Irish Life health

Neonatology Ground Rules

2020

1. NEONATOLOGY INTENSIVE CARE MEDICINE BENEFIT

Neonatal intensive care benefits are payable to consultant neonatologists and consultant paediatricians who are registered with Irish Life Health, and who are attached to a Neonatal Intensive Care Unit (NICU) registered with Irish Life Health, which meets the British Association of Perinatal Medicine (BAPM) definition of a level 3 NICU.

The benefits relate to the medical management of babies that are critically ill or have the likelihood of acute deterioration that they require 1:1 care by a nurse with neonatal qualifications and are accommodated in the neonatal intensive care facility of a hospital providing 24 hour continuous consultant availability.

Hospitals providing neonatal intensive care must have continuous availability of qualified medical and nursing staff and resources to meet the needs of all babies. Hospitals must be able to demonstrate the necessary professional and technical infrastructure, together with protocols for the care of critically ill babies.

When a baby is admitted under the care of a consultant neonatologist or consultant paediatrician and requires active medical attention from the admitting consultant physician including the period of the baby's stay in the NICU, the in-patient attendance benefit is payable to the admitting physician in addition to the intensive care benefits payable to the consultant who treats the baby in the neonatal intensive care unit.

2. INTENSIVE CARE UNIT APPROVAL

An Irish Life Health approved NICU must be a separate designated hospital facility for the care of critically ill babies. Each NICU cot should have available the following:

- Incubator or unit with radiant heating
- Ventilator and NCPAP driver with humidifier
- Syringe/ infusion pumps
- Facilities for monitoring the following variables:
  - Respiration
  - Heart rate
  - Intra-vascular blood pressure
  - Transcutaneous or intra-arterial oxygen tension
  - Oxygen saturation
  - Ambient oxygen

Each NICU cot should have access to equipment for:

- Resuscitation
- Blood gas analysis (on the neonatal unit by unit staff)
- Phototherapy
- Non-invasive blood pressure measurement

- Trans-illumination by cold light
- Portable X-rays
- Ultrasound scanning
- Expression of breast milk
- Transport (including mechanical ventilation)
- Instant photographs

There must also be access to 24-hour laboratory service orientated to neonatal service units.

3. INTENSIVE CARE NEONATAL MEDICINE SERVICES

Neonatal intensive care benefits are payable for critically ill babies admitted to an Irish Life Health approved NICU. The babies will be:

- Near-term typically requiring 1 to 3 days mechanical ventilation or
- Pre-term typically requiring 1 to 2 weeks mechanical ventilation support or
- Extremely pre-term of less than 1,500 grams requiring mechanical ventilation support typically for up to 3 weeks.

The possibility of acute deterioration is such that there should be constant availability of a competent doctor.

4. ELIGIBLE INFANTS FOR INTENSIVE CARE UNIT BENEFIT INCLUDE:

- Receiving any respiratory support via a tracheal tube and in the first 24 hours after its withdrawal
- Receiving NCPAP for any part of the day and less than five days old
- Below 1,500g current weight and receiving NCPAP for any part of the day and for 24 hours after withdrawal
- Less than 29 weeks gestational age and less than 48 hours old
- Requiring major emergency surgery, for the pre-operative period and post-operatively for 24 hours
- Requiring complex clinical procedures:
  - Full exchange transfusion
  - Peritoneal dialysis
  - Infusion of an inotrope, pulmonary vasodilator or prostaglandin and for 24 hours afterwards
- Any other very unstable baby considered by the nurse-in-charge to generally require 1:1 nursing: for audit, a register should be kept of the clinical details of babies recorded in this category
- A baby on the day of death

5. PATIENT CARE IN NEONATAL INTENSIVE CARE UNIT

- Patient care also includes, but is not limited to, the following:
- Assessment of the patient including blood gases and/ or pulmonary function testing
- Minute to minute attendance with the patient with frequent reassessment of blood gases/ clinical state and pulmonary function, hereafter frequent review (i.e. several visits by the consultant to the patient during each 24 hour period)
- The support of other organ systems if required
- Prescription of appropriate sedative/ analgesia regimes - these may include narcotic infusions
- IV drugs
- Vaso-active agents
- Venous pressure on blood volume studies
- Oximetry
- IV cannulation
- Continuous ECG monitoring
- Nasogastric tube
- Transtracheal aspiration
- Laryngoscopy
- Endotracheal intubation
- Invasive neurological monitoring
- Urinary catheterization
- Interpretation and performance of other tests and procedures as appropriate

6. CLINICAL STANDARDS IN NEONATAL INTENSIVE CARE UNIT

Each unit must comply fully with standards in relation to:

- Medical Staff
- Nursing Protocols
- Clinical Protocols
- Quality Assurance
- Training and continuing education

7. MEDICAL STAFF IN NEONATAL INTENSIVE CARE UNIT

The NICU should be staffed with consultants whose principle duties are to the unit. The unit must have a rostered consultant neonatologist as Medical Director supported by other suitably qualified consultants with allocated paediatric intensive care sessions providing 24 hour continuous availability.

8. NURSING PROTOCOLS IN NEONATAL INTENSIVE CARE UNIT

- All units undertaking neonatal intensive and high-dependency care should be able to demonstrate the required number of appropriately trained and qualified nurses.
- The nursing establishment of a NICU should be calculated to ensure that infants receiving intensive care are the sole responsibility of a qualified neonatal nurse.
- Units undertaking any neonatal intensive or high dependency care should have a senior nurse with neonatal experience and managerial responsibility.
- Because of the complexities of care needed for a baby receiving intensive care, there should be 1:1 nursing.
- All units should have a designated nurse responsible for further education and training, including in-service experience in resuscitation of babies at birth.
- The need for extra nursing support cannot be predicted so there should always be at least one nurse available on each shift on all units provided intensive and/ or high dependency care.
- The nursing establishment for each unit should be sufficient to allow for leave, maternity leave, sickness, study leave, staff training, attendance at multi-disciplinary meetings and professional development, without compromising the principles above.

9. NEONATAL INTENSIVE CARE UNIT CLINICAL PROTOCOLS, TRAINING AND QUALITY ASSURANCE

Each unit undertaking neonatal intensive care should agree written protocols for medical and nursing staff, which also contain details of practical procedures. These must be regularly reviewed through discussion and audit.

There should be a protocol for the resuscitation and management of extremely pre-term infants. There should be monitoring systems for short and longer term morbidity among survivors with plans for regular review, including protocols for:

- Cerebral ultrasound examination
- Screening and treatment for retinopathy of prematurity
- Screening for hearing loss

All new members of staff should undergo a period of introduction, orientation and training. All hospitals providing neonatal intensive care should have a regular continuing programme of in-service training including neonatal resuscitation. Nurses and doctors involved in neonatal intensive care should be able to demonstrate continuing professional development in the specialty by attendance at regular multi-disciplinary meetings with midwives; obstetricians and pathologists to monitor mortality and morbidity, local meetings, suitable training courses and national meetings.

The unit should use a data collection system to monitor workload and the results of practice. Each unit should have a written policy in relation to an established strategy for clinical governance, maintenance, replacement and upgrading of equipment for neonatal care, which comply with national standards, including an audit programme and critical incident reporting. Clinical audit must be a component of neonatal intensive care medicine service and the anonymised data should be available to Irish Life Health on an annual basis.

10. CONSULTATION BENEFIT FOR NEONATOLOGY INTENSIVE CARE UNIT

Consultation benefit is payable to the consultant neonatologist, or to a designated consultant paediatrician attached to an Irish Life Health approved NICU, for a patient being assessed for admission to the NICU as defined in the ground rules for neonatal intensive care - rule 2, and where it is deemed that the patient does not require admission to the neonatal intensive care unit.

CODE	DESCRIPTION
8964	Consultant Neonatologist or Paediatrician in-patient consultation

Note: Individual benefits in accordance with the Schedule of Benefits for Professional Fees are not payable for procedures which are listed in rule 2 in these ground rules, except those listed below in section 11.

11. OTHER PROCEDURES FOR WHICH ADDITIONAL BENEFIT IS PAYABLE.

The following procedures are payable in addition to the NICU Medicine benefit where the service is provided during the baby's stay in the NICU unit.

CODE	DESCRIPTION
5091	Cardioversion
5089	Trans-oesophageal echocardiography for congenital cardiac anomalies in children under 16 years of age; including probe placement, image acquisition, interpretation and report
5251	Closed drainage of pneumothorax

Note: benefit for the above procedures is payable once only during the baby's stay in the neonatal intensive care unit.

CODE	DESCRIPTION
10017	Neonatal intensive care - in-patient attendance benefit - 1 night stay
10018	Neonatal intensive care - in-patient attendance benefit - 2 night stay
10019	Neonatal intensive care - in-patient attendance benefit - 3 night stay
10020	Neonatal intensive care - in-patient attendance benefit - 4 night stay
10021	Neonatal intensive care - in-patient attendance benefit - 5 night stay
10022	Neonatal intensive care - in-patient attendance benefit - 6 night stay
10023	Neonatal intensive care - in-patient attendance benefit - 7 night stay
10024	Neonatal intensive care - in-patient attendance benefit - 8 night stay
10025	Neonatal intensive care - in-patient attendance benefit - 9 night stay
10026	Neonatal intensive care - in-patient attendance benefit - 10 night stay
10027	Neonatal intensive care - in-patient attendance benefit - 11 night stay
10028	Neonatal intensive care - in-patient attendance benefit - 12 night stay
10029	Neonatal intensive care - in-patient attendance benefit - 13 night stay
10030	Neonatal intensive care - in-patient attendance benefit - 14 night stay

CODE	DESCRIPTION
10031	Neonatal intensive care - in-patient attendance benefit - 15 night stay
10032	Neonatal/ paediatric intensive care - second opinion

12. CONSULTATION BENEFIT FOR INPATIENT NEONATOLOGIST OR PAEDIATRICIAN CONSULTATION

A major inpatient consultation benefit is payable to the consultant neonatologist, or to a consultant paediatrician who provided consultation and care over several days on the post-natal ward to a new-born.

This fee is paid on the basis that the consultant neonatologist or consultant paediatrician is required to travel to the hospital, at the request of the hospital staff for the evaluation of the neonate (as set out above) between 18.00hrs and 09.00hrs. Benefit is limited to one fee per patient per episode of care and will not be payable where its coincides with the consultants normal time for meeting patients or family or for consultant personal choice or availability

CODE	DESCRIPTION
8694	Consultant Neonatologist or Paediatrician in-patient consultation - out of hours

13. EMERGENCY MEDICAL ADMISSION AND CONDITIONS FOR NEONATES OR PAEDIATRIC CARE

In the instances where a neonate/ paediatric patient is admitted to a consultant speciality units for less than 24 Hours, the participating benefit payable to the consultant neonatologist or consultant paediatrician for personally provided consultant care will be the same payment benefit as applies to one in-patient day.

Benefit is also payable for consultant radiologist and consultant pathologist services incurred during the admission.

The following is a list of neonatal or paediatric emergency admission conditions for which Irish Life Health will pay hospital and consultant benefits when the in-patient's stay is overnight and less than 24 hours:

- Babies with respiratory distress following caesarean delivery
- Gastroenteritis
- Acute asthma
- Croup
- Septicaemia
- IV antibiotic therapy or other IV drip administration
- Suspect meningitis
- Other acute conditions

Note: this fee does NOT provide for fee payment for routine admission for non-emergency care e.g. constipation of a non-emergency case

CODE	DESCRIPTION
10000	Medical management for specific paediatric medical day care procedures/ investigations

14. CONSULTATION BENEFIT FOR INPATIENT NEONATOLOGIST - SECOND OPINION

A major inpatient consultation benefit is payable to a consultant neonatologist only on referral of a patient by the admitting Consultant, for a medically necessary second opinion

The examination must include:

(a) Full history and examination of all parts and systems

(b) Evaluation of all necessary diagnostic tests

(c) Giving an opinion and making an appropriate recording of same

The duration of this consultation must be a minimum of 30 minutes and the reasons for the Consultation, must be clearly stated on the claim form

CODE	DESCRIPTION
10032	Neonatal/ paediatric intensive care – second opinion