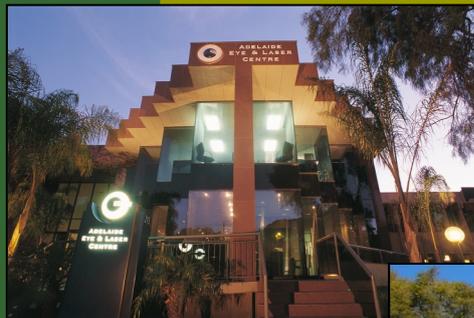


# Profile

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

Reviewed January 2016

# Index

Foreword	3
History of ADHA	4
ADHA Vision and Aims	4
ADHA Governance	5
ADHA Membership	6
External Committee Representation	6
History of Day Surgery	7
Some World-wide Comparisons	10
♦ Canada	10
♦ United Kingdom	11
♦ Australia	11
Why Day Surgery?	12
1. Advantages for Patients	12
2. Advantages for Clinicians	13
3. Advantages for Government	13
4. Advantages for Health Funds	14
5. Advantages for Staff	14
Future of Day Surgery	14
Terminology	16
References	17



# Foreword

Increased expectations of consumers and service providers of health care have led to a dramatic growth of day hospitals in Australia and worldwide. Day hospitals play a major role in health care delivery with just over 300 stand alone facilities throughout Australia providing surgical, diagnostic and medical care\*. The specialised nature of Day Hospitals has led to:

- ◆ better outcomes for patients
- ◆ reduced length of stay
- ◆ reduced costs
- ◆ increased efficiency and high level of competency, due to specialisation
- ◆ higher quality of care
- ◆ increased patient satisfaction
- ◆ benefits to staff and clinicians

This document serves as a guide to the private stand alone day hospital sector in Australia. We hope you find the contents relevant and informative. It is important to note that the statistics in the comparative section are restricted, due to limited data in this area. ADHA is currently working with the ABS to improve the day hospital sector data. Because day hospital care is a relatively new area of health care delivery in Australia, there has been strict governance and control including, but not limited to, health departments, accrediting bodies and compliance with the National Safety and Quality Health Service Standards. Contractual agreements with health insurance funds play a major role in determining the viability of a day hospital. Many day hospitals use the 2nd tier safety net when not able to negotiate a suitable contract.

ADHA represents 70% of the day hospitals in Australia\* and has grown rapidly in response to the demands of this developing sector. ADHA is recognised as the peak industry body and works to strengthen and support the day hospital sector through promotion, advocacy and representation. To achieve its aims, ADHA is working to strengthen partnerships and relationships with its members, Federal and State Governments, Health Insurance Funds, relevant bodies and the Community.

ADHA seeks to work collaboratively with the many organisations in the healthcare arena to improve healthcare services and outcomes for the Australian community. As clinical techniques and medical technology continue to develop and improve, the range of treatments suitable to be undertaken in day hospitals is rapidly increasing. ADHA is committed to the day hospital sector; to facilitate communications to industry and between membership; to support professional development and research; to represent the sector to Government; and to lobby for recognition and funding to ensure the viability of this significant contributor to Australian healthcare.



**Jane Griffiths,**  
**CEO of the Australian Day Hospital Association**  
**January 2016**

\* August 2015



# History of ADHA

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

In 2003 the ADSA Directors and Committee made a commitment to raise the profile of ADSA, and a new 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 set the strategic direction for the Association. With the changes to the 2007 Commonwealth Insurance Act the Association changed its name to the Australian Day Hospital Association (ADHA) to reflect the definitions in the Act.

Initially ADHA comprised a Management Committee with State representation and secretarial support. As ADHA grew, the need to review the structure resulted in the formation of a Board of Directors and a revised constitution. State Chapters and National Advisory Committees were formed as Board sub-committees. Secretarial support was also increased to manage the growth in the organisation. A newly designed website was then launched and a newsletter created to assist effective communication across the day hospital industry. To further facilitate communication, the website was reviewed and expanded in August 2013.

Between 2010 and 2014, the organisation grew significantly and required additional infrastructure to ensure that operational objectives were achievable. The Secretariat had been increased to three staff during this period and the Board of Directors appointed the inaugural Chief Executive Officer on 1st July 2014.

One of the organisation's most significant initiatives is to promote day hospital care at the annual ADHA National Conference.

ADHA is recognised as the peak body representing day hospitals on several National and State Committees, networking and focus groups. ADHA delivers a range of quality services to members and continues to develop initiatives and provide advice to the industry. Our services include the provision of tool kits for various business activities, purchasing contracts from various suppliers, regular communication using the website, quarterly Newsletter and weekly Bulletin and serves as a direct resource to provide support with respect to issues raised by members.

## ADHA Vision and Aims

### Vision Statement

*ADHA is acknowledged as the Peak Industry Body representing the sector and will continue to provide advocacy and support to the day hospital sector to ensure relevancy and sustainability. ADHA will position the day hospital sector as "First Choice" through ongoing support, promoting best practice, developing relevant partnerships and increasing professionalism of the sector.*

### Our Aims

*Governance  
Membership retention and value  
Sustainable profile  
Strengthen partnerships  
Industry representation  
Service value*



# ADHA Governance

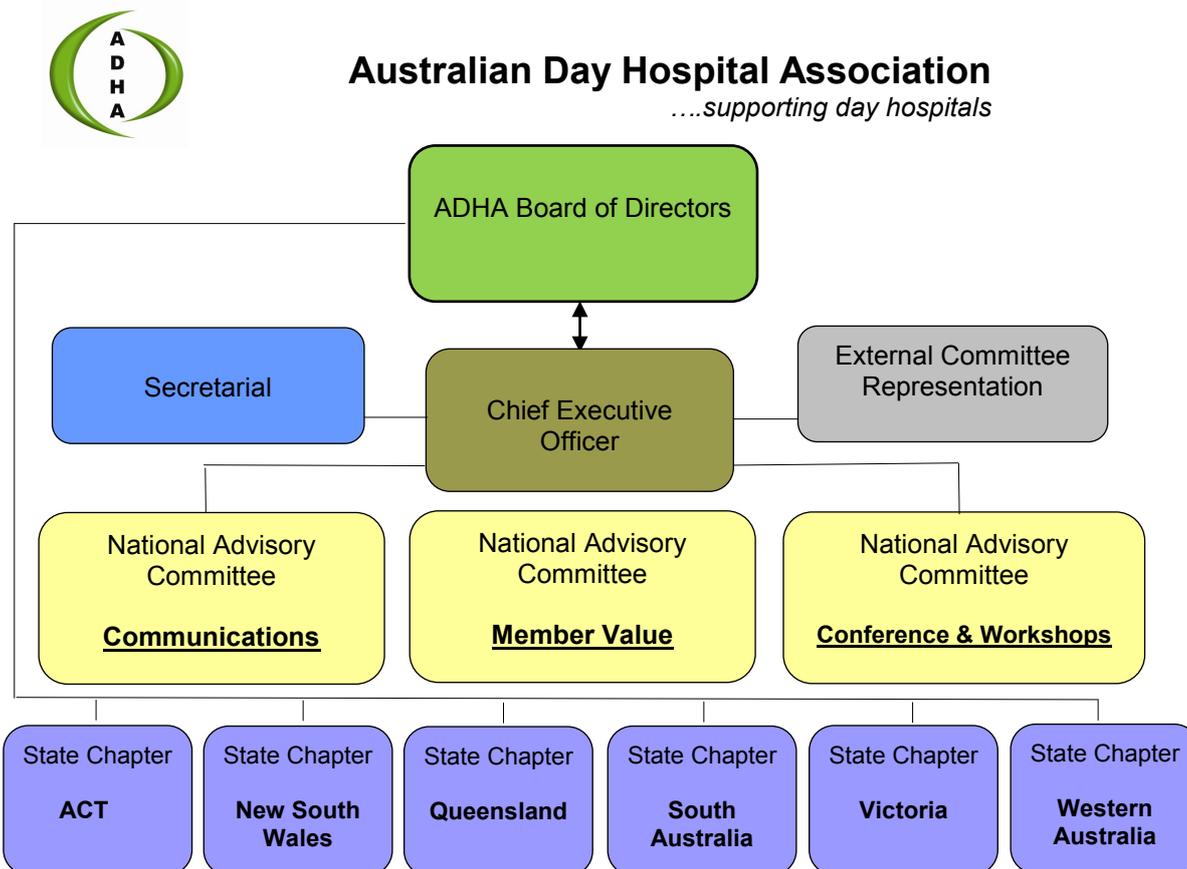
ADHA is a public company, governed by a Constitution. It is required to meet the legal requirements of the Australian Securities and Investment Commission (ASIC).

The inaugural CEO was appointed 1st July 2014. ADHA welcome a new Director for ACT to the Board in August 2015, with the Board consisting of six Directors representing NSW, QLD, SA, VIC, WA and the ACT.

National Advisory Committees are sub-committees of the Board and are responsible for Conference and Workshops, Communications and Member Value.

Chapters are established in Queensland, South Australia, Victoria, New South Wales and Western Australia and these generally meet on a quarterly basis. The ACT Chapter held it inaugural meeting on 1st March 2016.

ADHA Secretariat consists of three part time staff located in Perth, Adelaide and Sydney.



# 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 and NT) and accredited by an approved body in accordance with the Commonwealth Legislation of April 2007. Membership confers privileges to all employees, owners and directors of the nominated day hospital.
- ◆ **Preliminary Member** — Membership is as a Day Hospital Member where the day hospital may not yet have achieved a State Health Department License to operate (not applicable to SA and NT) or been granted accreditation status. Status will be reviewed at the end of June each year.
- ◆ **Industry Member** — Membership is accepted from a person or a company working within the health industry environment, but who is not included in the above category.
- ◆ **Honorary Life Member** — A membership that is nominated by the ADHA Board of Directors.
- ◆ **Affiliate Member** — Membership is available to small overnight private hospitals under 100 licensed beds not affiliated with overnight hospitals over 100 beds.
- ◆ **Individual Member** — Membership is available to a natural person currently involved in, or experienced in, day hospital procedures but who is not eligible to be a Day Hospital Association Member.
- ◆ **Professional Member** — A member who is a natural person not currently with a day hospital, who has demonstrated extensive knowledge, active involvement, commitment to the day hospital sector during his/her professional career in the private healthcare sector.

# External Committee Representation

## ADHA is represented on the following external Committees:

- ◆ Australian Council on Health Care Standards (ACHS)
- ◆ Australian Commission on Safety and Quality Private Sector Group (ACSQHC)
- ◆ Hospital Casemix Protocol Working Group
- ◆ International Association of Ambulatory Surgery (IAAS)
- ◆ National Procedure Banding Committee (NPBC)
- ◆ National Hospital Performance Authority Advisory Committee for Private Hospitals
- ◆ NSQHS Standards Steering Committee
- ◆ NSW Health Private Health Facilities Advisory Committee



# 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>

As of January 2013, the Commonwealth Department of Health and Ageing statistics indicate Australia has 289 registered private stand-alone day hospitals. The majority of these centres are multidisciplinary, but there has been a notable increase in eye surgery and dermatology centres. <sup>(7)</sup>

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



Stand-alone hospital ownership can be held by either for-profit or not-for-profit organisations, such as large corporate, religious or single owner operators and private health insurance funds.

Stand-alone day hospitals are not the only providers of day surgery in Australia; day procedures are also performed in facilities:

- ◆ that are integrated with the existing surgical facilities at a hospital
- ◆ of an existing hospital that shares surgical facilities but has separate admission and ward facilities for day patients
- ◆ purpose-built day hospital within an existing hospital
- ◆ that treat day hospital patients as inpatients in a hospital that has no specific day hospital program and
- ◆ office-based facilities

Facilities range in size from 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 support 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 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 assessment have also added to day surgery growth in Australia.



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

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

**Within the current private stand-alone day hospital sector the types of services that are delivered include:**

- ◆ Cardiac Catheterization
- ◆ Cosmetic Surgery
- ◆ Dental
- ◆ Dermatology
- ◆ Dialysis
- ◆ Ear, Nose & Throat
- ◆ Endoscopy
- ◆ General Surgery
- ◆ Gynaecology
- ◆ Haematology/oncology
- ◆ In Vitro Fertilisation
- ◆ Laparoscopic Surgery
- ◆ Oncology
- ◆ Ophthalmology
- ◆ Oral/Maxillofacial
- ◆ Orthopaedic
- ◆ Paediatric Surgery
- ◆ Plastic Surgery
- ◆ Sleep Disorders
- ◆ Urology



**Specialisation has led to:**

- ◆ Better outcomes
- ◆ Higher quality of care
- ◆ Increased patient satisfaction
- ◆ Reduced costs
- ◆ Reduced length of stay



# 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>(14)</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

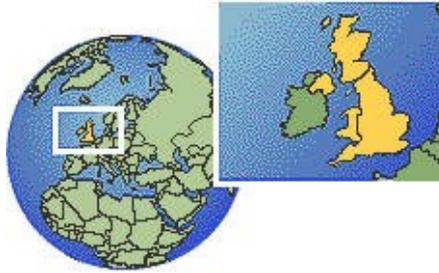
The increase in surgery has not yet been analysed, nor has the shift of specialties from inpatient to day surgery. This is to be the subject of another 'Analysis in Brief'.

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 a 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>(16)</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*

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

## AUSTRALIA

In Australia the increase in same day surgery is also evident. ABS statistics show that separations have increased by 55% from day hospitals between 2000 and 2011. Operating theatres in day hospitals have increased by 39%.

In 2011/12 56% of hospitalisations were for same day acute care. The average number of same day hospitalisations rose by 4.9% for private hospitals between 07/08 and 11/12. The most common categories for same day acute care were dialysis, other medical care including chemotherapy, cataract surgery and abdominal and pelvic pain. In 2011/12 there were 2973 beds or chairs available in day hospitals up 6% from 2001/02.



In 2011/12 there were 9.7 million adult Australians with private health insurance (57.1% of all people 18 years and over). This was an increase from 2007-2008 when 52.7% of adult Australians had private health insurance.

The four main types of free-standing specialty day hospitals in 2010 – 2011 were Endoscopy centres (25%), Ophthalmic (18%), Plastic/Cosmetic (11%) and Gynaecology, Fertility treatment and Family planning (10%). The remaining percentage (36%) of day hospital facilities offered more than one specialty including Dental, Oral Maxillofacial surgery, Renal dialysis, Oncology, General surgery, Sleep disorders clinics and other types of centres.

Quality Performance Systems (QPS) Benchmarking data for the period 2011 to 2014 involved contributions from 80 day hospitals. There was a high patient satisfaction demonstrated with an average mean for the period of 96% and an average range of 88% to 100%. The infection prevention and control system assessment demonstrated a mean of 97.27%. Unplanned transfers to an inpatient facility are rare and QPS Benchmarking data from April to June 2014 demonstrated a mean of 0.05% with a range of 0.00% to 0.10%.



# Why Day Surgery?

A focused speciality hospital can maximise the benefits of its investment in technology and specialised staff.

There is a high standard of care - facilities are only approved and registered when the standards for efficient and safe service delivery are met and certified by an external accrediting agency.

## 1. Advantages for Patients

- ◆ Day Surgery provides the patient with a specifically defined treatment pathway beginning with written clinical and financial information about their medical treatment. This is followed by a pre-admission interview which can be by phone or in person. After admission and receiving treatment the patient moves to the recovery area from where they are discharged when the staff are satisfied that the patient is well enough to go home. The patient may receive a follow up phone call at home to assess their recovery and will be provided written discharge instructions.
- ◆ Treatment and information given and received can be tailored to a person's specific requirements promoting a greater sense of wellbeing . Developing a relationship of trust with the patient before admission and focusing on their individual needs is reassuring for the patient and reduces anxiety levels.
- ◆ 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. (1) The quick return home means that in the majority of cases there is a faster return to the normal activities of daily living with less time away from work.
- ◆ The margin for error is greatly reduced with day surgery as the patient is attended by a small specialised team of staff who manage the care of the patient throughout their episode of treatment. Continuity of care is a major focus for the team.
- ◆ Day surgery reduces the disruption to a patient's way of life because the period of hospitalisation is generally no more than twenty four hours. This is especially important for children who may become distressed if they are separated from their parents for a long period. Day surgery also has many advantages for elderly patients who can become disorientated when they are outside of their home environment for any length of time.
- ◆ The risk of infection is significantly reduced by the short length of stay in a day hospital environment.
- ◆ A patient is less likely to develop complications such as deep vein thrombosis, due to the relatively short time they are immobile during their hospitalisation.
- ◆ Admission times are scheduled close to proposed treatment/surgery times to reduce waiting period for patients.



## 2. Advantages for Clinicians

- ◆ There is less risk of adverse patient events occurring in day hospital patients when compared with inpatients. Day hospital patients are carefully assessed, both by the treating medical practitioner and the clinical day hospital staff, prior to admission, to assess their suitability for same day hospital care. If the assessment finds that there is any potential risk to the patient, arrangements are made for the provision of care in an alternative safe environment.
- ◆ The Clinicians' requirements are factored into day hospital schedules, patient admissions, treatment/ surgery times and the discharge process.
- ◆ Improvements in technology, anaesthesia and pain management continually result in an increase in the number and range of procedures that can be performed in a day hospital.
- ◆ Day hospitals attract specialised and experienced staff who provide expertise and efficiency in managing patient care and the specific requirements of the clinician.
- ◆ Unlike the inpatient facilities, which due to their size can be quite bureaucratic in nature, the day hospital environment tends to support a more relaxed, flexible and welcoming environment that delivers safe quality care in a short period of time.



## 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>

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>

According to the September 2015 quarterly report, Private Health Insurance Administration Council (PHIAC) statistics, private health insurance catered for 160312 episodes of care for insured patients treated in private free standing day hospitals. This was a 1.4% increase for the quarter and 4.8% for the year. It was reported in September 2015 that 47.3% Australians had some form of private health insurance (PHIAC stats).

Currently, one out of every four privately insured patients receiving same day medical treatment



chooses to do so under a Day Hospital setting. (18)

- ◆ The consistent growth of free standing day hospitals over the last decade has resulted in the day hospital sector becoming a significant player in the Australian healthcare sector. Currently, one out of every four privately insured patients receiving same day medical treatment chooses to do so in the day hospital setting.
- ◆ In 2011-2012 same day hospitalisations accounted for 69% of private hospitalisations compared with 60% in the previous 10 years. The number of operating theatres in day hospitals increased by 49% to 321 and the number of procedure rooms by 45% to 260 rooms for the period 2001-02 and 2011-12. Same day hospitalisation are accounting for an increasing proportion of private hospital admissions (ref: AIHW Australia's health 2014, p 413-416).
- ◆ In 2011-12 total income for private hospitals was estimated to be \$11.2 billion, with day hospitals accounting for \$876 million and overnight hospitals accounting for \$10.4 billion (92%) (ABS 2013) over the period 2006-07 and 2011-12 the day hospitals' income increased by 11% compared with overnight hospitals increase of 5% (ABS 2008, 2013).

#### 4. Advantages for Health Funds

The quality of service, effective and efficient patient care delivered in day hospitals provides the patient with quality, safe and financially attractive choice for medical treatment. Health funds can be confident that their members receive a high standard of care in the day hospitals. The staffing structure in day hospitals differs from that in larger overnight hospitals. Day hospitals operate with a small team of experienced staff who routinely undertake several different activities during the course of a patient's medical treatment. This unique practice of versatile staff practice, contributes to the operational efficiency that is a key feature of day hospitals.

#### 5. Advantages for Staff

**Day hospitals offer staff opportunities, that are not available in other healthcare environments, which allows them to enhance their professional development.**

- ◆ Expanded role opportunities - nurses are involved in all stages of the patient's treatment.
- ◆ New roles in patient assessment and education.
- ◆ Improved management of family commitments as there are defined work hours and reduced shift and weekend commitments.

## Future of Day Surgery

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

#### Medical Technology:

Advances in medical technology and surgical techniques will continue to grow in the sector. Increasingly, minimally invasive surgical techniques and procedures will be performed in the day surgery setting. Laparoscopic procedures are one example. Gynaecological and general surgical 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.

As the rapid advances in medical technology continues, there will be some financial issues for the stand-alone day hospital to consider as the rapid advances in medical technology continue. The financial outlay required to purchase sophisticated medical equipment and manage the ongoing repairs, maintenance, and technological upgrades may be cost-prohibitive to the small stand-alone



day hospital. Day hospitals must carefully select the range of specialities offered and negotiate appropriate contracts with health funds prior to commencing with new technology.

If a health fund contract cannot be negotiated, then the day hospital can apply for second tier default benefits, which was introduced by the Federal Government as a safety net for those hospitals who were not able to negotiate a suitable contract with individual health funds.

### Anaesthesia:

An increasing number of surgical procedures will be undertaken in the day hospitals as methodology and techniques for anaesthesia continues to improve and advance. Techniques in pain management also enable an increase in the types of procedures that can be undertaken. Some day hospitals with twenty three hour licences are performing more advanced procedures, such as shoulder reconstructions using minimally invasive techniques, where extended recovery is required.



### Patient-Centred Care:

A team approach to patient care is essential in day surgery as more complex procedures are performed. “Modern medicine is so complex and sophisticated it is not achievable by the individual practitioner”. (4)

As e-health technology becomes more widely used, “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”. (12)

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

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

It should be noted that these activities are already occurring in some hospitals and rural areas, with nurses referring to standing orders that are specific to the clinician.

### Free standing day hospitals

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 cardiac procedures.

Some day hospitals have a 23-hour license which has enabled them to undertake more complex procedures, requiring ongoing pain management post-operatively. These facilities have integrated hotel requirements to meet the needs of overnight patients.



# Terminology

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, less than 24 hours
Extended recovery centre/unit	Purpose built/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 built/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. 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)>.
13. Canadian Institute for Health Information, 2009; *Health Care in Canada 2009: A Decade in Review*; Ottawa, Ont.: CIHI.
14. 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)>.
15. Hogbin, B.; *Day surgery: does it add to or replace inpatient surgery. British Medical Journal*, Vol.294:1987.
16. National Health Service, n.d.; *HES online, The Health and Social Care Information Centre*; downloaded from <<http://www.hesonline.nhs.uk>>.
17. Australian Bureau of Statistics, n.d.; *4102.0 Australian Social Trends, 2001*; downloaded from <<http://www.abs.gov.au>>.
18. Australian Bureau of Statistics, n.d.; *4390.0 Private Hospitals, 2006–07*; downloaded from <<http://www.abs.gov.au>>.
19. AIHW Australia's Health 2014, p 413—416 ABS 2008, 2013.
20. Australian Health 2014 AIHW.





## 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)

**With grateful thanks and appreciation to the hard work and valuable time given by the ADHA Communications Committee, all volunteers, in compiling this document to assist the day hospital industry.**

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

First published:	March 2010
Second Edition:	July 2011
Third Edition:	June 2013
Fourth Edition:	January 2015
Fifth Edition:	August 2015

