

SECTION 1**GENERAL GUIDELINES**

POLICY 1.4	APPROVED ADULT PROCEDURES AT CENTRAL COAST DAY HOSPITAL
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AIM/OUTCOME: To provide a patient focused quality healthcare service. The facility strives to deliver the highest level of clinical care in a culture and environment of improving performance and best practice.

POLICY REFERS TO: Credentialed Medical Practitioner
Clinical Nursing Staff
Administration Staff

POLICY:**CENTRAL COAST DAY HOSPITAL**

All procedures performed in the facility are approved by the Medical Advisory & Audit Committee (MAAC) and are suitable to be performed in a facility licensed to perform surgical procedures under all types of anaesthesia.

All procedures are classified as suitable for day surgery because they meet the criteria of :

- Minimal risk of post operative haemorrhage,
- Minimal risk of post operative air way compromise
- Controllable post operative pain with outpatient management techniques,
- No special post operative nursing requirements that cannot be met by community nursing
- Rapid return to normal fluid and food intake.
- All necessary equipment is available prior to a procedure being undertaken.

The Classes proposed at Central Coast Day Hospital (CCDH) are Surgical, Paediatric, Cosmetic and Anaesthesia.

A Surgeon wishing to perform a new procedure that does not appear on this list has to apply to the MAAC for approval as per L&M Policy 2.11 '*Application for Privileges to Perform New Procedures or Technology*' which is located in the Leadership and Management Policy Manual.

LENS PROCEDURES [MBS ITEM NUMBERS INCLUDED]

- Artificial lens, insertion / removal / replacement / repositioning [42702, 42701, 42709, 42719]
- Capsulectomy or removal of vitreous via the anterior chamber [42719]
- Lens extraction [42707, 42716]

CORNEAL PROCEDURES

- Corneal grafts [42659, 42656, 42653]
- Crosslinking [42652]
- Incisions to correct astigmatism including AK [42672]
- Other vision correction procedures including PTK [42810]

GLAUCOMA PROCEDURES

- Insertion of drainage devices/implants [42752]
- Cataract extraction and insertion of Micro Incisional Glaucoma Stents [42705]
- Removal of Micro Incisional Glaucoma Stents [42505]
- Trabeculectomy [42746, 42749]

VITRO RETINAL

- Intravitreal injections [42738] Local Anaesthesia
- Intravitreal injections [42740] Sedation/GA
- Vitrectomy with gas/cryotherapy/peel/banding/buckle [42725]
- Retinal detachment [42773]
- Retinal photocoagulation/laser [42809]

OCULAR PLASTICS

- Botulinus toxin injection for strabismus [42842]
- Canthoplasty [42590]
- Dacryocystorhinostomy (DCR) [42623, 42626]
- Dermoid cyst / orbital cyst [42574]
- Ectropian repair [45626]
- Entropion, repair [45626, 42866]
- Eyelid closure in facial nerve paralysis with insertion of foreign implant [45614, 42869, 45587]
- Eyelid upper and lower procedures – blepharoplasty / reconstruction [45617]. This may include **cosmetic/plastic procedures** with/ without an MBS item number.
- Foreign body removal [42569]
- Lacrimal procedures [42611]
- Orbital procedures – exploration / removal / repair [42515, 42557, 42533, 42510]
- Pterygium removal [42686]
- Readjustment of sutures [42668]
- Removal of foreign body [42542] [42569]
- Resuturing of wound [42857]
- Scleral graft to upper or lower Lid [42641, 42665]
- Squint procedures [42836, 42833, 42839, 42842]
- Tarsal cysts [42575]
- Excision of lesions with or without reconstruction [45614, 45665]
- Ptosis [45623]

OTHER

- Anterior chamber irrigation [42599]
- Ciliary body Tumour excision [42584]
- Examination under anaesthetic (EUA) [42503]
- Goniotomy [42758]
- Limbic tumour procedures [42692]
- Paracentesis of anterior or posterior chamber [42740]
- Pinguecula removal [42573]
- Temporal Artery Biopsy [34109]

FACILITIES AND EQUIPMENT

- The facility has appropriate surgical instrumentation, consumable and equipment for the safe provision of care to adult patients.
- Specific adult anaesthetic equipment and consumables and provided on the Anaesthetic trolley for the case-mix.
- An adult emergency trolley (Resuscitation Trolley) for emergency adult care and resuscitation is provided.
- The Anaesthetic representative on the MAAC together with the Clinical Manager/Director of Nursing annually reviews the provision of anaesthetic and resuscitation facilities and equipment consistent with The Australian and New Zealand College of Anaesthetists (ANZCA) and the Australian Resuscitation Council (ARC) guidelines and standards; or as and when new adult procedures are approved by the MAAC.

- Compulsory advanced resuscitation training is provided to all nursing staff annually.

PERFORMANCE INDICATORS:

This policy relates to entries on the Risk Register (Policy L&M 3.6) and audited annually:

Clinical – Patient Centred Care – Clinical Risk

Audited Against:

1. QPS Audits and Indicators: Patient Complaints, Incidents and Near Misses, Patient Satisfaction
2. PMA Reviews and Indicators: Anaesthetic Drug & Equipment, Emergency Trolley & Pharmacy Review, External incidents, Emergency Event – Rapid Response/Escalation of Care by Carers.
3. ACHS Clinical Indicators: Adverse Events, Unplanned Transfers, ICU Admissions post-op

REFERENCES:

1. *'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'* Revised Edition 2004
2. International Association for Ambulatory Surgery *'Day Surgery Development and Practice'* 2006 Edition
3. NSW Private Health Facilities Regulation 2017
4. Australian New Zealand College of Anaesthetists
<http://www.anzca.edu.au/resources/professional-documents>
5. Australian Resuscitation Council Guidelines <https://resus.org.au/guidelines/>

RATIFIED BY:	Quality Review Committee	Medical Advisory and Audit Committee
DATE:	November 2018	November 2018
REVIEW DATE:	November 2019	
PREVIOUS REVIEW:	May 2018	

DATE	POLICY CHANGES
November 2018	<ul style="list-style-type: none"> • Compulsory advanced resuscitation training is provided to all nursing staff annually. • Update to include additional procedures: <ul style="list-style-type: none"> ○ Dermoid cyst / orbital cyst [42574] ○ Removal of foreign body [42542] [42569]
May 2018	<ul style="list-style-type: none"> • Creation of a specific Approved Adult Procedures policy from the previous PMA Group Approved Procedures Policy • Each centre has different case-mixes warranting their own specific policy. • Addition of CMBS item numbers to procedures consistent with NSW DOH licensing requirements. • Addition of references to ANZCA & ARC guidelines relating to emergency equipment provisions relative to adult case mix. • Incorporation of existing yearly PMA Anaesthetic trolley review process into policy • Performance Indicators Added