

# The growth of day surgery in Australia: the role of the Australian Association of Day Surgery Centres

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This paper describes the origins of the Australian Association of Day Surgery Centres, its structure, its objectives and the services provided to its members. The paper traces developments in the Australian healthcare system to explain the background against which the Association has evolved, outlines its current operation and indicates the future directions the Association will take. It concludes that there is a strong need for the Association to network with other day surgery organizations in South-East Asia, Europe and North America, to develop a stronger link for the interchange of ideas, data and experience, and to advance the cause of day surgery as a safe, convenient and cost-effective alternative to inpatient hospitalization.

Key words: Australia, day surgery organizations, international links

Despite the trend towards shorter hospital stays generally, there was little formal government support for day surgery in Australia until the early 1980s, when the medical colleges started to take an active interest. In 1981, a joint working party on day surgery (comprising the Royal Australasian College of Surgeons, the Australian Association of Surgeons, the Faculty of Anaesthetists of the Royal Australasian College of Surgeons and the Australian Society of Anaesthetists) devised a set of guidelines for day surgery, including recommendations on appropriate and inappropriate procedures, physical facilities and staffing, and surgical and anaesthetic standards<sup>1</sup>.

The report of the working party was sent to the minister for health in the hope that it would encourage the development of a positive government stance and the provision of incentives for an increase in day surgery. Although a number of recommendations were made, it was not until 1985 that day surgery started to increase more rapidly, in response to a statewide dispute in New South Wales between the medical profession and the government which resulted in the institution of financial incentives through the development of a new 'single day' hospital benefit. This in turn led to a rapid increase in the number of free-standing day surgery units.

Nevertheless, there was still no legislation in many states to enable a patient health insurance benefit to be paid to cover the cost of using a day surgery facility. Detailed submissions to the federal government (also referred to as the Commonwealth government) were required, and special regulations were needed to enable some day surgeries to be eligible for payment of these benefits. One of the results of the difficulties experienced at this time was the development of a working relationship between many of the early day surgery facilities, which culminated in the formation of the Australian Association of Day Surgery Centres (AADSC).

The Association was loosely formed in late 1987 by these early licensed free-standing day surgery centres in Australia, at a time when day surgery accounted for about 18% of all surgery performed in public and private hospitals. These original members were all privately owned multi-specialty units spread across four states (New South Wales, Queensland, Victoria and Western Australia). The oldest of them had been commissioned in 1982 at Dandenong in Victoria.

The original objectives of the Association were: (a) to promote the concept of resource-conscious quality healthcare; (b) to remove any discrimination against day surgery centres in state or federal legislation; (c) to define and promote standards for day surgery; and (d) to support the registration of day surgery centres.

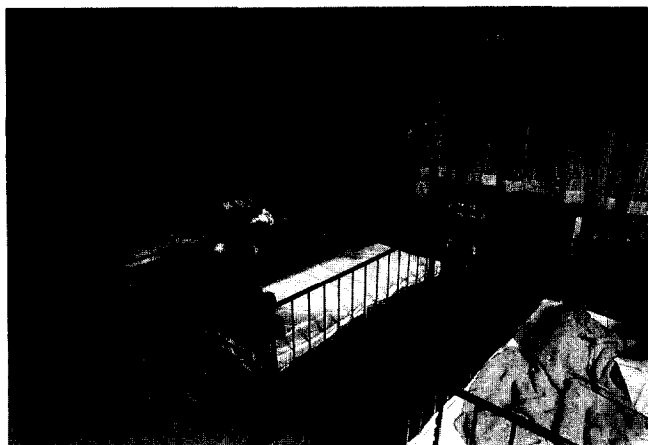
## Day procedure lists

In 1987, a meeting was convened by the Commonwealth Department of Community Services of Health and the

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**Figure 1.** Paediatric day surgery unit in Perth.

proprietors of eight private free-standing day surgery facilities, to discuss (*inter alia*) the schedule attached to the ministerial determination of 28 October 1986 relating to the day hospital benefit and a number of anomalies which had been identified, most importantly the anomaly which meant that the 'exclusion schedule' (a list of procedures that were excluded from attracting a health insurance benefit if performed in day surgery units) did not apply to hospitals. Examination of this exclusion list resulted in a number of 'excluded' items being reinstated for benefits.

Later in 1987, the Australian Health Ministers' Conference agreed there should be a review of day-only procedures, a more uniform method of payment implemented to apply equally to day surgery performed in free-standing facilities and private hospitals, and a review of the current practice of payment of an inpatient hospital bed stay benefit for procedures listed for exclusion from the day hospital benefit.

Legislation to effect this uniformity was passed through federal parliament in the Autumn session of 1987, which empowered the Commonwealth minister for community services and health to make determinations in respect of professional attention: type A, requiring overnight stay; type B, requiring hospital/day surgery facility treatment but not an overnight stay; and type C, not requiring hospital/day surgery facility admission. The legislation removed the requirement that a patient occupy a 'bed' in order to qualify for the day facility benefit.

In December 1989 the Commonwealth introduced differential levels of benefit in the form of a 'banding system', whereby procedures were allocated to different bands depending on the anaesthesia and time in theatre. These bands therefore attempted to reflect more closely the complexity of the procedure, e.g. longer general anaesthetic procedures were allocated to a higher band, thus attracting a higher benefit. At the same time, the Commonwealth gave a commitment to review the arrangements after 12 months.

This spurred the AADSC to become more formally established with a constitution, secretariat and access to

a lobbyist, particularly as there was a need to address continuing anomalies in the system with disadvantaged day-only facilities. July 1990 became a watershed for the AADSC.

The Commonwealth Review of Day Only Arrangements was subsequently undertaken in 1991, to which the AADSC made a formal submission. The submission included comments on the increase in day surgery, the impact on quality of care, standards (including registration and licensing), further development, inclusion of non-surgical procedures, exclusions, administrative arrangements and incentives. At the Commonwealth's request, the AADSC also commented on a range of issues outside the terms of reference for the review. This review led to a streamlining of the administrative arrangements.

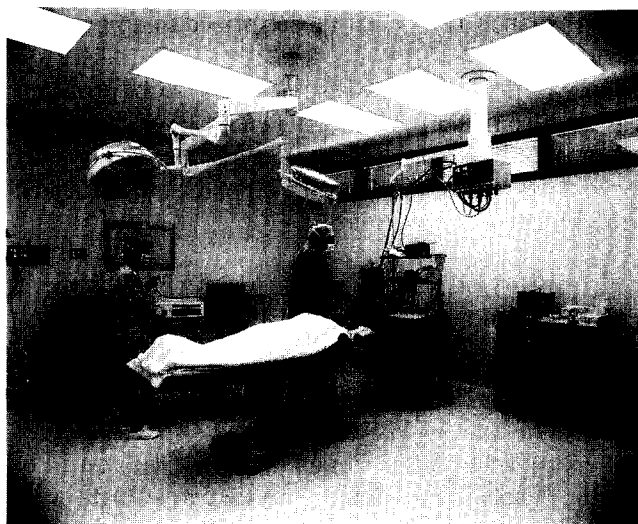
In July 1992, the AADSC approached the Commonwealth about the exclusion list of procedures and in particular about the need to review the description for certain item numbers.

### International links

In early 1991, the AADSC made contact with the British Association of Day Surgery and subsequently started to seek links with other day surgery organizations, with the objective of canvassing interest in establishing international standards for day surgery centres. In late October 1992 a member of the AADSC was invited to serve on the editorial board of *Ambulatory Surgery*. Dr Greg Wotherspoon was appointed as the Association's nominee on the editorial board.

### Reimbursements for day surgery fees

The AADSC was successful in overcoming attempts by a major private health fund to exclude dental surgery anaesthesia items from being done in day surgery, since



**Figure 2.** Well equipped and modern day surgery theatre at Hornsby Day Surgery Centre.

**Table 1.** Australian Association of Day Surgery Centres: admissions 1991–92

<i>Admissions</i>	<i>Average</i>
Weekly	60
No. of procedures per theatre (per week)	27
No. of procedures per theatre (per annum)	1381

**Table 2.** Australian Association of Day Surgery Centres: type of anaesthesia administered in 1991–92

<i>Anaesthesia</i>	<i>Percentage of cases</i>
Nil	< 1
Local	24
General	48
Regional	
block	1
IV sedation	8
Neurolept	10

On average, 0.2% of patients were subsequently transferred or discharged to hospitals.

they were concerned that overall benefit payments would increase if there was a bigger shift of such procedures to day surgery, believing that these items should be performed in dental surgeries. A submission was made in February 1991 to obtain inclusion of dental surgery procedures and anaesthesia into the banding system for surgery benefits. Around this time, the AADSC and its members had significant input into the federal government review of day-only arrangements for payment of basic table private health insurance, following submission of a paper which had been extensively researched by AADSC. The basis of the association's argument was on the grounds of patient safety and standards; it advocated that such cases must be performed in appropriate facilities.

The AADSC also assists members with problems resulting from the payment of benefit levels by health insurance funds, especially where a member facility may be being disadvantaged or the application of benefit arrangements is inconsistent.

### Data collection

In late 1991, the AADSC was involved in refining the Australian Bureau of Statistics (ABS) survey of day surgery facilities, as the ABS had assumed responsibility for data collection from the Commonwealth Department of Health, Housing and Community Services. Data were also collected from the members of the association and aggregated for circulating back to members for their information (Tables 1, 2).

### Information services

The association's secretariat disseminates a variety of information to members, including abstracts, newspaper cuttings, background information on developments affecting healthcare and changes to state and federal legislation concerning day surgery.

### Education

Meetings devoted to day surgery in Australia are now beginning to be held, but the International Conference and Exhibition on Same Day Surgery (hosted by the Perth Surgicentre and endorsed by the AADSC) was the first truly practical meeting. The AADSC will be involved in the organization of national events and will be largely responsible for organizing the second International Conference in Melbourne in 1995.

### Current membership

This comprises facilities all across Australia with over 150 people – owners, doctors, administrators and nursing staff – working directly to deliver day surgery services.

### Licensing

The AADSC has been active in supporting stringent standards being applied to any facility in which surgery is undertaken.

In early 1993, the AADSC challenged the New South Wales Department of Health over its temporary licensing of facilities unable to comply with new licensing legislation. This required any facility offering anaesthesia beyond simple sedation for surgery or endoscopy to be licensed. The Association's view was that temporary licensing was effectively lowering standards. At the same time, it potentially provided a "windfall" gain in patient benefits for facilities that were little more than "doctors'

**Figure 3.** Recovery area at Hornsby Day Surgery Centre.

rooms/surgeries". As a consequence, the Department of Health decided to review the guidelines and address quality assurance in day procedure centres. The review involved representatives from the Australian Medical Association, the Gastroenterological Society of Australia, the Royal Australian College of Ophthalmologists, the Royal Australian College of Obstetricians and Gynaecologists, the Royal Australasian College of Surgeons, the Australia and New Zealand College of Anaesthetists, the Royal Australasian College of Physicians and the Australian Association of Day Surgery Centres.

More recently, the Association has approached health departments in a number of states where existing day surgery legislation was leading to the registration of inappropriate facilities. Currently the AADSC is responding to draft licensing guidelines from the Department of Health in Victoria, thereby continuing to be active in lobbying for improved standards and monitoring legislative and regulatory changes.

### Quality and standards

The AADSC is represented on the expanded National Day Surgery Committee, which comprises a wide range of medical organizations, including the clinical colleges. The Association has been involved with the Australian Council on Healthcare Standards to establish appropriate standards for day surgery facilities, to which input to subsequent reviews has been continuing. More recently, advice was sought from the AADSC on developing objective measures of care in free-standing day surgery centres. In this particular case, the measures of care were clinical indicators, a list for which was put forward (Table 3).

### Conclusion

The Australian Association of Day Surgery Centres has evolved against a climate of change within the healthcare system which has seen day surgery gradually become more accepted in Australia. Accelerated growth in day

**Table 3.** Australian Association of Day Surgery Centres: clinical indicators for day surgery

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Procedure cancelled on day of surgery due to:
– patient non-compliance
– patient unfit on day
– poor selection or unsuitability of patient
Patient returned to theatre
Infection requiring admission to hospital (within 24 hours of procedure)
Unanticipated prolonged stay in recovery
Unanticipated admission
Postoperative morbidity:
– vomiting (> 20% of cases)
– headache
– drug reaction

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surgery is predicted and the AADSC is positioning itself to meet these changes.

The aim is to improve communication between the people involved in day surgery throughout Australia, including the various special interest groups that have been formed in various states. In addition, the Association will seek to establish links overseas with New Zealand and South-East Asia, as well as to build on existing contacts with day surgery bodies in the UK, USA and Europe. The exchange of information and ideas and the development of international codes of best practice are essential for wider acceptance of day surgery.

A bright future for the new Association is predicted, with its practical approach offering assistance and advice to members operating day surgery services. The Association will be actively promoting increased growth in day surgery as a positive means of helping to reduce overall costs of healthcare, while focusing on the quality of patient care.

### References

- 1 Day Surgery. Final Report and Recommendations of the Joint Working Party of the Royal Australasian College of Surgeons, Australian Association of Surgeons, Faculty of Anaesthetists of the Royal Australasian College of Surgeons, and the Australian Society of Anaesthetists, Melbourne, 1981.