

Transitional Care/ Keeping Mother & Baby Together

Transitional Care - keeping mum and baby together in order to provide lower levels of care with the assistance of mum & the current driver for this increased provision comes from CNST as well as ATAIN.

- 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 mum present helping with day to day cares etc. So this would include IV antibiotic babies, tube feeding babies & phototherapy babies etc.
- If the baby is not receiving any of these care items then they will be classified as HRG5 (Normal care) & this would NOT attract a HRG4 tariff. In addition, from April 2019 HRG5 care is unlikely to receive any financial payment for these care days. (It is expected that HRG5 days will not accrue any tariff payment or if it does it will be a very small payment).
- HRG5/Normal care babies will not attract a HRG4 tariff even if mum is resident.
- The focus should not be on providing “Transitional Care” which has traditionally been provided 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 and does not need to take place on a dedicated Transitional Care unit or space.
- The correct physical location needs to be recorded on 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 mum is resident and caring for a baby and is staying in a room located within the neonatal unit – the location is NNU
 - If mum 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 mum is resident and caring for a baby and is staying on the postnatal ward – the location is PNW
 - All 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 very much about the *care that baby receives*, NOT the *physical location* that they receive it in.