manage MCAH neonatal cohort including receiving daily reports and conducting weekly reviews (subject to guidelines)
- Conducting clinics as required
- Readmission rights for unwell neonates
- Involved with complex infants as part of the MDT both with inpatients and MCAH
- May be referred neonates in all areas on site for assessment and advice on treatment
Southern Health

- Liaising with:
  - Levels 2 and 3 SCN regarding appropriate transfers to MCAH/PNW
  - Level 2 and 3 SCN regarding appropriate transfers from MCAH/PNW
  - Other health services regarding appropriate transfers to and from MCAH/PNW
  - The multidisciplinary team for optimal collaboration and family centred care
  - Consultant Paediatricians and Neonatologists regarding responses to treatment and ongoing treatment plans, escalating when needs fall outside their scope of practice
  - Infant's family regarding progress, treatments, goals and discharge planning
  - Paediatric junior medical staff as well as nursing staff to resume care when the NNP is not on site.
- Prescribing medications as required in accordance with their formulary
- Provide care for babies with sepsis or suspected sepsis in PNW/SCN/MCAH
- Managing hyperbilirubinaemia
- In collaboration with ADAPT, identifying NAS babies in the antenatal setting as suitable for MCAH home based withdrawal. Working with ADAPT, inpatient services, the family and MCAH to establish treatment plans
- Manage fluid, BSL and nutrition
- Participate in Neonatal Resuscitation at an advanced level
- Research, leadership, service development and education/training

Locations:
- The NP will be required to work at all relevant units within Southern Health sites

TRANSITION FROM THE NNP’s CARE

Referrals & Care Planning to:
- Discharge home
- Transfer to other health services
- GPs, Paediatricians and/or Neonatologists
- Community Based Services
- Palliative Care services

Advancing Scope of Practice:
- The NPC will be required to develop key learning strategies to enable them to provide the care set out in the model
- Clinical mentorship will be supervised by the Unit Head with a range of potential mentors assisting the development of the NPC
APPENDIX A: SOUTHERN HEALTH NEONATAL NP SERVICE MAP

SERVICE OVERVIEW

Casey
BU/PN
Level 2 SCN

Clayton
BU/PN
Level 3 SCN/NICU

D’Nong
BU/PN
Level 2 SCN

Other Level 2 health services

Monash Children’s At Home
### APPENDIX B: GAPS, GROWTH OPPORTUNITIES AND CHALLENGES SUMMARY OF SOUTHERN HEALTH MONASH NEWBORN

<table>
<thead>
<tr>
<th>Gaps/Growth/Challenge</th>
<th>Details</th>
</tr>
</thead>
</table>
| Freeing up Level 3 services | Occupancy has increased from 82-103% between 2004 – 09 in Level 3 services<sup>2</sup>  
Infant acuity can preclude ability to transfer  
Admission sources predominantly due to need for higher acuity birthing |
| Acuity of babies | Potential to increase capacity of Level 2 SCN has limited ability due to Medical staffing levels  
Would require review of admission guidelines for Level 2 SCN.  
Limited scope for one full time NP position to adequately increase acuity of the ward.  
Issues arise when NP is not on site |
| Family anxiety/reluctance to move | Parents used to intensive care setting with high levels of monitoring  
Liaison nurses employed to assist with transition of care  
Potential role for NP to provide greater continuity of care thereby decreasing anxiety |
| Keeping Mothers and babies together  
Increase capacity of MCAH and PNW | Best practice guidelines.  
Difficult to achieve when babies requiring more intensive treatment and longer length of stay  
NP has an ability to treat infants both in PNW as well as at home through MCAH thereby keeping mothers and babies together.  
Due to lower acuity, does not pose same level of issue for covering out of hours.  
Will decrease strain on Levels 2 and 3 SCN thereby increasing flow |
| Reviewing current management and treatment of sepsis and NAS in MCAH | Potential for completing treatments for sepsis and withdrawal at home through MCAH.  
Will require changes to admission guidelines, close screening of potential patients and joint care arrangements with ADAPT |
| Changing reporting and assessment streams in MCAH to NNP | Will require amendments to current guidelines  
Will enable Consultants more time to focus on higher acuity infants |

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<sup>2</sup> Source: Apex Consulting: Improving Neonatal Services Capacity Discussion Paper – July 2010
Professionally the NNP will report to the DON – Women’s and Children’s Program. Clinically, the NNP will report to the Director of Monash Newborn. The NP/NPC will liaise with the Fellow/Consultant on ward service in their day-to-day practice.

Reporting structures may change as required to align with changes in the overall service.
## APPENDIX D: KEY SUPPORTS FOR NEONATAL NPC

<table>
<thead>
<tr>
<th>Type of Supports</th>
<th>Details</th>
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<tbody>
<tr>
<td>Commencing Position Supports</td>
<td>• Starter Pack developed by Project Officer</td>
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<tr>
<td>Mentoring Supports</td>
<td>• Medical: Unit Head, Consultants, Fellows, Other Specialists</td>
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<td></td>
<td>• Director of Nursing: Women’s and Children’s Program</td>
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<tr>
<td>Educational Supports</td>
<td>• SH NP Master Class</td>
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<tr>
<td></td>
<td>• SH NP Education/Peer Learning Program</td>
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<tr>
<td></td>
<td>• Linking into existing Monash Newborn Educational Supports</td>
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<tr>
<td></td>
<td>• Linking in with the SH Paediatric Registrar training opportunities</td>
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<tr>
<td>Organisational Supports</td>
<td>• Nursing and Midwifery Executive Leadership Team</td>
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<tr>
<td></td>
<td>• SH NP and NPC meetings</td>
</tr>
<tr>
<td></td>
<td>• SH’s NNP Steering Committee</td>
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<tr>
<td>Governance Structure</td>
<td>• A dual governance structure exists to provide</td>
</tr>
<tr>
<td></td>
<td>oversight, accountability and support for the NPC</td>
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<tr>
<td>External Supports</td>
<td>• Collaboration opportunities with other health services</td>
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<tr>
<td></td>
<td>educating other Neonatal NPCs</td>
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<td></td>
<td>• Victorian Neonatal Nurse Practitioner Implementation Group</td>
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APPENDIX E: RESTRICTIONS TO NP’S CARE

The NNP will not be providing direct care to infants requiring Neonatal Intensive Care. However, the NNP will be involved in transitioning infants from Level 3 services when that level of service is no longer required.