Name of Policy: Day Surgery Operational Policy

Effective From: 04/08/2015

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Day Surgery Operational Policy

1. **Introduction**

What is Day Surgery?

Day Surgery is when a patient is admitted to hospital, has surgery and is discharged on the same day. There is a wide range of non-emergency surgical operations that can be carried out as day surgery; we also manage a number of minor emergency and minor trauma cases as day cases. This has considerable advantages for patients, the public and the NHS: -

- Waiting times are shorter.
- There is less risk of cancellation
- There is less disruption to patient’s lives and the comfort of recovering at home
- There is reduced risk of cross infection and less stress for patients if they are not mixed with the acutely ill
- It is more efficient because procedures can be scheduled more predictably

1.1 **National Guidelines**

The British Association of Day Surgery (BADS) recommendations set indicative targets for daycase procedures and short stay elective admissions up to 72 hours. The 4th edition of the directory, issued in June 2012 defines rates against which organisations are encouraged to benchmark their own practice.

The scope of daycase surgery now spans a wide range of patients where surgical and anaesthetic techniques allow for safe surgery on a day case basis.

2. **Policy Scope**

This policy covers the patient journey from decision to admit to discharge of day case patients; it includes referral to pre-assessment, pre-assessment, status on waiting list, admission planning and admission process, discharge planning and follow up care. It allows for patients choice at all points of the patient journey.

3. **Aim of the Policy**

The Aim of the Policy is to ensure that all employees of Gateshead Health NHS Foundation Trust who are involved in Day Case pathways are informed and aware of the patient pathway and underpinning processes. This will ensure patients all receive equitable access to care and the best possible experience of day surgery in a safe environment, which reflects individual needs and ensures that services are of the highest quality and adhere to the highest standards of care. The patient journey is shown at Appendix A.

3.1 **Facilities/Structure**

The current theatre suite areas provide: -

- Operating Theatres – 12
- First Stage Recovery – 14 trolley spaces
- Pod Area – 16 curtained cubicle areas
- Surgical Admission Suite – 11 curtained cubicle areas also 2 ensuite rooms total 13
- Waiting Areas/ Reception area
- Interview Room
- Administrative Offices
3.2 Category of patient

All patients will be assessed, using agreed criteria, to ascertain their fitness and appropriateness for day surgery.

Pre-operative assessment will screen the patient for suitability both medically and socially and forms an integral part of the day unit admission process.

3.3 Default Procedures

Each department will identify procedures that are suitable for day surgery. The BADS Directory of Procedures (www.BADS.co.uk), should inform this decision making.

These procedures have a default for management intent of day case and all patients who meet the criteria will be treated as a day case. It is important that the intended management is correctly recorded to ensure accurate data capture.

Those patients who require overnight stay will have this provided but flexibility of discharge times into the late evening is expected to allow more patients to be discharged home on the same day than previously.
3.4 Administration

Clerical and Medical Record staff from individual departments and specialities (including external providers) support the Day Case pathway and deal with the administration and waiting list process of the Day Surgery Patients. Please refer to the patient access policy (OP12) for detail of these processes.

3.5 Booking Method


3.6 Preoperative assessment

All patients undergoing day case procedures, requiring either general or local anaesthesia, will be appropriately assessed as per the Trust’s current pre-operative assessment policy. Please refer to the Infection Prevention and Control Policy (IC1) for guidance on MRSA screening of elective patients.

The aim is to ensure all patients attending for day surgery and treatments will be safe to return home following their procedure. As part of the Pre-operative assessment strict criterion is followed to ensure this. If it is unsafe to return home, a bed for overnight admission will be found. Where social circumstances (such as provision of home carer support) is potentially preventing day case surgery, steps will be made by the POA team to address this to maximise daycase potential.

Verbal and written information on how to access hospital advice and care in the immediate post discharge period is given.

3.7 Opening times and timetables

The POD area opens at 0730hrs – 2000hrs Monday – Saturday (Saturday where applicable).

Session times of lists are outlined in OP38, Operating Theatre Performance

3.8 Surgical Specialities who access this service

- Gynaecology
- Urology
- Orthopaedics
- General Surgery
- Gynaecology
- Spinal
- Dental
- Vascular

3.9 Scheduling of day cases

Daycases should, wherever possible, be scheduled first on theatre lists to facilitate successful and timely patient flow and discharge from hospital.
4. Duties – Roles and Responsibilities

4.1 Associate Director

The Associate Director has the overall responsibility for policy decisions and will ensure efficient and effective use of resources.

4.2 Service Line Manager

Responsible for ensuring adequate dissemination and implementation of policies and support staff in complying with this policy.

The Service Line Manager has overall responsibility for the Unit.

4.3 Role of Senior Sister

The Senior Sister has responsibility for the staffing within the unit including managing the staff and co-ordinating work rotas. It is this role that has operational responsibility to trouble shoot and interact with other departments for day-to-day operational issues.

The senior sister has day-to-day managerial responsibility for the running of the day surgery areas and the training and development of the staff on the pod areas.

4.4 Role of the admitting consultant

Clinical responsibility for the patient is the responsibility of the admitting consultant.

4.5 Role of the session anaesthetist

The anaesthetist assesses the fitness and suitability for anaesthesia for all patients undergoing general or regional anaesthetic. They are responsible for administering the anaesthetic and the provision of postoperative analgesia.

5. Definitions

Out Patients

Patients referred by a General Practitioner, another Healthcare professional or self referral, for clinical advice or treatment.

Decision to Admit

The date on which a Healthcare Professional confirms that a patient is fit to be admitted for an procedure. The DTA date is the effective date when the patient waiting time commences. This is the actual date the decision was made, not the date the patient was added to the list.

Pre Operative Assessment

Pre-operative assessment establishes that the patient is fully informed and wishes to undergo the procedure. It ensures that the patient is fit for the surgery and anaesthetic. It minimises the risk of late cancellations by ensuring that all essential resources and discharge requirements are identified.
Day Cases

Patients who attend hospital for an interventional procedure and are discharged home within the same day.

In Patients

Patients who require admission to hospital for treatment and are intended to remain in hospital for at least one night.

Discharge

A multi disciplinary and multi agency activity during which the needs and resources of patients and carers are at the centre of assessment, planning and implementation.

6. Training

6.1 New Staff

Training requirements of all staff will be assessed as part of their Local Induction and initial CONTACT appraisal. Training will be undertaken as part of the employee's Personal Development Plan.

6.2 Existing Staff

Existing staff require continuous professional development and this is monitored by the Education Lead and Senior Sister. Most training requirements for all staff, either clinical or non clinical will be identified for staff at their CONTACT but also training is identified within the activity of the Unit.

7. Documentation

All patients attending the Pod are clerked in using the relevant Care Pathways. This care plan begins at pre-operative-assessment and accompanies the patient throughout their stay.

8. Patients undergoing surgery

Day Case patients are operated on in the Surgery Centre and Main Theatres. If a patient requires surgery, which has to be done in main theatres, they are still admitted via treatment centre reception but may be streamed to theatre through NESC or QE PODS.

9. Nurse Led Discharge

The patients are discharged by the qualified nurses following relevant documentation and discharge criteria. (See Appendix B).

10. Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.
11. Consultation and review of this Policy

This policy has been reviewed in consultation with the Theatre User Group.

12. Implementation of policy (including raising awareness)

The policy will be communicated by the Trust Secretary by email to all staff members and in addition will be included in the Team Brief to all staff.

13. References

British Association of Day Surgery, see www.bads.co.uk

15. Associated Documentation

b. British Association of Day Surgery, see www.bads.co.uk
e. Gateshead Health NHS Foundation Trust OP38 Operating Theatre Performance Policy
Patients are referred to the hospital consultant from the GP. They are given an outpatient appointment. At this appointment the consultant decides whether the patient is suitable for day surgery or not.

Following the decision to admit for Day Surgery the pre-assessment request form is completed and sent with the notes to pre-assessment, who review and send out an appointment to attend pre-assessment. The pre-assessment unit is situated on level 3 at the North East Surgery Centre.

The patient arrives at the Pre-assessment unit and is immediately given a preoperative assessment form to fill in. This has been designed to look at social needs as well as medical needs.

A preoperative assessment nurse from the unit then goes through the form and makes the relevant comments. If they feel the patient is not suitable for day surgery then they would say so at this stage and inform the relevant secretary. They are able to discuss any issues with the clinical lead if they are not sure. The assessor makes sure that the patient has 24 hour care post op and will not be travelling more than 1 hour in a car to get home.

Verbal information is given to the patients regarding their surgery this is followed up with written Patient information leaflets.

Admission letters from each speciality are sent to the patient confirming date and times and fasting instructions for day of procedure.

**Anaesthetic assessment**
An anaesthetist sees patients pre-operatively, on the day of surgery.

**Current guidelines for patient monitoring following surgery**
The guidelines cover the monitoring of patients when returning to the ward from the 1st stage recovery unit. (SEE APPENDIX F)

**Discharge Criteria**
Nursing staff perform an assessment using identified discharge criterion when a patient is ready for discharge. If required they will see either their anaesthetist or consultant surgeon for advice. These need to consider social factors as well as medical assessment of sufficient recovery for discharge. (SEE APPENDIX B and C)

The discharging nurse gives both verbal and written information. Pre-packed analgesia is given with clear verbal and written instructions. Written discharge summaries are completed by the nurse, and are given to each patient before leaving the unit. Medway discharge letter completed and sent electronically to the appropriate GP.
a) Admission Criteria if the Patient Defaults from a Day Case to an Inpatient.

- The Surgical and Anaesthetic Team and Senior Nurses make the decision on day of surgery to admit patients where this is necessary.
- Patients who deteriorate or those who need a longer stay are transferred to an appropriate ward as agreed through the Surgical Bed Manager.
Discharge Criteria – all criteria should be met

- Vital signs stable for at least one hour
- Correct orientation as to time, place and person
- Adequate pain control and has supply of oral analgesia
- Understands how to use oral analgesia supplied and has been given written information about these
- Ability to dress and walk where appropriate
- Minimal nausea, vomiting or dizziness
- Has at least taken oral fluids
- Minimal bleeding or wound drainage
- Has passed urine (if appropriate)
- Has a responsible adult to take them home
- Has agreed to have a carer at home for next 24 hours
- Written and verbal instructions given about postoperative care
- Knows when to come back for follow up (if appropriate)
- Emergency contact number supplied
North East NHS Surgery Centre
Local Work Instruction
Area Pod
Nurse Led Discharge of Day Surgery Patients

Pain Score Less than 3
- There are No Signs of post op nausea & vomiting? (PONV)
  - The Patient has tolerated fluid & food
- The Patient is alert & mobilised. The Patient Has Passed Urine.
- The Patient Has All the Appropriate Discharge Information & Education TTos if prescribed have been given & explained.
  - Patient has District Nurse letter and dressings if required.
  - If applicable 24Hr Post Discharge Contact Arrangements in Place
  - Patient has a copy of their GP letter.

Pain Score 4–6
- Give Analgesia prescribed Review in 1 Hour
- Patient Has PONV, Give prescribed Anti-Emetic & Review in 1 Hour
- If Patient Has Post-Op Complications Take appropriate action 7
  - Review in 1 hour
- Assess Patient for Risk of Retention

Pain Score 7+

A Primary Nurse has undertaken the Discharge Assessment

There is an Escort Home & a Responsible Carer Available for 24hrs
- There is No Carer Support for the first 24hrs.

Discharge Patient

Issue 1 L-W-I number Pods ...... Prep By K. Yarwood Auth
By:..........................
Date:............................. Review date:.............................
b) Nurse Led discharge

The day unit has a nurse led discharge protocol. This is continually being refined as discharge requirements are fully understood.

c) Utilisation of Day Unit for Inpatients.

- These types of patients remain as inpatients and are admitted via the same day admission process and go to theatre from the Pods following their recovery are discharged to the appropriate ward.

d) Physiotherapy cover

- A physiotherapist sees patients as appropriate and follow up physiotherapy is arranged at the same time if required.
- The Day Unit has the following cover from physiotherapy.
  - Monday 8am – 8pm
  - Tuesday 8am – 8pm
  - Wednesday 8am – 8pm
  - Thursday 8am – 8pm
  - Friday 8am – 8pm
  - Saturday 8am – 8pm

8. Monitoring and Auditing

Regular audits of various aspects of patient care are undertaken each year.

9. Data collection and storage

A computer system has been installed that enables the efficient planning of activity and theatre usage and is fully incorporated into the existing Core Patient Database.