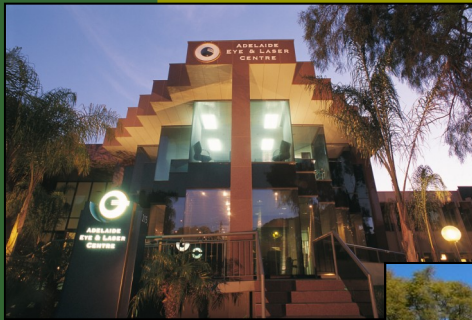


# Profile

of  
**the Australian Day Hospital Association  
and the  
Day Surgery Industry**



*Mailing address:*  
Joondalup BC  
P O Box 1143  
Joondalup DC WA 6919

*Phone:* 1800 752 822

*Fax:* 08 9304 7228

*Email:* [info@adha.asn.au](mailto:info@adha.asn.au)

*Website:* [www.adha.asn.au](http://www.adha.asn.au)



**Australian Day Hospital Association**

...supporting day hospitals  
ABN 37 054 719 050

March 2010

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## Foreword

Growing expectations in health care delivery have led to the use of day hospitals growing worldwide and this will dramatically increase in the future.

The benefits driving this increase include:

- excellent outcomes
- low adverse outcomes
- negligible hospital acquired infections
- personal care focus
- concentration on a few disciplines within a facility and focus on those disciplines lower costs.



This document is designed to assist a number of groups to make an informed decision on day surgery and to act as a key resource on day surgery in Australia. (It is important to note that the statistics in the comparative section are restricted, due to the existence of limited research in this area to date.)

Because this is a relatively new area of health care delivery, there has been strict governance by health departments including, but not limited to, accrediting bodies and health insurance funds.

Day hospitals have unique issues dealing with many stakeholders. The Australian Day Hospital Association has grown in response to the need to address these issues, including providing education for its members and supplying support and representation. The Australian Day Hospital Association recognises other bodies in the private health area and aims to work cooperatively with them to improve clinical services to patients and to maintain the viability of this important sector.

To any person considering use of a day hospital, we recommend discussing the significant advantages with your doctors. To doctors considering practice or establishing a day hospital, we recommend that you contact us.

A handwritten signature in black ink, appearing to read 'Peter Stephenson'.

**Dr Peter Stephenson**  
**President**  
**Australian Day Hospital Association**

March 2010



# History of ADHA

The Australian Day Hospital Association (ADHA), formerly known as the Australian Day Surgery Association (ADSA), was first registered with ASIC on 1 July 1992.

In 2003 the ADSA Directors and Committee made a strong commitment to raise the profile of ADSA, and a new and refreshed image was created, including a new logo.

A commitment was also made to meet face-to-face with both current and prospective members to develop state committees. Quarterly meetings were organised in each of the states and the Chair was present at each of these meetings to clearly set the strategic direction for the Association. A newly designed website was released and a newsletter was also created to assist in effective communication and functioning of the day hospitals.

The ADSA promoted day surgery throughout Australia by hosting an annual conference or forum. The conference was deemed to be a vital tool in communication, ongoing teaching, and networking for all day hospitals. It continues to be one of the main activities and marketing objectives of the Association.

The Association has remained the peak body representing day hospitals and procedural services on various national and state committees, boards, networking groups and focus groups. There have been a number of initiatives and improvements in the past five years, including the provision of tool kits and purchasing discounts from various suppliers for all members.

Following a Commonwealth decision in 2007, recognising day surgeries as Private Day Hospitals, the Association changed its name to the Australian Day Hospital Association.

The Association delivers a range of services of the highest quality to members. The membership is made up of stand-alone Day Hospitals that are appropriately licensed by the respective State Health Departments, as well as quality accredited Industry and Associate Members.

## ADHA Mission and Objectives

### Mission Statement

To support and represent day hospitals within the health care environment.

### Objectives

Add value to members.  
Actively represent and lobby on behalf of members.  
Support and facilitate communication between members.



# ADHA Governance

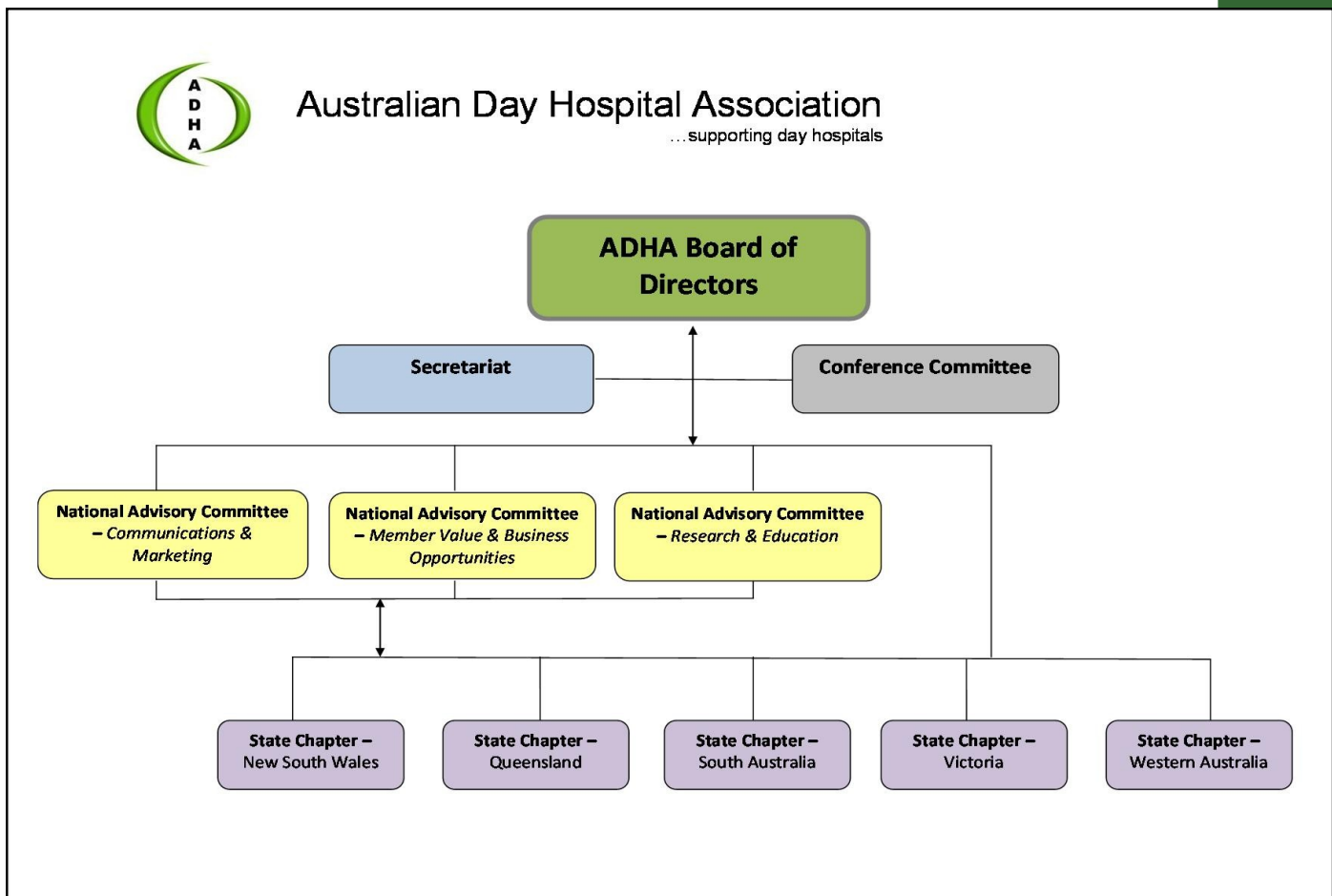
ADHA is a public company, governed by a Constitution. It is required to meet the legal requirements of the Australian Securities and Investment Commission (ASIC).

Currently ADHA has a Board of four Directors from the states of Queensland, Victoria, South Australia and Western Australia representing all day hospital members.

Four subcommittees called National Advisory Committees, who report to the Board of Directors cover Conference, Communications and Marketing, Business Opportunities & Member Value and Research and Education.

**State Chapters (Committees)** are established in Queensland, South Australia, Victoria, New South Wales and Western Australia and these generally meet on a quarterly basis.

ADHA employs three part-time administration support personnel based in their respective three states.



## ADHA Membership

### Membership categories currently include:

- **Day Hospital Member** — Day Hospitals must be stand-alone facilities, appropriately licensed with a State Health Department (not applicable to SA at time of writing) and accredited by an approved body consistent with the Commonwealth Legislation of April 2007. Day Hospital membership confers privileges to all employees, owners and directors of the nominated day hospital.
- **Industry membership** — Is accepted from persons or a company working within the health industry environment, but not included in the category above. A curriculum vitae or company overview is supplied on application.
- **Honorary Life Member** — Nominated by the ADHA Board of Directors.
- **Affiliate Member** — Affiliate Members are small unaffiliated hospitals.
- **Individual Member** — A member who is a natural person engaged in day hospital procedures but who cannot be admitted as a Day Hospital Member.

## External Committee Representation

### ADHA is represented on the following external Committees:

- Australian Day Surgery Council (ADSC)
  - Enhanced Medical Education Advisory Committee (EMEAC)
  - Australian Council on Healthcare Standards (ACHS)
  - Australian Commission on Safety and Quality in Health Care (ACSQHC)
  - Queensland Health Quality and Complaints Commission (HQCC)
- 



# History of Day Surgery

Day surgery dates back to the 1840s when Crawford Long, Horace Wells and William Morton performed anaesthesia in office-based settings in the USA. <sup>(2)</sup>

By the turn of the 20<sup>th</sup> Century, **between 1899 and 1908**, James Nicholls performed 8,988 ambulatory anaesthetics (day case) on children, in a purpose-built free-standing day surgery in Glasgow, Scotland. <sup>(1,3,5)</sup>



**In 1919** in Sioux City, Iowa, Ralph Waters opened the Downtown Anaesthesia Clinic, an outpatient clinic. <sup>(1,3,5)</sup>

After this period, outpatient surgery and anaesthesia became less common, as successes in anaesthesia and surgery led to a trend in hospitalisation. The culture of both medical and nursing personnel was that rest after surgery was the major contributing factor in a patient's recovery. <sup>(5)</sup>

There were occasional journal articles published suggesting the possibility of performing minor surgical procedures on an outpatient basis, such as hernia repair. The British Medical Journal published an article in 1948 warning surgeons that allowing patients who had undergone abdominal surgery, including hernia repair, to leave the hospital within 14 days post-operatively would place them 'in a difficult position if complications occur'. <sup>(3)</sup> Many hospitals during this period had separate convalescence units situated in the countryside or in seaside resorts. <sup>(5)</sup>

**In the 1950s and the early 1960s** some individuals around the world performed day surgery, recognising the potential for early ambulation and the economic advantages of day surgery. Overall there was little organised effort to pursue outpatient surgery and anaesthesia until the 1960s when, in the USA, the University of California at Los Angeles opened an outpatient clinic within the hospital in 1962. <sup>(1)</sup>



**In 1966** George Washington University Hospital (USA) opened an ambulatory surgery facility, and in 1968 Providence, Rhode Island, also opened a hospital-based facility. <sup>(1)</sup>

**The first purpose-built day surgery unit since the early 1900s was opened in 1969.** Reed and Ford opened their Surgicenter in Phoenix, Arizona, which was located in close proximity to the Good Samaritan Hospital, but was not affiliated with the acute care hospital. <sup>(1,2,3)</sup>

There was a gradual increase in the number of day units opened in the USA, UK, and Canada after this period. Day surgery rates throughout the world have steadily increased over the past 25 years, but this differs from country to country, within countries, and between hospitals.

For example, in the USA from 1985 to 1994 the percentage of elective surgery undertaken on a day basis increased from 34% to 61%, and in the UK from 1989 to 2003 day surgery has increased from 15% to 70%. <sup>(1)</sup>

**In 1982 Australia's first purpose built day surgery opened in Dandenong, Victoria.** <sup>(8)</sup> Over the following 10 years, 83 private stand-alone day surgery centres were built throughout Australia, and by December 1996 there were 143 registered free-standing day surgery centres. In 2002 this had escalated to 234. <sup>(6)</sup>

**The current Commonwealth Department of Health and Ageing statistics indicate Australia has 275 registered private stand-alone day hospitals.** The majority of these centres are multidisciplinary, but there has been a notable increase in eye surgery centres. <sup>(7)</sup> There is an estimated \$2.5–3 billion of infrastructure invested in day hospitals.



Approximately 50% of all acute surgical procedures are performed in day hospitals, and within some specialties this is nearly 90%. (1)

Stand-alone hospital ownership can be held by either for-profit or not-for-profit organisations, such as large corporate operators, religious operators, private health insurance funds, and single owner operators. (1) **Stand-alone day hospitals are not the only providers of outpatient surgery in Australia; procedures are also performed in the following types of facilities:**

- facility that is integrated with the existing surgical facilities at a hospital
- facility that is integrated with the existing hospital with shared surgical facilities but with separate admission and ward facilities
- purpose-built facility within an existing hospital
- treatment of day hospital patients as inpatients in a hospital that has no specific day hospital program
- office-based facilities

Facilities range in size and can be a one-theatre complex, mainly performing procedural and local anaesthetic surgical cases, up to large 4–8 theatre complexes performing advanced surgical procedures.

**Some stand-alone day hospitals have moved to 23 hour licensing.**

Extended recovery is required when the unit performs intermediate type operations requiring additional recovery time. In addition, some elderly patients with inadequate social backup may also be unsuitable for discharge on the day of surgery. Patients are admitted one day and are discharged the next day, generally first thing in the morning within the 23 hour period.



**The major instrumental factors contributing to the growth of day surgery have been the developments in anaesthesia over the past two decades.** The use of short-acting anaesthetic agents with minimal side effects, the laryngeal mask airway, multimodal analgesia, improved inhalation anaesthetic agents, and regional anaesthesia are some of these improvements. (1)



New operation techniques and improvements in surgery requiring minimally invasive access have also been developed, e.g. endoscopic surgery. Patient selection and improved pre-operative care have also added to day surgery growth in Australia.

**Patient selection for day surgery is based on:**

- General health
- Age
- Obesity
- Social circumstances
- Post-discharge carer support
- Transport and distance from the hospital
- Patient willingness

**Within the current private stand-alone day hospital sector the types of procedures that are being performed include:**

- Endoscopy
- Ophthalmology
- Plastic Surgery
- Cosmetic Surgery
- Cardiac
- Orthopaedic
- Ear, Nose & Throat
- Dermatology
- General Surgery
- Gynaecology
- In Vitro Fertilisation
- Paediatric Surgery
- Laparoscopic Surgery
- Urology
- Oral/dental/maxillofacial
- Haematology/oncology



**Specialisation has led to:**

- better outcomes
- reduced length of stay
- reduced costs
- higher quality of care
- increased patient satisfaction



# Some International Comparisons

## CANADA

Canada has a Medicare system, described on the Health Canada website (<http://www.hc-sc.gc.ca/hcs-sss/medi-assur/index-eng.php>) as follows:



*Canada's national health insurance program, often referred to as 'Medicare', is designed to ensure that all residents have reasonable access to medically necessary hospital and physician services, on a prepaid basis. Instead of having a single national plan, we have a national program that is composed of 13 interlocking provincial and territorial health insurance plans, all of which share certain common features and basic standards of coverage. Framed by the Canada Health Act, the principles governing our health care system are symbols of the underlying Canadian values of equity and solidarity.*

### Private health care in Canada

According to the Canadian Institute for Health Information <sup>(14)</sup>:

*There are some misconceptions about what Canadian and provincial law allows and prohibits. In a nutshell:*

- Every province allows doctors to practise outside of the public system. In 2004, Ontario enacted legislation that prohibits new doctors from opting out but allowed those who had previously left the public system to continue to practise.
- Five provinces (B.C., Alberta, Saskatchewan, New Brunswick and P.E.I.) allow doctors to practise both inside and outside of the system. The others do not. Three provinces (Manitoba, Ontario and Nova Scotia) do not allow opted-out physicians to charge their patients more than the public tariff for services.
- Five provinces (B.C., Alberta, Manitoba, Ontario and P.E.I.) prohibit private insurance for services covered by the Canada Health Act. Quebec used to be in this category until the Supreme Court ruled that the prohibition was illegal.
- Several provinces allow the public system to contract with private clinics to deliver publicly insured services.

This report goes on to say that there is no comprehensive source of information regarding how much private health care there is in Canada, but it is a growing industry. The four largest provinces, Ontario, Quebec, British Columbia, and Alberta, are leading the sector, with private surgical centres offering cataract, orthopedic, and cosmetic surgery.

The 2007 'Analysis in Brief — Trends in Acute Inpatient Hospitalizations and Day Surgery visits in Canada, 1995–1996 to 2005–2006' <sup>(15)</sup> indicates:

- an increase in all surgery by 17.3%
- a decrease of 16.5% in the surgery performed as an inpatient
- an increase in day surgery visits by 30.6%
- a decrease in the average length of stay of the acute care inpatient

The increase in surgery has not yet been analysed, nor has the shift of specialties from inpatient to day surgery. This is to be the subject of another 'Analysis in Brief'.

One article was found regarding breast cancer surgery performed as day surgery. There has been an increase from 8.7% to 41% of this type of surgery being performed during the period 1986–1999 in Canada. The article reports that most of this increase was due to breast conserving surgery, with 57% done in day surgery in 1999.





## UNITED KINGDOM

Day surgery rates, represented as percentage of all surgical procedures in the National Health Service (NHS), were as low as 1.8% in 1978. By 1983 they had risen to 26.8% <sup>(17)</sup>. From that relatively low percentage in 1983 it is now reported that across the whole NHS the percentage has increased to 67.2% <sup>(18)</sup>.

This has come about in the UK as a result of a very active program — the NHS Modernisation Agency Day Surgery Program, where local Health Authorities have demonstrated the potential to increase their day case rates by 6–10% a year.

There are 10 procedures used to benchmark growth and potential to increase from the national day case rate as follows:

### *Current % day case rate vs. inpatient*

Inguinal Hernia	47.5
Varicose Veins	54.4
Termination of Pregnancy	89.0
Cataract	90.6
Gastroscopy	72.0
Extraction of wisdom teeth	87.9
Cystoscopy	19.1
Arthroscopy	73.1
E/o Dupuytren's contracture	41.7
Myringotomy/Grommets	85.0

## AUSTRALIA

In Australia the increase in same day separations is also evident. Statistics are a little different between the public and private sectors.

In 1991–1992 the day surgery rate was 34% of total admissions, increasing to 55% in 1998–1999, and 63.4% in 2006–2007 in the private sector.

Over the same year period, the public sector rose from 29% in 1991–1992, to 45% in 1998–1999, and 51.5% in 2006–2007. <sup>(19,20)</sup>

The four main types of free-standing specialty day hospitals in 2006–2007 were Endoscopy centres (28%), Ophthalmic (21%) Plastic/Cosmetic (10%), and General surgery (5.6%). The remaining percentage of day surgery facilities offered more than one specialty.



# Why Day Surgery?

## 1. Advantages for Patients

- ⇒ Admission processes can be achieved quite rapidly, which assists in reducing patients' levels of anxiety.
- ⇒ In the majority of cases there is a quicker return to normal activities, with less time off work.
- ⇒ Care is provided through a circumscribed, patient-focused clinical pathway.
- ⇒ Day surgery provides the individual with patient-centred treatment, from the provision of written patient information, pre-admission process, admission procedure, surgery/procedure, recovery phase, discharge process, and follow-up.
- ⇒ Treatment and information received is better suited to the individual's requirements, promoting a greater sense of wellbeing and a less problematic recovery.
- ⇒ Day surgery allows the patient to return to the comfort of their own home on the day of their surgery. This also assists in reducing anxiety for the patient and lessens the stress for the carer. <sup>(1)</sup>
- ⇒ Continuity of care is maintained, as fewer different people are involved in the patient's care, reducing the margin for errors occurring. <sup>(5)</sup>
- ⇒ There is less disruption to patients' way of life, especially for children who may become distressed if separated from their parents for long periods.
- ⇒ The elderly patient who may become disorientated if removed from their familiar home environment and hospitalised for a long period has reduced risk of this behaviour occurring.
- ⇒ Patients can continue their medications at home, avoiding problems that can be encountered with prolonged hospitalisation, e.g. omission.
- ⇒ There is reduced risk of cross-infection and wound infections, due to less time spent in the health care setting.
- ⇒ Patients have reduced exposure to Methicillin resistant staphylococcus aureus (MRSA) infections.
- ⇒ The risk of deep vein thrombosis is reduced due to early ambulation.
- ⇒ The patient returns to activities of daily living sooner, reducing the risks of mortality and major morbidity.
- ⇒ Scheduling for day surgery can be easier for the patient to manage, as they are less likely to be cancelled or delayed due to last minute emergencies, which can be encountered in inpatient hospitals.
- ⇒ Operating/procedure lists and staggered admission times can be managed to suit the requirements of all stakeholders, including the patient.



## 2. Advantages for Clinicians

- ⇒ There is less risk of major adverse patient events occurring in day surgery patients compared with inpatients.
- ⇒ Surgery session availability is increased.
- ⇒ Block timing schedules contribute to efficiency in scheduling. Patients can be scheduled consecutively with minimal down time between cases, maximising the use of the clinician's time.
- ⇒ There is less risk of sessions overrunning into another session time, as fewer emergency situations occur, and the majority of cases are generally pre-booked.



- ⇒ There is reduced risk of patients being cancelled on the day of the operation, due to pre-admission procedures flagging at-risk patients or patients with acute conditions. Cancellations prior to the day of the surgery/procedure can be back-filled.
- ⇒ The turnaround times between cases are faster, due to close proximity to pre-operative and post-operative areas in a smaller unit, reducing the physician's down time between procedures.
- ⇒ Smaller numbers of staff can ensure consistency and efficiency of the staff in operating/procedure lists.
- ⇒ Staff are generally highly motivated and efficient personnel, ensuring everything is available and ready when the session is ready to begin.
- ⇒ The working environment is generally friendly, due to high staff motivation.
- ⇒ There is a high degree of patient satisfaction.
- ⇒ Improvements in technology, anaesthetic techniques, and multimodal analgesia have increased the number of procedures that can be performed in the day surgery setting. This assists the surgeon when deciding who and where a patient can be scheduled for a procedure.

## 3. Advantages for Government

### Background to the Australian Health System:

Since 1901 Australia has existed as an independent nation with a Federal system of government. Until 1946 the Commonwealth's health powers were in quarantine matters only, and after this period the Constitution was '... amended to enable the Commonwealth to provide health benefits and services, without altering the powers of the States in this regard. Consequently the two levels of government have overlapping responsibilities in this field.'<sup>(9)</sup>



The Commonwealth currently has a leadership role in policy making for national issues such as health. The Commonwealth funds most medical services out of hospitals and most health research (2004-05 45.6%). <sup>(10)</sup>

In addition, the States are responsible for maintaining direct relationships with health care providers and the regulation of health care professionals. <sup>(1)</sup> They fund a broad range of health services and jointly fund public hospitals with the Commonwealth (2004–2005 22.6%). <sup>(10)</sup>

Private health sector involvement, including day hospitals, in health service delivery for the period 2004–2005 amounted to 12.8% of Australian health expenditure estimates. <sup>(10)</sup>

Figures show that 50% of all planned surgery currently undertaken in Australia is performed in day hospitals <sup>(1)</sup>, taking the onus off the public system to perform many of the less acute planned procedures.

The Commonwealth Government considers that strong private sector involvement, including day hospitals, is required to sustain the viability of the Australian health system. <sup>(9)</sup> It is for this reason that it encourages the individual to acquire private health insurance by offering rebates and benefits for lifelong participation in private health insurance.

### **Why Stand-alone Day Hospitals Benefit Governments**

- Public money can be channelled into public hospitals, where the majority of more complex high technology services are required.
- Simple elective procedures can be directed away from the public sector to the private sector, reducing overheads.
- Public waiting lists for simple elective surgery are reduced.
- Savings are made in a number of areas, including accommodation, procedure fees, and wages.
- The number of inpatient beds required is reduced

#### **Comment:**

*The majority of patients undergoing procedures/surgery in day hospitals are privately insured individuals, and therefore, it is imperative that ongoing measures are taken by governments to ensure people maintain their private health insurance. Just as important is the promotion of health insurance and its benefits to young people entering the workforce. By collaboratively working with government, both the public and private systems will remain viable.*

## **4. Advantages for Health Funds**

The quality of service, effective patient care and treatment, and accessibility delivered in day hospitals results in high patient satisfaction. This assures health funds that their product and the hospitals that they contract with are of a high standard.



Overheads or indirect costs, such as electricity, laundry, and administrative costs, are relatively similar in day hospitals and inpatient hospitals. Whereas some direct cost savings can be made in the 'hotel' element (e.g. catering), the nursing and support staff can be reduced as day hospitals generally do not open for a full 24 hours, although agency staff are also generally required. As a consequence contractual fees are often negotiated at a slightly lower rate.

**Comment:**

*Consideration needs to be made for the other demands on nursing staff in day surgery, e.g. pre-admission assessment, quality, and supply and inventory management.*

## 5. Advantages for the Day Hospital



### Service Delivery

- Resource utilisation is optimised.
- Capital facilities and staffing are used more intensely and effectively. <sup>(1)</sup>
- The hotel element of hospitalisation is reduced or removed, increasing cost effectiveness. <sup>(1)</sup>
- There is a high standard of care — facilities are only approved and registered when standards for professional staffing and provision of equipment are met.

### Staff

- More flexible working hours are possible.
- Night and weekend staffing of the day hospital is generally not required.
- There are improved training opportunities — nurses in day surgery environments rotate throughout the ward, recovery, and theatre, thus enhancing their skills and experience.
- Staff have involvement in all aspects of the patient pathway.
- Staff have enhanced roles in pre-operative assessment and nurse-assisted discharge.
- Staff feedback influences the day surgery pathway and enhances ownership for nurses.
- Professional development opportunities are also enhanced, e.g. for nurse practitioner role development.
- Staff have improved job satisfaction.
- There are clear start and finish times and reduced shift hours.



# Future of Day Surgery

There are many variables that may affect the future expansion of day surgery nationally and globally.

## Government:

External influences, such as the policy position of the government in power, will play a major role in the advancement of day surgery in Australia. Government setting targets to increase elective surgery undertaken on a day basis will lead to growth in stand-alone day hospitals. Other factors, such as maintaining tax concessions for people who have private health insurance, will encourage the public to maintain health insurance and private health care will continue to grow.

## Medical Technology:

Advances in medical technology and surgical techniques will continue to develop. More and more minimally invasive surgical techniques and procedures will be performed in the day surgery setting. Laparoscopic procedures are an example of this. Gynaecological and General procedures previously undertaken in overnight facilities are now widely performed as day cases. Minimally invasive techniques result in less tissue damage and post-operative pain, and require less time in hospital.

There may be some drawbacks to the stand-alone day hospital as the advances in medical technology leap ahead. The financial outlay required for expensive medical equipment, its ongoing repairs, maintenance, and upgrades as new technologies advance rapidly, may be cost-prohibitive to the small stand-alone day surgery. This can be managed, though, with the centralisation of equipment.

## Anaesthesia:

As the pharmacology around anaesthesia continues to improve and advance, more and more surgical procedures will be undertaken in the day surgery setting. If a patient's pain is managed appropriately there will be no limit to the types of procedures that can be undertaken. Already some centres are performing hip replacements and shoulder reconstructions, using minimally invasive techniques and using local anaesthetic infusion pumps for pain control at home.

The training of anaesthetists in day surgery anaesthetic techniques will be of paramount importance as technology advances. Anaesthetists must ensure that patients have a rapid recovery, so that they are fit for discharge within a short timeframe.

## Patient-Centred Care:

Clinicians will be required to adapt their approach to pre-operative care of patients, and solidly commit to a team approach, as day surgery hospitals increasingly handle a number of routine procedures. 'Modern medicine is so complex and sophisticated it is not achievable by the individual practitioner.'<sup>(4)</sup>

To safely undertake the number of procedures in the day surgery setting there will need to be an increased emphasis on shared responsibilities in communication and improving the planning of the patient care.

General practitioners may also be required to undertake increased diagnostic work-up in the primary care setting.



As e-health technology is established, specialist clinicians will be able to access the patient medical history and diagnostic results more quickly. Ultrasound in the office will be used for diagnosis, rather than in radiology clinics. It may no longer be necessary for blood testing to go to laboratories — near patient testing will be used, and as these technologies advance patients will be able to undergo procedures at a faster rate. <sup>(13)</sup>

It will, therefore, be essential for specialists to hand over many aspects of care to nurses, for example: <sup>(4)</sup>

- taking patient histories
- venous blood sampling
- insertion of peripheral venous cannulae (IV) and administering of IV drugs
- referring patients for investigation
- writing discharge letters
- nurse-led discharge

It should be noted that this is occurring already in some hospitals, with nurses referring to standing orders specific to the clinician.

### Types of Buildings:

The stand-alone or free-standing day hospital has a targeted case mix, and so the majority of day hospitals are purpose-built or redesigned to accommodate the given speciality, for example, Endoscopy suites for Digestive health, and Angiography suites for Cardiology.

Some day hospitals have 23-hour licensing with their respective health departments, which has enabled them to undertake more complex procedures, requiring ongoing pain management for the first day post-operatively. These units have integrated hotel requirements to meet the needs of overnight patients. As day surgery develops, it is anticipated that these types of units will develop further, taking over from the traditional inpatient hospital catering for overnight stay. '23-hour surgery complements and does not replace traditional 12-hour surgery.' <sup>(12)</sup>

There is no preferred model when it comes to day surgery. The model chosen by the key stakeholders comes about from 'what they want, what they need and what they can afford'. <sup>(12)</sup>



# Terminology

The International Association for Ambulatory Surgery (Lemos, Jarret & Phillip. 2006, pp.57–59) has suggested 'a need for internationally recognised terminology'.

The Australian Day Hospital Association acknowledges this, though some wording in this information booklet will be interchangeable to recognise the current terminology used in Australia.

Toftgaard and Parmentier (p.35) state '... ambulatory surgery refers to surgical or diagnostic interventions, currently performed with traditional hospitalisation, that could, in most cases, be accomplished with complete confidence without a night of hospitalisation'.

Ambulatory	Day, same day, day only, working day, 24 hour period, day surgery, day procedure
Ambulatory surgery centre/facility	Day hospital, day clinic, day surgery centre, day procedure unit
Day surgery/procedure	An operation/procedure excluding office surgery/ procedure, where the patient is discharged in under 24 hours
Extended recovery	23 hour, overnight stay, single night, under 24 hours
Extended recovery centre/unit	Purpose constructed/modified patient accommodation, specifically designed for the extended recovery of ambulatory surgery/procedure patient
Inpatient	A person admitted into a hospital, public or private, for a stay of 24 hours or more
Office procedure/surgery	An operation/procedure carried out in a medical practitioner's professional premises
Patient	A person treated in a day hospital
Stand-alone/day hospital	A purpose constructed/modified centre (facility) designed for the optimum management of patients
Surgery/office	A medical practitioner's professional premises



# References

1. Lemos, P., Jarrett, P., & Beverley, P., 2006; *Day Surgery Development and Practice*, International Association for Ambulatory Surgery; Chapter 1, pp.21–26, Chapter 2, pp.42–59.
2. Partownavid, P., 2009; *Welcome to Ambulatory Surgery Center Rotation*, UCLA; downloaded from <<http://www.anes.ucla.edu/ASC%20handout.pdf>>.
3. Australian Day Surgery Nurses Association, 2009; *Best Practice Guidelines for Ambulatory Surgery & Procedures*; pp.ii–iii.
4. Penn, S., Davenport, H.T., Carrington, S., & Edmondson, M., 1996; *Principles of Day Surgery Nursing*; Chapter 1, pp.1–2.
5. Cahill, H., & Jackson, I., 1997; *Day Surgery Principles & Nursing Practice*; Chapter 1, pp.1–4, Chapter 9, p.134, Chapter 13, pp.20–27.
6. Roberts, L., Australian Academy of Medicine and Surgery, History of Medicine Day Surgery—The Past; from *Australian Surgeon*, Winter 1997, vol.21, no.2, pp.35-36;downloaded from <[http://www.aams.org.au/contents.php?subdir=library/history/day\\_surgery/&filename=as\\_winter\\_97\\_past](http://www.aams.org.au/contents.php?subdir=library/history/day_surgery/&filename=as_winter_97_past)>.
7. Roberts, L., Australian Academy of Medicine and Surgery, History of Medicine Day Surgery—The Past; from *Australian Surgeon*, Winter 1997, vol.21, no.2, pp.37-39;downloaded from <[http://www.aams.org.au/contents.php?subdir=library/history/day\\_surgery/&filename=as\\_winter\\_97\\_future](http://www.aams.org.au/contents.php?subdir=library/history/day_surgery/&filename=as_winter_97_future)>.
8. Roberts, L., Australian Academy of Medicine and Surgery, History of Medicine Day Surgery—The Past; from *Australian Surgeon*, July 1986;downloaded from <[http://www.aams.org.au/contents.php?subdir=library/history/day\\_surgery/&filename=as\\_july\\_86\\_origins](http://www.aams.org.au/contents.php?subdir=library/history/day_surgery/&filename=as_july_86_origins)>.
9. Commonwealth Department of Health and Ageing, 2005; *The Australian Health Care System: Introduction*; downloaded from <<http://www.health.gov.au/internet/main/publishing.nsf/Content/healthsystem-overview-1-Introduction>>.
10. Commonwealth Department of Health and Ageing, 2005; *The Australian Health Care System: Consultation and Administration*; downloaded from <<http://www.health.gov.au/internet/main/publishing.nsf/Content/healthsystem-overview-5-consultation>>.
11. Commonwealth Department of Health and Ageing, 2005; *The Australian Health Care System: Health Service Delivery*; downloaded from <<http://www.health.gov.au/internet/main/publishing.nsf/Content/healthsystem-overview-2-delivery>>.
12. McWhinnie, D., British Association of Day Surgery, July 2009; *Day Surgery Centres Free Standing or Intra-Hospital Is There a Preferred Model*, downloaded from <[http://www.iaascongress2009.org/files/presentations/sat/0830\\_Sat\\_McWhinnie\\_007.pdf](http://www.iaascongress2009.org/files/presentations/sat/0830_Sat_McWhinnie_007.pdf)>.
13. Castoro, C., Education Officer of the IAAS, July 2009; *The Influence of Politics in the Future of Day Surgery*; downloaded from <[http://www.iaascongress2009.org/files/presentations/mon/0845\\_Mon\\_Castoro\\_104.pdf](http://www.iaascongress2009.org/files/presentations/mon/0845_Mon_Castoro_104.pdf)>.
14. Canadian Institute for Health Information, 2009; *Health Care in Canada 2009: A Decade in Review*; Ottawa, Ont.: CIHI.
15. Canadian Institute for Health Information, 10 January, 2007; *Trends in Acute Inpatient Hospitalization and Day Surgery Visits in Canada, 1995–1996 to 2005–2006*; downloaded from <[http://secure.cihi.ca/cihiweb/en/downloads/cad\\_analysis\\_in\\_brief\\_e.pdf](http://secure.cihi.ca/cihiweb/en/downloads/cad_analysis_in_brief_e.pdf)>.
16. Spence, A.R., Neutel, C.I., Gao, R., Gaudette, L.A., & Olivotto, I.A., n.d.; *Day Surgery: Trends for Breast Cancer Surgery and Readmissions in Canada, 1986–1999*; downloaded from <<http://www.ambulatorysurgery.org>>.
17. Hogbin, B.; *Day surgery: does it add to or replace inpatient surgery. British Medical Journal*, Vol.294:1987.
18. National Health Service, n.d.; *HES online, The Health and Social Care Information Centre*; downloaded from <<http://www.hesonline.nhs.uk>>.
19. Australian Bureau of Statistics, n.d.; *4102.0 Australian Social Trends, 2001*; downloaded from <<http://www.abs.gov.au>>.
20. Australian Bureau of Statistics, n.d.; *4390.0 Private Hospitals, 2006–07*; downloaded from <<http://www.abs.gov.au>>.





## Australian Day Hospital Association

...supporting day hospitals  
ABN 37 054 719 050

**Mailing address:** Joondalup BC  
P O Box 1143  
Joondalup DC WA 6919

**Phone:** 1800 752 822

**Fax:** 08 9304 7228

**Email:** [info@adha.asn.au](mailto:info@adha.asn.au)

**Website:** [www.adha.asn.au](http://www.adha.asn.au)

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*The information contained in this document is correct at the time of going to print.*

