

SECTION 1**GENERAL GUIDELINES**

POLICY 1.4.1	APPROVED PAEDIATRIC PROCEDURES AT EPPING SURGERY CENTRE
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AIM/OUTCOME: To provide a patient focused quality healthcare service. The facility strives to deliver the highest level of clinical care in a culture and environment of improving performance and best practice.

POLICY REFERS TO: Credentialed Medical Practitioners
Clinical Nursing Staff
Administration Staff

To be read in conjunction with Clinical Manual Policy 1.4 'Approved Adult Procedures'.

POLICY:

All procedures performed in the facility are approved by the Medical Advisory & Audit Committee (MAAC) and are suitable to be performed in a facility licensed to perform surgical procedures under all types of anaesthesia.

All procedures are classified as suitable for day surgery because they meet the criteria of :

- **Minimal risk of post operative haemorrhage,**
- **Minimal risk of post operative air way compromise**
- **Controllable post operative pain with outpatient management techniques,**
- **No special post operative nursing requirements that cannot be met by community nursing**
- **Rapid return to normal fluid and food intake.**
- **All necessary facilities and equipment is available prior to a procedure being undertaken.**

A surgeon wishing to perform a new procedure that does not appear on this list has to apply to the MAAC for approval as per L&M Policy 2.11 'Application for Privileges to Perform New Procedures or Technology' which is located in the Leadership and Management Policy Manual.

The hospital is proposed to be licensed to admit children from 28 days to 14 years of age with a maximum of 4 paediatric patients admitted to the facility at any one time. Paediatric patients may be admitted for a maximum of 8 hrs.

To minimise the risk associated with paediatric procedures, all procedures are elective and are performed on well children.

A DETAILED LIST OF THE APPROVED PAEDIATRIC PROCEDURES PERFORMED:**LENS PROCEDURES:** [MBS ITEM NUMBERS INCLUDED]

- Artificial lens, insertion / removal / replacement / repositioning [42709, 42702, 42701, 42719]
- Capsulectomy or removal of vitreous via the anterior chamber [42719]
- Lens extraction [42707, 42716]

CORNEAL PROCEDURES:

- Correction of astigmatism [42672]

OCULAR PLASTICS

- Auto conjunctival transplant or mucous membrane graft [42641, 42665]
- Canthoplasty procedures [42590]
- Conjunctival procedures including transplants [42677]
- Conjunctivo rhinostomy including dacryocystorhinostomy procedures [42623, 42626]
- Ectropion or entropion, tarsal cauterisation [42626, 45626, 42866]
- Eyeball, perforating wound of; Orbit exploration [42515, 42557, 42533, 42510]
- Lacrimal procedures [42611]
- Nasolacrimal tube insertion [42611]
- Ophthalmological examination under general anaesthesia [42503]
- Punctum procedures [42617]
- Tarsal cartilage excision [42575]
- Tarsal cyst [42575]
- Trichiasis treatment [42587]

FACILITIES AND EQUIPMENT

- The facility has appropriate surgical instrumentation, consumable and equipment for the safe provision of care to paediatric patients.
- Specific paediatric anaesthetic equipment and consumables and provided on the Anaesthetic trolley for the case-mix.
- A paediatric emergency trolley (Broselow Trolley) which has colour-coded specific drawers designed to utilise the Broselow Method for emergency paediatric care and resuscitation is provided.
- The Anaesthetic representative on the MAAC together with the Clinical Manager/Director of Nursing annually reviews the provision of anaesthetic and resuscitation facilities and equipment consistent with The Australian and New Zealand College of Anaesthetists (ANZCA) and the Australian Resuscitation Council (ARC) guidelines and standards; or as and when new paediatric procedures are approved by the MAAC.

PERFORMANCE INDICATORS:

This policy relates to entries on the Risk Register (Policy L&M 3.6) and audited annually:

Clinical – Patient Centred Care – Clinical Risk

Audited Against:

1. QPS Audits and Indicators: Patient Complaints, Incidents and Near Misses, Patient Satisfaction
2. PMA Reviews and Indicators: Anaesthetic Drug & Equipment, Emergency Trolley & Pharmacy Review, External incidents, Emergency Event – Rapid Response/Escalation of Care by Carers.
3. ACHS Clinical Indicators: Adverse Events, Unplanned Transfers, ICU Admissions post-op, Paediatric trained staff.

REFERENCES:

1. *'Day Surgery in Australia - Report and Recommendations of the Australian Day Surgery Council of Royal College of Surgeons, Australian & New Zealand College of Anaesthetists and the Australian Society of Anaesthetists'* Revised Edition 2004
2. International Association for Ambulatory Surgery *'Day Surgery Development and Practice'* 2006 Edition
3. NSW Private Health Facilities Regulation 2017
4. ANZCA <http://www.anzca.edu.au/resources/professional-documents>
5. ARC <https://resus.org.au/guidelines/>

RATIFIED BY:	Board	Medical Advisory and Audit Committee
DATE:	May 2018	May 2018
REVIEW DATE:	November 2018	November 2018
PREVIOUS REVIEW:	New Policy	

DATE	POLICY CHANGES
May 2018	<ul style="list-style-type: none"> • Creation of a specific Approved Paediatric Procedures policy from the previous PMA Group Approved Procedures Policy • Each centre has different case-mixes warranting their own specific policy. • Addition of CMBS item numbers to procedures consistent with NSW DOH licensing requirements. • Addition of references to ANZCA & ARC guidelines relating to emergency equipment provisions relative to adult case mix. • Incorporation of existing yearly PMA Anaesthetic trolley review process into policy • Performance Indicators Added