



National Council of Women of New Zealand

Te Kaunihera
Wahine O Aotearoa

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30 June 2004

S04.34

Submission to Standards New Zealand on the DZ 8164 Standards for Day-Stay and Rooms/Office-based Surgery and Other Procedures.

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 41 nationally organised societies. It has 33 branches throughout the country attended by representatives of those societies and some 150 other societies. The Council's function is to serve women, the family and the community at local, national and international levels through research, study, discussion and action. NCWNZ has a longstanding history of encouraging the promotion of social and health issues, particularly as they affect women.

Members of the Health Standing Committee, and other interested parties were asked for their input into this document. The following is a summary of their comments.

GENERAL COMMENTS

This looked to be a very thorough document. It is a shame though that the words, "Draft Only" were emblazoned across each page, making it harder for people to read. This could have been used as a header or footer statement.

SPECIFIC COMMENTS

- 2.3, page 14:** It was felt that because of the nature of the service being provided, that regular audits are essential.
- 3.1, page 17:** It was felt that if a patient does not attend a pre-assessment clinic they would not be in possession of information regarding their condition and their responsibilities prior to surgery or the procedure for which they were referred and that in some circumstances their treatment could be deferred. It should be possible for the GP to inform patients, especially in rural circumstances.
- 3.1.7, page 18:** NCWNZ agrees that patients should be provided with "information in an understandable and appropriate format" but that it should not be given just before surgery or a procedure is undertaken.
- 3.2.3, page 18:** Whenever appropriate, anonymised data should be available for statistical purposes, using National Health Index patient numbers. This should include occasions when a patient has been declined entry to the service.
- 4.5, Page 21:** It was interesting that this section, regarding exit, discharge or transfer management, drew most respondents comments.
- 4.5.5(a), page 22:** There are times where it may not be practical to retain patients for an hour post sedation/anaesthesia before discharge, e.g. when a minimal amount of sedative/anaesthesia has been used for procedures such as children having a tooth extracted or grommets removed.





4.5.5(h), page 22: It may be, that on occasions, it is not practical for a patient to be discharged overnight to a caregiver, even though in normal circumstances the caregiver may otherwise be regarded as a responsible adult.

4.5.5(i), page 22: Telephone follow-up calls should, in some instances, be made several hours post discharge and should be mandatory for some procedures - as distinct from “whenever possible.” The call must be documented - a standard ‘tick box’ form can be used.

It was noted that there is no mention of appropriate notification to a patient’s Primary Health Carer (PHC) following procedure and discharge. With the use of National Health Numbers carried by all recipients of health care, NCWNZ would have thought it prudent that all health history should be available to a person’s PHC to allow for proper follow-up. All health history should be in one place and therefore communication between health professionals should be seamless. Hospital discharge policies are not now described as “discharged to the GP” but “transferred” to their care...”

Respondents felt that more emphasis should be placed on the responsibilities of the consumer to follow up the pre-op instructions - especially regarding after care.

In the experience of one respondent it was noted that at their facility they often have to admit to the hospital patients who have failed/ or been unable to arrange a ride home. This applies to those patients who live some distance out of town and who have for whatever reason been unable to arrange for someone to be in the house with them for the first night. If this problem is identified prior to surgery or any other procedure, and particularly where hospital beds are not necessarily available, sometimes their surgery is cancelled. It was felt that the onus should be on the patient to do as asked.

NCWNZ thanks Standards New Zealand for the opportunity to comment on this document and looks forward to seeing the outcome.

Beryl Anderson
National President

Catherine Gurnsey
Convener, Health Standing Committee