

Joan Kirner Women's and Children's (JKWC)
Division of Women's and Children's Services
Newborn Services
Model of Care

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Newborn Services

Model of Care

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Abbreviations and Acronyms

AHA	After Hours Administrator
AH&CS	Allied Health and Community Services
ANTT	Aseptic Non-touch Technique
ANUM	Associate Nurse Unit Manager
ASPIRE	Allied Health and Community Services Planning, Innovation, Research and Education Unit
ATS	Australasian Triage Scale
BLS	Basic Life Support
BLSD	Basic Life Support and Defibrillation
CNE	Clinical Nurse Educator
CNS	Clinical Nurse Specialist
CPIS	Clinical Practice Improvement Specialist
DHHS	Department of Health and Human Services
ED	Emergency Department
EMR	Electronic Medical Record
GP	General Practitioner
HDU	High Dependency Unit – a sub-space in Newborn Services
JKWC	Joan Kirner Women’s and Children’s Hospital
JMS	Junior Medical Staff
MDT	Multi-Disciplinary Team
NBS	Newborn Services JKWC
NHITH	Neonatal Hospital In the Home
NIC	Nurse in charge
NICU	Neonatal Intensive Care Unit – a sub-space within Newborn Services
NLS	Neonatal Life Support
NTN	PIPER Neonatal Transport Nurse
NUM	Nurse Unit Manager
PAHS	Paediatric Allied Health Service
PIPER	Paediatric, Infant and Perinatal Retrieval Service
PNSC	Paediatric and Neonatal Specialist Clinics
PPG	Policy, Procedure and Guidelines
PSA	Patient Services Assistant
RM	Registered Midwife
RN	Registered Nurse
SC	Special Care – a sub-space in Newborn Services
SWIFT	Social Work Informed Trauma – Maternity and Paediatric service in Emergency
W&C	Women’s And Children’s
WH	Western Health
WHMI	Western Health Medical Imaging

1. Introduction

1.1 Purpose

The purpose of this Model of Care is to detail the new model of care for Newborn Services that will support clinical operation in the Joan Kirner Women’s and Children’s (JKWC).

The Model of Care details how a service is provided at a conceptual level, articulating the component clinical and non-clinical services and exploring the relationships that occur with interfacing departments across the organisation. It informs the development of service operating guidelines, operational plans and policies, procedures and clinical practice guidelines and links this detail to the higher-level principles of service delivery across the health service.

1.2 Intended Audience

This Model of Care is intended for the following audience:

Who	Utilisation
<ul style="list-style-type: none"> Western Health Executive & Senior Leadership Team 	<ul style="list-style-type: none"> To provide an overview of the model of care and service delivery for Newborn Services.
<ul style="list-style-type: none"> W&C Leadership & Management Team W&C Services Operational Projects Team AH&CS Leadership and Management Team 	<ul style="list-style-type: none"> To be used as a baseline plan and overall tool to define the model of care for Newborn Services.
<ul style="list-style-type: none"> Frontline staff 	<ul style="list-style-type: none"> To provide frontline staff, particularly those who are new to the service, with a detailed understanding of the model of care for Newborn Services.

Table 1: Intended audience

1.3 Related Documents

This document forms part of a suite of documentation outlining the provision of newborn service delivery across various phases of care at Western Health (WH).

As such, it should be considered in conjunction with the following:

- Children’s Ward Operating Guideline (2019)*
- Neonatal Hospital in the Home (HITH) Operating Guideline (2019)*
- Newborn Services Operating Guideline (2019)*
- Paediatric and Neonatal Specialist Clinics and Paediatric Allied Health Operating Guideline (2019)*

2. Service Overview

Newborn Services at WH are provided by the Division of Women’s and Children’s (W&C) Services.

2.1 Division of Women’s and Children’s Services

The Division of W&C Services is also responsible for the provision of inpatient, ambulatory and The Division of W&C Services is responsible for the provision of inpatient, ambulatory and community care across maternity, gynaecology, neonatal and paediatric services. The division provides both elective and emergency care services. W&C services at WH continue to expand and develop to meet the region’s population growth, care complexities, service innovation requirements, model of care changes and demand.

W&C provides services across a number of sites within the WH catchment, predominantly at Sunshine Hospital (SH), but also at Sunbury Day Hospital and within the community. The service

collaborates across a number of divisions within WH and partners with external health services and community services to ensure the delivery of Best Care. The budget for the division is approximately \$87.5 million supporting a staffing profile of 579.1 FTE.

A Divisional Director, in partnership with a Clinical Services Director and Director of Nursing & Midwifery (DONM), provides leadership across the service. Each speciality program is led by a medical service Head of Unit who works in partnership with Operations and Unit Managers to provide leadership within the inpatient and ambulatory environments.

Professional leadership is provided to the division by roles including the Nursing and Midwifery Executive, the DONM, the Chief Medical Officer, and the divisional Clinical Practice Improvement Specialists (CPIS).

2.2 Women's and Children's Service Profile

Services within the Division of W&C are categorised in two ways:

1. Patient type (gynaecology, maternity, neonatal, paediatric)
2. Care setting (ambulatory, community, emergency, inpatient)

	Neonates	Paediatrics	Maternity	Gynaecology
Emergency Care	<ul style="list-style-type: none"> • Paediatric ED* 	<ul style="list-style-type: none"> • Paediatric ED* (including Advanced Practice Physiotherapy and Social Work SWIFT Service) 	<ul style="list-style-type: none"> • Maternity Assessment Centre • Adult ED* 	<ul style="list-style-type: none"> • Adult ED* • Adult Emergency Surgery*
Ambulatory Care	<ul style="list-style-type: none"> • Neonatal Medicine Clinics • Neonatal Allied Health Clinics* 	<ul style="list-style-type: none"> • Paediatric General Medicine Specialist Clinics • Paediatric Sub-Specialty Medicine Specialist Clinics • Paediatric General Surgery Specialist Clinics* • Paediatric Sub-Specialty Surgery Specialist Clinics* • Paediatric Allied Health Clinics* • Preadmission Clinic* 	<ul style="list-style-type: none"> • Maternity Specialist Clinics • Midwifery Group Practice • Shared Maternity Care • Immunisation Service • Maternal Fetal Medicine • Maternity Assessment Centre • Women's Allied Health Outpatients* • Preadmission Clinic* 	<ul style="list-style-type: none"> • Gynaecology Specialist Clinics • Early Pregnancy Assessment Service (EPAS) • Women's Health Allied Health Clinics* • Preadmission Clinic*
Inpatient Care	<ul style="list-style-type: none"> • Newborn Services • Children's Ward • Birthing • Maternity Wards 	<ul style="list-style-type: none"> • Children's Ward • Paediatric Surgery* • Adult ICU* 	<ul style="list-style-type: none"> • Maternity Assessment Centre • Birthing • Maternity Wards • Domiciliary Service • Maternity Surgery* 	<ul style="list-style-type: none"> • Gynaecology Inpatients • Gynaecology Surgery*
Community Care	<ul style="list-style-type: none"> • Neonatal Hospital in the Home • Domiciliary 	<ul style="list-style-type: none"> • Paediatric Hospital Admission Risk Program* 		<ul style="list-style-type: none"> • Western Continence Service*

Table 2: Women's and Children's Service Profile

* indicates services provided by departments/units external to the Division of W&C

3. Service Key Principles

The principles that underpin the provision of care within Newborn Services are detailed within the [WH Framework for Quality, Safety and the Patient Experience](#), which describes a vision for 'Best Care' for all patients and sets out the behaviours, strategies and systems needed to achieve this.

The four 'Dimensions of Best Care' that guide provision of Newborn Services are:

- Person-Centred Care: I am seen and treated as a person
- Co-ordinated Care: I receive help, treatment and information when I need it and in a co-ordinated way
- Right Care: I receive care that makes me feel better
- Safe Care: I feel safe

The model of care aims to reflect the standards as set out in the [National Safety and Quality Health Service Standards](#). It is proposed that, in planning and providing services for neonates, the principles as outlined in the National Safety and Quality Health Standards are applied.

The provision of care for neonatal patients also encompasses the [Child Safe Standards](#), as recommended by the Commission for Children and Young People which incorporates upholding children's rights and ensuring neonates are safe in our care, and that staff are aware of their role and responsibility in relation to the [Reportable Conduct Scheme](#).

4. Service Overview

Newborn Services at WH predominantly provide acute care, defined in a 2013 bulletin of the World Health Organisation as 'the health system components, or care delivery platforms, used to treat sudden, often unexpected, urgent or emergent episodes of injury and illness that can lead to death or disability without rapid intervention'. The exception for this is those services that are provided in the ambulatory context as part of long term developmental monitoring / management of preterm or previously unwell infants. The majority of inpatient neonatal care is for premature and ill babies of any gestation. Neonatal Surgery is not available at WH.

Newborn Services are involved across maternity and paediatric services. From a maternity perspective, there are defined links throughout all phases of pregnancy care – from antenatal (including Maternal Fetal Medicine (MFM) where neonatologists participate in multidisciplinary assessment and management of high risk pregnancies) to birthing and postnatal, with consultation about neonates on the maternity wards and with Maternity @ Home (domiciliary service). Neonates may require care necessitating admission to Newborn Services.

Close collaboration also occurs with paediatrics, with transfer of inpatients between Newborn Services and the Children's Ward, and also through a shared junior medical staff (JMS) workforce.

Neonatal HITH is available to neonates meeting the criteria for this service, and is detailed in the *Neonatal Hospital in the Home (HITH) Operating Guideline (2019)*. Neonatal ambulatory services are offered as part of the Paediatric and Neonatal Specialist Clinics and cover general neonatal medicine, including a rapid review clinic for neonates who have recently been discharged from one of the above-mentioned inpatient areas and require follow up regarding test results and investigations or

early clinical review. A multi-disciplinary team approach, incorporating a number of allied health disciplines, is utilised to maximise communication and streamline service provision.

It is widely-accepted that the overall aim of service provision is to provide multidisciplinary care for neonates and families based on a family centred and a developmentally supportive model. Newborn Services promotes family centred care, and a model of service provision is currently being further developed. It is proposed that, in planning and providing services for neonatal patients, the following principles are applied:

- Provision of safe and high-quality services to neonates
- Newborn and family-centred practice
- Minimising separation of parents/caregivers/support people and their neonate
- Minimising hospital stay
- An ability to work in partnership with families and other service providers to ensure an integrated range of services that meets the continuum of care needs of their population
- Culturally appropriate services
- Risk Assessment and Risk Management Practices for Vulnerable Children

4.1 Patient Profile

From an inpatient perspective, neonates are defined as an infant within the first 28 days of life if born ≥ 37 weeks gestation, or a preterm infant born at < 37 completed weeks gestation who is ≤ 44 weeks corrected gestational age.

At opening of the JKWC, Newborn Services will continue to provide a Level 5 service.

Shortly after opening from mid-2019, Newborn Services complete a phased uplift in order for the service to provide Level 6A inpatient neonatal care in the JKWC.

Upon commencement of Level 6A services in mid-2019, neonates born at ≥ 28 weeks gestation, weighing ≥ 1000 grams at birth, with non-surgical critical illness will be accepted into vacant neonatal intensive care unit (NICU) cots (WH capacity in 2019 is two NICU cots). Neonates who exceed the admission criteria will be managed in Newborn Services until PIPER is able to retrieve and relocate these neonates to an appropriate service.

Twenty eight other neonatal special care and high dependency cots will be funded providing a total of 30 available cots for neonatal care including rooming-in options soon after opening. Further NICU and Special Care cots will be opened in a phased approach as additional funding is secured, with a continued increase in patient acuity and concomitant decrease in gestation and weight, with a projected capacity of six NICU, six HDU, 18 Special Care and nine Rooming in cots; a total neonatal cot capacity of 39 by February 2021.

There are no geographic boundaries for admission to Newborn Services. With the opening of two NICU cots in mid-2019 shortly after opening, inpatients may be admitted from other metropolitan or regional hospitals on a needs and criteria basis (co-ordinated by PIPER). Historically the majority of neonatal patients admitted to SH have been from WH's catchment area (cities of Brimbank, Hobson's Bay, Maribyrnong, Melton, Moonee Valley, Hume and Wyndham), and included families whose primary language spoken at home was not English. It is anticipated that neonates from geographically distant, including regional, locations may be admitted to Newborn Services, and thus

family members may require short-term accommodation within JKWC's Parent Overnight Accommodation Area. This facility is managed by Health Support Services in accordance with the [Management of JKWC Guest Accommodation Services Procedure](#) (currently under development). The accommodation will be allocated on a first come, first serve basis in accordance with the [JKWC Guest Accommodation Eligibility Guideline](#) (currently under development).

Patients who access neonatal ambulatory services at WH are infants less than six months of age at referral and infants who require monitoring of growth and development up to the age of two years.

4.2 Complexity of Care

At opening of the JKWC, Newborn Services will continue to provide a Level 5 service.

Shortly after opening, it is planned that the service capability will lift from providing level 5 neonatal inpatient services to Level 6A neonatal inpatient services. The Victorian Department of Health and Human Services defines Level 6A Neonatal Care as the provision of continuous life support and comprehensive multidisciplinary care for extremely premature newborns and those with non-surgical critical illness, as well as neonates requiring care with lesser complexity including non-invasive respiratory support (*Defining levels of care for Victorian newborn services*, 2015c State of Victoria, Department of Health and Human Services, November, 2015).

Following uplift to a Level 6A service, neonates ≥ 28 weeks gestation and ≥ 1000 grams with non-surgical critical illness will be considered as suitable for ongoing care within Newborn Services JKWC. Neonates requiring less critical care will also be managed within Newborn Services as previously. Phased revision of admission criteria will proceed as capability increases accompanied by evaluation of management practice and success.

Neonates exceeding either the capacity or capability of Newborn Services in JKWC will be stabilised and referred to PIPER to arrange transfer to a health facility that meets the medical and/or surgical requirements of these neonates.

4.3 Location of Services

Neonatal inpatient services are located on Level Five of the JKWC at SH. The Paediatric and Neonatal Specialty Clinics are situated on the Ground Floor of the JKWC. The Children's Ward is located on Level Six of the JKWC.

Service	Site	Location
Paediatric Emergency Department	SH	SH Building A, Ground Floor, ED
Neonatal Specialist Clinics	SH	JKWC, Ground Floor, Children's Clinic A
Neonatal and infant Allied Health	SH	JKWC, Ground Floor, Children's Clinic B
Neonatal Inpatient Services	SH	JKWC, Level Five Newborn Services
Maternity Services	SH	JKWC Levels Three, Seven and Eight
Children's Ward	SH	JKWC Level 6

Table 3: Neonatal inpatient and outpatient service location

Location maps and hours of operation for each service can be found in the individual service Operating Guideline.

5. Service Description

5.1 Emergency Services

5.1.1 SH ED Presentation

Neonatal emergency service provision will occur in the setting of an ambulance or private vehicle presentation to the SH Emergency Department (ED) 24 hours a day, with either a birthing woman or a critically unwell neonate who requires rapid assessment, triage and notification of the neonatal +/- obstetric team to attend as requested.

Neonates presenting to the SH ED are triaged and receive a category between ATS 1-3 depending on the severity of their presentation. ATS 1 presentations are seen immediately, ATS 2 presentations are seen within ten minutes and ATS 3 presentations are seen within 30 minutes. Neonates are located in either the SH ED resuscitation bay or Paediatric ED according to their ATS category and clinical condition, and managed by the ED Team with consultation and assistance from paediatric or neonatal team members as required.

PIPER will be consulted in the event of a neonate being managed in the SH ED that exceeds JKWC's capacity and/or capability to provide ongoing care due to complexity or staffing reasons, with the view to retrieving the neonate and moving it to a hospital with the capacity to provide care in this situation. Neonates in SH ED requiring stabilisation and retrieval will be managed primarily by the ED team, with consultation and assistance from the neonatal consultant and additional neonatal team members as required.

5.1.2 PIPER Transfer into the JKWC

Once Newborn Services reached Level 6A capacity, PIPER may also be transferring neonates requiring NICU or HDU admission into the JKWC from other services without these capabilities. These neonates will be transferred by PIPER directly into the JKWC via the designated JKWC ambulance bay and emergency service entrance on the Ground Floor and up to Newborn Services on Level Five via the back of house lifts. PIPER will have access to the JKWC ambulance bay and emergency entrance 24 hours a day.

Prior to arranging a transfer of a neonate into the JKWC, PIPER will call the neonatologist on duty to ascertain whether a bed is available. The neonatologist will liaise with the Newborn Services Nurse in Charge (NIC) to discuss bed availability, unit acuity and staffing to ascertain if Newborn Services have capacity to accept. If the decision is made to accept, the neonatologist informs PIPER and the NIC informs the Access Coordinator/After-Hours Administrator (AHA). An appropriately staffed neonatal admission bed will be allocated by the NIC prior to arrival of the PIPER team with the neonate.

Prior to departure from the referring hospital, the Newborn Services neonatologist will be called by the PIPER fellow /NTN and will be given an estimated arrival time and a brief handover outlining the current condition of the neonate. The neonatologist will disseminate information to NIC and bedside nurse. The PIPER Team are responsible for care of the neonate until handover to the Newborn Services team has been completed and the patient is admitted to a Newborn Services cot.



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5.1.3 Neonatal Emergency Codes in Maternity Services or Children's Ward

Neonatal emergency care may also be required in birth suite or theatre in the event of a newly born neonate who requires resuscitation and stabilisation immediately following their birth. Emergency responders in this situation are notified via activation of a *Neonatal Code Blue*. This code activation will ensure attendance of the Neonatal Code Blue team, and will include, as a minimum, a neonatal registrar and the Newborn Services Admissions Nurse.

Neonates being cared for in Maternity Wards and who require a Neonatal MET or Code Blue activation will be responded to by the Neonatal MET or Neonatal Code Blue Team as per Table 9 in section 6.4. After assessment and stabilisation, the best location for ongoing management of these neonates will be determined. Locations may include Maternity Wards, Children's Ward, or Newborn Services; or may require discussion for transfer with PIPER if critically unwell and exceeding JKWC Newborn Services capability or capacity.

5.1.4 Neonatal Emergencies for Neonatal HITH patients

Emergency Care for neonates who are active on WH's Neonatal HITH or Maternity @ Home requires parents or staff to dial 000 and request an ambulance. Ambulance Victoria (AV) will then respond, provide assessment and management, and transfer to the nearest appropriate ED for ongoing assessment and management.

5.2 Ambulatory Services

Neonatal ambulatory services are offered as part of the Paediatric and Neonatal Specialist Clinics and cover general neonatal medicine. A multi-disciplinary team approach, incorporating a number of allied health disciplines, is utilised in an attempt to maximise communication and streamline service provision. Other single-discipline allied health services also provide ambulatory services for neonates. Neonatologists participate in multidisciplinary maternal fetal medicine clinics for the assessment and management of high risk pregnancies.

A Rapid Review Clinic for neonates who have recently been discharged from one of the above-mentioned inpatient areas or who are Neonatal HITH patients and require follow-up, will operate during Tuesdays- Fridays in the Paediatric and Neonatal Specialist Clinics on the Ground Floor of the JKWC. Neonatal HITH or Maternity @ Home neonates who need medical review, but are not requiring urgent, emergency transport and management, are referred to the Rapid Review Clinic.

Service provision for neonatal ambulatory care will be provided in the Paediatric and Neonatal Specialist Clinics situated on the Ground floor of JKWC. Refer to *Paediatric and Neonatal Specialist Clinics Outpatients and Paediatric Allied Health Operating Guideline (2019)*. Services provided are listed in Table 4.

Service	Clinics Provided
Neonatal Medicine	<ul style="list-style-type: none"> • General Neonatal Medical review by Neonatologists • Rapid Review: review by registrars, overseen by consultant Paediatrician or Neonatologist
Integrated Neonatal Allied Health	<ul style="list-style-type: none"> • Nutrition & Dietetics • Occupational Therapy • Physiotherapy • Speech Pathology
Other Neonatal Allied Health	<ul style="list-style-type: none"> • Audiology • Nutrition & Dietetics • Occupational Therapy • Physiotherapy • Speech Pathology • Social Work

Table 4: services which provide neonatal ambulatory care

5.3 Inpatient Services

The overall aim of service provision is to provide multidisciplinary care for neonates and their families based on a family centred and a developmentally supportive model. Newborn Services at JKWC has been developed to support the patient journey for premature and/or ill neonates from intensive care if required, through to discharge. For some neonates, care provision is initiated in utero with the input of Neonatologists for high risk pregnancies as part of the Maternal Fetal Medicine (MFM) service.

Service	Location	Description
Newborn Services	Level Five, JKWC	A 39 bed capacity inpatient unit (24 at opening) that provides Level 5 Neonatal Services at opening, phasing up to Level 6A services shortly after opening.
Rapid Admission	Newborn Services Procedure Room	Initial assessment, stabilisation and the development of a management plan for late pre-term and low birth weight newborns likely to be deemed suitable to “room in” with their mothers on the maternity wards. The Team Support Nurse for Newborn Services or the Newborn Services Admission Nurse in collaboration with a Paediatric Registrar will be responsible for assessment and development of a management plan.
Children’s Ward	Level Six, JKWC	A 32 bed capacity (20 funded beds at opening) inpatient unit that provides Nursing, Medical and Allied Health assessment, monitoring, management and discharge planning for children and adolescents aged 0 – 17 years requiring Paediatric General Medicine, Paediatric General Surgery and Sub-Specialty Surgical care. Neonates on the Children’s Ward have either been transferred from Neonatal Services due to demand pressures or have been admitted from the community. Phototherapy (under specific conditions) is able to be provided on the Children’s Ward. This is referenced in the Jaundice in Newborn Babies > 35 Weeks Gestation Procedure

Service	Location	Description
Maternity Wards	Levels 7Seven & Eight, JKWC	<p>A total of 64 bed capacity (56 funded beds at opening) supporting recovery from birth and neonatal monitoring / input from the Neonatal Medicine Unit (via a written care plan and daily inpatient review).</p> <p>Neonates who only require intravenous (IV) antibiotics are able to remain on the Maternity Wards however the antibiotics are administered by a member of the Newborn Services nursing team. Phototherapy (under specific conditions) is able to be provided on the Maternity Wards as per Jaundice in Newborn Babies > 35 Weeks Gestation Procedure.</p> <p>Neonates with mild Neonatal Abstinence Syndrome, low birth weight or late preterm may also stay in maternity wards with daily medical review by the neonatal team.</p>

Table 5: Inpatient services in JKWC where neonates will be cared for:

5.4 Community Services

Community Neonatal Care is provided by the Neonatal HITH Service and provides acute care to neonates discharged from Newborn Services, Children’s Ward or Maternity Wards in the comfort of their home or other suitable environment (refer to the *Neonatal Hospital in the Home (HITH) Operating Guideline (2019)* for full details).

Eligibility criteria varies depending on the referring ward however all neonates referred to the service usually live in WH’s catchment area, are term or ex-preterm infants with a discharge weight greater than 2000g, may require enteral feeding or be feeding orally and need monitoring of weight gain. Neonates receiving home oxygen are also referred. Referrals are occasionally received from external tertiary hospitals and are assessed on an individual basis regarding admission to the service.

Service	Location	Description	Operating Hours
Neonatal HITH	Patient’s home environment or other suitable environment	Nursing only service for neonates who required admitted care in a hospital however are stable enough to receive treatment at home as a continuation of that care	08:00 – 16:00 Current service offers care Sun – Fri

Table 6: Neonatal HITH service

6. Service Delivery

6.1 Care Delivery Systems

While neonatal care is delivered in different ways across the various settings, every patient journey will contain the following stages of care delivery: referral, admission, service provision, discharge and follow-up. Figure 1 provides an overview of these stages, with detailed information on the processes for each stage provided in the Operating Guidelines.



Figure 1: Patient journey stages for Newborn Services

6.2 Diagnostic Services

Newborn Services are supported by a range of medical imaging and pathology diagnostic services as detailed in Table 7.

Service	Division/Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Medical Imaging	Clinical Support Services and Specialist Clinics	Western Health Medical Imaging (WHMI) provides bulk-billing services for ambulatory, emergency and inpatient settings. Neonatal examinations available at WH include CT, fluoroscopy, MRI, nuclear medicine, ultrasound and x-ray. There will be a dedicated ultrasound machine in Newborn Services for WHMI, Neonatologists and Cardiologists to use for cot-side examination. There are currently three Paediatric Radiologists who provide a Paediatric-specific service (including education), though initial reports on children may be by a non-paediatric clinician.	SH Main Medical Imaging Ground Level Building B/B+ JKWC Ultrasound, Level One JKWC JKWC X-Ray, Ground Floor JKWC	Ambulatory: 08:00 – 17:00 Mon – Fri ED & Inpatients: 24-hours 7 days/week Upper GI contrast in hours. MRI out of hours requires contact to on-call MI Consultant	✓	✓	✓	✗
Pathology	Clinical Support Services and Specialist Clinics	The Pathology Service is contracted through Dorevitch and provides ambulatory testing in addition the following emergency and inpatient services: <ul style="list-style-type: none"> • Haematology and Transfusion Services • Biochemistry and Microbiology • Histopathology and Cytology • Anatomical Pathology Currently no neonatal inpatient collection service. Pathologists can also attend and contribute to multidisciplinary team meetings for case reviews.	JKWC Ground Floor. SH Main Pathology Collection Centre Ground Level Building Q	Ambulatory: 08:30 – 19:00 Mon – Fri ED & Inpatients: 24-hours/7 days	✓	✓	✓	✗

Table 7: Diagnostic Services supporting Newborn Services

6.3 Clinical Support Services

Newborn Services are supported by a range of clinical support services as detailed in Table 8.

Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Access Coordinator & After Hours Administrator (AHA)	Emergency Medicine and Cancer	The Access Coordinator (AHA) is responsible for the co-ordination of patient flow within their site of operation and across WH to facilitate timely patient access and discharge to meet organisational key performance indicators. Additionally, the AHA is the hospital administrative representative responsible for the co-ordination, supervision and operation of the hospital during the after-hours period.	SH, Level One	24 hours/7 days	✘	✓	✓	✘
Allied Health	Community Integration, Allied Health & Service Planning	Allied Health undertakes comprehensive assessment, intervention, risk management for vulnerable infants, and care planning to optimise the function and wellbeing of patients. The range of disciplines available for Newborn Services varies according the phase of care. <ul style="list-style-type: none"> • Ambulatory Care: Audiology; Nutrition & Dietetics; Psychology; Occupational Therapy; Physiotherapy; Speech Pathology; Social Work • Inpatient Care: Audiology; Nutrition & Dietetics; Occupational Therapy; Pastoral Care; Physiotherapy; Psychology (limited case-by-case service); Social Work; Speech Pathology 	JKWC, Ground Floor Relevant Clinical Service Area (Service Delivery) – Level 5 JKWC	08:00 – 16:30 Mon – Fri	✓	✓	✓	✘



Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Anaesthetics	Division of P&CC Services	<p>The Department of Anaesthesia and Pain Medicine provides a full range of anaesthetic and perioperative services including post-operative pain management and review.</p> <p>While a Paediatric Anaesthesia Special Interest Group exists within the department, SH does not currently have 24-hour specialist paediatric anaesthesia cover due to low after-hours paediatric caseload.</p>	SH, Level One JKWC, Level Two	24-hours/day 7 days per week	x	✓	✓	x
Family Violence Legal Clinic	Partnership service with Brimbank Melton Community Legal Centre	<p>Weekly clinic that provides free legal advice to patients or staff experiencing family violence. The service also extends to legal problems that relate to family violence including:</p> <ul style="list-style-type: none"> • Child protection • Debt matters • Elder abuse • Family law disputes • Victims of crime <p>A secondary clinical consult for family violence and child safe guarding is available- staff can contact the Family Violence and Child Safeguarding Senior Social Work Clinician via phone (0481 906 328) during business hours for advice or assistance with family violence disclosures.</p>	JKWC, Level One	09:00 – 13:00 Fri	✓	x	x	x



Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Health Equity Advisor	Community Integration, Allied Health & Service Planning	<ul style="list-style-type: none"> The Health Equity Advisors support and assist staff and volunteers to recognise the signs of family violence, sensitively inquire and respond to patients experiencing family violence, enhance safety, and to provide appropriate support and referral options. They will also assist to build staff capacity to respond to violence against women through reflective practice and case review at relevant staff, team and clinical meetings. Support is available to staff across all sites. Health Equity is funded until December 2019. 	SH Portables Clinical Service Area (Service Delivery)	08:00 – 16:30 Mon – Fri	✓	✓	✓	✓
Infection Prevention	Nursing & Midwifery Directorate	<p>Infection Prevention Services at WH focus on the implementation of measures to reduce the risk of hospital acquired infections to patients and to protect the health care worker, visitors and others. Responsibilities include:</p> <ul style="list-style-type: none"> Acting as a source of specialist advice for healthcare workers on best practice Carrying out surveillance activities, such as the monitoring of central vascular access devices, monitoring of patients colonised with antibiotic resistant organisms, and monitoring of surgical wound infections Daily review of patients with infection related issues Managing outbreaks of infection Supporting local LINK nurse to undertake regular infection prevention related audits to measure compliance against National Standards 	SH, Ground Floor	08:30 – 17:00 Mon – Fri	✓	✓	✓	✗



Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Pharmacy	Division of Clinical Support & Specialist Clinics	<p>WH Pharmacy provides dispensing, clinical pharmacy and quality use of medicines services to inpatients as well as providing medicine prescribed in WH Specialist Clinics. Additional responsibilities include:</p> <ul style="list-style-type: none"> • Advice to optimise medications • Collaborate to support the development of policies, procedure, guidelines and processes. Pharmacy are a mandatory stakeholder if medications are involved • Information and advice on drugs and drug therapy • Procurement and distribution of medications • Safe, rational and cost effective use of medicines • Support for education and research 	<p>JKWC Ground Floor</p> <p>SH Ground Floor</p>	<p>08:15 – 17:00 Mon – Fri</p> <p>08:30 – 12:30 Weekends and public holidays (medication supply only)</p>	✓	✓	✓	✗
PIPER	External provider, governed by The Royal Children’s Hospital (RCH)	Paediatric, Infant and Perinatal Retrieval service who are available 24 hours a day for telephone advice, video consultations and for retrieval of critically ill children and infants and co-ordination of retrieval of pregnant women in Victoria, Tasmania, and Southern New South Wales.	RCH Parkville	24/7	x	✓	✓	x

Table 8: clinical support services supporting Newborn Services



6.4 Recognition and Management of the Deteriorating Patient Framework

The framework to support the recognition and management of the deteriorating patient in the JKWC is outlined in the WH [Recognition and Management of the Deteriorating Adult Patient Procedure](#) which includes maternity and age-specific escalation of care responses as outlined in Table 9 below. A Neonatal Code Blue will be called for neonates in Birthing, Theatres, Maternity Wards, Newborn Services or SH ED requiring responders with neonatal skills. Changes made to the Codes requiring recognition and management, or emergency responses within JKWC are outlined in Table 9 below.

Care Response	Response Team Members
<p>1. Code Pink</p>	<p>Response Team</p> <ul style="list-style-type: none"> • Team Leader: Obstetric Senior Registrar • Clinical Support Midwife • JKWC Anaesthetic Registrar <p>Additional Staff Notified</p> <ul style="list-style-type: none"> • Joan Kirner/ Sunshine After Hours Coordinator (JK AHA must attend) • Midwifery Team Leader • Local clinicians • Neonatal Registrar • PSA • Security if out of hours
<p>2. Code Green</p>	<p>Response Team</p> <ul style="list-style-type: none"> • Team Leader: Obstetric Senior Registrar • Clinical Support Midwife • Neonatal Registrar <p>Additional Staff Notified</p> <ul style="list-style-type: none"> • Joan Kirner/ Sunshine After Hours Coordinator (JK AHA must attend) • Midwife in Charge • Joan Kirner Anaesthetic Registrar • Neonatal & Obstetric Consultants • PSA • Theatre Nurse Manager or NIC



Care Response	Response Team Members
3. Maternal Cardiac Arrest	<ul style="list-style-type: none"> Activates Adult Code Blue Team, Code Green Team and Neonatal Code Blue Team simultaneously and hence requires response from the Neonatal Senior Registrar and Newborn Services Admission Nurse
4. Neonatal Medical Emergency Team (MET)	<p>Response Team</p> <ul style="list-style-type: none"> Team Leader: Neonatal Registrar Clinical Support Neonatal Nurse Home Unit (Response required by HMO, Registrar &/or Consultant) <p>Additional Staff Notified</p> <ul style="list-style-type: none"> Joan Kirner/ Sunshine After Hours Coordinator Neonatologist¹ Local clinicians <p>¹ To be called in out of hours if deemed appropriate</p>
5. Neonatal Code Blue	<p>Response Team</p> <ul style="list-style-type: none"> Team Leader: Neonatal Registrar Clinical Support Neonatal Nurse JKWC Anaesthetic Registrar <p>Additional Staff Notified</p> <ul style="list-style-type: none"> Home unit (Response required by HMO, Registrar &/or Consultant) Joan Kirner/ Sunshine After Hours Coordinator Neonatologist¹ – in hours to lead the code management Local clinicians Joan Kirner/Sunshine After Hours Co-ordinator (JK AHA must attend) PSA <p>¹ To be called in out of hours if deemed appropriate by any member of the response team</p>

Table 9: Codes requiring responders with neonatal resuscitation skills

The [Adult Code Blue Procedure](#) outlines the specific criteria and required action/s for any medical deterioration / emergency that requires an immediate medical response. Adult visitors or parents of neonates who are inpatients or who are attending Ambulatory Services and who experience a sudden deterioration require the staff in Newborn Services to call an Adult Code Blue.

6.5 Non-Clinical Support Services

Newborn Services are supported by a range of non-clinical support services as detailed in Table 10.

Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Aboriginal Health Unit	Nursing & Midwifery Directorate	The Aboriginal Health Unit provides emotional, social and cultural support to patients who identify as being Aboriginal or Torres Strait Islander.	SH, Ground Floor	08:30 – 17:00 Mon – Fri	✓	✓	✓	✓
Biomedical Engineering	Division of Health Support Services	Biomedical Engineering Services' core business is to support WH in its delivery of quality patient care by ensuring safe and effective management of biomedical equipment through: <ul style="list-style-type: none"> • Scheduled preventative maintenance • Technical advice and consulting • Testing and documentation • Timely repair of faulty equipment Biomedical equipment can be defined as all equipment used for physiological monitoring, treatment or investigation of patients.	SH, Basement (Management Office) Relevant Clinical Service Area (Service Delivery)	08:00 – 16:30 Mon – Fri Urgent after hours requests: 16:30 – 08:00 Mon – Fri 24-hours Weekends	✓	✓	✓	x
Central Sterile Services Department (CSSD)	Division of P&CC Services	The CSSD provides vital sterilising services to support the operating theatres through the cleaning, disinfecting and sterilising of reusable medical and surgical instruments. They also store and distribute single use medical devices and reusable linen to hospital departments.	SH, Level One JKWC, Level Two	24 hours, 7 days a week	✓	✓	✓	x
Clerical Support	Division of Health Support Services	Clerical Support Services manage the clerical workforce supporting inpatient wards (Ward Clerks), main reception and switchboard. Specialist Clinics and Community Services provide their own clerical and administrative services.	SH, Basement (Management Office)	24 hours, 7 days a week	x	✓	✓	x



Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
		<p>The Ward Clerk is responsible for the clerical and receptionist duties of the ward, coordinating the telecommunication and administrative traffic throughout the area and being responsible for all clerical aspects of a patient stay.</p> <p>Daily tasks include:</p> <ul style="list-style-type: none"> • Any activity in iPM including registering patients and completing admissions/discharges/transfers • Organising pathology, radiology, other internal appointments and transport for patients • Paper filing and faxing • Preparation of documents for medical records • Responding to phone enquires • Welcoming staff/patients/visitors to the ward 	Relevant Clinical Service Area (Service Delivery)	07:00 – 15:30 After hours shared with Level 6				
Engineering & Infrastructure	Division of Health Support Services	<p>WH's Engineering and Infrastructure Services Department is responsible for:</p> <ul style="list-style-type: none"> • Delivery of reactive maintenance requirements • Risk management of infrastructure and infrastructure related equipment • Development and delivery of Asset Management Plans to ensure maximum utility is enjoyed from existing infrastructure, supporting patient and staff satisfaction • Management of preventative maintenance requirements • Management of regulatory and statutory compliance issues <p>Engineering and Infrastructure Services are also supported by specialist external contractors who perform maintenance and service repairs to specialised equipment throughout WH.</p>	<p>SH, Basement (Management Office)</p> <p>Relevant Clinical Service Area (Service Delivery)</p>	<p>07:30 – 16:00 Mon – Fri</p> <p>On-call services via the JKWC AHA</p>	✓	✓	✓	x



Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Environmental Services	Division of Health Support Services	<p>The Environmental Services Team includes the Patient Services Assistants (PSA) and Cleaners.</p> <p>PSAs are allocated to each ward to support the cleaning of patient areas, provide assistance with patient transport and respond to emergency codes.</p> <p>There will be 24 hour PSA cover for Newborn Services in JKWC.</p> <p>Cleaners are responsible for waste management and the cleaning of non-clinical areas including walls/windows/floors and staff/general public bathrooms.</p>	<p>SH, Basement (Management Office)</p> <p>Relevant Clinical Service Area (Service Delivery)</p>	24 hours	✓	✓	✓	x
Food Services	Division of Health Support Services	<p>The Food Services Team provides safe, appealing and nutritionally appropriate breakfast service to those parents/guardians who have been requested to stay overnight in the Rooming-in bed spaces prior to their neonate's discharge only.</p>	<p>SH, Basement (Management Office)</p> <p>Relevant Clinical Service Area (Service Delivery)</p>	<p>Nil food service to inpatients. Breakfast to parents staying in Rooming In area provided</p>	x	✓	✓	x
GP Integration	Community Integration, Allied Health & Service Planning Directorate	<p>The GP integration unit is the main point of contact for GPs and is responsible for delivering activities to support and strengthen the interface between WH and GPs, including:</p> <ul style="list-style-type: none"> • Developing resources for GPs • Helping to find patient a GP for patients • Organising education for GPs • Providing advice about working with GPs • Communicating about new WH services/programs via the GP Integration newsletter & website 	SH, Portables	<p>08:30 – 17:00 Mon – Fri</p>	✓	✓	✓	✓



Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
		<ul style="list-style-type: none"> • Providing advice regarding GP details in iPM • Working with community organisations such as Medicare Locals to improve integration with GPs 						
Information & Communication Technology (ICT)	Health Information & Performance	ICT functions at WH include: <ul style="list-style-type: none"> • An ICT Service Desk which is responsible for logging, triaging, tracking, reporting and resolving incidents encountered by staff, IT queries and service requests. • ICT Leadership and operations management • Project and change management • Systems and software solutions management 	SH Basement Footscray Hospital	07:00 – 19:00 7 days	✓	✓	✓	✓
Language Services	Community Integration, Allied Health & Service Planning Directorate	The WH Language Services Department enables communication to take place between patients from Culturally and Linguistically Diverse (CALD) backgrounds and healthcare professionals. In-house languages provided by WH interpreters include: <ul style="list-style-type: none"> • Arabic • Assyrian • Burmese • Cantonese • Mandarin • Dinka • Greek • Vietnamese • Italian • Serbian • Croatian • Spanish • Macedonian All other languages are sourced from external agencies and the bookings are made through the Western Health Language Services Booking Office. Bookings for MBS clinics are made directly through Translating and Interpreting Services (TIS).	SH, Level 1 (Staff Office) Relevant Clinical Service Area (Service Delivery)	08:30 – 17:00 Mon – Fri (in-house interpreters)	✓	✓	✓	✓



Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Linen Services	Division of Health Support Services	Linen is provided to all clinical areas of WH via an external contract with Spotless.	Delivery via the SH loading dock	7 days	✓	✓	✓	✗
Medical Record Service	Health Information & Performance	The Medical Record Service facilitates the clinical paper documentation and electronic medical record components of the patient clinical record.	SH, Ground Floor	07:00 – 24:00 7 days	✓	✓	✓	✓
Medical Workforce Unit	Medical Services Directorate	The Medical Workforce Unit is responsible for the Recruitment of Junior Medical Staff in conjunction with the Women’s and Children’s Division, and once employed to provide them with employee services functions. The Medical Workforce Unit is also responsible for preparing and managing junior medical staff rosters and rotations.	Footscray Hospital & Sunshine Hospital	08:00 – 16:30 Mon – Fri	✓	✓	✓	✗
Occupational Health & Safety (OHS), Wellbeing & Emergency Management	People, Culture & Communications Directorate	The OHS, Wellbeing and Emergency Management Unit provides a range of services to support staff and management across all areas of WH. Services include OHS management, risk management, WorkCover management, rehabilitation/return to work programs, health and wellbeing programs and strategic coordination of emergency/disaster management. The OHS, Wellbeing and Emergency Management team are committed to working as a partner with management to help achieve WH’s goals and objectives and to support staff to deliver ‘Best Care’ and a positive workplace culture.	SH, Ground Floor	06:30 – 18:00 Mon – Fri Urgent after-hours and weekend advice via phone	✓	✓	✓	✓
People & Culture	People, Culture and Communications Directorate	Part of the People, Culture and Communications Division that aims to promote best patient care by providing employment services, advice and tools to help managers effectively resource, develop and support their employees and enable effective working relationships.	SH, Portables Footscray Hospital	08:30 – 17:00 Mon – Fri	✓	✓	✓	✓



Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Quality, Safety & Patient Experience	Chief Medical Officer	<p>The Quality, Safety and Patient Experience Team, which includes a Quality Improvement Partner who is allocated specifically to W&C Services, is responsible for coordinating the continual monitoring, assessment and improvement of care and services across WH.</p> <p>The Improvement Team provides coaching and support for problem solving, data analysis and use of A3 Quality Improvement templates and RiskMan Q.</p>	SH, Ground Floor	08:00 – 17:00 Mon – Fri	✓	✓	✓	✓
Security	Division of Health Support Services	<p>The WH Security Department offers proactive and effective Security Management solutions that provide a stable, predictable environment in which staff may confidently deliver health services and treatment to the community and may do so without harm and fear of disturbance or injury. This is achieved through:</p> <ul style="list-style-type: none"> • Ensuring a safe and secure environment for staff, patients and visitors • Preventing and detecting offences • Providing the highest level of customer service • Safe guarding of WH assets and preventing of loss of property 	SH, Ground Floor JKWC Ground Floor	24 hours 7 days	✓	✓	✓	✓
Transcription Service	Health Information and Performance	The Transcription Service is responsible for typing ambulatory dictation into letters for delivery to referrers such as GPs or internal clinicians.	SH, Ground Floor	09:00 – 17:00 Mon – Fri	✓	✗	✗	✓



Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Volunteers	People, Culture and Communications Directorate	<p>WH's Volunteer Program focuses on engaging with the local community, offering relevant and worthwhile volunteering opportunities. Direct patient contact roles include:</p> <ul style="list-style-type: none"> · Patient feedback gathering · Patient support trolley & library trolley · Social support (inpatient/ambulatory) · Visitor guide/way finding <p>The program utilises a long term volunteering opportunity model with an expectation of at least 12 months of commitment from volunteers.</p> <p>WH is committed to community engagement through the provision of a volunteer program that offers opportunities for personal development, connectedness, student and school participation.</p>	<p>SH, Portables (Management Office)</p> <p>SH, Volunteer Desk (Front Reception)</p> <p>Relevant Clinical Service Area (Service Delivery)</p>	<p>Visitor Guide: 08:00 – 16:00 7 days/week</p> <p>Social Support: (inpatients) 10:00 – 12:00 Mon – Fri</p> <p>Newborn Services: 08:00 – 20:00 7 days/week</p> <p>Specialist Clinics 09:30 – 16:00 2 days/week</p> <p>Patient Support/ Library Trolley: 10:00 – 16:00 7 /week</p> <p>Auxiliary (retail): 09:30 – 16:00 6 days/week</p> <p>Health Information Centre: 09:30 – 16:00 6 days/week</p>	✓	✓	✓	✓

Table 10: Non-Clinical Support Services for Neonates

6.6 Service Links

To facilitate and integrate the management of neonatal patients across health services, WH has established a number of links with surrounding services regarding the consultation, referral and transfer of patients. The [Admission and Transfer of Children Procedure](#) (under development) informs medical and nursing/midwifery staff about the paediatric and neonatal scope of practice at JKWC, admission of neonates from the community, and relevant transfer guidelines.

Transport of neonatal patients into JKWC can be via:

1. AV ambulance: for emergency transfers from the community or another WH ED into the SH ED. Once triaged and stabilised if required, Newborn Services will be consulted and involved in unit and bed allocation
2. PIPER: for planned admission or transfer of neonates from other health services directly into JKWC Newborn Services. Neonates who meet service capability will be admitted for ongoing management and care.

The PIPER service, which is governed by RCH, is available 24 hours a day for telephone advice, video consultation and for retrieval of critically ill children and neonates, and for consultation and bed-finding for pregnant women in Victoria, Tasmania and southern NSW. PIPER will liaise with Newborn Services about transfer of neonates both into and out of JKWC from other health services.

7. Workforce

Clinical care within Newborn Services is delivered by a multidisciplinary workforce that is staffed from both within and external to the Division of W&C Services. Each individual service Operating Guideline details the clinical workforce roles specific to that service.

7.1 Leadership and Management Model

Table 11 details the leadership and management model within Newborn Services.

Management Model	Functions	Position/s
Stewardship	Responsible for sustainable development of the Division and the actions that affect performance – both financial and clinical.	<ul style="list-style-type: none"> • Clinical Services Director • Divisional Director • Director of Nursing and Midwifery
Corporate Leadership	Responsible for the leadership of portfolios that have whole of Division impact and interface with organization-wide priorities.	<ul style="list-style-type: none"> • Director of Nursing and Midwifery • Operations Manager –Neonates, Paediatrics & Gynaecology • Neonatal Services Development Manager • Clinical Practice Improvement Specialist (CPIS) – Neonates
Clinical Leadership - Medical	Responsible for the provision of high quality clinical care and for the supervision and training of senior and junior medical staff.	<ul style="list-style-type: none"> • Head of Unit – Neonates • Divisional Clinical Safety & Quality Lead • Chief Paediatric Registrar
Clinical Leadership - Nursing	Responsible for the provision of high quality clinical care to the patients WH services and for the supervision and training of senior nursing and midwifery staff.	<ul style="list-style-type: none"> • Operations Manager – Neonates, Paediatrics & Gynaecology • Ambulatory Services Operations Manager • Operations Manager Maternity • Newborn Services Nurse Unit Manager

Management Model	Functions	Position/s
		<ul style="list-style-type: none"> • Neonatal Services Development Manager • Clinical Nurse Specialists • Clinical Midwife Specialists • Clinical Practice Improvement Specialist • Clinical Nurse Educators
Professional Leadership – Nursing and Midwifery	Responsible for professional leadership, credentialing and competency of the nursing and midwifery workforce. Provides professional expertise, leadership, vision and strategic direction to the nursing and midwifery workforce.	<ul style="list-style-type: none"> • Executive Director of Nursing & Midwifery • Director of Nursing & Midwifery • Deputy Director of Nursing and Midwifery
Unit Management	Responsible for the day to day operational management of the unit or service.	<ul style="list-style-type: none"> • Nurse Unit Manager
Clinical and Professional Leadership – Allied Health	Responsible for the provision of high quality clinical care and for the supervision and training of senior and junior allied health staff.	<ul style="list-style-type: none"> • Director of Allied Health • Discipline Managers • Senior Clinicians

Table 11: leadership and management model within Newborn Services

8. Education and Research

The Education and Learning Department plays a pivotal role in the provision of coordination, teaching, training and professional development for all employees, consumers and volunteers and comprises the following business units:

- Accredited training/registered training organisation
- Educational projects
- Library Services
- Post graduate education and resuscitation
- Simulation and WeLearn
- Western Centre for Health Research and Education (WCHRE)
- Undergraduate and early graduate discovery programs

Some formal education is recorded within the WeLearn learning management System, with all online education and mandatory training being delivered through this platform. Other education is organised by individual services through team meetings, observation and formal education sessions, as detailed in each of the individual service Operating Guidelines.

8.1 Nursing & Midwifery Training and Education

Training and education for nursing and midwifery staff working within Newborn Services is facilitated by a number of dedicated clinical education and operational leadership roles within the Division of W&C Services, in addition to the Education and Learning Department. The clinical resource and education roles that are relevant to nurses and midwives in Newborn Services are listed in Table 12.

Role	Responsibilities
Clinical Nurse Educator– Newborn Services	<ul style="list-style-type: none"> • Facilitates undergraduate student and graduate discovery program placement planning, orientation and rosters for Newborn Services • Provides continuing education opportunities for existing staff on Newborn Services and supports the provision of practical mandatory competency training (as appropriate) • Provides continuing education opportunities for existing staff on Newborn Services to expand their knowledge and skills consistent with the increased service provision • Provides clinical support to Newborn Services • Clinical Responsibility within Education Department for WH
Neonatal Intensive Care Discovery Clinical Nurse Education Team	<ul style="list-style-type: none"> • A team of CNE's across The Women's Neonatal Intensive and Special Care Unit (NISC) and JKWC Newborn Services employed to primarily support the participants undertaking the University of Melbourne Graduate Certificate in Clinical Nursing (Neonatal Intensive Care) • Collaborate with and assist the CNE Newborn Services with staff upskilling and assist transition from SH SCN to JKWC Newborn Services with NIC capacity • Liaise with the University of Melbourne to ensure Post Graduate students are meeting their academic and clinical hurdle requirements
Clinical Practice Improvement Specialist- Newborn Services	<ul style="list-style-type: none"> • Clinical facilitator who provides assistance and oversight in the planning, delivery, implementation and evaluation of clinical improvement strategies • Works collaboratively across W&C service teams to ensure agreed clinical improvement deliverables are achieved in an effective and efficient manner • Coordinates and delivers clinical practice guideline/policy/procedure development to ensure Best Care
W&C Education Coordinator & Graduate Nurse Coordinator	<ul style="list-style-type: none"> • Manages the W&C Clinical Resource Team • Provides support for both graduate and undergraduate students • Provides support and education for Paediatric nursing staff • Clinical Responsibility within Education Department

Table 12: Newborn Services clinical resource and education roles

Formal neonatal nursing education programs that are supported by the Neonatal Clinical Educator include undergraduate and graduate discovery programs. This position also coordinates and supports planning of education for all Newborn Services nursing and midwifery staff inclusively, as well as uploading resources into the WeLearn Neonatal portal for ongoing access. Clinical Educators also provide ward / department based orientation and education programs for existing staff.

A post graduate nursing program in Neonatal Intensive Care, involving clinical partnership with the University of Melbourne and The Women's Hospital NISC is currently available. Additional CNE sits across JKWC Newborn Services & The Women's NISC to support the post-graduate candidates undertaking the University of Melbourne Graduate Certificate in Nursing Practice (Neonatal Intensive Care) as well as supporting the current neonatal team's transition from managing neonates who require Level 5 service provision to neonates who require Level 6A service provision.

Key responsibilities of the NIC Discovery CNE roles are to facilitate Post Graduate students undertaking postgraduate neonatal study, to provide clinical education support at both JKWC Newborn Services and The Women's NISC and to liaise with the university of Melbourne and clinical partners regarding the clinical and academic progress of this cohort. As these positions are cross-campus they are currently sitting under the W&C Division rather than with the Education & Learning Department.

8.2 Medical Workforce Unit / Medical Education Unit

The Junior Medical Staff (JMS) working in Paediatric Services are supported by the Medical Workforce Unit (part of the Medical Services Division). HMO's throughout Western Health receive specialist education through the Medical Education Unit. Neonatal-specific education for HMO's and Registrars is provided from within the Women's and Children's Division. There is a program that commences with orientation, and then runs largely on a 3 month cycle to cater for the fact that many of the JMS are only with the Division for 3 months. Most of the education program is combined for both HMO's and Registrars, but some is specific to each group.

The education program consists of a number of different formats; case-based discussions, presentations, procedural skill development, simulations (often multidisciplinary), journal club, medical imaging meeting, and exam preparation sessions. Rostered sessions occur most days of the working week.

It is worth noting that WH is currently accredited only as a secondment hospital by the Royal Australasian College of Physicians (RACP) for Paediatric Registrars in the basic stage of their training. This means that apart from those Registrars on rotation from the RCH, basic trainees employed directly by WH are not able to count their time at SH towards their paediatric training requirements. This is a significant impediment for recruitment. Advanced trainees in General Paediatrics are able to count their time at SH towards their paediatric training. The process of gaining RACP approval for advanced training in Neonatal and Perinatal Medicine is ongoing.

8.3 Allied Health and Community Services Planning, Innovation, Research and Education Unit

Discipline and operational Managers co-ordinate and support professional development, mandatory training and clinical research relevant to their Allied Health and Community Services staff. Education is provided across multiple formal and informal domains including internal in-services, external expert networks, peer supervision and mentoring.

In addition, the ASPIRE (Allied Health and Community Services Planning, Innovation, Research and Education) Unit leads the development, implementation and evaluation of professional entry, graduate and staff education across Allied Health. The ASPIRE unit manages the non-discipline specific professional development program and establish appropriate infrastructure supports for Allied Health staff, clinical supervisors and students at WH.

8.4 Office for Research

The WH Office for Research oversees and coordinates research activities within WH. By providing a high level of guidance to investigators and staff in the conduct of research, the Office for Research seeks to enhance the excellence, scope and efficiency of these research efforts. It does this by facilitating and integrating all required regulatory steps and by fostering clinical research activities throughout the institution.

Western Health Research Week is an annual event led by the Office for Research that aims to highlight and showcase research across WH and its partners. There are dedicated sessions within Research Week for Women's and Children's Services, which provides staff within the divisions an opportunity to:

- Consider undertaking research as part of the course of their employment
- Present their research to other staff
- Support research that is being undertaken by other staff

8.5 Research within Newborn Services

There are currently no dedicated research or academic roles within Newborn Services. Research is primarily opportunistic, in collaboration with existing research groups, and is generally undertaken by staff with a dual role within an associated University or an external health service. Projected roles within Newborn Services to support future research include a data and research nurse.

9. Clinical Governance

The WH Best Care strategic framework for quality, safety and the patient experience is supported by organisation-wide governance systems that are brought together under the headings of leadership, culture, standards and improvement.

Quality and safety is monitored, and priority actions identified, via business plans, clinical indicators, audits (which are governed by the clinical audit framework), external expert committees, risk profiles and reviews against external standards and performance data.

Activities and actions that are taken to improve quality and safety in Newborn Services include:

- Auditing
- Consumer Feedback
- Incident Management
- Paediatric Databases
- Performance Monitoring
- Risk Management

Development and implementation of improvement initiatives are driven by the W&C Leadership Team and the Newborn Services Management Team, and are supported by a dedicated Quality Improvement Partner within the Quality, Safety and Patient Experience Team.

In addition to the development and implementation of improvement initiatives, the Division of W&C Services is also responsible for monitoring performance and achievement of key deliverables through a defined governance framework. This framework includes the following meetings:

- Monthly Divisional Performance, Operations, Planning & Strategy (POPS) Meetings which provide oversight and monitoring for all areas of the business including activity, finance, access, workforce, quality and safety in line with the divisional business plan
- Monthly Nursing and Midwifery Leadership Team Meetings which provide oversight and monitoring for all areas of the business including activity, finance, access, workforce, quality and safety in line with the divisional business plan.

- Monthly Performance Meetings which form the basis of monitoring the balanced score card and reporting on compliance with the Australian Council on Healthcare Standards Evaluation and Quality Improvement Program (EQuIP)
- Monthly Safety & Quality Meetings which provide leadership in safe systems to ensure optimal patients outcomes

Meetings specific to Newborn Services and Paediatrics include:

- Monthly Neonatal Transfer Meeting: collaboration between Obstetrics and Newborn Services
- Monthly Paediatric Morbidity and Mortality Meeting: collaboration between Newborn Services and Paediatrics
- Monthly Neonatal Consultants Meeting
- Weekly Radiology Meeting
- Weekly MFM Meeting: collaboration between Newborn Services and Maternal Fetal Medicine
- Monthly BOND Meetings: collaboration between Newborn Services and Allied Health to promote evidence-based developmental care practices within Newborn Services
- Monthly Unit Meeting: Newborn Service's nursing and midwifery staff

9.1 Policies, Procedures and Guidelines (PPGs)

Western Health has a wide range of PPGs which set and regulate the organisation's expectations, boundaries and practices. A list of the PPGs specific to each clinical service area can be found in the individual newborn service Operating Guidelines.

The [Policies, Procedures and Forms](#) page of the WH intranet contains a complete list and access to all WH PPGs.

9.2 Competency / Credentialing

All Newborn Services employees who are new to WH are required to complete an online orientation program upon commencement of employment. All staff are required to undertake annual mandatory training as outlined in the [Mandatory Training Procedure](#) and detailed in each of the individual Newborn service Operating Guidelines.

All staff that have direct contact with children must have a current Working with Children Check completed prior to commencing employment as outlined in the [Working With Children Procedure](#).

All Nursing, Midwifery and Medical staff are mandated to report any cases of child abuse and neglect. Credentialing and Scope of Practice Committees are also in place for Senior Medical, Nursing and Midwifery and Allied Health employees to ensure that all employees are credentialed to work in their role.

10. Infrastructure

Newborn Services are provided across a range of ambulatory and inpatient settings in environments that aim to promote Best Care. Details of the infrastructure that supports each of the clinical services can be found in the individual newborn service Operating Guidelines.

11. Appendix 1 – Stakeholders Consulted

Stakeholder Name	Title	v1.0 Feedback	v2.0 Feedback
Adele Mollo	Divisional Director, W&C Services	No	Yes
Glyn Teale	Clinical Services Director, W&C Services	Yes	Yes
Angus Campbell	Allied Health JKWC Project Officer	Yes	Yes
Maree Comeadow	Operations Manager – Gynaecology, Paediatrics and Neonates	Yes	Yes
Melissa Dodsworth	Unit Manager, Newborn Services	Yes	Yes
Martin Wright	Head of Paediatrics	Yes	Yes
Thao Lu	Neonatologist	Yes	Yes
Rosalyn Pszczola	Neonatologist	Yes	Yes
Gregory Woodhead	Neonatologist	Yes	Yes
Penny Kee	Neonatologist	Yes	Yes
Julia Firth	Operations Manager, Medical Imaging & Pathology Contract	No	Yes
Nicole Keogh	Quality Improvement Partner, W&C Services	No	No
Marieta Pring	Lactation Consultant	Yes	No
Phuong Nguyen	Pharmacy JKWC Project Officer	Yes	Yes
Tim Henderson	JKWC Logistics Support Manager, Health Support Services	Yes	Yes
Wendy Watson	Director of Nursing & Midwifery, Sunshine Hospital	Yes	Yes
Janelle Parsons	Clinical Practice Improvement Specialist	N/A	Yes
Kathy Macdonald	Chief Radiographer, Sunshine Hospital	Yes	Yes
Julia Blackshaw	Allied Health Director	No	Yes
Grace Crowe	Maternity Services Development Lead	Yes	Yes
Dianne Pattison	Paediatric Services Development Lead	Yes	Yes
Erin Casey	JKWC Operational Support Manager	Yes	Yes
Seona Emanuelli	Clinical Nurse Educator Special Care Nursery	N/A	No