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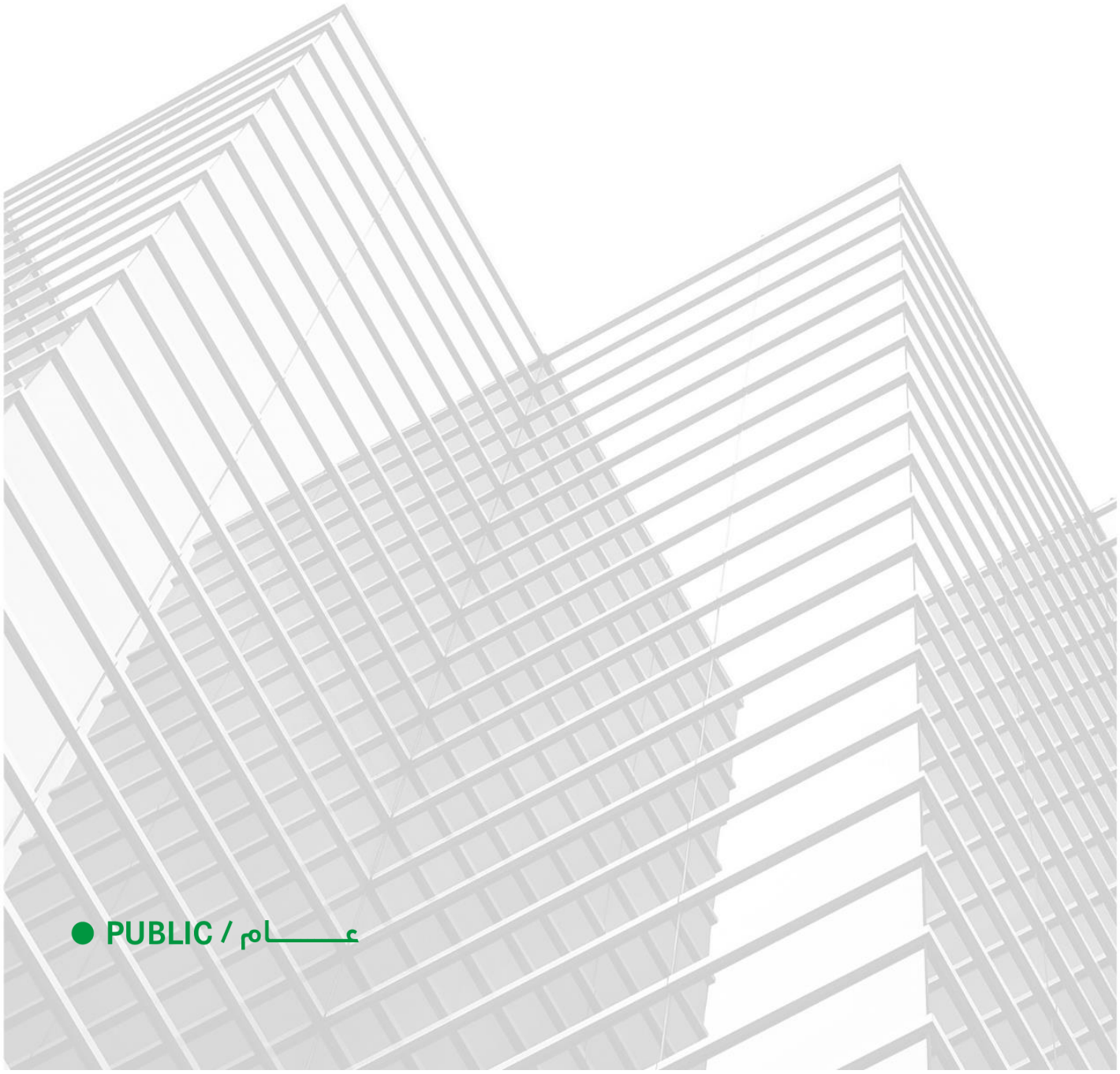
DEPARTMENT OF HEALTH

Standard for Day Surgery/Procedure Service



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1.Standard Scope

1.1. The purpose of this standard is to set the requirements for Day Surgery/Procedure Services to ensure the highest levels of safety and quality for patients in the Emirate of Abu Dhabi.

1.2. This standard applies to all DoH licensed healthcare facilities providing Day Surgery/Procedure Service.

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	AAMEN	The Abu Dhabi Healthcare Information Security Program - AAMEN, aims to ensure that all healthcare facilities in the Emirate of Abu Dhabi are compliant with the information security and data privacy standards required to protect sensitive patient healthcare data.
2.2	ACLS	Advanced Cardiovascular Life Support
2.3	ATLS	Advanced Trauma Life Support
2.4	BLS	Basic life support
2.5	Day Surgery/ Procedure Facility	A Day Surgery/ Procedure Facility is where operative or endoscopic procedures are performed; and admission, preparation and procedure occur within the same day and recovery/ discharge is completed in a period less than 24-hours.
2.6	DoH	Department of Health – Abu Dhabi
2.7	HF	Healthcare facility
2.8	FANR	Federal Authority for Nuclear Regulation
2.9	ITLS	International trauma life support
2.10	PALS	Pediatric advanced life support
2.11	PHTLS	Prehospital Trauma Life Support

3.Standard Requirements and Specifications

3.1 Day Surgery/Procedure Services may include but not limited to

3.1.1 Surgical procedures, particularly ENT, Dental, Plastic Surgery, Ophthalmology

3.1.2 Endoscopy - gastrointestinal, respiratory, urology.

3.1.3 Electroconvulsive Therapy (ECT) for mental health inpatients

3.1.4 Day medical procedures including intravenous infusions and minor treatments

3.1.5 Interventional imaging including angiography, cardiac catheter procedures undertaken in imaging Units

3.2 Licensure Requirements

3.2.1 DoH licensed healthcare facilities shall satisfy DoH licensure requirement to provide Day Surgery/Procedure services.

3.2.2 The healthcare facility (HF) must be integrated to transmit medical record data and information to the health information exchange platform (Malaffi) to be available for review by all medical providers.

3.2.3 The healthcare facility shall comply with all the regulatory requirements such as healthcare provider manual, healthcare professional manual, complaint management, consent, laboratory, Infection control, first aid training, waste management, fire safety, Unified Healthcare Professional Qualification Requirements (PQR), Medication management, Abu Dhabi occupational safety and health system framework, DoH standard on patient healthcare data privacy.

3.2.4 The healthcare facility shall comply with the general radiology and medical imaging requirements for DoH licensing and FANR requirements.

3.2.5 The healthcare facility shall comply with the requirements of Abu Dhabi Healthcare Information Security Program and shall be AAMEN Certified.

3.3 Accreditation Requirements

3.3.1 The healthcare facility shall be accredited by international accreditation within 3 years of standard publication.

3.4 Staff Qualifications & Training Requirements

3.4.1 Day Surgery/procedure Services shall be consultant or specialist-led services.

3.4.2 All healthcare professionals should hold an active DoH professional license and work within their scope of practice and per their granted privileges.

3.4.3 All healthcare professionals must hold a valid certification in life-support training (such as BLS, ACLS, PALS, PHTLS, ITLS and ATLS) that aligns with their professional practice and as required by their clinical privilege and complies with both local and federal regulations.

3.4.4 Pediatric cases (less than 18 years) shall be managed and treated only by professionals within the pediatric specialty (e.g.: pediatric surgery) or by a health care professional who is privileged to conduct the procedure and must have evidence of training in managing pediatric cases and PALS certified.

3.4.5 All relevant DoH licensed Healthcare Professionals to have completed the Information and Cyber Security Awareness courses assigned to them through Abu Dhabi Healthcare Cyberlearning Program.

3.5 Facility Design:

3.5.1 The HF shall meet the HF requirement as per the DoH Health Facility Guidelines.

3.5.2 The facility shall have access to or include one or more operating rooms (or procedure rooms), with provision to deliver anesthesia and accommodation for the immediate post-operative recovery of patients.

3.6 Supplies and Equipment:

3.6.1 Healthcare facility should ensure that adequate and appropriate levels of supplies and medications are available to serve the population of patients treated; and equipment is routinely maintained and serviced in accordance with the manufacturer's recommendations and retain records to evidence this.

3.7 Service Delivery and Care Process:

3.7.1 Governance:

3.7.1.1 The facility shall be consultant- or specialist-led services. The physician provides medical direction for facility's health care activities and consultation for, and medical supervision of, the health care staff.

3.7.1.2 Organizational policies and lines of authority and responsibilities are clearly set forth in writing.

3.7.1.3 The healthcare facility shall ensure developing and implementing the required internal policies, procedures, clinical practice guidelines and protocols to ensure the following but not limited to:

3.7.1.3.1 Service Description and Scope of Services.

3.7.1.3.2 Patient selection and eligibility criteria and referral criteria.

3.7.1.3.3 Lab and diagnostic services and turn-around timeframes for reporting non-critical and critical results.

3.7.1.3.4 Patient assessment, admission, follow up and discharge criteria.

3.7.1.3.5 Patient education, communication and informed consent.

3.7.1.3.6 Staffing plan.

3.7.1.3.7 Clinical privilege.

3.7.1.3.8 Patient health record, (Defining who has access to and makes entries in the patient record, maintaining confidentiality and privacy).

3.7.1.3.9 Medication management.

3.7.1.3.10 Medical and hazardous waste management

3.7.1.3.11 Equipment inspections and maintenance.

3.7.1.3.12 Laundry and housekeeping services.

3.7.1.3.13 Procedural Sedation Policy to guide practitioners and ensure patients' safety and high quality of care.

3.7.1.3.14 Discharge of patients after procedures under sedation or anesthesia, including but not limited to discharge criteria; discharge instructions and advice (e.g. Medication, care of

post-operative site, complications, refraining from certain activities); and arrangements for enquiries or assistance outside operating hours.

3.7.1.3.15 Transfer of patients to hospital for those who are not fit to be discharged home after the procedure or anesthesia and those who have intraoperative or post operative acute complications.

3.7.1.3.16 Assessment and management of sepsis and septic shock, perioperative management of different types antiplatelets & anticoagulant medications, recognition and management of acute kidney injury and management of acute abdomen.

3.7.1.3.17 Emergency transfer of patients who need critical care management.

3.7.1.3.18 The types of operations and procedures that may be performed in the unit/facility, how patients are received in the operating room, clearly explains the timeout procedure, includes the daily checking of anesthesia equipment, describes the required pre-sedation/ anesthesia assessment and pre-induction assessment, describes the intra-procedural/operative monitoring of patients with or without anesthesia or sedation, describes how patients are received and discharged from the recovery room.

3.7.1.3.19 Consultation and referral.

3.7.1.3.20 Safe handling and transfer of specimens from the theatre to the pathology department.

3.7.1.3.21 Management of patients with infectious diseases who are undergoing invasive procedures.

3.7.1.3.22 Fire safety plan.

3.7.1.3.23 Dealing with and managing emergencies and disasters.

3.7.1.3.24 Cardiopulmonary resuscitation and anaphylactic emergencies.

3.7.1.3.25 Infection control program.

3.7.1.3.26 Patient identification.

3.7.1.3.27 Patient Monitoring, Recovery and Discharge.

3.7.1.3.28 Patients' care and employees' code of conduct.

3.7.1.3.29 Quality improvement and patient safety program.

3.7.1.3.30 Patient complaints.

3.7.1.3.31 Handover communication

3.7.1.3.32 Verbal order or telephone order.

3.7.1.3.33 Safe use of concentrated electrolytes.

3.7.1.3.34 Pain Management.

3.7.1.3.35 Antimicrobial stewardship policy

3.7.2 Registration and appointment:

3.7.2.1 Patients can register for services using their identification information.

3.7.2.2 To schedule patients ahead of time, an appointment system is in place.

3.7.3 Assessment and reassessment:

3.7.3.1 A comprehensive patient assessment on the first visit.

3.7.3.2 An initial assessment process is used to identify the health care needs of all patients

3.7.3.3 There is an established reassessment process for patients requiring additional services or ongoing care.

3.7.3.4 The time frame for initial assessments and, as appropriate, reassessment is consistent with each patient's needs, organizational policy, and accepted professional guidelines.

3.7.4 Care plan:

3.7.4.1 Each patient has a unique plan of care that is created, reviewed as needed due to changes in the patient's condition, and recorded.

3.7.4.2 To direct patient assessment and treatment and minimize unintended variation, clinical practice guidelines, associated clinical pathways, clinical protocols, and other evidence-based recommendations are used.

3.7.4.3 To address the patient's needs, the attending physician works with other disciplines to develop an interdisciplinary care plan.

3.7.4.4 Every visit, the care plan is reviewed in light of the patient's condition and any noteworthy changes, as determined by the outcome measures.

3.7.4.5 Ensure that patients have an individualized and adequate care plan developed and are managed by an interdisciplinary team, tailored to the specific needs of each patient and subject to regular review and evaluation.

3.7.5 Pre-procedure care:

3.7.5.1 Following a stringent verification process, the nurse staff admits the patient to the facility: The patient's identity is correct, Informed consent is obtained, the attending physician records the operational plan and the patient assessment, if necessary, surgical or procedural site marking is carried out, Relevant radiological and laboratory findings are accessible, and A written record of the pre-sedation/anesthesia assessment exists.

3.7.5.2 The attending physician performs the pre-procedural evaluation that comprises the following but is not limited to medical history and physical examination; medication history; allergies; pertinent investigations and consultations with other specialists, if any; and suitability for the procedure, sedation, or anesthesia to be administered.

3.7.6 Intra-procedure care

3.7.6.1 Pre-induction assessment is performed to reevaluate patient immediately before the induction of anesthesia, including local anesthesia, the patient's condition is continuously monitored, and before the patient leaves the operating room, the information is recorded in the patient medical record.

3.7.7 Post-procedure care

3.7.7.1 Following surgical procedures, all patients are monitored for enough time in accordance with the anesthetic administered and the surgical procedure carried out, and the patient's doctor determines whether or not they are fit for discharge.

3.7.7.2 A patient's post-anesthesia status is monitored and documented, and the patient is discharged from the recovery area by qualified staff using established criteria in a setting that is sufficiently staffed and equipped to provide post-anesthesia care.

3.7.7.3 The physiological state of each patient following sedation or anesthesia is regularly checked and recorded in the patient's medical file.

3.7.7.4 The patient's medical record contains post-procedure instructions, which are provided to the patient and their family along with education on the subject. The patient is made aware of where to find assistance. There is an emergency phone number that is accessible after regular business hours.

3.7.8 Continuity of care:

3.7.8.1 The healthcare facility should ensure establishing a process to guide referrals to another level of care, other healthcare settings, or other organizations to meet continuing care needs, particularly in critical cases where critical care management is required. This includes arranging for an ambulance, a health care professional to accompany the patient, medical reports, and available investigation reports. Ensure the patient's condition has stabilized prior to the transfer to guarantee their safety.

3.7.8.2 Referral for more comprehensive care, lab investigations and follow-up for chronic diseases and chronic medications.

3.7.8.3 Set up the referral procedures – use the standard and uniformed medical referral forms and means of transportation.

3.7.8.4 Continuity of care shall be assured with the patient education and follow up instructions are given in a form and language the patient/family can understand date of the next visit to be mentioned on each prescription along with details of follow-up, when needed.

3.7.9 Patient Clinical Records

3.7.9.1 For each patient receiving health care services, the healthcare facility should maintain a record that includes but not limited to identification and social data, evidence of consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a summary of the episode, disposition, and instructions to the patient.

3.7.9.2 For each patient receiving health care services, the healthcare facility should maintain a record that includes but is not limited to reports of physical examinations, diagnostic and laboratory test results, and consultative findings.

3.7.9.3 For each patient receiving health care services, the healthcare facility should maintain a record that includes but not limited to all physician's orders, reports of treatments and medications, and other pertinent information necessary to monitor the patient's progress.

3.7.9.4 For each patient receiving health care services, the healthcare facility should maintain a record that includes signatures of the physician or other health care professional.

3.7.9.5 The healthcare facility should maintain the confidentiality of recorded information and provides safeguards against loss, destruction, retention, or unauthorized use.

3.7.10 Patient education

3.7.10.1 The healthcare needs of patients and their families determine the education that is needed. These needs may include but are not limited to the nature of the patient's disease; necessary treatments; infection control procedures; safe medication, food, and nutrition use; use of medical equipment; and preoperative and postoperative care.

3.7.10.2 Education is provided by clinical staff to each patient and their family so that they can participate in the care process, give informed consent, and comprehend any financial effects of the decisions they make.

3.7.10.3 The clinical staff assesses the efficacy of the education given to patients and families by using language that is easily understood.

3.7.10.4 Patient and family participation in healthcare decision-making and procedures is supported by education offered by the clinical staff.

3.7.10.5 Every patient's educational requirement pertaining to their current and future medical needs are evaluated and documented in their medical file.

3.7.10.6 The capacity and desire to learn of the patient and family are evaluated by the clinical staff.

3.7.10.7 Teaching strategies take into account the values and preferences of the patient and family and provide enough opportunity for interaction between the patient, family, and staff to facilitate learning. When it comes to patient education, health care providers work together and possess the necessary knowledge, time, and communication abilities.

3.7.11 Patient rights: Patient has the following rights but not limited to:

3.7.11.1 To know the name and specialty of the providers responsible for care.

3.7.11.2 To know information regarding his/her diagnosis, evaluation, and treatments.

3.7.11.3 To have privacy during medical treatment within the capacity of healthcare facility.

3.7.11.4 To be treated with dignity and respect in accordance with cultural, psychological, spiritual, and personal values, beliefs, and preferences.

4.Key stakeholder Roles and Responsibilities

4.1 Day Surgery/Procedure facility shall meet the service specifications and requirements set out in this standard and other relevant DoH regulations.

4.2 Health care professionals must deliver day surgery/procedure services in a licensed facility that provides the appropriate equipment, support, and other resources necessary for the safety and quality of care.

4.3 Patient shall comply with their responsibilities as per Ministerial Resolution No. (14) of 2021 on the Patient’s Rights & Responsibilities Charter

4.4 Billing and reimbursement shall be in accordance with Standard Provider Contract, DoH Mandatory Tariff and associated Claims and Adjudication Rules, and the Claims and Adjudication Standard. All documents are available from the DOH website: https://www.doh.gov.ae/shafafiya/

5.Monitoring and Evaluation

5.1 The facility shall report the data through JAWDA portal (in accordance with JAWDA Quarterly Guidelines for One Day Surgery Centers, 2021), for the following measures. (https://www.doh.gov.ae/en/programs-initiatives/muashir/jawda-indicators-submission-guidelines):

5.1.1 Number of patients discharged against medical advice out of total number of One Day Surgery Admissions

5.1.2 Number of One Day surgery transfers to Acute Care Hospitals

5.1.3 Extended length of stay during Day Case admissions.

5.1.4 Total Cosmetic procedures among all day case surgical procedures

5.1.5 Complications resulted from Anesthesia for Day Surgery Procedures.

5.1.6 Percentage of Surgical Site Infection (SSI)

5.1.7 30-day all-cause readmission rate for patients undergone One Day Procedure

5.1.8 Visit to ER within 7 days of planned and unplanned Day case procedure

5.1.9 Re-operation within 15 days from Day case procedure

5.1.10 Percentage of surgeries in which a surgical safety checklist was performed.

6.Enforcement and Sanctions

DoH may impose sanctions in relation to any breach of requirements under this Standard in accordance with the disciplinary regulation of the healthcare sector.

7. Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1	April 2007	Policy for Infection Control in the HCFs	https://www.doh.gov.ae/en/resources/standards
2	May 2007	Medical Waste Management in Health Care Facilities	https://www.doh.gov.ae/en/resources/standards
3	February 2008	Patient Rights and Responsibilities	https://www.doh.gov.ae/en/resources/standards
4	2010	The Building Regulation & Facilities for the Disabled United Arab Emirates Code	https://www.moei.gov.ae/assets/download/9517172f/The%20Building%20Regulation%20Facilities%20For%20the%20Disabled-en.pdf.aspx
5	April 2011	HAAD Clinical Laboratory Standards	https://www.doh.gov.ae/en/resources/standards
6	December 2013	Day surgery development and practice: key factors for a successful pathway	https://academic.oup.com/bjaed/article/14/6/256/247587
7	April 2015	HAAD Standard for Point of Care Testing in Healthcare Facilities in the Emirate of Abu Dhabi	https://www.doh.gov.ae/en/resources/standards
8	Jan 2016	Guidelines for patient consent	https://www.doh.gov.ae/en/resources/guidelines
9	2016	One Day Surgery Center Regulation Ministry of Health	https://www.bing.com/search?q=One+Day+Surgery+Center+Regulation+Ministry+of+Health&cvid=56e8bf35cec64947b5cd73dd93f1f163&gs_lcrp=EgZjaHJvbWUyBggAEEUYOTIICAEQ6QcY_FXSAQwxMjQ4NDcwNGowajSoAgCwAgA&FORM=ANAB01&PC=U531&adlt=strict

10	December 2016	HAAD Standard for Managing the Supply and Safe Use of medications in licensed Healthcare Facilities	https://www.doh.gov.ae/en/resources/standards
11	November 2017	HEALTHCARE PROVIDERS MANUAL	https://www.doh.gov.ae/en/resources/policies
12	November 2017	HEALTHCARE PROFESSIONALS MANUAL	https://www.doh.gov.ae/en/resources/policies
13	March 2017	OSHAD SF	https://www.adphc.gov.ae/en/Legislation/Manual
14	May 2017	Procedure-specific standards for Day procedure centers Surgery And Anesthesia & sedation	https://www.hkam.org.hk/archive/announcement/Procedure_Specific_Standards_for_Surgery_and_Anaesthesia.pdf
15	November 2017	DOH Standard for Antimicrobial Stewardship Programs	https://www.doh.gov.ae/en/resources/standards
16	November 2017	National Safety and Quality Health Service Standards Guide for Day Procedure Services	https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-guide-day-procedure-services
17	July 2018	DOH Standard for Clinical Complaints Management in Healthcare Facilities	https://www.doh.gov.ae/en/resources/standards
18	September 2018	UAE Fire and Life Safety Code of Practice	https://www.dcd.gov.ae/portal/eng/UAEFIRECODE_ENG_SEPTEMBER_2018.pdf

19	2019	DOH Health Facility Guidelines 2019 Part B – Health Facility Briefing & Design 90 – Day Surgery / Procedure Unit	https://stem.doh.gov.ae/HealthFacilityGuidelines/FPUs
20	December 2019	Guidelines for the implementation of the Abu Dhabi Healthcare information and cyber Security standard	https://www.doh.gov.ae/en/resources/guidelines
21	December 2019	Day surgery guidelines	https://www.sciencedirect.com/science/article/abs/pii/S0263931919302133
22	2020	Ambulatory Health Care Standards Saudi Central Board for Accreditation of Healthcare Institution Effective 2020	https://portal.cbahi.gov.sa/english/cbahi-standards
23	September 2020	DoH standard on patient Healthcare data privacy	https://www.doh.gov.ae/en/resources/standards
24	Jan 2021	Ministerial Resolution No. (14) of 2021 on the Patient's Rights & Responsibilities Charter	https://mohap.gov.ae/assets/d67042d0/Ministerial%20Resolution%20No.%2014%20of%202021.pdf.aspx
25	Jan 2021	JAWDA Quarterly Guidelines for One Day Surgery Centers	https://www.doh.gov.ae/en/programs-initiatives/muashir/jawda-indicators-submission-guidelines
26	March 2021	Chapter 6: Guidelines for the Provision of Anaesthesia Services for Day Surgery 2021	https://www.rcoa.ac.uk/gpas/chapter-6#chapter-5
27	2022	Professional Qualification Requirements (PQR)	https://www.doh.gov.ae/en/pqr

28	September 2022	ABU DHABI healthcare Information and cyber Security workforce Guideline	https://www.doh.gov.ae/en/resources/guidelines
29	March 2023	Standard for Healthcare Facility Licensure	https://www.doh.gov.ae/en/resources/standards
30	March 2023	Standard for clinical privileging of Healthcare workforce and clinical services	https://www.doh.gov.ae/en/resources/standards
31	Sept 2023	Standards for Standalone Day Surgery Centers	https://www.dha.gov.ae/uploads/092023/Standards%20for%20Standalone%20Day%20Surgery%20Centres%20Final202397280.pdf
32	April 2024	Accreditation Standards for Healthcare Facilities (Hospitals)	https://www.doh.gov.ae/en/resources/standards
33	July 2024	Standards for Ambulatory Surgery Centers	https://www.jointcommission.org/what-we-offer/accreditation/health-care-settings/ambulatory-health-care/learn/accreditation-options-certifications/ambulatory-surgery-center/
34	July 2024	Day surgery implementation toolkit	https://www.health.vic.gov.au/day-surgery-implementation-toolkit