



Attending the Campus for a Same Day/Short Stay Procedure (With or Without admission) at Global Diagnostics Australia

Effective: 28 September 2016

1. Guiding Principles

For the purposes of admission criteria, a patient is admitted as a same day case if the intention or plan is to deliver and complete treatment on the same day. This includes patients whose admitted episode spans midnight, but who otherwise would have been regarded as an intended same day admission (for example, admission at 21:00 hours with anticipation of discharge at 02:00 hours).

For the purpose of this procedure, the interventions include pleural drain insertion and removal, abdominal drain insertion and removal but also may include procedures on the Type C or Type B procedure list (see attachments to the [WA Health Admission, Readmission, Discharge and Transfer Policy for WA Health Services \(2014\)](#)).

For reporting purposes, the final classification of patients as 'same day' or 'overnight' is always done retrospectively after separation.

Same day admission categories are:

- same day extended medical treatment (Type E)
- same day admitted procedures (Type B)
- same day non-admitted procedures (Type C) when certified.

For the purpose of this procedure, Global Diagnostics Australia (GDA) are to endeavour to book patients for a morning appointment time to align better with hospital competing workloads.

In the event of unplanned clinical deterioration, normal hospital Medical Emergency Response (MER) procedures are to be adhered to.

2. Procedure

1. Referral received by GDA.
2. GDA nurse is to review, check procedure is on the Type C procedure list, check prior imaging, check availability of required consumables and appropriately skilled radiologist. If not on the Type C list, the GDA nurse is to inform the General Practitioner (GP) that a planned admission and referral to a Senior Medical Officer (SMO) is required.
3. Discuss with the radiologist. Possible procedure date(s) / time(s) established.
4. The GDA nurse contacts the Hospital Coordinator (HC) (6555) to confirm bed availability on the proposed procedure date. The HC determines most appropriate place for admission ensuring capacity on the proposed date in consultation with the Day Surgery Unit (DSU) or General Ward and ensures planned admission is written in the unit diary.

5. GDA nurse contacts referring doctor and confirm / arrange appropriate bloods to be done prior to the procedure and notify the planned admission date.
6. The referring doctor contacts the Busselton Health Campus (BHC) SMO (6127) to complete attendance plan. This includes appropriate medical handover, medication chart, entry into doctors and ward diaries and criteria for discharge.
7. The GDA nurse contacts the patient and completes the invasive procedures worksheet and finalises the appointment ensuring the patient knows which unit to present to. The patient is instructed to present two (2) hours prior to the procedure.
8. The referral is attached to the planned admission cover sheet and sent to the ward to be kept in the ward or the Day Stay Unit (DSU) – to be kept in box near the chute pending GDA call.
9. On the day of the procedure, if the patient is booked to stay on the ward, the GDA nurse contacts the HC to confirm inpatient bed availability at 0930. If not available, the GDA nurse contacts the patient to reschedule after determining a date with the HC.
10. On the day of the procedure, the GDA nurse contacts the DSU coordinator (6184) or ward coordinator (6121) to have the patient transferred to GDA.
11. Post procedure management is to be clearly documented by the radiologist including criteria for discharge and escalation requirements. If there are any clinical concerns, the radiologist (6800) is to be notified as soon as possible. If the patient requires medical review, the radiologist contacts the SMO to arrange. If required, the radiologist contacts the Emergency Department and notifies the ward team to transfer the patient. In the event of unplanned clinical deterioration, normal hospital MER procedures are to be adhered to.

3. Roles and Responsibilities

All Staff are required to work within policies and procedures to make sure that WACHS is a safe, equitable and positive place to be.

4. Compliance

It is a requirement of the WA Health [Code of Conduct](#) that employees “comply with all applicable WA Health policy frameworks.”

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the WA Health [Misconduct Policy](#) or Breach of Discipline under Part 5 of the *Public Sector Management Act*.

WACHS staff are reminded that compliance with all policies is mandatory.

5. Evaluation

Monitoring of compliance with this document is to be carried out by the BHC Coordinator of Nursing and Midwifery.

6. References

WA Health [Admission, Readmission, Discharge and Transfer Policy for WA Health Services \(2014\)](#) and related attachments:

- [Type B admitted procedure list \(March 2016\)](#)
- [Type C non admitted procedure list \(March 2016\)](#)

7. Related Forms

WA Health [Admission, Readmission, Discharge and Transfer Policy for WA Health Services \(2014\)](#) related attachment:

- [Certification form for Type C day case admission](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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