I  Introduction

1 These directives set out the standards for the provision of ambulatory surgery, a special care service listed in the Third Schedule of the Private Hospitals and Medical Clinics Regulations. Clinics are required to obtain prior approval from the Director of Medical Services before commencement of the special care service (please refer to paragraph XI of these directives on “Application for approval to perform ambulatory surgery”).

II  Definition

2 An “Ambulatory Surgical Centre” refers to any institution or building or part of a building devoted primarily to the maintenance and operation of facilities for the performance of surgical procedures which shall not require lodging or accommodation of patients for a period exceeding 12 hours (excluding the period that a patient, who is certified fit to be discharged, may wait at the Centre, so that he may be discharged at a time that is reasonably convenient for him or his caregiver).

III  Personnel

3 The manager of the Ambulatory Surgical Centre (the Centre) shall ensure that the doctors / dentists working in the Centre have the requisite qualifications, training, experience and competence related to the procedure to be performed, and be credentialled by the Centre to perform the procedure.

4 A doctor / dentist shall be available to assess patients before discharge, and to give appropriate verbal and written post-operative instructions, including possible adverse reactions.

5 The Centre shall have a registered nurse (staff nurse) with a post registration qualification in Operating Theatre Nursing to oversee the nursing aspects of the service.

6 There shall be at least one registered nurse (staff nurse) with relevant operating theatre experience of not less than 6 months, to assist in surgical procedures. In the case of a dental operating theatre there shall be a dental surgery assistant with relevant operating theatre experience of at least 6 months.
IV Quality Assurance

7 The Centre shall appoint an ambulatory surgery advisory committee to regularly review the quality and appropriateness of patient care through internal audit activities and monitoring of any clinical performance or outcome measures as may be required.

i. The ambulatory surgery advisory committee shall be responsible for:
   a. Establishing and enforcing standards for professional work in the Centre and standards of competency for doctors/dentists
   b. Overseeing and ensuring an appropriate standard of medical and nursing care, and clinical service quality within the Centre
   c. Developing policies and guidelines relating to the services and procedures provided
   d. Reviewing the procedures for granting clinical privileges
   e. Monitoring the quality of surgical procedures performed.

   Evidence of activities in (i) (a) to (i) (e) shall be recorded and kept for a minimum of 3 years.

ii. There shall be a documented system of credentialling of each doctor / dentist. The clinical privileges accorded, and the procedures allowed to be performed by him should be clearly documented.

iii. Policies and procedures relating to the safe conduct of all patient care activities shall be developed and implemented.

8 There shall be a tissue committee to review, at least quarterly, pathological reports from procedures performed by each doctor/dentist. Evidence of such reviews shall be recorded.

9 Information regarding quality assurance activities shall be furnished to the Director in stipulated format and frequency or as and when required by him.

V Selection of Patients

10 The surgeon and / or the anaesthetist in charge of each patient must ensure that the patient is carefully assessed for a particular ambulatory surgery, taking into account the condition of the patient, the type of surgery to be performed and the type of anaesthesia and anaesthetic drugs to be used.

VI Facilities and Management of Patients

11 The manager of the Centre shall ensure the availability of necessary facilities and equipment and that all facilities and equipment are maintained in working order.
i. Pre-operative Area

a. There shall be an adequate waiting area where patients are given the required pre-operative preparation.
b. Adequate changing facilities and toilets shall be provided within the premises.

ii. Operating Theatre

a. The operating theatre shall be large enough to accommodate all personnel, fittings and equipment and to allow all procedures and movements to be carried out in comfort and safety.
b. The operating theatre must be provided with emergency lighting, water and power supply.
c. The door to the operating theatre must be wide enough for the unhindered and free movement of equipment, trolleys and wheelchairs.
d. The operating theatre shall have the necessary facilities for performing the surgery, e.g. proper operating tables, operating theatre lights, suction, diathermy, anaesthesia, resuscitation and monitoring equipment, good quality surgical instruments, and any other special equipment required for a particular surgery to be performed.
e. The operating theatre shall comply with internationally acceptable standards of air quality such as an adequate number of fresh air exchanges per hour.
f. In the case of an operating theatre where general anaesthesia is administered, there shall be an effective anaesthetic gas scavenging system.
g. The movement of soiled and clean supplies and equipment within the operating theatre shall follow a designated traffic pattern to ensure that there is no cross contamination of clean and dirty items.
h. There shall be provision for effective and appropriate sterilisation of all surgical instruments and equipment by acceptable methods, such as autoclaving.

iii. Post-operative Care

a. All patients shall be observed after the surgery for an adequate length of time commensurate with the anaesthesia given and the surgical procedure performed.
b. There shall be a recovery area with at least two recovery beds to lodge/accommodate patients for immediate post-anaesthesia monitoring following general anaesthesia or intravenous sedation. The recovery area shall be equipped with the necessary resuscitative equipment such as oxygen apparatus, suction, pulse oximetry and other monitoring facilities.
c. There shall be adequate equipment to accommodate patients in the observation area after the patient has been moved out of the recovery area, including but not limited to beds or couches, monitoring equipment such as blood pressure gauges, and a resuscitation trolley for emergencies.

d. There shall be adequate staff at all times to provide sufficient care to all patients in both the recovery and observation areas. There shall be trained nurses\(^1\) in the recovery and the observation areas to monitor patients. A registered medical practitioner shall be available in the recovery and observation area to attend to patients, and shall be responsible for such patients in both these areas.

e. The Centre shall discharge all patients in an ambulatory condition without any danger to their continued well being.

f. All patients shall be assessed regularly by the doctor-in-charge. A review to determine if the patient is fit for discharge or requires transfer to a hospital for continued management shall be performed within 6 hours of the surgery. This review shall be documented in the patient’s medical notes. If the patient requires transfer to a hospital, the transfer process shall be initiated at that time.

g. A patient that is fit to be discharged may choose to be immediately discharged, or to wait at the Centre until a time that is reasonably convenient for him or his caregiver. Patients who are waiting in the Centre shall continue to be monitored by nursing and medical staff. A pre-discharge evaluation shall be carried out for these patients. In no circumstances shall a patient be permitted to wait at the Centre for more than 24 hours from the time that he is certified fit to be discharged.

h. The welfare of the patient must be assured at all times while he is at the Centre, including but not limited to pain and other symptom control, toileting needs (such as bathrooms for patients with limited mobility), nutrition and hydration (such as refreshment or meal services if appropriate).

iv. Emergency Care

a. The Centre shall at all times be capable of instituting and making available essential life-saving measures and implementing emergency procedures on any person.

b. There shall be prior arrangements with the Centre for Transfusion Medicine or nearby hospitals for the immediate and timely supply of emergency blood or blood products.

c. There shall be a written standing arrangement with nearby hospitals for direct ward or ICU admission of patients when required.

\(^1\) Refers to a registered nurse or enrolled nurse.
v. **Laboratory Services**

The Centre shall have a written agreement with a licensed clinical laboratory to perform any required laboratory procedures that are not performed in the Centre.

**VIII Equipment**

12 Equipment for each ambulatory surgical procedure to be performed shall be functional and effective.
13 Resuscitative and monitoring facilities, including a defibrillator shall be available to deal with any emergencies or complications arising from surgery.
14 Where applicable, equipment shall be licensed by the relevant agencies.

**IX Documentation**

15 The following records shall be kept:
   i. Detailed record of all procedures performed. The record shall contain, but shall not be limited to, the patient’s particulars, date of procedure, type of procedure, the surgeon performing the procedure, diagnosis, indications for and outcome of the procedure.
   ii. Investigation reports.
   iii. Consent forms.
   iv. Anaesthetic records.
   v. Intra-operative and post-operative reports and findings of monitoring.
   vi. Documentation of post-operative review of the patient by the doctor-in-charge, including the 6-hour review (discussed in para 11.iii.f)
   vii. Pre-discharge evaluation (discussed in para 11.iii.h)
   viii. Histopathology reports, if tissue or body fluid was removed.

**X Infection Control**

16 The Centre shall have an active infection control programme which must include measures to prevent, identify and control infections.
17 There shall be written policies, procedures and guidelines for aseptic and isolation techniques, and proper sanitation, in accordance with the current MOH infection control guidelines.
XI  Application for Approval to Perform Ambulatory Surgery

18 Medical institutions intending to carry out ambulatory surgical procedures shall obtain prior approval from the Ministry of Health before commencing such services. The request for approval shall specify the institution’s objectives, types of surgical procedures to be performed, facilities and staffing resources.

19 The approval to carry out ambulatory surgery is subject to the institution obtaining a clinic licence issued under the Private Hospitals and Medical Clinics Act. The Director of Medical Services may in his discretion refuse to issue or withdraw the authorisation for an approved Ambulatory Surgical Centre.

20 Surgical procedures shall only be undertaken when the Centre has acquired the equipment necessary for the procedures, and for dealing with any complications that may arise.

21 Application to set up an Ambulatory Surgical Centre shall be submitted to the Director of Medical Services via MOH website https://www.moh-ela.gov.sg not less than 30 days before the intended commencement of the special care service.

XII  Others

22 The Centre shall provide a holding room with adequate air conditioning to ensure a temperature less than 18º C for the temporary holding of bodies in the event of death in the Centre.

23 The Centre shall furnish to the Ministry such information as the Ministry may from time to time require regarding day surgery procedures conducted at the Centre and the clinical outcomes of its patients. All information received by the Ministry which is subject to medical confidentiality shall be treated as such by the Ministry.

24 The Centre shall comply with requirements for private hospitals under the Private Hospitals and Medical Clinics Act, Regulations and Guidelines with regard to advertising, medical records, financial counselling, back-up utility supply, anaesthesia services, emergency services, drugs and fire precaution.

Dated this 22nd day of January 2007

PROF K SATKU
DIRECTOR OF MEDICAL SERVICES
MINISTRY OF HEALTH, SINGAPORE