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Nursing &
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Federation**
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Dear Sarsha

DEFINING LEVELS OF CARE FOR VICTORIAN NEWBORN SERVICES

Thank you for inviting ANMF (Vic Branch) to provide input into the *Defining levels of care for Victorian newborn services* (State of Victoria, May 2015) ["Defining levels of care"] draft guidance material.

The Australian Nursing and Midwifery Federation (ANMF) was initially established in 1924. The ANMF is the largest industrial and professional organisation in Australia for nurses and midwives, with Branches in each state and territory of Australia. The ANMF (Vic Branch) represents in excess of 74,000 nurses, midwives and personal care workers (the latter predominantly in the private residential aged care sector).

ANMF (Vic Branch) welcomes the intent of Defining levels of care to identify the workforce, infrastructure and clinical support services recommended each level of service.

We also welcome the opportunity to submit suggestions to strengthen the current iteration and are pleased to provide feedback for your consideration. Our feedback is structured under the headings of "Broad Suggestions" and "Specific Feedback", the latter of which is aligned to each level of care.

Broad Suggestions

- Defining levels of care states that nursing and midwifery staffing *will be in accordance with the local industrial agreement*. Unfortunately however, the six levels of care provided for in Defining levels of care do not align with the three levels of care currently provided for in the *local industrial agreement* and more specifically, the Nurses and Midwives (Victorian Public Health Sector) (Single Interest Employers) Enterprise Agreement 2012 to 2016. To overcome

this disconnect and to ensure Defining levels of care provides clear guidance on nursing and midwifery staffing requirements, ANMF (Vic Branch) is pleased to recommend nursing and midwifery staffing requirements which align to the new 6 levels of care.

These would ensure Victorian neonates receive high quality neonatal nursing care and are detailed in Appendix 1 *Nursing and Midwifery Staffing*, and are embedded within the Specific Feedback section of this document.

- Clarification is required regarding the:
 - The extent to which the 6 levels of care identified within Defining levels of care are intended to interact and /or align with the 6 levels of care identified in the *Capability framework for Victorian maternity and newborn services (Department of Health 2010)*
 - Whether Defining levels of care will result in health services that are currently classified under one level of care within the *Neonatal Service Guidelines Defining levels of care in Victorian Hospitals Department of Human Services, 2005)* being classified under more than one of the six levels of care which are contained within Defining levels of care. For example, some health care services which are currently classified as a level 3 health service under existing guidance, provide care to neonates who would meet the clarification descriptors for more than one of the levels of care that are envisaged in Defining levels of care. Clarification is required regarding the significance of this and any implications on health care services.
 - The intended scope of Defining levels of care including whether it is intended to apply to neonatal services within the Victorian Public Health care Sector and /or neonatal services within the private health care sector
- A glossary of key terms should be added to clarify the intended definition of key terms used in the context of Defining levels of care. For example, Special Care Nursery verses Nursery, Uncomplicated Newborns, Basic Pathology Services etc
- Footnotes appear throughout the document and are numbered 1 to 5. Unfortunately, footnotes numbered 2 to 5 are without any corresponding explanatory text or definition. This requires correcting
- Few of the References listed on page 18 of Defining levels of care are referenced in the body of the document. This requires correcting.

Specific Feedback

Level 1

Service Overview

1. Clarification is required regarding whether the Service Overview identified in Level 1 of Defining Levels of care is intended to align with the Level 1 Service Overview identified in the *Capability framework for Victorian maternity and newborn services ("the Capability Framework") (Department of Health 2010)*. These are currently different. For example, Defining levels of care states on page 4 that a Level 1 service would provide *care for well, uncomplicated, term newborns*. In contrast, the Capability Framework states that a Level 1 service include *Provision of Pregnancy care for postnatal support without planned births such as no inpatient birthing facility...*(page 9)

Complexity of Care

Lactation Services

1. Please add throughout each of the 6 levels of care
Access to lactation services provided by an International Board of Certified Lactation Consultants (IBCLC) qualified health care professional

Workforce

Nursing and Midwifery

1. Please replace *staffing in accordance with the local industrial agreement* with:

Level 1

Staffing will be in accordance with applicable antenatal/postnatal midwife patient ratios outlined in Part 1A of Schedule C of the Nurses and Midwives (Victorian Public Health Sector) (Single Interest Employers) Enterprise Agreement 2012 to 2016, provided that:

Neonates who are a qualified newborn* will be considered a separate and distinct patient and the following ratio will apply:

1:3 on all shifts for all qualified newborns*

*Qualified newborn as defined in the Victorian Hospital Admission Policy Effective 1 July 2011 (Department of Health 2011)

2. Please replace staff with *appropriate competence and qualifications on site 24 hours a day* with:

Staffing in accordance with the individual scope of practice of the individual as defined in the *Nursing and Midwifery Board of Australia, National Framework for the development of decision making tools for nursing and midwifery practice* <http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD10%2f3341&dbid=AP&chksum=3SWDivwEVXM4K6MsMHxTmw%3d%3d>

Staff who are educationally prepared, authorised and competent to provide care to neonates in Level 1 must be on site 24 hours a day

3. Please replace *staff with competence in resuscitation and emergency stabilisation* with:

Staff with competence in neonatal resuscitation and emergency stabilisation

Level 2

Workforce

Nursing /Midwifery

1. Please replace *staffing in accordance with the local industrial agreement* with:

Level 2

As for Level 1

1. Please replace *staff with appropriate competence and qualifications on site 24 hours a day* with:

Staffing in accordance with the individual scope of practice of the individual as defined in the *Nursing and Midwifery Board of Australia, National Framework for the development of decision making tools for nursing and midwifery practice* <http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD10%2f3341&dbid=AP&chksum=3SWDivwEVXM4K6MsMHxTmw%3d%3d>

Staff who are educationally prepared, authorised and competent to provide care to neonates in Level 2 must be on site 24 hours a day

2. Please replace *staff with competence in resuscitation and emergency stabilisation* with:

Staff with competence in neonatal resuscitation and emergency stabilisation

Clinical Support Services

1. Replace *Access to basic pathology services (for example blood glucose testing) 24 hours a day* to:

Access to basic pathology services 24 hours a day. For example, personnel capable of determining blood type and cross matching blood.

Please refer to page 9 of the existing Neonatal services guidelines *Defining levels of care in Victorian hospitals* (Department of Human Services, 2005) which specifies the diagnostic services required for Level 1 neonatal services. Consideration should also be given to defining basic pathology services.

Level 3

Service Overview

1. Replace Care of newborn ≥ 34 = weeks gestation to:
Care of newborn $\geq 35 +0$ weeks gestation

Complexity of Care

Respiratory

1. Replace *Provides short term ventilator care for respiratory support pending transfer only* to:
Provides short term ventilation care for respiratory support pending transfer only

Workforce

Nursing and Midwifery

1. Please replace *staffing in accordance with the local industrial agreement* with:

Level 3

As for Level 2, plus

1:3 on all shifts for all qualified newborns*

1:3 on all shifts for neonates requiring short term ventilation care for respiratory support pending transfer defined for Level 3

In addition there will be a registered nurse/midwife in charge of each shift

Where there is a Special Care Nursery (SCN) of 7 cots or greater, the SCN will be considered a separate ward or unit for all purposes

There will be access to a dedicated neonatal nurse educator responsible for provision of continuing professional development in neonatal nursing and the ongoing educational support of nursing and midwifery staff

There will be provision of a sufficient number of experienced nurses and midwives to support, coach and mentor less experienced nurses and midwives

2. Please replace *staff with appropriate competence and qualifications on site 24 hours a day* with:

Staffing in accordance with the individual scope of practice of the individual as defined in the *Nursing and Midwifery Board of Australia, National Framework for the development of decision making tools for nursing and midwifery practice*
<http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD10%2f3341&dbid=AP&chksum=3SWDivwEVXM4K6MsMHxTmw%3d%3d>

Staff who are educationally prepared, authorised and competent to provide care to neonates in Level 3 must be on site 24 hours a day

3. Please replace *staff with competence in the administration of non-invasive ventilation (continuous positive airways pressure or high flow)* with:

Staff with educational preparation, authorisation and competence in the administration of non-invasive ventilation (continuous positive airways pressure or high flow)

4. Please replace staff with competence in resuscitation and emergency stabilisation with:

Staff with competence in neonatal resuscitation and emergency stabilisation

Clinical Support Services

Pathology

1. Please consider defining the type of pathology services that are required 24 hours a day. For example, are those detailed for *Level 2 low dependency neonatal services* on page 15 of the existing *Neonatal services guidelines Defining levels of care in Victorian hospitals* (Department of Human Services, 2005) required?

Level 4

Service Overview

1. Please replace *usually correlating to newborn birthweight \geq 1,500 grams to*
Usually newborn birthweight \geq 1,300 grams

This amendment is consistent with the newborn birthweight currently stipulated for *Level 3 high dependency neonatal services* on page 19 of the existing *Neonatal services guidelines Defining levels of care in Victorian hospitals* (Department of Human Services, 2005) and as consistent with the Australasian Paediatric Endocrine Group Growth Chart
<http://www.apeg.org.au/ClinicalResourcesLinks/GrowthGrowthCharts/tabid/101/Default.aspx>

Complexity of Care

Medical

1. Please replace:
intermittent arterial blood gas monitoring
close observation , for example newborn abstinence syndrome with:

blood gas monitoring
close observation

Ophthalmology

1. Please add for levels of care 4, 5, 6A and 6B
Access to Ophthalmology services and assessment

Parental Nutrition

1. Please add provides care for newborns requiring parental nutrition

Peripherally inserted central catheters

1. Please add provides care for newborns requiring peripherally inserted central catheters

Workforce

Nursing and Midwifery

1. Please replace *staffing in accordance with the local industrial agreement* with:

Level 4

1:2 for neonates re neonates requiring non-invasive respiratory support as defined for Level 4

1:3 for all other neonates

In addition there will be a registered nurse/midwife in charge of each shift

A level 4 Unit will be considered a separate ward or unit for all purposes

There will be access to a dedicated neonatal nurse educator responsible for provision of continuing professional development in neonatal nursing and the ongoing educational support of nursing and midwifery staff

There will be provision of a sufficient number of experienced nurses and midwives to

support, coach and mentor less experienced nurses and midwives

2. Please replace *staff with appropriate competence and qualifications on site 24 hours a day* with:

Staffing in accordance with the individual scope of practice of the individual as defined in the *Nursing and Midwifery Board of Australia, National Framework for the development of decision making tools for nursing and midwifery practice*
<http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD10%2f3341&dbid=AP&chksum=3SWDivwEVXM4K6MsMHxTmw%3d%3d>

Staff who are educationally prepared, authorised and competent to provide care to neonates in Level 3 must be on site 24 hours a day

3. Please replace *staff with competence in the administration of non-invasive ventilation (continuous positive airways pressure or high flow)* with:

Staff with educational preparation, authorisation and competence in the administration of non-invasive ventilation (continuous positive airways pressure or high flow)

4. Please replace *staff with competence in resuscitation and emergency stabilisation* with:
Staff with competence in neonatal resuscitation and emergency stabilisation

Level 5

Service Overview

1. Replace *usually correlating to newborn birthweight $\geq 1,250$ grams to \geq Usually newborn birthweight $\geq 1,100$ grams as consistent with the Australasian Paediatric Endocrine Group Growth Chart*
<http://www.apeq.org.au/ClinicalResourcesLinks/GrowthGrowthCharts/tabid/101/Default.aspx>

Complexity of Care

Medical

1. Please replace *Central Venous catheters and peripherally inserted central catheters* to:

Umbilical venous catheters and peripherally inserted central catheters

Workforce

Nursing and Midwifery

1. Please replace *staffing in accordance with the local industrial agreement* with:

Level 5

1:2 for neonates requiring non-invasive respiratory support as defined for Level 5

1:2 for neonates with umbilical venous catheters

1:3 for all other neonates

In addition there will be a registered nurse/midwife in charge of each shift

A level 5 Unit will be considered a separate ward or unit for all purposes

There will be access to a dedicated neonatal nurse educator responsible for provision of continuing professional development in neonatal nursing and the ongoing educational support of nursing and midwifery staff

There will be provision of a sufficient number of experienced nurses and midwives to support, coach and mentor less experienced nurses and midwives

2. Please replace *staff with appropriate competence and qualifications on site 24 hours a day* with:

Staffing in accordance with the individual scope of practice of the individual as defined in the *Nursing and Midwifery Board of Australia, National Framework for the development of decision making tools for nursing and midwifery practice*
<http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD10%2f3341&dbid=AP&chksum=3SWDivwEVXM4K6MsMHxTmw%3d%3d>

Staff who are educationally prepared, authorised and competent to provide care to neonates in Level 3 must be on site 24 hours a day

3. Please replace *staff with competence in the administration of non-invasive ventilation (continuous positive airways pressure or high flow)* with:

Staff with educational preparation, authorisation and competence in the administration

of non-invasive ventilation (continuous positive airways pressure or high flow)

4. Please replace *Staff with competence in the administration of parental nutrition and management of central venous catheters and peripherally inserted catheters* to:

Staff with educational preparation, authorisation and competence in the administration of parental nutrition and management of central venous catheters and peripherally inserted catheters

5. Please replace *staff with competence in resuscitation and emergency stabilisation* with:
Staff with competence in neonatal resuscitation and emergency stabilisation

Level 6A

Complexity of Care

Respiratory

1. Please include CPAP

Critical Care

1. The statement *onsite access to neonatal intensive care* is unclear and confusing. Level 6A applies specifically to neonatal intensive care units. This should be stated in the Service Overview or Complexity of Care headings and the word *access to neonatal intensive care* should be deleted.

Workforce

Nursing and Midwifery

1. Please replace *staffing in accordance with the local industrial agreement* with:

Level 6A

1:2 on all shifts

A minimum of 1:1 ratio will apply for critically ill and/ or unstable neonates and/ or neonates requiring complex nursing and medical management

In addition there will be a registered nurse/midwife in charge of each shift

A level 6 Unit will be considered a separate ward or unit for all purposes

Where a Special Care Nursery (SCN) and Neonatal Intensive Care Unit (NICU) are collocated the SCN and the NICU will be considered separate and discrete units for all purposes

There will be access to a dedicated neonatal nurse educator responsible for provision of continuing professional development in neonatal nursing and the ongoing educational support of nursing and midwifery staff

There will be provision of a sufficient number of experienced nurses and midwives to support, coach and mentor less experienced nurses and midwives

2. Please replace *staff with appropriate competence and qualifications on site 24 hours a day* with:

Staffing in accordance with the individual scope of practice of the individual as defined in the *Nursing and Midwifery Board of Australia, National Framework for the development of decision making tools for nursing and midwifery practice*

<http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD10%2f3341&dbid=AP&chksum=3SWDivwEVXM4K6MsMHxTmw%3d%3d>

Staff who are educationally prepared, authorised and competent to provide care to neonates in Level 3 must be on site 24 hours a day

3. Please replace *staff with competence for caring for complex newborns , including intensive care experience* to:

Staff with educational preparation, authorisation and competence in caring for complex newborns who require neonatal intensive care

4. Please replace *staff with competence in resuscitation and emergency stabilisation* with:

Staff with competence in neonatal resuscitation and emergency stabilisation

Infrastructure

Intensive care Unit

1. Please delete *onsite access to neonatal intensive care unit* to reflect that level 6B is a neonatal intensive care unit
2. The Australasian health facility guidelines: intensive care –neonatal /special care nursery is outdated and /or requires updating

Level 6B

Complexity of Care

Critical Care

1. The statement *onsite access to neonatal intensive care* is unclear and confusing. Level 6A applies specifically to neonatal intensive care units. This should be stated in the Service Overview or Complexity of Care headings and the word access to neonatal intensive care should be deleted.

Workforce

Nursing and Midwifery

1. Please replace *staffing in accordance with the local industrial agreement* with:

Level 6B

1:2 on all shifts

A minimum of 1:1 ratio will apply for critically ill and or/unstable neonates and/ or neonates requiring complex nursing and medical management

In addition there will be a registered nurse/midwife in charge of each shift

A level 6 Unit will be considered a separate ward or unit for all purposes

Where a Special Care Nursery (SCN) and Neonatal Intensive Care Unit (NICU) are collocated each SCN and the NICU will be considered a separate and discrete unit for all purposes

There will be timely access to a dedicated neonatal nurse educator responsible for provision of continuing professional development in neonatal nursing and the ongoing educational support of nursing and midwifery staff

There will be provision of a sufficient number of experienced nurses and midwives to support, coach and mentor less experienced nurses and midwives

2. Please replace *staff with appropriate competence and qualifications on site 24 hours a day* with:

Staffing in accordance with the individual scope of practice of the individual as defined in the *Nursing and Midwifery Board of Australia, National Framework for the development of decision making tools for nursing and midwifery practice*
<http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD10%2f3341&dbid=AP&checksum=3SWDivwEVXM4K6MsMHxTmw%3d%3d>

Staff who are educationally prepared, authorised and competent to provide care to neonates in Level 3 must be on site 24 hours a day

3. Please replace *staff with competence for caring for complex newborns , including intensive care experience* to:

Staff with educational preparation, authorisation and competence in caring for complex newborns who require neonatal intensive care

4. Please replace *staff trained in resuscitation and emergency stabilisation* with:

Staff with competence in neonatal resuscitation and emergency stabilisation

Infrastructure

Intensive care Unit

1. Please delete *onsite access to neonatal intensive care unit* to reflect that level 6B is a neonatal intensive care unit
2. The Australasian health facility guidelines: intensive care –neonatal /special care nursery is outdated and /or requires updating

I thank you for considering the amendments outlined herein. In the context of the issues identified by ANMF (Vic Branch) we consider there is significant merit in engaging in further consultation with key stakeholders involved in the care of Victorian neonates before finalising Defining levels of care.

In the interim however, I welcome your ongoing consultation and I advise that Ms Belinda Clark ANMF (Vic Branch) Professional Officer would be pleased to discuss any queries you may have regarding or submission. Belinda can be contacted on 0408 392 677 or via email at bclark@anmfvic.asn.au

Yours Sincerely



Lisa Fitzpatrick
Branch Secretary, ANMF (Vic Branch)

Appendix 1 Nursing/Midwifery Staffing

Level 1

Staffing will be in accordance with applicable antenatal/postnatal midwife patient ratios outlined in Part 1A of Schedule C of the Nurses and Midwives (Victorian Public Health Sector) (Single Interest Employers) Enterprise Agreement 2012 to 2016, provided that:

Neonates who are a qualified newborn* will be considered a separate and distinct patient and the following ratio will apply:

1:3 on all shifts for all qualified newborns*

*Qualified newborn as defined in the Victorian Hospital Admission Policy Effective 1 July 2011 (Department of Health 2011)

Level 2

As for Level 1

Level 3

As for Level 2, plus

1:3 on all shifts for all qualified newborns*

1:3 on all shifts for neonates requiring short term ventilation care for respiratory support pending transfer defined for Level 3

In addition there will be a registered nurse/midwife in charge of each shift

Where there is a Special Care Nursery (SCN) of 7 cots or greater, the SCN will be considered a separate ward or unit for all purposes

There will be access to a dedicated neonatal nurse educator responsible for provision of continuing professional development in neonatal nursing and the ongoing educational support of nursing and midwifery staff

There will be provision of a sufficient number of experienced nurses and midwives to support, coach and mentor less experienced nurses and midwives

Level 4

1:2 for neonates requiring non-invasive respiratory support as defined for Level 4

1:3 for all other neonates

In addition there will be a registered nurse/midwife in charge of each shift

A level 4 Unit will be considered a separate ward or unit for all purposes

There will be access to a dedicated neonatal nurse educator responsible for provision of continuing professional development in neonatal nursing and the ongoing educational support of nursing and midwifery staff

Appendix 1 Nursing/Midwifery Staffing

There will be provision of a sufficient number of experienced nurses and midwives to support, coach and mentor less experienced nurses and midwives

Level 5

1:2 for neonates requiring non-invasive respiratory support as defined for Level 5

1:2 for neonates with umbilical venous catheters

1:3 for all other neonates

In addition there will be a registered nurse/midwife in charge of each shift

A level 5 Unit will be considered a separate ward or unit for all purposes

There will be access to a dedicated neonatal nurse educator responsible for provision of continuing professional development in neonatal nursing and the ongoing educational support of nursing and midwifery staff

There will be provision of a sufficient number of experienced nurses and midwives to support, coach and mentor less experienced nurses and midwives.

Level 6A

1:2 on all shifts

A minimum of 1:1 ratio will apply for critically ill and/ or unstable neonates and/ or neonates requiring complex nursing and medical management

In addition there will be a registered nurse/midwife in charge of each shift

A level 6 Unit will be considered a separate ward or unit for all purposes

Where a Special Care Nursery (SCN) and Neonatal Intensive Care Unit (NICU) are collocated the SCN and the NICU will be considered separate and discrete units for all purposes

There will be access to a dedicated neonatal nurse educator responsible for provision of continuing professional development in neonatal nursing and the ongoing educational support of nursing and midwifery staff

There will be provision of a sufficient number of experienced nurses and midwives to support, coach and mentor less experienced nurses and midwives

Level 6B

1:2 on all shifts

A minimum of 1:1 ratio will apply for critically ill and or/unstable neonates and/ or neonates requiring complex nursing and medical management

In addition there will be a registered nurse/midwife in charge of each shift

Appendix 1 Nursing/Midwifery Staffing

A level 6 Unit will be considered a separate ward or unit for all purposes

Where a Special Care Nursery (SCN) and Neonatal Intensive Care Unit (NICU) are collocated each SCN and the NICU will be considered a separate and discrete unit for all purposes

There will be timely access to a dedicated neonatal nurse educator responsible for provision of continuing professional development in neonatal nursing and the ongoing educational support of nursing and midwifery staff

There will be provision of a sufficient number of experienced nurses and midwives to support, coach and mentor less experienced nurses and midwives