SECTION 1 GENERAL GUIDELINES

POLICY CM 1.3	PATIENT SELECTION PROTOCOL

AIM/OUTCOME: To provide a patient focused quality healthcare service through appropriate patient selection protocols. The facility strives to provide a safe and risk free patient episode of care and ensures appropriate patients are admitted.

POLICY APPLIES TO: Credentialed Medical Practitioners
Clinical Nursing Staff
Administration Staff

POLICY:

Patients are referred to the hospital by their Credentialed Medical Practitioner (CMP) and must be a suitable candidate for day surgery.

Patients should be essentially healthy people with good home support available.

PMA facilities are risk-averse in regards to all elective and time sensitive surgery. The Board and MAAC endorse a conservative approach to patient safety – surgery should be cancelled and re-scheduled should patients be identified as not suitable for theatre due to clinical and social reasons.

All patient admission forms are all reviewed by a Registered Nurse. Permission for admission will depend upon suitably trained staff and equipment being available to meet the needs of the patient. Patients that don't meet the patient selection protocol are referred to an alternate facility in consultation with the patient and their CMP.

Chatswood Private Hospital is licensed to provide 23 hour care to patients who require extended observation and care following surgery.

This policy covers all PMA Day Hospitals. Specific and extra requirements relevant to the respective facility are listed within the policy.

The Patient Selection Protocol is to be reviewed by the Medical Advisory & Audit Committee (MAAC) and Quality Review Committee (QRC) at 12 monthly intervals, or as required.

PROTOCOL FOR PATIENT SELECTION:

- Have available transport escort to and from the facility. The facility recommends that patient have a responsible escort and carer from discharge to following morning. *(See Section: Unaccompanied Discharge)*
- Parents, carers or guardians are to accompany children. Admission to be planned carefully to avoid causing distress to the child and family. The needs of children and young people are very different to those of adults.
- Surgery will not proceed on any patient if the Surgeon or Anaesthetist feels it will endanger the patient's health. All Surgeons and Anaesthetists are responsible for their patients' pre-op assessment.
- Patients have pre-anaesthetic consult either in a consult room or day ward area as specified in the ANZCA guidelines PS7 '*Recommendations for the Pre-Anaesthetic Consultation'* and

meet the documented American Society of Anesthesiologists Physical Status Classification (ASA) Level of 1, 2, 3 or stable 4. **ASA 4 Patients may undergo regional or IV sedation only (No Planned Elective GA's).**

SCORE	DESCRIPTION
ASA 1	A normal healthy patient
ASA 2	A patient with mild systemic disease
ASA 3	A patient with severe disease that limits activity but is not incapacitating
ASA 4	A patient with severe life threatening systemic disorder which may not be corrected by the operation
ASA 5	A moribund patient with little chance of survival

- Patients with a pre-existing condition that the hospital is not equipped to manage. (e.g. acute psychotic illnesses) are not suitable for treatment in the facility.
- Patients that are known to be susceptible to Malignant Hyperthermia are not suitable for admission unless a negative in vitro contracture test is performed and alternative anaesthesia arrangements are instituted (no volatile anaesthetic agents or Suxamethonium).
- Weight limit of 120 kg or having dimensions that are not accommodated by standard day procedure equipment – further assessment to be made by Chief Executive Officer (CEO), Hospital Director or Clinical Manager/Director of Nursing (CM/DON), Anaesthetist and Surgeon if patient is in good health and has sufficient strength to move independently. This is to ensure we can provide a safe environment for both patients and the staff providing their care. Refer to policy CM 1.15 '*Bariatric Management Plan*'.
- Patients with mobility problems must be able to be transferred independently to the facilities' procedure bed or with the assistance of a carer. The facility has a no lift policy and has no provision for mechanical assistance of patients. *(See Section: People with Disabilities).*
- All patients will complete the necessary pre-admission patient documentation these include:
  1. MR2: Patient Admission Form,
  2. MR2A: Pre-Admission & Medical Assessment Form,
  3. MR3: Recommendation for Admission,
  4. MR3A: Consent to Surgical Treatment – specific cataract procedures form and generic form for all other procedures
- Patients requiring services for which their CMP is not credentialed or it is not within their scope of practise will not be admitted. Refer to policy L&M 2.1 *'Credentialing and Clinical Privileges'*
- Patients with funding issues that are not resolved prior to admission will not be admitted. This would include:
  1. Workers Compensation patients without approval,
  2. DVA white cardholders without approval,
  3. Uninsured patients who are not electing to self-fund their admission to hospital.
- Patients who have shown non-compliance with the "Patients' Right and Responsibilities" will not be readmitted for subsequent treatment without the approval of the CM/DON. Refer to policy CM1.7 "*Patients' Right and Responsibilities*"

CHATSWOOD PRIVATE HOSPITAL SPECIFIC

- **The Chatswood Private Hospital Medical Advisory & Audit Committee does not endorse the admission of children under the age of 3 years for Tonsillectomy procedures**

UNACCOMPANIED DISCHARGE

- Ophthalmic patients (Local, IV Sedation, and regional blocks) who do not have an escort &/or carer are advised that they are going outside the guidelines recommended by the Facility Management. Refer to policy CM1.12 "*Patient Considerations and Safety*" and are encouraged to have a neighbour, community or a nursing agency carer to call and check on their welfare on the night following surgery.
- Ophthalmic patients (GAs) who do not have suitable discharge arrangements will be cancelled prior to the procedure. All patients must have a suitable escort to take them home and a carer at home overnight.
- Patients are assessed on an individual basis in consultation with Surgeon and Anaesthetist and the anaesthetic is titrated according to need. Overnight admissions may be arranged for those unaccompanied patients requiring care and assistance post-operatively.
- Patients must complete appropriate "Release of Facility's Responsibility for Discharge" statement on MR 9 "Variance Record' form in the patient clinical record prior to the procedure where possible.

CHATSWOOD PRIVATE HOSPITAL SPECIFIC

- **ENT patients (GAs) who do not have suitable discharge arrangements will be cancelled prior to the procedure. All patients must have a suitable escort to take them home and a carer at home overnight.**

PEOPLE WITH DISABILITIES

- Disabilities may include physical, sensory, developmental, psychiatric, age related.
- Pre-admission planning must include anticipating any additional disability support requirements that are likely to be necessary during hospitalisation and the communication of this information to relevant staff. It is essential that the role and expectation of carers and disability support workers are clarified at this time.
- The facilities' Pre Admission Risk Screening process will identify & address people's special needs during patient assessment.
- Transportation, mobility requirements and physical support needs including appropriate lifting and positioning are taken into account. Physical disability access to the facility may be made by ramp and a wheelchair is available.
- Discharge planning for patients with disabilities commences prior to admission. Family and/or Carers are included when necessary in patient discharge planning.

OVERNIGHT CARE/ CHATSWOOD PRIVATE HOSPITAL SPECIFIC

- Patients who require overnight care are to be identified in at the time of booking the procedure. This is to be documented on the Recommendation of Admission and should include the reason for the admission.
- The booking will be confirmed with the surgeons rooms by the Director of Nursing/Clinical Manager two weeks prior to the procedure to ensure the efficient and effective utilisation of the facility
- To meet the requirements of the 23 hour licence, all patients must be discharged by 10am on the day following surgery.
- All medications are to be written up on the patient's medication chart for administration during the admission.

- All surgeons whose patients are admitted overnight will need to be contactable by phone for the duration of the admission in case the patient requires additional medication or care. This requirement may be delegated to the anaesthetist if they are agreeable.

PERFORMANCE INDICATORS:

This policy is linked to Clinical Management: Deteriorating Patient / Adverse Event and Cancellation after arrival entries on the Risk Register (Policy L&M 3.6.1) and are audited 6 monthly

1. ACHS Day Surgery Clinical Indicators: Cancellation after arrival, Unplanned Transfer, Delay in Discharge, Patient Adverse Events (Unintended harm) during care delivery and No Escort.
2. ACHS Anaesthetic Clinical Indicators: Unplanned ICU Admission Post op within 24 hours

REFERENCES:

1. Australian Day Surgery Nurses Association '*Best Practice Guidelines for Ambulatory Surgery & Procedures' 2013*
2. NSW Ministry of Health PD2008_10 '*Disability- People with a disability: Responding to needs during Hospitalisation,'*
3. ANZCA PS7 '*Recommendations for the Pre-Anaesthesia Consultation - 2008'*
4. ANZCA PS15 '*Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery – 2010'*
5. Australian Charter of Healthcare Rights
6. The International Association of Ambulatory Surgery *'Day Surgery Development and Practice*' 2006 Edition
7. *'Day Surgery in Australia – Report and Recommendations of the Australian Day Surgery Council of Royal College of Surgeons, Australian & New Zealand College of Anaesthetists and The Australian Society of Anaesthetists'* 2004 Revised Edition
8. Malignant Hyperthermia Australia & New Zealand (MHANZ) Resource Kit (2012) www.anaesthesia.mh.org.au

RATIFIED BY:	Quality Review Committee	Medical Advisory and Audit Committee
DATE:	March 2018	March 2018
REVIEW DATE:	March 2019	
PREVIOUS REVIEW:	2009, 2011, 2013, 2016,2017	

DATE	POLICY CHANGES
March 2018	• Addition of Malignant Hyperthermia references
November 2017	• Review at Strategic Planning Day November 2017 – Nil changes.
September 2017	• Updated with MDS and COFFS facility • Updated MDS and COFFS Specific details for Patient Selection Protocol • Updates endorsed by Coffs MAAC and Board on 29 September 2017
December 2016	• ASA Admission criteria revised by MAAC with changes • CPH Specific selection criteria specified more clearly • Also amalgamated the different facilities approved procedures into one overall PMA approved procedures policy with specific references to individual facilities.
October 2015	• Updated for ENT patients re carer expectations and relevant documentation • Tonsillectomy age range exclusion • Overnight care requirements • CPH details

November 14	• No Changes required
November 2013	• Updated terminology re from VMO to CMP and MAC to MAAC Updated References – dates and documents • Performance Indicators updated and linked to Risk Register • Updated the linked policies and references • Reviewed and reworded section relating to funding issues