Module overview

Please note: This module must be read in conjunction with the Fundamentals of the Framework (including glossary and acronym list), Perioperative Services – Day Surgery Services and Anaesthetic Services modules.

This module relates to stand-alone Day Hospitals only and addresses the provision of planned termination of pregnancy services. Consent to treatment must be obtained.

This service, undertaken in day surgery / procedure units, can only be provided when a patient is able to be safely discharged on the same day.

The following should be considered when selecting patients for this day surgery procedure:

- minimal risk of post-operative haemorrhage or airway compromise
- easily managed post-operative pain by the patient or person responsible for the patient
- proximity of patient’s residence to medical attention—preferably the patient should live within one hour of medical attention; however, provided the patient has a responsible adult with them for 24 hours post-surgery / procedure and they have access to a telephone, some patients may be discharged to their usual place of residence, which may be more than one hour from medical attention.

Patients must be instructed on fasting times and medication protocols, and given general information on procedures, admission and discharge from the day surgery unit. In day surgery waiting areas, patients should have access to:

- information regarding their surgery
- family / carers who are involved in their care
- a safe place to store personal belongings—accessible post-operatively
- distractions for anxiety / boredom / procedure noise (e.g. a television or music).

The provision of safe surgical services requires effective integration with anaesthetic and perioperative services. Infection control is also an integral component of safe surgical services.

Another key factor affecting day surgery / procedure service levels is the interaction between anaesthetic risk (i.e. physical status of the patient) and procedural / surgical complexity (Appendix 1). It is essential adequate time is scheduled for the treating anaesthetist to consult with the patient and for any other relevant pre-anaesthetic / operative assessments.

Recovery from anaesthesia occurs in a post-anaesthetic recovery area. These areas should be equipped and staffed as per ANZCA PS4 Recommendations for the Post-Anaesthesia Recovery Room, 2006.

The service has written guidelines / policies regarding the discharge of patients (i.e. discharge criteria).

Day surgery / procedure units must have specific protocols and procedures in relation to adolescents and/or children (refer to Surgical Services - Children’s module).
Service requirements

In addition to what is outlined in the *Fundamentals of the Framework*, general service requirements include:

- procedures performed in accordance with the *Criminal Code Act 1899* and/or licensed private health facility’s condition of licence
- all pregnancies confirmed by either pregnancy test or ultrasound
- patients medically and psychologically assessed for treatment
- haemoglobin or haematocrit must be done when gestation is over 18 weeks
- Registrar General is provided with “Certificate of Perinatal Death” for pregnancies in excess of 20 weeks gestation
- on-going education programs for staff specific to termination of pregnancy
- ongoing education regarding infection control as part of staff orientation including orientation to policies such as standard precautions and sterilisation and/or decontamination of equipment
- relevant clinical indicator data provided to satisfy accreditation and other statutory reporting obligations.

Requirements for children under age of 14 years include:

- must have psychological counselling pre-termination from appropriately qualified health care professional (e.g. psychologist, social worker, counsellor)
- evidence of pre-termination counselling from appropriately qualified health care professional must be documented as having been provided and copy of counsellor’s report provided to treating medical practitioner
- where medical practitioner provides counselling, documentation of counselling must be included in medical record
- any reasonable suspicions of child abuse and neglect must be reported to Child Safety Services, Department of Communities’ Child Safety and Disabilities Service
- involvement of paediatric and mental health services for assessment of Gillick competency, psychosocial assessment and family court matters.

Patient information should include:

- counselling prior to procedure
- appropriate post-termination of pregnancy follow-up by health practitioners offered to all clients
- legal, financial, psychosocial and medical implications prior to procedure.

Workforce requirements

In addition to the requirements outlined in the *Fundamentals of the Framework*, specific workforce requirements include:

- staff in day surgeries work as part of a team
- use of anaesthetic technicians in the remote, rural and regional settings balanced with the need for multiskilling of nursing staff in the day surgery environment
- in facilities where anaesthetic technicians utilised, nursing staff numbers re-evaluated to ensure adequate numbers of appropriately trained staff are present at all times.
### Termination of Pregnancy Services

#### Service description
- Provided to low risk patients.

#### Service requirements
- As per module overview, plus:
  - Multidisciplinary team with experience, knowledge and skills in day surgery services, principles and practice.
  - Anaesthetic services generally provided during business hours for regularly scheduled lists.
  - Awareness of combination of surgical complexity and anaesthetic risk at this level of service.
  - At least one operating room / procedure room, with separate post-anaesthetic care for stages 1 and 2.

#### Workforce requirements
- As per module overview plus:
  - Procedures performed by registered health practitioners authorised under legislation who are credentialed with individual day hospital, qualified and experienced to level of service provided.
  - Access to psychological counselling pre- and post-termination from appropriately qualified health care professional/s.
  - Medical
    - Registered medical practitioner (general practitioner) with credentials in surgery and advanced rural generalist training, or registered medical specialists with credentials in surgery.
    - Registered medical practitioners credentialed in anaesthesia and working within their scope of clinical practice providing anaesthetic.
    - Access—24 hours a day—to registered medical practitioner.
    - Access to registered medical specialists with credentials in surgery for advice on all types of surgical patients, possibly via telephone or telehealth.
  - Nursing
    - Suitable qualified and experienced nurse manager (however titled) in charge of unit.
    - Suitable qualified and experienced registered nurse/s on-site during hours of operation.
    - Access to registered nurse/s with infection control and wound management experience and/or other appropriate services being provided.

#### Specific risk considerations
- Nil.

### Support service requirements for Termination of Pregnancy Services

<table>
<thead>
<tr>
<th>Support service requirements for Termination of Pregnancy Services</th>
<th>Level 3</th>
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<td>Pathology</td>
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<tr>
<td>Perioperative (relevant section/s)</td>
<td></td>
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</tbody>
</table>

**Table note:** *On-site* means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

*Accessible* means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.
Legislation, regulations and legislative standards

Refer to the *Fundamentals of the Framework* for details.

Non-mandatory standards, guidelines, benchmarks, policies and frameworks (not exhaustive & hyperlinks current at date of release of CSCF v3.2)

Refer to the *Fundamentals of the Framework* for details.

Reference list

Appendix 1

Anaesthetic risk, physical status and surgical complexity

The main factor affecting surgical service levels is the interaction between anaesthetic risk (i.e. a patient’s physical status) and procedural / surgical complexity. The American Society of Anesthesiologists (ASA) has a scale accepted as both a universal means of determining a patient’s physical status, and a proxy for risk. When these two indicators are used, they provide a level of service enabling a particular type of patient to undergo a particular complexity of procedure safely.

Table 1: Physical status scale

<table>
<thead>
<tr>
<th>Physical status</th>
<th>Description</th>
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<tbody>
<tr>
<td>P1 = ASA 1</td>
<td>A normal, healthy patient</td>
</tr>
<tr>
<td>P2 = ASA 2</td>
<td>A patient with mild systemic disease and no functional limitations</td>
</tr>
<tr>
<td>P3 = ASA 3</td>
<td>A patient with a moderate to severe systemic disease that results in some functional limitation</td>
</tr>
<tr>
<td>P4 = ASA 4</td>
<td>A patient with severe systemic disease that is constantly life threatening and functionally incapacitating</td>
</tr>
<tr>
<td>P5 = ASA 5</td>
<td>A moribund patient who is not expected to survive 24 hours with or without surgery</td>
</tr>
<tr>
<td>P6 = ASA 6</td>
<td>A declared brain dead patient whose organs are being removed for donor purposes</td>
</tr>
<tr>
<td>E</td>
<td>A patient who requires an emergency procedure</td>
</tr>
</tbody>
</table>

Adapted from the American Society of Anesthesiologists 2003 and the Australian and New Zealand College of Anaesthetists

Table 2 describes anaesthetic service provision, referring to an adult patient’s physical status as a low, medium or high level of risk, and can be applicable to children also (but for further detail about children’s anaesthetic risk and physical status, refer to Surgical services–Children’s, Appendix 1).

Table 2: Level of risk and physical status

<table>
<thead>
<tr>
<th>Level of risk</th>
<th>Physical status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>ASA I (P1) and ASA2 (P2)</td>
</tr>
<tr>
<td>Medium</td>
<td>ASA 3 (P3)</td>
</tr>
<tr>
<td>High</td>
<td>ASA 4 (P4) and ASA 5 (P5)</td>
</tr>
</tbody>
</table>

Source: American Society of Anesthesiologists 2001