April 2024

# Same day surgery admission model: Supplement 1. Implementation checklist and action plan

**This document is a supplement to the** [Same day surgery admission model: A guide to day stay and extended stay surgical admissions](https://aci.health.nsw.gov.au/networks/surgical-care/resources/same-day-surgery), published by the Agency for Clinical Innovation (ACI) Surgical Care Network. The purpose of this implementation checklist is to provide direction to NSW Health organisations to implement the same day (SD) and extended stay (ED) surgery admission model.

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| Assessed by:  | Date of assessment:  |
| Implementation actions:  | **Considerations** | **Not commenced** | **Partially implemented** | **Fully implemented** |
| Has the hospital identified a list of surgical procedures suitable for same day (SD) and extended day (ED) surgery admission model, based on local capabilities?  | 80% of all planned surgery should default to a SD surgery pathway. Select procedures listed in [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). Should be SD surgery by default. Has the list of identified procedures been reviewed by the hospital surgical multidisciplinary team or Director of Surgery? Refer to the [Value-based surgery: Clinical practice guide](https://aci.health.nsw.gov.au/statewide-programs/elective-surgery).  |  |  |  |
| Notes:  |
| Are patient inclusion and exclusion criteria for SD and ED surgical admission models identified and documented?  | Consider appropriate parameters for age, body mass index, American Society of Anesthesiologists physical status score, procedure complexity and potential comorbidities.  |  |  |  |
| Notes:  |
| Have designated beds for SD and ED patients been identified?  | Commence SD and ED cases early in the day to allow adequate time for recovery and discharge on the same day, and sufficient time to prepare for more complex cases later in the list. Consider procedure-based lists or pooled lists for high-volume procedures to avoid equipment change overs. Scope the number of SD lists each specialty requires.  |  |  |  |
| Notes:  |
| Are processes in place to ensure clinical screening of patients and triage for pre-admission assessments?  | Pre-operative review and screening for SD surgery patients sets expectations of care for both the patient and the care team. It also allows assessment of the patient’s willingness to undergo a SD and ED procedure and the support mechanisms available at home after discharge.   |  |  |  |
| Notes:  |
| Are patient admission times staggered to align with scheduled surgery times?  | Facilitates more efficient patient flow and minimises patient waiting and fasting times.   |  |  |  |
| Notes:  |
| Have clinical protocols been developed for use by clinicians for high volume procedures (including discharge criteria, responsibilities and processes)?  | Documented protocols support consistency in practice, enhance understanding of the expected patient journey and make sure all team members understand what is required to facilitate safe, appropriate SD or ED discharge.  |  |  |  |
| Notes:  |
| Do protocols align with Post- Acute Care Service and Hospital in the Home services protocols?  | Patient information and education includes: * pre-operative care needs, e.g. pathology, medical imaging, medication, fasting
* the importance of following medication plans for pain management, wound care, diet and mobilisation, and contact details for advice should they have any concerns following discharge
* consistent message from all healthcare professionals on SD surgery at each stage of the pathway.

Implement criteria-led discharge protocols that state the criteria to ensure safe discharge and communicate these across the entire patient care team.. Agree protocol for admission to a hospital bed for patients deemed unsafe for discharge.  |  |  |  |
| Notes:  |
| Are escalation pathways agreed, documented and communicated?  | Escalation pathways should clearly outline the steps to be taken, resolve disagreement around SD and ED model protocols, cases and alternative care pathways.   |  |  |  |
| Notes:  |
| Are processes in place for regular review of the SD and ED surgical care model, including suitability of procedures, update of clinical protocols and pathways?  | Review hospital and district level data regularly to monitor progress.  Identify and implement strategies to enhance access or further embed SD and ED surgical care model.  |  |  |  |
| Notes:  |

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