

Same day surgery admission model

A guide to day stay and extended day surgical admissions

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The information in this resource should not replace a clinician's professional judgement.

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Introduction

The same day (SD) and extended day (ED) surgery admission model for planned surgery provides advice and the specific diagnosis related groups that should routinely be considered for this service model.

All NSW local health districts and specialty health networks are expected to maximise the use of SD and ED models to ensure that there is predictable access for surgical patients. The SD and ED models also support quality and safety for patients by establishing consistent, protocolised care for patients undergoing commonly performed surgical procedures.

Background

The Day Only and Extended Day Only (PD2011_045) surgery admission model was originally published in 2011 by NSW Ministry of Health to describe the key features and benefits of the model. Additional resources to guide hospitals through implementing the model and recommend suitable procedures were incorporated in 2020.

This iteration of the admission model validates the key elements and principles based on contemporary practice and literature. The implementation self-assessment checklist has been updated and recommended procedures suitable for same day or extended day surgery have been revised based on current performance and safety data.

Methods

This document was revised in partnership with a clinical reference group comprising members of the Agency for Clinical Innovation (ACI) Surgical Care Network, South Western Sydney Local Health District, Northern Sydney Local Health District and representatives from the NSW Ministry of Health. Reference group members reviewed and provided advice via email between October 2023 and February 2024, on the content based on their individual areas of expertise. Information was also drawn from evidence-based guidelines and policy across interjurisdictional health systems within Australia. Recommendations were developed through review of NSW data relating to average length of stay for surgical procedure in the 2022-23 financial year.

SD surgery is defined as a surgical intervention, specified by diagnosis related groups, where the patient is admitted and discharged on the same calendar date for planned surgery.

ED surgery is defined as a surgical intervention, specified by diagnosis related groups, where a patient is admitted for up to 24 hours for planned surgery.

Key principles

A number of surgical procedures have strong evidence for the safety and suitability of admission and discharge on the same day.

ED surgery includes those patients who have SD surgery. Up to 80% of all planned surgical patients should be treated as SD or ED admissions.

A dedicated and uniquely identified surgical unit, such as a high volume short stay unit, is most effective to support the SD and ED surgical service model. However, depending on available resourcing and infrastructure of the individual hospital, the model may also be established using dedicated beds within surgical wards.

Key elements of SD and ED surgery focus on:

- identification of patients suitable for the service model
- the establishment of clear clinical and administrative processes to streamline patient flow
- separation from emergency surgery services
- strategies to minimise disruption to care processes.

It is recommended surgical services:

- Establish clinical protocols to inform, direct and record the patient's clinical pathway, admission, discharge and post-discharge management. These protocols will also streamline patient care processes and support quality clinical management of the patient.
- Identify clear, safety-based inclusion and exclusion criteria for SD admissions and ED admissions, including:
 - Identify procedures from diagnosis related groups suitable for SD and ED models in the facility
 - Select patients with an expected length of stay of less than 24 hours
 - Select patients with a reasonably predictable course of recovery for the surgical procedure being undertaken
 - Assess patient comorbidities to ensure patients who are unsuitable for ED are more appropriately managed.
- Implement compulsory screening of all admission notifications by the perioperative service for procedures suitable for admission to the ED unit.
- Stagger admission times dependent on the timing of the patient's surgery.
- Designate beds and staff who are allocated to the SD and ED service only.
- Ensure procedures are consultant-led with trainees under supervision.
- Establish and document escalation pathways to resolve clinical uncertainty regarding a patient's suitability for SD and ED admission. This may include referral to the relevant local Program Director of Surgery or an appropriate multidisciplinary team for advice.

- Implement communication pathways to handover patient care to their primary care provider or other relevant community services.

Selecting suitable procedures

The diagnosis related groups identified as suitable for SD and ED surgery have been selected on the basis that over 50% of separations in NSW were either same day or single overnight admissions during the 2022-2023 financial year.

The [Same day surgery admission model: Supplement 2. Procedures suitable for day only or extended day only surgical admission](#), provides a list of diagnosis related groups identified as suitable for day only or extended day only admission. It should be noted that the list is not exhaustive, other diagnosis related groups may appropriately be admitted based on clinical judgement and specific facility care pathways.

While it is recognised that some diagnosis related groups lack a precise clinical descriptor, they provide the best objective assessment of length of stay for the purpose of selecting procedures. Careful assessment of patients with significant clinical comorbidities must be undertaken to ensure the patient's suitability for SD or ED admission. Additionally, if a patient experiences any intra- or post-operative complications, they must be reassessed for SD or ED admission suitability.

Paediatric patients

The classification of procedures for paediatric patients suitable for SD and ED surgery differs from the adult population. Paediatric patients frequently require a general anaesthetic to perform routine medical procedures, e.g. endoscopy, computed tomography or magnetic resonance imaging scans and change of plaster. These may be appropriate for SD or ED admission and the care model is to be routinely considered when assessing referrals for admission and scheduling procedures.

Monitoring and reporting

A minimum of 80% of all planned surgery should be performed through a combination of SD and ED surgery admission model, to make efficient use of available resources, improve access to care for surgical patients and provide flexibility in service delivery where clinically appropriate.

This target is measured for each NSW local health district and specialty health network on a monthly basis. Measures are reported to the ACI Surgical Care Network and local directors of surgery, alongside a complementary suite of performance and safety metrics, to enable ongoing monitoring and action where appropriate.

The NSW Ministry of Health, in consultation with the ACI Surgical Care Network, has also identified a specific set of procedures that should default to same day surgery unless there is a documented rationale for requiring an overnight stay. The ACI Surgical Care Network monitor the number of each diagnosis related group performed as a same day procedure each month. Hospitals are encouraged to review their local performance and monitor progress regularly.

Using this guideline

An implementation checklist, Supplement 1, and the list of diagnosis related groups in Supplement 2 provide direction to NSW Health organisations to implement the SD and ED surgery admission model.

- Supplement 1. Implementation checklist and action plan
<https://aci.health.nsw.gov.au/networks/surgical-care/resources/same-day-surgery>
- Supplement 2. Procedures suitable for day only or extended day only surgical admission
<https://aci.health.nsw.gov.au/networks/surgical-care/resources/same-day-surgery>

Additional information:

- Elective Surgery Program Resources
<https://www.health.nsw.gov.au/Performance/Pages/surgeryresources.aspx>
- ACI Elective Surgery Improvement Initiatives
<https://aci.health.nsw.gov.au/statewide-programs/elective-surgery>

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