

Hospital Circular

- Distribution:** Public Hospitals
Health Insurance Funds
- Subject:** Payment by Health Insurance Funds of basic table benefits for newly born children and criteria for admission of newborns
- Purpose:** To advise hospitals of the conditions under which basic table benefits are payable by Health Insurance Funds in respect of a newly born child and admission practices of newborns.
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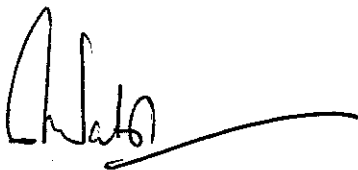
Please find attached a Commonwealth Circular regarding conditions under which basic table benefits will be paid in respect of a newly born child. The criteria are effective from 1 November 1994. For further information regarding Health Insurance Fund claims, please telephone (06) 289 8786 (24 hour answering service).

This Commonwealth Circular does not change the existing criteria for admission of newborns. A newborn infant, within the first nine days of life, may be admitted only if he/she:

- is the second or subsequent live born infant of a multiple birth, and the mother is currently an overnight stay patient;
- requires treatment which can only be provided in an intensive care facility in a hospital, being a facility approved by the (Commonwealth) Minister for the purpose of the provision of special care;
- remains in the hospital without his/her mother; or
- is admitted to the hospital without his/her mother.

Hospitals should also be aware that a recent review has indicated increases in the number of newborns being admitted in DRG 727 *Neonate, admission weight >2499g, without significant operating room procedure, without problem* and DRG 726 *Neonate, admission weight >2499g, without significant operating room procedure, with other problem*. This matter is currently before the Department's Data Quality Committee.

Enquiries relating to this Circular should be directed to Regional Offices. *Please ensure this Circular is distributed to the relevant personnel as soon as possible.*



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COMMONWEALTH
DEPARTMENT OF
HEALTH, HOUSING,
LOCAL GOVERNMENT AND
COMMUNITY SERVICES

CIRCULAR

HBF CIRCULAR 374
PH CIRCULAR 207

NEO-NATAL FACILITIES FOR THE TREATMENT OF NEWLY BORN CHILDREN APPROVAL UNDER THE HEALTH INSURANCE ACT 1973

This Circular relates to the conditions under which basic table health insurance benefits are payable in respect of a newly born child accommodated with its mother.

The Circular replaces PH Circulars 9 and 10, issued in May and August 1976 respectively, by the then Commonwealth Department of Health.

New guidelines are necessary to reflect current professional standards and community expectations. The nursery provides skilled, special care to new-born babies.

1. Under the National Health Act 1953 and the Health Insurance Act 1973 the definition of a "patient" in relation to a hospital, excludes a newly born child whose mother also occupies a bed in the hospital except under the following circumstances as outlined in Section 3(2) of the Health Insurance Act 1973:-

- a) a newly-born child who occupies an approved bed in an intensive care facility in a hospital, being a facility approved by the Minister for the purposes of sub-section 3(2), for the purpose of the provision of special care shall be deemed to be a patient of the hospital; and
- b) where there are two or more newly-born children of the same mother in a hospital each such child in excess of one shall be deemed to be a patient of the hospital.

The above is extracted directly from the Health Insurance Act 1973. The Department is administering this to provide for the occupancy of a new-born in a special care facility within a hospital. Neo-natal special care means life support, monitoring and care for newly born children suffering from illness or disability at birth or life-threatening prematurity.

2. By administrative decision a newly born child is regarded as a child 9 days old or less.

3. Accordingly, except in the case of multiple births, as outlined in paragraph 1(b) above, the basic table benefit is not payable in respect of a newly born child accommodated in hospital with the mother unless such a child is accommodated in a separate neo-natal special care facility which has been specifically approved for that purpose.

4. For the purpose of the approval of hospital facilities under Section 3(2) of the Health Insurance Act the following prerequisites apply:

- . A special care nursery manages babies of more than 32 weeks gestation with minimal complications, and small babies weighing less than 2000gm.
- . Facilities for caring for babies including incubators and cardiorespiratory monitoring, and babies requiring IV fluid therapy, tube feeds, and phototherapy. Service provides short term assisted ventilator care, pending transfer to higher level of service.
- . Obstetricians or medical practitioners with experience in obstetrics are available 24 hours; a specialist paediatrician with experience in neo-nates is on the clinically accredited staff of the hospital and a neonatal paediatric registrar or medical practitioner with experience in neonatal paediatrics is available 24 hours.
- . Has a senior nurse, in charge (who must have post graduate qualifications in either paediatrics/neo-natal/perinatal/intensive care) and experienced registered nurses. Some registered nurses to have paediatric or neonatal/perinatal training. A minimum of one registered nurse (preferably with post-basic qualifications) on staff per shift. Minimum nursing ratio of 1:4 cots.
- . Access to suitably qualified and experienced pastoral care workers, psychiatrists and allied health professionals should be provided for.
- . The service has a formal quality assurance program, and an established link with a tertiary referral intensive care unit which may include the rotation of physicians/neonatologist(s).

Essential Support to the Neonatal Special Care Unit

a) Pathology

The service is supported by a formal pathology service with a specialist medical director. The pathology service has a blood bank with cross-matching immediately available. A range of routine tests are immediately available, including haemoglobin, blood gas analysis, Na, K. The pathology service has a formalised quality assurance program in accordance with NATA and Royal College of Pathologists of Australasia (RCPA) requirements. It keeps infection control records and monitors them. Cytology and frozen sections are immediately available. The pathology service has a 24 hour on call service.

b) Pharmacy

The service is also supported by a pharmacy with at least one permanent full-time pharmacist, and support staff. A pharmacist is on-call for emergency advice. The pharmacy controls drug distribution to patients. The clinical pharmacy service includes drug information, drug monitoring, utilisation review, and adverse drug reaction reporting. A pharmacist is available to participate in ward meetings and rounds and to provide patient and staff education programs. The director of the pharmacy service is involved in Drug (or Pharmacy and Therapeutics) Committee. The service has an established and regularly updated pharmacopoeia. The pharmacy has a non-sterile manufacturing service with facilities provided to Standards Association of Australia (SAA) requirements. It may have sterile manufacture which follows Good Manufacturing Practice (GMP) standards. The service has a formal quality assurance program, and pre-registration training may be provided.

c) Diagnostic Radiology

Facilities for general X-ray, fluoroscopy, in addition to a mobile condenser discharge for wards, operating suite and Accident & Emergency. (where present). The service has automatic film processing capacity, a mobile image intensifier in theatre and/or CCU or ICU, and a staff radiographer on call 24 hours. A specialist radiologist is appointed to the service. Ultrasound and/or a CAT scanner may be available. A registered nurse is available as required.

d) Anaesthetics

Anaesthetic services are available 24 hours a day. For those special care nurseries in hospitals that perform procedures on babies under general anaesthesia, a specialist paediatric anaesthetist is to be available. It is expected that a specialist paediatric anaesthetist could be a specialist anaesthetist with extensive paediatric experience. There is a nominated specialist director of anaesthetic staff. A medical officer is on "close call" 24 hours. Specific operating room anaesthetic staff support is available. The service undertakes a formal quality assurance program.

e) Operating Suite

The availability of an operating room equipped and staffed for an emergency section.

5. Where such facilities are approved under Section 3(2) of the Act the following administrative procedures will also be necessary in order to attract a basic table benefit for newly-born children accommodated therein:

- a) the newly born child must be formally admitted as a patient of the hospital in which it receives medical care;

- b) the admitting medical practitioner must certify the:
- . the diagnosis of the child;
 - . that the newly born child was under the care of a specialist and the medical care was deemed necessary by that specialist and that the child was accommodated in an approved separate special care facility; and
- c) the hospital has appropriate admission, discharge and transfer policies in place commensurate with the levels of services able to be safely provided at the facilities.

As a guide it is envisaged that the following could constitute special care when such care is rendered in the approved neo-natal special care unit:

- . Babies who require continuous monitoring of respiration or heart rate by transcutaneous transducers
- . babies who are receiving additional oxygen
- . babies who are receiving intravenous glucose and electrolyte solutions
- . babies who are being tube fed
- . babies who have had minor surgery in the previous 24 hours
- . babies with a tracheostomy
- . babies who are being barrier nursed
- . babies who are receiving phototherapy
- . babies who are receiving special monitoring (eg: frequent glucose or bilirubin estimations)
- . other babies receiving constant supervision (eg: babies whose mothers are drug addicts)
- . babies receiving antibiotics
- . babies with conditions requiring radiological examinations or other methods of imaging
- . dying babies

6. Hospitals with facilities which meet the criteria set out in paragraph 4 above may apply for approval, under Section 3(2) of the Act to the Director, Health Insurance Section, Commonwealth Department of Human Services and Health, GPO Box 9848, CANBERRA, ACT 2601. Approvals will be renewed every 3 years. Hospitals which currently have approved neo-natal facilities will automatically hold their approval and will be subject to review during 1995 to ascertain whether the requirements outlined above are being met. A further 1 year extension, from the date of review, will be granted at this time. If the above criteria are then not met, approvals will not be re-issued.

The above criteria are effective from 1 November 1994.