



| <b>POLICY AND PROCEDURE</b> |   |
|-----------------------------|---|
| SUBJECT/TITLE:              | Neonatal Intensive Care Unit (NICU) Referrals |
| APPLICABILITY:              | Nursing                                       |
| CONTACT PERSON & DIVISION:  | Diane Thompson, RN, MSN, Director of Nursing  |
| ORIGINAL DATE ADOPTED:      |   |
| LATEST EFFECTIVE DATE:      | 05/22/2018                                    |
| REVIEW FREQUENCY:           | Every five (5) years                          |
| BOARD APPROVAL DATE:        | N/A   |
| REFERENCE NUMBER:           | 200-010-P                                     |

### **A. PURPOSE**

Many hospitals in Stark County and surrounding areas have Neonatal Intensive Care Units (NICUs). Many of these hospitals will refer high risk babies to the local health department in which the child resides. Infants discharged from NICUs have a range of risk factors that may result in medical and developmental sequelae. These sequelae may be evident at the time of discharge (e.g., chronic lung disease of prematurity or bronchopulmonary dysplasia), or may only be identifiable later in infancy (e.g., spastic diplegia) or in childhood (e.g., learning disabilities). The recommendations of the American Academy of Pediatrics are relevant to high-risk neonates discharged from NICUs. It is essential that the primary care team, including the family doctor or pediatrician and public health nurses, be contacted upon discharge so that they can ensure early contact with the family of a newly discharged NICU patient.

### **B. POLICY**

It is the intent of the Canton City Public Health (CCPH) Nurses to assist in promoting optimal growth, optimal development, parent-infant relationship, family cohesion and wellness for families with infants discharged home from area NICUs.

### **C. BACKGROUND**

N/A.

### **D. GLOSSARY OF TERMS**

Neonatal Intensive Care Unit (NICU) - a unit that has no restrictions on caring for babies of any gestation, weight, or medical condition.

Territory Nurse – The Public Health Nurse (PHN) assigned to the specific geographical area (NE, SE, SW, NW) of the City in which the infant resides.

### **E. PROCEDURES & STANDARD OPERATING GUIDELINES**

Referrals are typically received via fax and passed on to the territory nurse. The following steps are taken for each referral:

1. Verify infant is within the Canton City Jurisdiction; if not, fax report to appropriate health jurisdiction.
2. Contact parent and schedule home visit (ideally, within 10 days of receiving referral); Three (3) phone call attempts, a letter to the family (200-010-06-A), and then a cold call are the normal efforts taken to connect with the family. If none of these attempts result in a visit, the case is closed and a letter is mailed to the Case Manager indicating the efforts taken.



3. If appropriate, initiate paperwork for BCMH (200-010-02-A and 200-010-03-A)
  - a. Look up ICD 10 code for medical diagnosis(es);
  - b. Enter demographic, medical information, and ICD 10 code into HDIS under BCMH heading;
  - c. Print request for payment authorization and fax completed form to BCMH;
4. PHN is to review discharge instructions with the family, complete comprehensive assessment form, sign child up for BCMH diagnostic / treatment services if appropriate, and provide referrals / resources within the community;
5. PHN will type a letter detailing what was provided to family and mail with a copy of the Interagency Referral Form to the appropriate hospital case manager.
6. PHN will bill for time when LOA (letter of approval) is received from BCMH (200-010-04-A).
7. If appropriate, refer infant to Help Me Grow program for ongoing needs (200-010-05-A).

**F. CITATIONS & REFERENCES**

N/A.

**G. CONTRIBUTORS**

The following staff contributed to the authorship of this document:

1. Diane Thompson, RN, MSN, Director of Nursing
2. Jon Elias, MD, Medical Director

**H. APPENDICIES & ATTACHMENTS**

- 200-010-01-A Sample Report to Case Manager
- 200-010-02-A BCMH Comprehensive PHN Assessment Form
- 200-010-03-A ODH Medical Application
- 200-010-04-A BCMH Request for Payment Authorization
- 200-010-05-A Professional Help Me Grow (HMG) Referral Form
- 200-010-06-A Sample Letter to Family

**I. REFERENCE FORMS**

- 200-009-P BCMH Policy

**J. REVISION & REVIEW HISTORY**

| Revision Date | Review Date | Author | Notes |
|---------------|-------------|--------|-------|
|               |             |        |       |

**K. APPROVAL**

This document has been approved in accordance with the “800-001-P Standards for Writing and Approving PPSOGFs” procedure as of the effective date listed above.