Name of Policy: Day Surgery Operational Policy

Effective From: 27/01/2010

Date Ratified: 22/01/2010
Ratified: Patient, Quality, Risk and Safety Committee
Review Date: 22/01/2011
Sponsor: Director of Nursing and Midwifery
Expiry Date: 21/01/2013
Withdrawn Date:

This policy supersedes all previous issues.
## Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Release</th>
<th>Author / Reviewer</th>
<th>Ratified By / Authorised By</th>
<th>Date</th>
<th>Changes (Please identify page no.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>27/01/2010</td>
<td>E Lott</td>
<td>PQRS</td>
<td>22/01/2010</td>
<td></td>
</tr>
</tbody>
</table>
# Day Surgery Operational Policy

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>4</td>
</tr>
<tr>
<td>2. Policy Scope</td>
<td>4</td>
</tr>
<tr>
<td>3. Aim of the Policy</td>
<td>4</td>
</tr>
<tr>
<td>4. Duties – Roles and Responsibilities</td>
<td>7</td>
</tr>
<tr>
<td>5. Definitions</td>
<td>8</td>
</tr>
<tr>
<td>6. Training</td>
<td>8</td>
</tr>
<tr>
<td>7. Documentation</td>
<td>9</td>
</tr>
<tr>
<td>8. Patients undergoing Surgery</td>
<td>9</td>
</tr>
<tr>
<td>9. Nurse Led Discharge</td>
<td>9</td>
</tr>
<tr>
<td>10. Equality and Diversity</td>
<td>9</td>
</tr>
<tr>
<td>11. Process for Monitoring Effectiveness of the Policy</td>
<td>9</td>
</tr>
<tr>
<td>12. Consultation and review of this Policy</td>
<td>9</td>
</tr>
<tr>
<td>13. Implementation of policy (including raising awareness)</td>
<td>9</td>
</tr>
<tr>
<td>14. References</td>
<td>9</td>
</tr>
<tr>
<td>15. Associated Documentation</td>
<td>10</td>
</tr>
</tbody>
</table>
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. 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 Department of Health NHS Plan (2000) and British Association of Day Surgery (BADS) recommendations (www.BADS.co.uk for purchase of the directory) set a target that 75% of elective admissions should be performed as a day case. There has been considerable support and commitment from the Department of Health in the Day Surgery: Operational Guide (Waiting, Booking and Choice, August 2002) and the NHS Innovation and Improvement Programmes (formerly Modernisation Agency).

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

The Unit provides:

- Operating Theatres – 12
- First Stage Recovery – 12 trolley spaces
- Pod Area – 16 curtained cubicle areas
- Consulting/treatment Room
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 Directorate has identified procedures that are suitable for day surgery from the basket of 25 and the BADS Directory of Procedures (www.BADS.co.uk).

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.

Those who need 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. (See Appendix C for 23 hour stay process)

### 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) which all services will have agreed to and will adhere to.

### 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.

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 day unit opens at 0800hrs – 2000hrs Monday – Friday.
Sessions of lists are:
0900 – 12:30
1400 – 17:30
0900 – 17:30 with appropriate breaks, to not exceed 7 hours

3.8 Surgical Specialities who access this service

- Gynaecology
- Urology
- Orthopaedics
- General Surgery
- Gynaecology
- Maxillo-facial
- Spinal
- Dental
- Plastics
- ENT
- Vascular

4. Duties – Roles and Responsibilities

4.1 Divisional Manager

The Divisional Manager has the overall responsibility for policy decisions and will ensure efficient and effective use of resources

4.2 Role of Matron

The Matron has overall responsibility for the Unit especially as regards to the budget.

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 Directorates for day-to-day operational issues.

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

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 a 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 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 Facilitator 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. Process for Monitoring Effectiveness of the Policy

This policy will be monitored for effectiveness on a bi-monthly basis using the day case report from the Information Department, regular quarterly records audit and monitoring of complaints and compliments.

The Day Case group will report to Theatre PAAT and Surgical Divisional meeting.

12. Consultation and review of this Policy

This policy has been reviewed in consultation with the Day Surgery Group.

13. Implementation of policy (including raising awareness)

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

14. References

a. Day Surgery: Operational Guide Waiting, booking and choice, August 2002
b. British Association of Day Surgery, see www.bads.co.uk
c. NHS Institute for Innovation and Improvement, available at http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_ a
15. Associated Documentation

b. British Association of Day Surgery, see [www.bads.co.uk](http://www.bads.co.uk)
Patients are referred to the hospital consultant from the GP. They are given an out patients 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. A copy of this summary is given in a sealed envelope to the patient to be given to the appropriate GP.

Agreed patient groups are followed up with a telephone call by Day Unit nursing staff. This allows the patient to discuss any issues or concerns they may have following their surgery. Patients undergoing local anaesthesia procedures do not receive a telephone follow up from the unit.

A qualified member of staff does the follow up including appropriately trained HCAs.
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.
Appendix B

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 Does Not Have Any Post Op Complications? (Procedure specific)
  - The Patient is alert & mobilised. The Patient has Passed Urine.

- **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

The Patient Has All the Appropriate Discharge Information & Education TiTo's 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.

- **There is an Escort Home & a Responsible Carer Available for 24hrs**
  - A Primary Nurse has undertaken the Discharge Assessment
  - Discharge Patient

- **There is No Carer Support for the first 24hrs.**

Issue 1 L-W-I number Pods ....... Prep By K. Yarwood Auth
By..........................
Date ..........................Review date...............................
7. Elective 23 hour Stay Area

Scope
The elective 23hr stay area (ESA) is a trolley area for short stay elective surgical patients following surgical intervention. It is used to nurse all appropriate post operative patients from all surgical specialities requiring up to 23hr post operative care. All Consultants within the surgical division have equal access to the facility. All patients remain under the care of the admitting consultant and surgical teams.

Operational Management
The ESA provides care for all appropriate surgical patients requiring 23hr stay as identified by the BADS directory of procedures, who are older than 16.

Current Organisational Chart
Staff

Staff mostly working in the ESA have the necessary experience to nurse all surgical specialties. Any identified staff development requirements are dealt with using existing learning and development policies and through co-operation with the division.

a) Admission Criteria

- The decision to admit to the ESA is made by the senior nurses at preoperative assessment using defined protocols.
- The Surgical and Anaesthetic Team and Senior Nurses make the decision on day of surgery to admit patients to the ESA 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 Team facilitated by the surgical bed co-ordinator.
- Patients who are fit to return home at the earliest opportunity following surgery are discharged according to the agreed discharge policy.

b) Exclusion criteria

- The Unit does not take elective patients or transfers from other areas within the Trust.
- At pre-assessment it will be determined whether patients will be suitable for the ESA trolleys – mobility and size will be a major factor in this suitability – High BMI and high Waterlow scoring are used to assess this in conjunction with Tissue Viability recommendations.
- Patients with a weight over 160kg will be excluded from staying on the ESA – the trolleys are not designed to take patients above this weight.
- Patients who are immobile and are unable to climb onto the trolley will be excluded from the ESA – this is because it is not possible to get a hoist underneath the trolley.
- Patients who are considerably confused will be excluded from the ESA.

c) Documentation

- All adult patients attending PoDs are clerked in using the appropriate Care Pathway. This care pathway begins at pre-operative-assessment and accompanies the patient throughout their stay.

- All paper work conforms to trust standards.

d) Patients undergoing surgery

- All ESA patients are admitted via the POD area and then operated on in the designated theatre suite for their Consultant, using the theatre scheduling tool.

e) Preoperative assessment

- All patients will be assessed by the pre-assessment team and will receive verbal and written information about their stay on the ESA.
f) Nurse Led discharge

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

g) Utilisation of Day Unit for majors

- The Day Unit theatre space is not used for major surgical cases. This is due to staffing limitations – there are usually a large numbers of patients being recovered at any one time.
- These types of patients remain as inpatients via the same day admission process and are managed by the inpatient waiting list team and go through main theatres.

h) Physiotherapy cover

- A physiotherapist sees patients as appropriate (e.g. following lower limb surgery) and follow up physiotherapy is arranged at the same time if required.
- The Day Unit (and Extended Stay Area) has the following cover from physiotherapy.
  - Monday 8am – 8pm
  - Tuesday (week 1) 8am – 8pm
  - Wednesday (week 2) 8am – 8pm
  - Thursday 8am – 6pm
- Any changes to operating lists that require physiotherapy cover for discharge have to be discussed before being implemented.

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.