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Application – Day Hospitals – Class A

Licensing Day Hospitals Class A is regulated by the *Hospitals and Health Services Act 1927* (the Act). The Act makes provisions for the granting of licences by the Chief Executive Officer, Director General of Health. The Director General must be satisfied about certain matters before a licence is granted or renewed. One such matter is that the arrangements for management, staffing and equipment are satisfactory.

The following are the minimum standards for licensed facilities defined as a private day hospital under the Act, for reviewing the arrangements for management, staffing and equipment.

During 2001 – 2003 the Healthcare Facilities Standards Reference Committee examined a number of areas pertinent to the licensing of day hospitals, including the development of standards for assessing that the arrangements for management, staffing and equipment are satisfactory.

A "Day Hospital Facility" is defined in the *Hospitals and Health Services Act 1927* as *"premises that are not attached to, or, that are set apart from, a hospital being premises at which persons are received for professional attention or profession medical attention in a class of professional attention determined by the Minister under subsection (3) to be professional attention but not being premises at which overnight accommodation is provided".*

On 7 October 2005 the Government Gazette published the following Determination under section 2(3) of the Act.

1. **Citation**
   This determination is the Hospitals and Health Services (Day Hospital Facility) Determination 2005.
2. **Services that are "professional attention"**
   (1) The following professional medical services are determined to be professional attention for the purposes of the definition of "day hospital facility" in section 2 (1) of the Act -
   (a) any procedure that involves the administration of a general, spinal or epidural anaesthetic;
   (b) any procedure performed under sedation, plexus blockade or Biers Block;
   (c) any procedure that involves the invasion of a sterile body cavity; and
   (d) peritoneal dialysis and haemodialysis for the treatment of end stage renal failure.
   (2) In this clause –
   "procedure" means an elective surgical or medical procedure.

3. Determination revoked

The following determinations are revoked –

(a) Determination published in the Gazette on 31 December 1993, p. 6887.

(b) Hospitals and Health Services (Day Hospital Facility) Determination 2002 published in the gazette on 26 April 2002, p. 2167.

These standards relate to 2(1)(a) above.

The Standards have been used in annual inspections in private day hospitals Class A since 2004. They were reviewed in 2006 and these revised standards are applicable from 1 January 2007.

The application of these Standards is determined by the Statement of Function of the licensed facility.

Glossary of terms

“Compliance” to act or provide in accordance with the requirements or recommendations of these guidelines or relevant standards or regulations.

“Critical systems” any emergency system, equipment, electrical service, instrument, device or thing that is required to protect the safety of a person undergoing a medical procedure or in medical care.

“Facility” the physical aspects of the development, e.g. the buildings.

“Guidelines” a set of requirements and recommendations, which describes a minimum level of facility provision.

“Minimum” the least level of provision which is considered safe for a given function. Anything below is considered unsatisfactory.

Standard One Governance

Standard Day Hospitals Class A licence holders ensure their facilities meet the requirements of specific health legislation.

Minimum Criteria

1.1 The function of the facility has been defined in a statement that is accessible to all staff, patients and visitors.

1.2 Lines of communication, authority and responsibility are set out in an organisational chart.

1.3 A Medical Advisory Committee (MAC) oversees standards of medical/dental practice.

1.4 In facilities used by more than one medical/dental practitioner, each practitioner is credentialled through a formal process, by a Credentialling Committee. The credentialling includes documentation of clinical privileges. The Credentialling Committee is separate from the MAC. (It may consist of the same members, but the committee must be separately constituted and meetings separately conducted and minuted).

1.5 Demonstrated processes are in place that new technologies, new instruments and new procedures are examined and approved by the relevant authority, [as designated by the MAC and the Proprietor].

1.6 There is a designated Director of Nursing/senior registered nurse position responsible for standards of nursing practice in the facility.

1.7 Only registered, comprehensive and enrolled nurses, midwives and nurse practitioners (and/or dental nurses, as appropriate) provide direct nursing care.

1.8 Processes are in place to ensure that all professionals provide evidence of current registration with the relevant authority.

1.9 Written and dated job descriptions are available and provided to staff. Lines of communication, authority and responsibility are set out in the job description.

1.10 Policies and procedures are developed, reviewed and updated as required at least every four years and made readily available to staff. Policies and procedures are required on the following functions, as a minimum:
- patient care;
- emergency procedures;
- admission and discharge criteria;
- medical records;
- occupational safety and health;
- infection control;
- sterilisation process;
- catering services;
- laundry services;
- quality management;
- staff development and education;

- preventative maintenance;
- administration; and
- employment, including compliance with Working with Children legislation.

1.11 A register of patients is maintained. Details may be located in more than one place, e.g. hard copy/patient records and computer.

1.12 Occupational safety and health programs and practices comply with the current legislative requirements.

1.13 There are documented and auditable systems of continuous improvement in place.

1.14 There is a complaint and grievance management process in place accessible for all patients, staff and visitors.

1.15 There is evidence that Adverse Events are monitored and a reporting mechanism is utilised.

1.16 There are ongoing education and training/staff development programs, which are service specific and meet staff/patient needs.

1.17 The current Licence Certificate is displayed in a public place.

Standard Two Staffing

Standard Day Hospitals Class A operate with staffing levels that ensure patients' safety and contribute positively to patients' quality of life.

Minimum Criteria

2.1 Staffing arrangements are consistent with conditions outlined in the licence:
- the number and the categories of nursing and other staff;
- the kinds of nursing and other care provided or available at the facility; and
- the periods and times at which they are provided or available.

2.2 Staffing arrangements for the perioperative suite are in accordance with the Australian Confederation of Operating Room Nurses ACORN Standards for Perioperative Nursing, 2006, (as amended from time to time).

2.3 Staffing arrangements for anaesthesia are in accordance with the Australian and New Zealand College of Anaesthetic Guidelines (as amended from time to time):
- T1 Recommendations on Minimum Facilities for Safe Anaesthesia Practice in Operating Suites; and
- PS8 The Assistant for Anaesthetist.

Registered nurses who are trained, experienced and deemed competent by the facility management would not require training in accordance with PS8.

2.4 Staffing arrangements for recovery area are in accordance with the Australian and New Zealand College of Anaesthetic Guidelines – PS4, Recommendations for the Post-Anaesthesia Recovery Room (as amended from time to time).

2.5 At least one registered general or comprehensive nurse is present during all occasions the licensed facility is in use for patient care.

2.6 A staff member (e.g. receptionist) is available for the reception and is present at all times when the facility is in use for scheduled patient care.

Standard Three Information management

Standard Registers of information are accurately maintained according to standards for privacy and confidentiality and meet legislative requirements.

Minimum Criteria

3.1 An accurate medical record is maintained for each patient, sufficiently detailed to allow another medical/dental practitioner or other health professional to assume care of the patient and to facilitate effective continuity and standards of care.

3.2 All entries into the medical records pertaining to care of patients should include date, time, name, designation and signature of the person making the entry.

3.3 Medical record keeping complies with the facility's medical record policy.

3.4 Medical records in use are securely stored to ensure patient confidentiality and to protect against unauthorised persons gaining access to those records.

3.5 Medical records in secondary and tertiary storage are securely stored to prevent unauthorised access and to provide protection from fire, vermin and dust.

3.6 Patient information must not be released to others without the express written permission of the patient and their consent must be documented in the patient's notes.

3.7 Medical records must be disposed of in a manner, which ensures that the confidentiality of the information contained on the record is maintained.

Standard Four Facility function and use of space

Standard The Day Hospital Class A is functional and safe, meeting the needs of patients as well as community standards.

Minimum Criteria

4.1 The numbers, size and function of rooms available in the facility are consistent with services to be provided for licensed patient volumes and the delivery of safe patient care.

4.2 There are facilities for clean utility functions.

4.3 There are facilities for soiled linen storage and dirty utility functions.

4.4 Configuration/layout and workflows meet the requirements of all facility operations and ensure separation of “clean” and “dirty” areas.

4.5 Storage space is adequate for all equipment, general stores and pharmaceuticals.

4.6 There is a reception area, which protects patient confidentiality.

4.7 All treatment spaces, bedrooms and bathrooms/toilets are adequate in size and function:
- to ensure patient safety;
- to enable staff to carry out their duties; and
- to provide privacy for patients.

4.8 Call bells (e.g. patient, staff assist, emergency, duress alarms) are provided to all patient and staff-assist areas and are functioning. There are documented guidelines for response.

4.9 Oxygen and suction outlets are adjacent to each trolley bay.

4.10 Portable oxygen and suction cylinders are available for resuscitation purposes and emergency back up. The equipment must be adequately stored and restrained.

4.11 Facilities with a 23-hour licence have additional space, staffing, equipment and infrastructure.

Standard Five Equipment and infrastructure

Standard The facility equipment and infrastructure are maintained in a manner that ensures safety and comfort for patients and staff.

Minimum Criteria

5.1 Equipment is available to support safe practice of the types of surgery/procedures or the operation of the services, i.e.:
- appropriate for the type of surgery/procedures;
- adequate in volume;
- specialist equipment is available; and
- sufficient number of instruments.

5.2 Equipment is clean and maintained in a safe working condition.

5.3 Equipment is located and stored in a way that facilitates its effective use.

5.4 Staff are trained in the use of the equipment.

5.5 At least one fully equipped resuscitation trolley is available with the drugs and equipment required to manage a patient collapse or cardio-pulmonary emergency.

5.6 If children are admitted to the facility, readily identified paediatric resuscitation equipment must be provided.

5.7 The resuscitation trolley must be checked daily, after use, and a checking log kept. A written prescribed contents list must be attached to or contained within the trolley.

5.8 An emergency call system is in place and functional which permits both the operating suite and recovery areas to alert an emergency.

5.9 Equipment to maintain an airway and re-intubate patients must be located in the recovery suite. Such equipment must be grouped together on a wheeled trolley.

5.10 A mobile defibrillator must be available to the operating suite (including recovery areas). This must be checked according to the Department of Health Operational Instruction OP1247/99 “Performance Testing and Maintenance of Defibrillators in all Public Hospitals (as amended from time to time)” or in accordance with facility policy for automatic defibrillators.

Standard Six Medications

Standard Patient medication is managed in accordance with the relevant legislation.

Minimum Criteria

6.1 Medications are prescribed by medical/dental officers and nurse practitioners and signed by clinical staff when the medications are administered.

6.2 Verbal medication orders, if required, are documented and signed within 24 hours or in accordance with facility policy by the authorising medical/dental practitioners.

6.3 Standing orders are doctor/dentist specific, provide clear instructions and are signed and reviewed annually. Processes are documented in the relevant policy.

6.4 Medication storage is in compliance with the requirements of legislation, i.e. Schedule 8 drugs in a locked medicine cupboard, and the drug refrigerator is locked or in a secure environment, in compliance with manufacturers recommendations.

6.5 Schedule 8 drugs and register are checked to ensure compliance with Poisons Regulations.

6.6 Medication administration is in compliance with the requirements of legislation and the facility's policies.

6.7 There is a process for reporting and reviewing drug errors.

Standard Seven Infection control

Standard Infection control practice meets contemporary standards and guidelines.

Minimum Criteria

7.1 An infection control program, which complies with national and state regulations, is established and maintained. The scope and focus of the program addresses risk factors specific to the patient population, nature of the facility and available resources.

7.2 There is a qualified person, who has completed a nationally accredited infection control program, delegated to coordinate the infection control program.

7.3 There is a committee that has infection control as part of its terms of reference and which monitors outcomes of the infection control program.

7.4 The infection control program identifies and documents infection control related policies and procedures at the facility. These include (but are not limited to):
- standard and additional precautions;
- hygiene standards;
- procedural standards;
- physical environment;
- sterility of instruments and equipment;
- processing of re-useable instruments and equipment;
- instruments and equipment requiring special processing;
- protection for health care workers;
- quality management;
- surveillance; and
- product review.

Standard Eight Perioperative suite

Standard Perioperative Suite meets contemporary standards and guidelines.

Minimum Criteria

8.1 The function of the operating suite demonstrates zoning:
- Outer Zone – Health care facility areas up to and including the reception area of the operating suite.
- Clean Zone – The circulation area used by the staff, once they have changed, and the route taken by patients from the transfer area to the anaesthetic room/operation room.
- Aseptic Zone – Scrub bay/area, anaesthetic room, preparation room, operating room, exit bay.
- Disposal Zone – The disposal area for waste products and soiled or used equipment and supplies.

8.2 Movement of patients, staff and materials/equipment can be demonstrated and show clear lines of delineation between them.

8.3 Operating rooms and recovery room are designated and equipped to safely carry out the designated procedures and maintain patient care and privacy.

8.4 Policies and procedures have been developed and are regularly reviewed by an operating suite management team/committee.

8.5 Register/s are maintained as follows:
- operations/procedures register;
- implantable device register (must be a separate register); and
- laser register.

8.6 Details of operations/procedures to be registered include:
- date;
- patient's name;
- record number;
- birth date;
- sex;
- procedure performed;
- names of the surgeon, anaesthetist and nursing personnel involved;
- start and finish time of the procedure;
- type of analgesia, anaesthetic or sedation used; and
- where abbreviations are used, it is consistent with organisation policy on abbreviations.

8.7 If lasers are used in the facility, the requirements of AS/NZS 4173:1994 "Guide to the safe use of lasers in health care" (as amended from time to time), and AS/NZS 2211.1:1996 "Laser Safety - equipment classification, requirements and user's guide" (as amended from time to time), are observed.

8.8 The storage space ensures that all stock and equipment are stored appropriately.

8.9 There are processes in place to ensure supervising medical staff are available promptly when clinical needs arise.

8.10 Recovery from anaesthesia takes place under supervision in an area designated and equipped for the purpose.

8.11 There is a designated person responsible for monitoring and ensuring compliance of the Australian and New Zealand College of Anaesthetists Guidelines (as amended from time to time);

- Technical Standard 1, Recommendations on Minimum Facilities for Safe Anaesthesia Practice in Operating Suites,
- Professional Standard 4, Recommendations for the Post-Anaesthesia Recovery Room,
- Professional Standard 6, Recommendations on the Recording of an Episode of Anaesthesia Care (The Anaesthesia Record),
- Professional Standard 9, Guidelines on Conscious Sedation for Diagnostic, Interventional Medical and Surgical Procedures,
- Professional Standard 18, Recommendations on Monitoring during Anaesthesia.

Standard Nine Sterile supply

Standard The standard of sterile supply services ensures that current contemporary practice and guidelines are being met.

Minimum Criteria

9.1 Sterile Supply, either onsite or contracted, must ensure compliance with:
- Australian Standard AS 4815, Office-based health care facilities not involved in complex patient procedures and processes – cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of the associated environment (as amended from time to time), or Australian Standard AS 4187
- Cleaning, disinfecting and sterilising re-useable medical and surgical instruments and equipment and maintenance of associated environments in health care facilities (as amended from time to time).
- Australian Standard AS 3789.2, Textile for health care facilities and institutions Part 2 Theatre linen and pre packs (as amended from time to time).

9.2 Single use items are not to be re-used.

9.3 The sterilisation/disinfection of endoscopes must comply with:
- Australian Standard - AS 4187, Appendix C (as amended from time to time).
- GESA/GENSA Guidelines, Infection Control in Endoscopy (as amended from time to time).
- OP 0706/96 Sterilising of Endoscopic Equipment (as amended from time to time).

9.4 A sterilisation manual/system documenting the facility's policy and procedures has been developed and implemented, and is available at the workstation.

9.5 A qualified person, who has completed a recognised course in national competencies on sterilisation, is designated to co-ordinate all sterilisation activities, and is responsible for monitoring and ensuring compliance.

9.6 Staff training - there is evidence of:
- orientation and in-service on equipment and procedures; and
- training for all staff in sterile supply. At least 70 per cent of staff are qualified at national competency levels in sterile supplies training or are undertaking training. All staff in a leading or supervisory role are so qualified.

9.7 Records of departmental process and monitoring activities are maintained and are available for review.

Standard Ten Food safety

Standard Patients are provided with a nutritious diet that meets their individual needs, whilst meeting Food Standards Code.

Application This standard applies where a facility
- provides refreshments and/or meals to patients and/or staff
- stores food or other consumables on the premises.

Minimum Criteria

10.1 Food services, either contracted or on site, conform to food safety legislation.

10.2 There is a designated person responsible for monitoring and ensuring compliance for all food processes.

10.3 There is evidence that all staff involved in food handling and storage receive training.

10.4 Dedicated hand washing facilities are in close proximity to food handling areas.

10.5 All cleaning schedules are displayed and records of cleaning kept.

10.6 Designated facilities of the storage for food and other consumables are available. Surfaces, including shelving, and equipment are of an impervious material. Food products and appliances are stored or positioned off the floor.

10.7 Food is stored in refrigerators in a manner to prevent contamination including the separation of raw and cooked foods.

10.8 There is evidence that all fridges and freezers storing food products are operating at recommended temperature range of <5C and minus 15C. The fridges are monitored for temperature control on a daily basis. There are policies outlining actions required when temperature falls outside the recommended temperature range.

Standard Eleven Laundry

Standard The provision of laundry services is in accordance with relevant regulations.

Minimum Criteria

11.1 Laundry services, either onsite or contracted, conform to the current Australian Standard - AS 4146 Laundry Practice (as amended from time to time).

11.2 A sufficient supply of linen is available to meet the function and throughput of the facility.

Standard Twelve Fire and security

Standard The risk of fire is reduced and patient/staff safety is maximised in the event of a fire.

Minimum Criteria

12.1 Written procedures exist for staff responses in the event of emergencies such as fire, evacuation of the building, cardiac/respiratory arrest, hold-up, etc.

12.2 Fire orders and a simple evacuation plan are displayed for staff and visitors.

12.3 Fire drills, equipment training and evacuation procedures are carried out annually for all staff. Records of training dates and attendance are kept.

12.4 Fire hydrants and fire exit doors are marked. All fire exits are accessible and allow easy egress.

12.5 A generator or battery operates fire exit markers.

12.6 Fire equipment is ready for immediate use and tested 6 monthly (extinguishers and hose reels).

12.7 Flammable rubbish is managed in a way that it does not pose a fire risk.

12.8 There is a policy on smoking and designated smoking areas.

12.9 The smoke alarm detection system is tested in accordance with Fire and Emergency Services Authority requirements, and records are maintained. Automatic Fire Detection and Alarm Systems, i.e. Fire Panels, are tested by external contractors in accordance with the Australian Standard AS 1851.8 (as amended from time to time). Records of testing are kept in the fire indicator panel or in a service manual.

12.10 Security measures are in place to ensure all reasonable steps are taken to ensure that unauthorised persons do not access the facility or interfere with the operation of the facility to the detriment of patients, visitors and staff.

Standard Thirteen Facility maintenance

Standard The facility, plant and equipment are maintained and maintenance activities are documented.

Minimum Criteria

13.1 Performance monitoring – Performance monitoring demonstrates appropriateness and effectiveness of systems. Such monitoring includes:
- All critical systems are properly maintained and operational back-up contingencies are available for immediate implementation in the event of primary equipment failure.
- Records are maintained for each critical system. All maintenance, operation checks and emergency uses of the equipment must be recorded. Records must be kept at the facility and be available for inspection.
- Testing is carried out, as required, in accordance with manufacturers' recommendations, for electrical, biomedical, gas, and equipment tests, and maintenance schedules are implemented, including calibration. Documentation is available for verification.

13.2 Facility - There is a maintenance program of the physical facility and furniture. This program is maintained and servicing records are available. Such maintenance must include, where relevant:
- cleaning;
- servicing;
- repair/breakdown arrangements;
- refurbishment;
- replacement; and
- vermin and insect control.

13.3 Plant - A written maintenance program ensures that routine and preventative maintenance is carried out. This program is maintained and servicing records are available. Such maintenance must include, where relevant:
- plant, (e.g. Air conditioning system filters, Legionnella control); and
- fuses, circuit breakers, earth leakage and other electrical protection systems.

13.4 Biomedical and Surgical Equipment - A written maintenance program ensures that routine and preventative maintenance is carried out on all procedural and surgical equipment. This program is maintained and servicing records are available. Such maintenance must include:
- biomedical equipment is tested as per manufacturer's recommendations, however a minimum of annual testing is required.
- routine servicing and testing of endoscopes as per manufacturer's recommendations.

13.5 All chemicals and gases are appropriately stored.

13.6 Waste management processes comply with regulations for:
- contaminated medical waste;
- ordinary waste; and
- sharp object disposal.

13.7 Detergents and chemicals are purchased in ready-to-use containers. All containers are correctly labelled.

13.8 The environment within the organisation is clean and safe for patients, visitors and staff at all times. All cleaning schedules are displayed and cleaning records kept.

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