Australian Day Surgery Nurses Association

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Jo Sligar RN President DSNAQ
OBJECTIVES

- ADSNA History
- Founding and current objectives
- Our member states
- Role of ADSNA
- Our affiliation's
- Challenges we face
- Best practice guidelines – Revision
- Questions
A Day Surgery Nurse

A day surgery nurse is a specialized ambulatory care nurse, who provides episodic care to patients for 24 hours or less in many different settings.

They promote self management and assist family members or friends in caring for their loved ones.
ADSNA, in partnership with the states, promotes the open exchange and dissemination of knowledge, expertise and developments in all areas of Day Surgery through networking, collaboration, communication and support.”
In August 1995, at the invitation of Victoria, representatives from Day Surgery Special Interest Groups and Associations in New South Wales, South Australia and Western Australia met to discuss the possibility of forming a national day surgery nurses association.

The outcome of this meeting was a unanimous decision that this project should go ahead and a planning committee was formed. The planning committee met again in November, February and June 1996.

The planning committee also developed a set of objectives for the association which are still current to this day.
<table>
<thead>
<tr>
<th>Founding Objectives</th>
<th>Description</th>
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<tbody>
<tr>
<td>Promote</td>
<td>Promote the free exchange and dissemination of knowledge, expertise and developments in all areas of Day Surgery</td>
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<tr>
<td>Promote</td>
<td>Promote the concept and benefits of Day Surgery to the community</td>
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<tr>
<td>Co-operate</td>
<td>Co-operate with nursing, medical and allied health professionals in the pursuit of quality improvement</td>
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<tr>
<td>Form</td>
<td>Form links with similar international organisations</td>
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<tr>
<td>Provide</td>
<td>Provide a climate which fosters good fellowship and networking between members</td>
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<tr>
<td>Encourage</td>
<td>Encourage research into all areas of Day Surgery Nursing</td>
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<tr>
<td>Develop and recommend</td>
<td>Develop and recommend Day Surgery/Procedural Nursing Standards and provide expert advice to government and other relevant regulatory agencies</td>
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MEMBER STATES

QDSSNA
DAY SURGERY NURSES ASSOCIATION OF QUEENSLAND

SOUTH AUSTRALIA
DAY SURGERY NURSES ASSOCIATION

NASSF
WESTERN AUSTRALIA
NURSES ASSOCIATION OF SHORT STAY FACILITIES INC

DAY SURGERY SPECIAL INTEREST GROUP

ADSSNA
AUSTRALIAN DAY SURGERY NURSES ASSOCIATION INC
MEMBER NUMBERS

Members

<table>
<thead>
<tr>
<th>State</th>
<th>Members</th>
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<tbody>
<tr>
<td>NSW</td>
<td>343</td>
</tr>
<tr>
<td>SA</td>
<td>148</td>
</tr>
<tr>
<td>QLD</td>
<td>119</td>
</tr>
<tr>
<td>WA</td>
<td>88</td>
</tr>
<tr>
<td>VIC</td>
<td>220</td>
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MEMBER STATES

- Provide affordable education to nursing and other staff
- Provide sponsorship to attend conferences, seminars
- Hold annual/biannual conferences
- Affiliation's with other nursing bodies ACORN, GENCA
- Provide information and advise to facilities for best practice in day surgery nursing
OBJECTIVES

To maintain professional associations with national and international organisations

To provide a climate which fosters good fellowship and networking between members

To encourage research into all areas of Day Surgery Nursing

To develop and recommend Day Surgery Best Practice Guidelines and provide expert advice to government and other relevant regulatory agencies.
• The Australian Best Practice Guidelines for Day Surgery were first developed by ADSNA in 2002. The guidelines have been updated every 3-4 years since, with new publications in 2006, 2009 and most recently in 2013.

• The Day Surgery Australia Journal has been published since 1999. These have been published three times per year with a move this year to twice a year.

• E newsletters are sent to members 3 times a year with reports from both state and national president’s.

• The national website was launched in July 2002. A new and improved version of the website went live in 2012.

• Biannual conference’s.

• Hosted IAAS first Australian conference 2009 Brisbane.
2017 ADSNA CONFERENCE
STAMFORD GRAND, GLENELG, ADELAIDE
SATURDAY 14TH & SUNDAY 15TH OCTOBER 2017

CELEBRATING 21 YEARS OF ADSNA
THAT WAS THEN, THIS IS NOW

ADSNA.INFO/CONFERENCE/
Affiliations

- International Association for Ambulatory Surgery
  - http://www.iaas-med.com/
- Australian College of Nursing
  - www.acn.edu.au
- Day Hospitals Australia
  - www.dayhospitalsaustralia.net.au
- Coalition of National Nursing and Midwifery Organisations
IAAS

- The aim of the IAAS is to promote the development and growth of high quality ambulatory surgery worldwide.
- Encourages an international exchange of ideas and stimulates programmes of education, research and audit.
- The IAAS publishes the journal Ambulatory Surgery, holds biennial international congresses, assists with national meetings and lobbies national and international healthcare bodies.
- These activities have resulted in the founding of new national associations for ambulatory surgery, a growth in ambulatory surgery rates worldwide and the incorporation of ambulatory surgery in the strategies of an increasing number of national healthcare providers and international bodies.
12th International Congress on Ambulatory Surgery
May 8-10, 2017 Beijing, China
CoNNMO

Coalition of National Nursing & Midwifery Organisations (CoNNMO) is made up of more than 55 national nursing and midwifery organisations in an alliance to work collectively to advance the nursing and midwifery profession to improve health care.

The Coalition represents the national interests of nurses and midwives in all sectors of the health profession, and comprise specialist national nursing and midwifery organisations from many different areas of practice.

With primary funding support from the Australian Government Department of Health, the Coalition meets face to face twice a year.
The Australian College of Nursing (ACN) is a professional nursing membership organisation, open to nurses in all settings and at every stage of their career.

Australian member of the International Council of Nurses

Higher education provider and registered training organisation and we specialise in online postgraduate, professional development and training courses for registered and enrolled nurses
CHALLENGES OF MEMBERSHIP

- On line very affordable education available from a number of organisation's
- Mandatory education provided by employers since the introduction of the NSQHSS
- Cost’s to attend conferences for professional development
- Time poor employees
- Retirement of baby boomers
The Australian Best Practice Guidelines for Day Surgery were first developed by ADSNA in 2002

Why Best Practice Guidelines?

- The guidelines were written to assist day surgery units develop their own specific policies in conjunction with other standards e.g. ACORN Standards, GENCA guidelines, ANZCA guidelines
Current guidelines include
• Preadmission and admission
• Patient education
• Paediatric patient
• Care of the heavy patient
• Pain Management
• Discharge
• Staffing and writing competencies
The guidelines have been reviewed to highlight referencing to the 10 National Safety and Quality Health Standards

- Preadmission
- Admission
- Patient education
- Paediatric patient
- Care of the heavy patient
- Pain Management
- Discharge
- Staffing
- Diabetes (New)
- Considering Care of the patient with Cognitive Impairment
BEST PRACTICE GUIDELINES FOR AMBULATORY SURGERY & PROCEDURES
The NSQHS Standards

Standard 1: Governance for Safety and Quality in Health Service Organisations

Standard 2: Partnering with Consumers

Standard 3: Healthcare Associated Infections

Standard 4: Medication Safety

Standard 5: Patient Identification and Procedure Matching

Standard 6: Clinical Handover

Standard 7: Blood and Blood Products

Standard 8: Preventing and Managing Pressure Injuries

Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care

Standard 10: Preventing Falls and Harm from Falls

NSQHS STANDARDS

adsna
The purpose of this guideline is to provide clear evidence-based criteria to ensure that the patient makes a safe recovery from their procedure and transition to home. (Palumbo, et al., 2012)

This guideline has been written to incorporate the relevant elements sourced from the National Safety and Quality Health Service Standards DRAFT Version 2: (Australian Commission on Safety and Quality Health Care, 2016)

<table>
<thead>
<tr>
<th>Standard</th>
<th>Item</th>
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<tbody>
<tr>
<td>Clinical Governance for Health Service Organisation</td>
<td>1.2, 1.11b, 1.13b</td>
</tr>
<tr>
<td>Partnering with Consumers</td>
<td>2.5a,b, 2.6 2.8, 2.10a-d</td>
</tr>
<tr>
<td>Preventing and Controlling Healthcare-associated Infection</td>
<td>3.3a-c</td>
</tr>
<tr>
<td>Medication Safety</td>
<td>4.10a,b</td>
</tr>
<tr>
<td>Comprehensive Care</td>
<td>5.13a-d</td>
</tr>
<tr>
<td>Communicating for Safety</td>
<td>6.8e</td>
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**BEST PRACTICE/GUIDELINES**

When developing policies and procedures for discharge, there are a number of areas that need to be incorporated. These include discharge criteria from Stage 1 to Stage 2, discharge criteria from the facility to home, patient and carer involvement, discharge instructions and post discharge follow up. The following are examples of evidenced based tools that may be adapted for use in your facility.
Considerations for Review

LICENCING
- The facility licence states what procedures can be done at the facility

ACCREDITATION /CERTIFICATION
- Some states and territories are required to be certified to an accreditation program either ISO 9001-2008 or ACHS as well as NSQHS

National Safety and Quality Standards
- In implementing the NSQHS Standards, health services put in place safety and quality systems to ensure minimum standards of care are met, and a quality improvement mechanism exists to achieve aspirational goals.

Non Mandatory Standards and Guidelines to consider

- ANZCA guidelines (Australian New Zealand College of Anaesthetists )
- ACORN Standards (Australian College of Operating Room Nurses)
- Australian Standards e.g. AS4187
Pre-admission assessment is essential to assess patient suitability for surgery and their safe discharge home.

Pre-admission assessments by Nursing staff and anaesthetists help
• Reduce cancellations after arrival due to lack of suitability for admission, lack of carer for discharge.
• Answer questions from patient relieving anxiety
• Provide alerts for treatment eg latex allergy, MH

Greater focus in the guideline on preoperative information sharing
ANZCA GUIDELINE – Admission

ANZCA

PS07 – Guidelines on Pre anaesthesia Consultation and patient preparation

4.2 The difficulties of undertaking an adequate pre-anaesthesia consultation for patients admitted on the day of their surgery or medical procedure must be recognised. Ideally such patients should be reviewed prior to admission. Otherwise admission times, list planning and session times must accommodate the extra time required for pre-anaesthesia consultations.
The Challenges of Day Surgery - Getting information in time to help

• **Preoperative phone calls** – Sometimes too late the day before. Blood thinners not ceased, incorrect information on weight.

• **Medical history** – Often not returned until the day before or of procedure

• **Alerts** from the Doctors practice or clinic

• **Pre admission clinics**
ADMISSION

- Latex Allergy
- Family history of Malignant Hyperthermia
- Higher BMI and increased anaesthetic risk e.g. Can you admit them?
- Cessation of Blood Thinners if required
- Insulin dependant diabetes and positioning on the operating list
- Cognitive impairment and ability to provide consent.
- Ensure the patient understands the requirement for a carer at home post procedure.
Admission – Guideline 2

- Confirm and document patient identification processes, consent and explanation of processes
- Assess current health status and document risk assessments eg falls, VTE, Pressure injury, cognitive impairment
- Baseline observations
- Anaesthetic assessment
- Handover of patient to theatre staff

Greater emphasis and detail on Risk assessments and alignment to NSQHS
Patient Education

• Expanded guideline – practical guidelines

• The purpose is to provide best practice guidelines in the development of patient education materials.

• The guidelines is written to incorporate the relevant elements of the NSQHS standards including Health literacy requirements.

• Including

Clinical Governance, Partnering with consumers, Preventing and controlling Healthcare associated infection and medication safety, Comprehensive care and Communicating for safety.
The Paediatric Patient

• Reviewed in accordance with current research and ANZCA guidelines PSO7 2016, PS29 2010, PS15 2010, 2014

• Includes Recommendation for organisations to consider paediatric competency assessments for medication administration, Basic and Advanced life support.

• Cleaning schedule for shared toys
• Consider licencing requirements.
The Heavy Patient

• According to the 2013 guideline the heavy patient is classified as over 120kg or having a BMI that is not accommodated by standard day procedure facility equipment.

• New standard has less emphasis on weight and more on BMI and comorbidities. Weight is not a great predictor as you can be 120kg and 1.8 meters tall or 120kg and my height.

• To consider safe working load of equipment such as chairs, beds, operating tables.

• Equipment for manual handling availability

• Availability of emergency airway equipment
Queensland CSCF for Perioperative Services

The Clinical Services Capability Framework for perioperative services outlines that **CSCF Level 3** are able to provide treatment to patients under the following criteria:

- BMI < 30 Surgical complexity IV for ASA 2-3
- BMI < 35 Surgical complexity III for ASA 2-3
- BMI 36-40 Surgical complexity III for ASA 2
- BMI > 40 Surgical complexity II

Patients that fall outside the above criteria should be discussed between the surgical and anaesthetic teams and consideration be given to transferring them to the closest hospital with an appropriate CSCF level for the patient BMI.
Pain Management

• Reviewed to ensure information is current

• Currently under review by pain Management team
Discharge of the Patient

- More comprehensive selection of Discharge criteria tools
  Including
  - DASAIM by Gartner et al
  - Fast trach tool by Song et al 2004
  - Modified Aldrete criteria by Wiley 2002
  - PADDs by Chung et al 1995
  - Special Considerations – no carer at home
STAFFING

• Considered removing standard

• More detail in regard to assessing specific workplace environment in regard to
  • Workload
  • Patient acuity
  • Anaesthetic types GA v Local
  • Paediatric vs Adults vs Elderly
Competencies

• Removed from the guidelines
DIABETES

• Provide guideline for preoperative, intraoperative and post operative period.

• Pre operative planning e.g. type of diabetes, recent blood results
• Assessment of other co morbidities
• Ability to monitor on discharge
• Availability of patient medications
• Guideline on information to give to patient postoperatively
COGNITIVE IMPAIRMENT

- Patients identified as being at risk should be screened through medical history with patient and family.
- Ability to provide consent
- Higher risk of falls
- Implement strategies with families
- Communication between families and referring doctors and clinics /day surgeries is vital
Thankyou

With knowledge comes power