

Extended Day Only (EDO)

FACT SHEET

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EDO is a key strategy of the Predictable Surgery Program

Recent advances in therapeutic and diagnostic technology have allowed major changes in operative techniques. Now even major operations can be carried out on a day surgery basis.

Benefits for patients of day surgery include reduced risks of cross infection, a quicker return to normal day activities, less time off work, reduced stress for relatives and savings for relatives in time, travel and sometimes accommodation to visit relatives in hospital.

A variant of day stay surgery is the 23 hour model or Day Only and Extended Day Only model.

Under the EDO Model of Care, care is delivered within 23hrs. During this time patients receive the clinical care they require in a supervised setting until discharge.

Benefits of EDO

- Improved patient experience
- Improved patient journey with protocol driven care
- Clear expectations on care and discharge for the patient
- Predictable access of surgical beds
- Supports waiting list management

Typical Cases suitable for EDO

- Inguinal/Femoral Hernia repair
- Laparoscopic cholecystectomy
- Thyroid lobectomy

EDO Resources

The High Volume Short Stay Surgical Model Toolkit in NSW Health Facilities is available on the **NSW Health website** at: www0.health.nsw.gov.au/policies/GL/2012/GL2012_001.html

The Extended Day Only (EDO) model of care is available on the **ACI website** at: www.aci.health.nsw.gov.au/resources/surgical-services/delivery/predictable-surgery/5

The Extended Day Only (EDO) Admission Policy is available on the **NSW Health Website** at: www0.health.nsw.gov.au/policies/pd/2011/PD2011_045.html

Key Elements of the Model

- Appropriate patient selection
- Screening of all admission notifications by the peri operative medical service
- Staggered admission times dependent on timing of surgery
- Use of clinical protocols to inform, direct and record the patients clinical pathway
- Beds that are insulated for surgical services
- Routine selection of patients having procedures from the target DRGs

The EDO Patient Journey

1 Patient	2 Pre-Procedure Preparation	3 Admission	4 Surgery	5 Post Surgery	6 Discharge
<p>Patient referred to surgeon/proceduralist who refers the patient for admission to hospital.</p> <p>Surgeon/proceduralist completes RFA and consent form and distributes PHQ, DPQ to patient.</p>	<p>Patient Health Questionnaire (PHQ) and Discharge Planning Questionnaire (DPQ) are reviewed by the clinical screener and triage for Pre-Procedure Preparation (PPP).</p> <p>PPP process undertaken ensures the patient is optimally prepared for their surgery/procedure and that hospital resources are efficiently coordinated.</p>	<p>Patient presents to hospital for admission on the day of their surgery/procedure.</p> <p>Pre-procedure/ surgery preparation is completed.</p> <p>Patient is reviewed by the procedural anaesthetist.</p>	<p>Patient readied for surgery/procedure +/- anaesthesia and transported to appropriate area.</p> <p>Surgery /procedure is performed.</p> <p>Patient transferred to Recovery area.</p>	<p>Post surgery/procedure protocol care given. Post surgery/procedure instructions recorded in patient's record.</p> <p>Patient returned to EDO unit for post surgery/procedure protocol driven postoperative care.</p>	<p>When clinical protocol for discharge is satisfied, patient is given information on post surgery /procedure care and pain management.</p> <p>Emergency contact details provided.</p> <p>Patient provided with follow up appointments and further information as required.</p>



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