

Standardising the Criteria for Recording and Reporting Transitional Care Activity in Neonatal and Maternity Services within the West Midlands.

Briefing Paper

- Transitional Care is any care provided which meets HRG4 classification regardless of the physical location that it has taken place.
- This is typically the level of care equivalent to HRG3 but with the mother resident and undertaking day to day cares of their baby. This would include otherwise well babies receiving IV antibiotics, tube feeds etc. The specific criteria and NCCMDS codes that fulfil the HRG3/4 tariff are detailed in the first table on page 2.
- If the baby is not receiving any of the care items detailed as HRG3/4 on page 2 then they will be classified as HRG5 or Normal Maternity Care & this would NOT attract an HRG4 tariff.
- Babies receiving care in line with HRG5 and Normal Maternity care will not attract an HRG4 tariff even if the mother is resident.
- The focus should not be on providing “Transitional Care” within a dedicated ‘space’ which is in addition to the Postnatal wards and neonatal Units, but on providing HRG4 care; this care can be provided in ANY suitable physical setting with the mother resident and does not need to take place on a dedicated Transitional Care unit or space.
- The correct physical location needs to be recorded in Badger for the provision of this care as this will affect your nurse staffing levels and needs to be reflected in this way.
- Examples:
 - If the mother is resident and caring for a baby and is staying in a room located within the neonatal unit – the location is NNU
 - If the mother is resident and caring for a baby and is staying in a dedicated Transitional Care Room or unit which is separate to your neonatal unit – the location is TC
 - If the mother is resident and caring for a baby and is staying on the postnatal ward – the location is PNWAll of these babies will accrue HRG4 regardless of the physical location they were cared for in.
- By ensuring that you record the correct physical location as well as the care elements the baby has received, activity data can be attributed to the appropriate areas along with correct staffing ratios etc.

Examples:

Location of Care: NNU

Carer Status: Carer Resident - Caring for Baby

HRG5 - this baby has no care elements recorded which would indicate that they received any additional neonatal input

Location of Care: NNU

Carer Status: Carer Resident - Caring for Baby

HRG4 - on this day the baby has 'Regular Monitoring' recorded and this is associated with HRG3 activity and as mum is resident is applied to HRG4

Location of Care: TC

Carer Status: Carer Resident - Caring for Baby

HRG5 - on this day the baby has NO IV antibiotics, tube feeding, regular monitoring etc Despite the fact that mum is resident and is on a TC unit the care the baby is receiving does not trigger the HRG4 definition as such is classified as a HRG5 day.

HRG calculations are about the *care that the baby receives*, NOT the *physical location* that they receive it in.

Further guidance about different models for providing transitional care including staffing can be found in “A Framework for Neonatal Transitional Care” published by the British Association of Perinatal Medicine in October 2017 available to download from: <https://www.bapm.org/resources/framework-neonatal-transitional-care>

HRGXA03Z/HRGXA04Z (HRG3/4)

Does not fulfil the criteria for XA01Z/XA02Z (see page 3) and requires any of the following:

Data Item	NCCMDS Codes
Presence of an indwelling urethral or suprapubic catheter	89
Oxygen by low flow nasal cannula	09
Feeding by orogastric, nasogastric, jejunal tube or gastrostomy	24
Care of a Stoma	93
Intravenous medication not otherwise specified elsewhere	29
Receiving Intravenous Sugar +/- electrolyte solutions	23
Receiving drug treatment for neonatal abstinence AND on an observations scoring regimen 4 hourly or more frequently	10 + 28
Birth weight ≤2kg for first 48 hours after birth	
Gestation at birth 35 weeks for first 48 hours after birth	
Gestation at birth 34 weeks for first 7 days (168 hours) after birth	
Gestation at birth <34 weeks until discharge from hospital	

HRGXA05Z (HRG5)

Does not fulfil the criteria for XA01Z/XA02Z/XA03Z/XA04Z and requires any of the following

Data Item	NCCMDS Codes
Any baby receiving care in a neonatal unit (NOT in a transitional care ward)	
Babies receiving phototherapy	26

Normal Maternity Care

These babies should generally not receive neonatal payments unless they fulfil additional criteria as specified above:

Gestational age at birth ≥36+0 weeks AND birth weight > 2kg
Birth weight <2kg AND/OR gestational age 35 weeks, after first 2 days of life
Babies Gestational Age 34 weeks, after first 7 days of life
Any baby who has been discharged home who requires readmission in the first 14 days of life for any of the care activities considered to be part of normal care (see below)
The following care activities for babies described in the above 3 sections are considered to be part of normal care: PROM/GBS observations (12 hrs) Meconium observations (12 hrs) Thermoregulatory management Babies of diabetic mothers who are well and following a Management & Prevention of Hypoglycaemia policy Supporting establishment of infant feeding Investigation and support for infants with congenital abnormalities who do not otherwise fulfil criteria for higher category of care Support for babies with social care needs

Transitional Care: Keeping Mother & Baby Together in the West Midlands

HRG XA01Z Data Item	NCCMDS Codes
Any day where a baby receives any form of mechanical respiratory support via a tracheal tube	01/51
BOTH non-invasive respiratory support(e.g. nasal CPAP, SIPAP, BIPAP, duoPAP, HHHFT) AND Parenteral Nutrition (amino acids +/- lipids)	Any ONE of 02 / 53/ 80 AND 07
Day of surgery (including laser therapy for ROP, but excluding intraocular injections eg. Bevacizumab)	03
Day of Death	
Any day with Umbilical Venous Catheter Present	81
Any day with Umbilical Arterial Catheter or Peripheral Arterial Catheter Present	11
Any day with a chest drain in situ	11
Any day on which Insulin infusion is given	82
Any day on which Prostaglandin infusion is given	06
Any day on which inotrope or vasodilator (including pulmonary vasodilator) is given	06
Day on which exchange transfusion occurs (includes dilutional exchange)	04/12
Any day on which Therapeutic Hypothermia is given (hypothermia treatment given during the initial assessment period should not be counted if ongoing cooling is not required)	83
Any day on which a repleg tube is present	84
Any day on which an epidural catheter is present	85
Any day on which an abdominal silo is present (for anterior abdominal wall defects)	86
Presence of External Ventricular drain or intraventricular catheter	69
Dialysis (any type)	5/66/16

HRGXA02Z

Does not fulfil criteria for XA01Z where one of the following applies: Data Item	NCCMDS Codes
Any day where a baby receives any form of non-invasive respiratory support (e.g. nasal CPAP, SIPAP, BIPAP, HHHFT)	02/53/80
Any day a baby receives Parenteral Nutrition (amino acids +/- lipids)	07
Any day a baby receives an infusion of blood products (red cells, fresh frozen plasma, platelets, cryoprecipitate, intravenous immunoglobulin). It does not include infusion of albumin	87
Any day on which a central venous or long line (PICC) is present	88
Any day on which a tracheostomy is present	13/14
Any day with a trans-anastomotic (TAT) tube present following oesophageal atresia repair	90
Any day with NP airway/nasal stent present	55
Confirmed Clinical Seizure(s) today and/or continuous CFM recording	08/91
Ventricular tap (including via reservoir)	92