

Purpose: To ensure all Specialists booking patients for elective surgery and other procedures are aware of the admission criteria.

Policy Statement: Churchill Hospital will provide a safe environment for patients, staff and others working within the facility.

Scope: All credentialed Specialists operating at Churchill Hospital.

Requirements for Admission: Prior to booking a patient with Churchill Hospital the Specialist must ensure the patient is fit for surgery:

Surgical Considerations

- Mobility - the patient should not require a rehab bed or extended stay (planned stay longer than 4 nights).
- A patient over 80 years of age or with significant medical history must be cleared by an anaesthetist before the patient's surgery is confirmed. The surgeon should request an anaesthetist pre-assessment and await clearance prior to confirming a surgical date.
- The patient does not have any physical or mental conditions that require specialist nursing (1:1 care).
- The patient must not pose a health and safety or security risk to hospital staff or patients.
- The patient should meet the American Society of Anaesthesiologists (ASA) scale as ASA I or II. In some cases the hospital will accept an ASA III where overnight HDU admission is required. This must be negotiated with the hospital prior to confirming surgery. (See Appendix A)

Financial Considerations

- The patient has received an estimate for the services to be provided and has the means to arrange payment.
- If the service is covered by ACC, then ACC must have given prior approval for the specific procedure.
- If the service is covered under a Southern Cross Affiliated Provider contract, confirmation of the patient's policy or membership number is to be provided along with the request to apply for pre-approval.

Administration Requirements

When booking a patient, the Specialist (or their private secretary) must:

- Advise the patient a health questionnaire is to be completed and returned to the hospital prior to admission.
- Ensure the patient booking form is completed and forwarded to the hospital.
- Ensure the patient has been made aware of risks associated with the procedure and has consented to proceed. An informed consent form (whether partially or fully completed) should accompany the booking form.

- Provide evidence of assessment of the patient. This may be in the form of an Assessment, Rehabilitation and Treatment Plan (ARTP), or a copy of the Specialists letter to the patients General Practitioner.

Declining Entry: Patient admission may be refused by the hospital's Clinical Team Leader or General Manager for reasons of unacceptable risk to the patient, other patients, staff or the organisation, as per the "Declining Entry" Policy.

References:

Declining Entry Policy

Day Stay Surgery Selection Criteria (Adults) Guidelines

The Australian Council on Healthcare Standards (ACHS) Equip6 standard 1.2, Criteria 1.2.2

APPENDIX 1

The American Society of American Anaesthesiologists (ASA) classification of physical status
ASA 1: A normal healthy patient
ASA 2: A patient with mild systemic disease
ASA 3: A patient with severe systemic disease, that limits the function, but is not incapacitating
ASA 4: A patient with severe systemic disease that is a constant threat to life
ASA 5: A moribund patient who is not expected to survive without the operation
ASA 6: A declared brain dead patient whose organs are being removed for donor purposes