Evolution of Day Surgery in the UK: A Vision for Surgical Ambulatory Emergency Care

Doug McWhinnie
Past-President BADS
President-Elect IAAS
7 February 2018

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Milton Keynes University Hospital NHSFT

Excellence in short stay surgery

STARBUCKS®

GO

Historical Timeline

James H. Nicoll
(1864–1921)

Father of Modern Day Surgery

- 1899-1908 reported on 8988 ops
- performed at the Sick Children's Hospital & Dispensary, Glasgow

BMJ 2:753, 1909

Reprinted from THE BRITISH MEDICAL JOURNAL, Sept. 18, 1909

THE SURGERY OF INFANCY

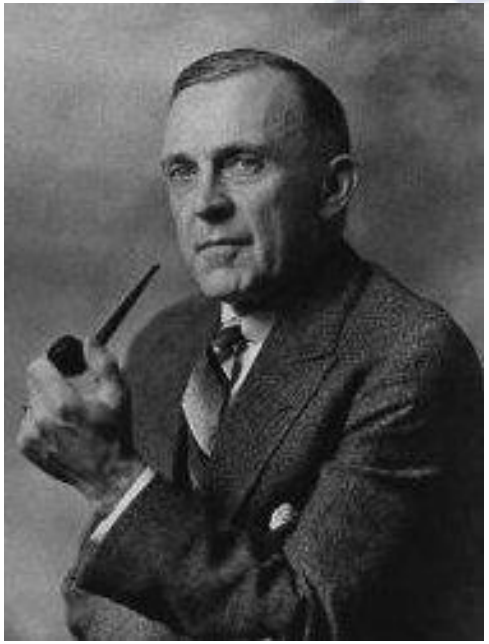
By JAMES H. NICOLL, M.B., C.M.GLASG.,

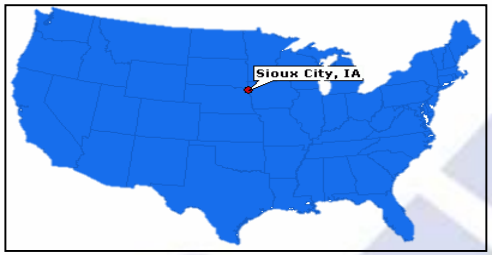
Surgeon, Western Infirmary; and to the Royal Hospital for Sick Children, Glasgow.

I DESIRE to bring forward certain views concerning surgical operations in infants and young children, and it may be well, in the first instance, to indicate the basis on which such conclusions as I have arrived at have taken shape.

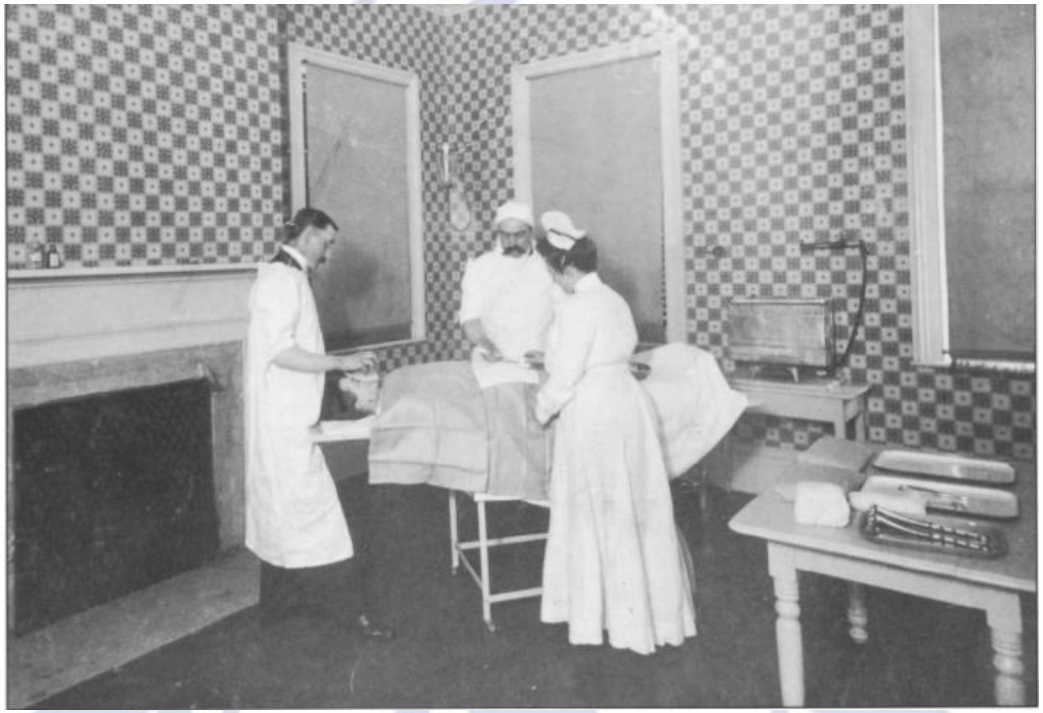
As influencing my opinions, doubtless the experiences of some twenty years of private surgical practice, and of my wards in the Western Infirmary, have been factors; but I desire to found myself mainly on the out-patient practice of the Glasgow Royal Hospital for Sick Children, in which for some fifteen years I have been in charge of a clinic. During the past ten years (1899 to 1908 inclusive) the work in that clinic has included some 9,000 operations (strictly, 8,988), of which 7,392 have been performed by myself. They have embraced operations for many of the usual affections of childhood, which in a city such as Glasgow naturally include a large proportion of cases of surgical tuberculosis of bones, joints, and glands. Amongst others, however, there have been 610 operations for talipes (tarsectomy, tarsotomy, astragalectomy, and tendon operations); 406 for hare-lip and cleft palate; 36 for spina bifida; 23 for depressed birth fracture of skull; 18 for congenital stenosis of pylorus; 167 for mastoid empyema; 143 for ligature or resection of internal jugular vein in course of radical mastoid operation or excision of cervical glands; and 220 for hernia, inguinal, umbilical, and ovarian (during the past five years only).

Ralph Waters (1883–1979)





1919: The Down-Town Anesthesia Clinic, Sioux City, USA



USA: First Hospital Based Day Surgery Units

Opened in

1951: Grand Rapids, Michigan

1952: Los Angeles

Fiscal benefits drove the progress of ambulatory surgery in the USA and Australia, in 50s, 60s and 70s

$ $ $ $ $ $ $

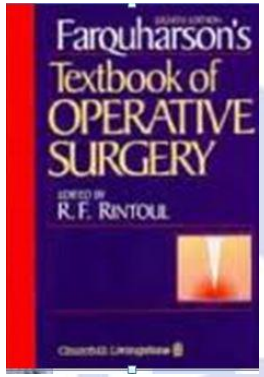
Little progress

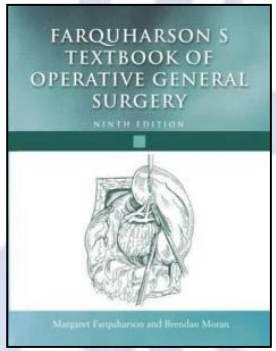
British Medical Journal in 1948:

"Any surgeon who allows a patient to leave hospital within 14 days of an abdominal operation (this would include hernia repair) would be in a difficult position should complications occur".

Day Case Inguinal Hernia 1955

Eric L Farquharson





458 Consecutive Day Case Inguinal Hernia Repairs

Farquharson EL, Lancet 1955;ii:517-9

Early UK Day Surgery

Late 1970s – early 1980s

- Pioneering enthusiasts
- Local developments
- No coordinated approach
- Medical & nursing establishment apathetic

Early UK Day Surgery

Late 1970s – Early 1980s

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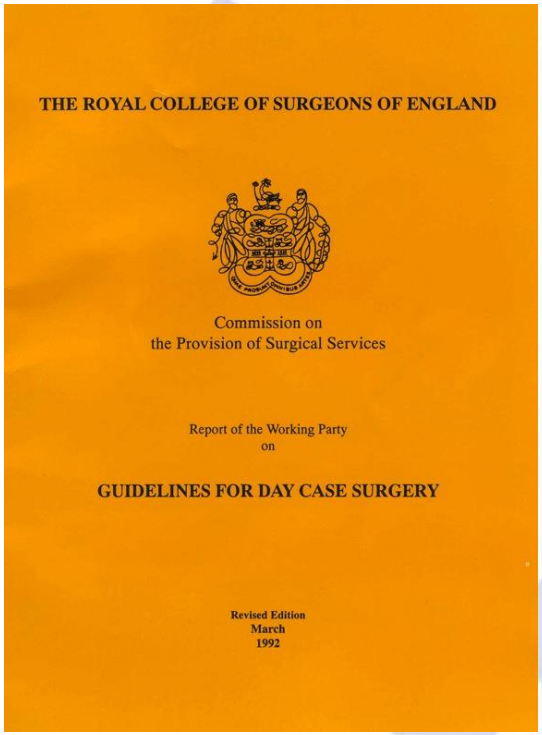
Royal College of Surgeons



Published 1985

– revised 1992

Considered 50% elective surgery as day case achievable

1989 South Mimms Services

BRITISH ASSOCIATION OF DAY SURGERY

Excellence in short stay surgery

Timeline

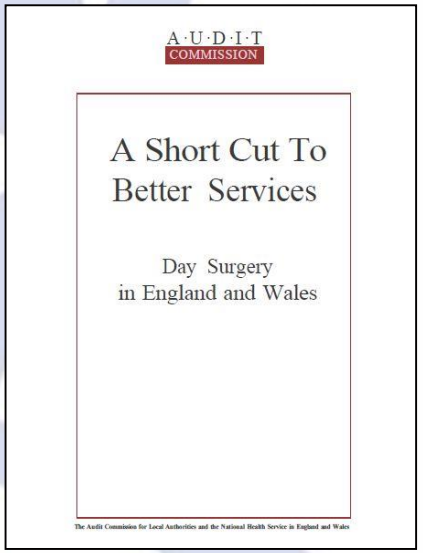
1989 "A Study of the Management and Utilisation of Operating Departments"
NHSME VFM Unit

1990 "A Short Cut to Better Services"
Audit Commission

1991 "Day Surgery – Making it Happen"
NHSME VFM Unit

1991 "Measuring Quality: The Patient's View of Day Surgery"
Audit Commission

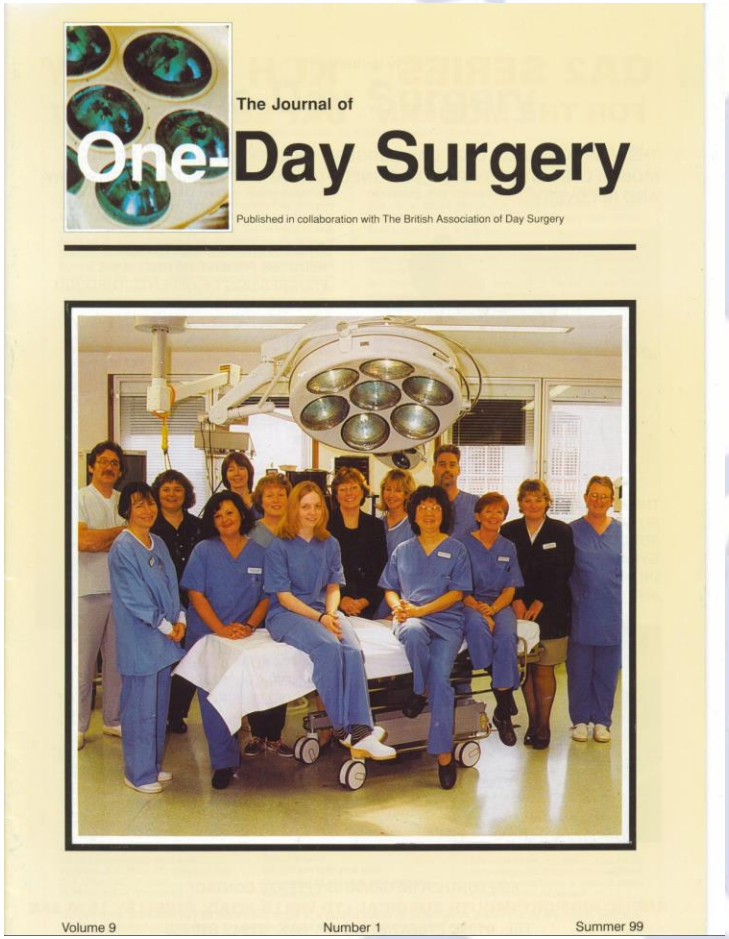
1993 " Day Surgery – Report by the Day Surgery Taskforce"
NHS Executive



Audit Commission
Basket of Procedures 1990

Inguinal Hernia Repair
Excision Breast Lump
Anal Fissure Excision
Varicose Vein Surgery
Cystoscopy
Circumcision
Excision of Dupuytren's Contracture
Carpal Tunnel Decompression
Arthroscopy
Excision of Ganglion

Cataract Extraction
Squint Correction
Myringotomy
Sub Mucus Resection
Reduction of Nasal Fractures
Bat Ear Correction
D&C
Laparoscopy+/- Sterilisation
Termination of Pregnancy
Orchidopexy



Basket Cases and Trollies

Day Surgery proposals for the Millenium

Discussion Paper from British Association of Day Surgery Annual Scientific meeting Bournemouth 1999

The Audit Commission proposed a "shopping basket" of procedures in 1990, on the inpatient/daycase boundary, which offered maximum potential for improved value for money if performed as daycases (1). They commented "Day Surgery has not expanded as fast as it might have done, and performance varies considerably between district health authorities. They said "no such list will remain useful for ever." The British Association of Day Surgery now proposes an updated basket, and a wider ranging "trolley".

A reminder of the original Audit Commission basket:

Audit Commission Basket of Procedures 1990

1. Inguinal hernia repair
2. Excision of breast lump
3. Anal fissure excision
4. Varicose vein stripping or ligation
5. ***Cystoscopy, diagnostic and operative***
6. Cicumcision
7. Excision of Dupuytren's contracture
8. ***Carpal tunnel decompression***
9. Arthroscopy, diagnostic and operative
10. Excision of ganglion
11. Orchidopexy
12. Cataract extraction
13. Correction of squint
14. ***Myringotomy with or without grommets***
15. Sub mucous resection
16. Reduction of nasal fracture
17. Operation for bat ears
18. ***Dilatation and curettage***
19. Laparoscopy +/- sterilisation
20. Termination of pregnancy

***procedures proposed for removal from the new basket**

The original basket has been expanded and amended, but not abandoned, because many hospitals in the UK still fall well short of the targets proposed in 1990. Wide variation in activity persists. Differences between European countries (2), between hospitals in the UK (3), and even between individual surgeons (4) remain large and largely unexplained.

For this reason the targets in the original basket are still valid for many day surgery practitioners. However some of the procedures on the list are now poor comparators, as they have become local anaesthetic "office" procedures, or are much less commonly performed. It is suggested that Cystoscopy, ganglion excision, myringotomy and D&C be removed from the basket as poor indicators of day surgery activity in 2000. Childrens' tonsils, adult hydrocoele, TUR bladder tumours and pilonidal sinus surgery are proposed as replacements. A number of procedures have been expanded – eg hernia to include not only inguinal but femoral, umbilical and epigastric.

BADS Basket of Procedures 1999

1. Groin/abdominal hernia repair (Inguinal, femoral, umbilical, epigastric)
2. Excision breast lump
3. Minor anal surgery (Fissure/ simple fistula)
4. Varicose vein surgery (incl bilateral, or long and short saphenous one leg)
5. Circumcision (incl adult)
6. Release Dupuytren's contracture
7. Carpal tunnel decompression
8. Arthroscopy (including hip and shoulder)
9. ***Hydrocoele excision***
10. Inguinal surgery children (orchidopexy & herniotomy)
11. ***Tonsillectomy in children***
12. Correction squint
13. Bat ears/minor plastic procedures
14. SMR
15. Reduction nasal fractures
16. Cataract extraction
17. Laparoscopy +/- sterilisation
18. Termination pregnancy
19. ***TUR/lasar/diathermy/limited resection bladder tumours***
20. ***Pilonidal sinus excision and closure***

- ***procedures proposed for inclusion in the updated BADS basket***

A second twenty procedures have been added to the updated basket to make a trolley that experienced day units/practitioners can work towards. Some are already being performed regularly, some are for discussion and your views are welcomed.

These procedures fulfil the criteria originally proposed by the Audit Commission:

1. Are considered by surgeons to be clinically appropriate
2. Cover the main surgical specialities
3. Account for a significant percentage of all surgical procedures in these specialties
4. Are on the daycase/inpatient boundary

The Commission proposed 40% of procedures as the target; the trolley should take this over 60%.

BADS Trolley of Procedures 1999

1. Groin/abdominal hernia repair (Inguinal, femoral, umbilical, epigastric)
2. Excision breast lump
3. Minor anal surgery (Fissure/ simple fistula)
4. Varicose vein surgery (incl bilateral, or long and short saphenous one leg)

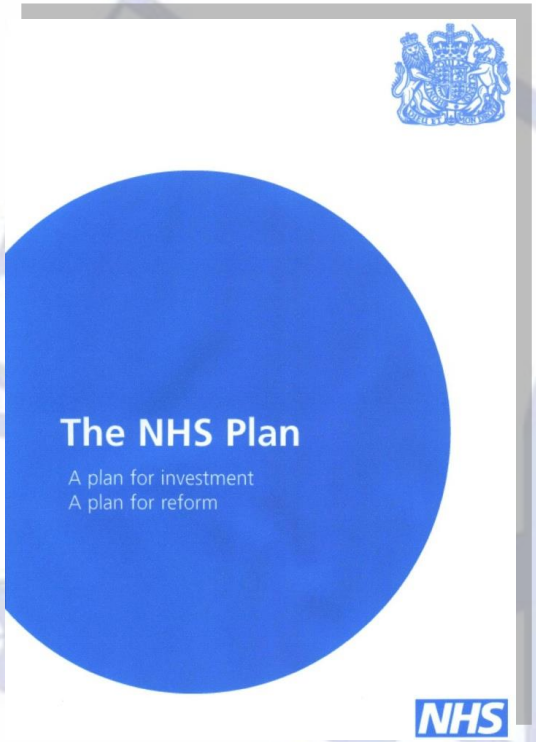
Audit Commission's Basket of Procedures 2001

Cataract Extraction
Excision Breast Lump
Carpal Tunnel Decompression
Bat Ears
R/O Metalwork
Bunion Operations
Laparoscopy
Tonsillectomy
TURBT
Squint Correction
Orchidopexy
Anal Fissure

D&C / Hysteroscopy
Nasal Fractures
Myringotomy
Laparoscopic Cholecystectomy
Excision of Ganglion
Hernia Repair
Varicose Veins
Dupuytren's Contracture
Haemorrhoidectomy
Circumcision
Arthroscopy
SMR
Termination of pregnancy

Government Initiatives

75% Of Elective Surgery To Be Performed On A Day Case Basis



Alan Milburn 1999-2003

White Paper, 2000

Why 75%

1967 - 40% Ministry of Health

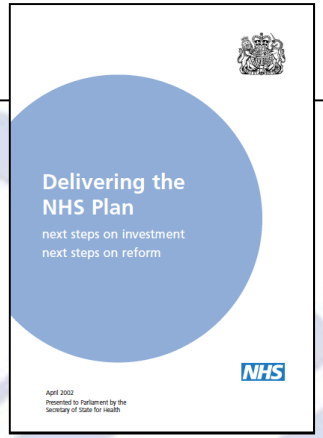
1985 - 50% Royal College of Surgeons

1994 - 60% NHS Executive

2001 - 75% NHS Plan

3.7 In addition we will expand and make better use of hospital capacity through a combination of measures. By 2008 we expect the NHS will have:

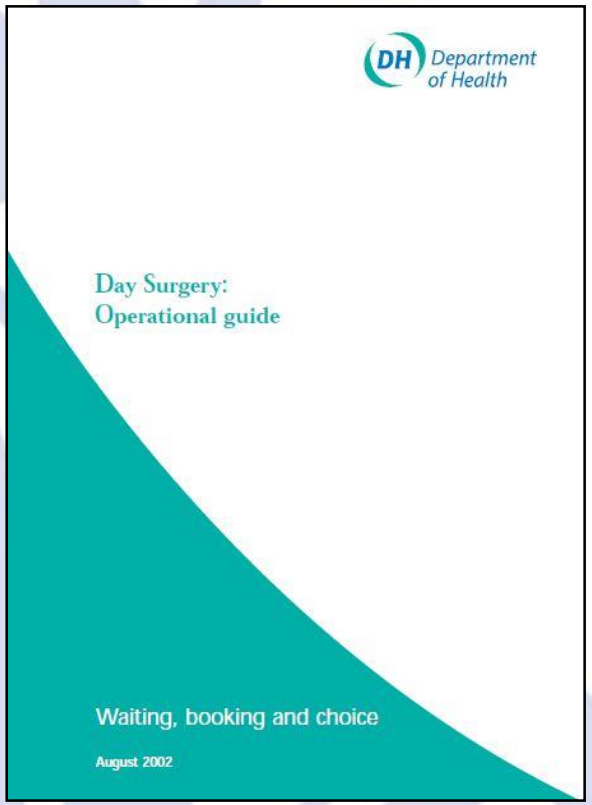
- increased the number of operations carried out as same day cases to over 75% of all operations – the equivalent of adding an extra 1,700 general and acute beds in hospitals;
- opened 42 additional major hospital schemes mostly delivered through the PFI with 13 more major schemes under construction;
- additional fully operational Diagnostic and Treatment Centres – the new generation of fast-track surgery centres which separate routine from emergency surgery.



Alan Milburn
NHS Plan (2002)

Day Surgery Definition

"Day surgery is the admission of *selected* patients to hospital for a *planned* surgical procedure, returning home on the *same day.*



Day Surgery:Operational Guide. DoH, London,2002

Government Initiatives

NHS Modernisation Agency
- 2002–5
- Clinical Champions
- BADS Collaboration
- Benchmarking exercise with other Trusts

The British Association of Day Surgery

In association with VANGUARD HEALTHCARE

Presents a one day conference

Day Surgery 2003
New Partnerships

on **Friday 21st March 2003**
at the Queen Elizabeth II Conference Centre, Westminster, London

Keynote: **Day Surgery in the Modernisation Agenda**
Mr Michael Scott
Director for Service Improvement, NHS Modernisation Agency

10 High Impact Changes

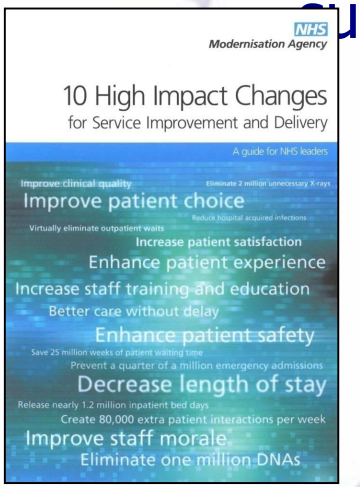
John Reid 2003-5

NHS Modernisation Agency, 2004

Service Improvement and Delivery

Top High Impact factor:

Treat day surgery (rather than in-patient surgery) as the norm for elective surgery



NHS Modernisation Agency, 2004

Table 1: 10 High Impact Changes for service improvement and delivery

1. **Change No1:** Treat day surgery (rather than inpatient surgery) as the norm for elective surgery.
2. **Change No2:** Improve patient flow across the whole NHS system by improving access to key diagnostic tests.
3. **Change No3:** Manage variation in patient discharge, thereby reducing length of stay.
4. **Change No4:** Manage variation in the patient admission process.
5. **Change No5:** Avoid unnecessary follow-ups for patients and provide necessary follow-ups in the right care setting.
6. **Change No6:** Increase the reliability of performing therapeutic interventions through a Care Bundle approach.
7. **Change No7:** Apply a systematic approach to care for people with long-term conditions.
8. **Change No8:** Improve patient access by reducing the number of queues.
9. **Change No9:** Optimise patient flow through service bottlenecks using process templates.
10. **Change No10:** Redesign and extend roles in line with efficient patient pathways to attract and retain an effective workforce.

"The NHS Plan envisages that 75% of all Elective Surgery will be carried out as a day case in the near future"

To support improvement in systemic productivity and efficiency

Patricia Hewitt 2005-7

NHS
Institute for Innovation and Improvement
2006

Productivity Indicators
September 2006

Clinical productivity

Finance

Prescribing

Procurement

Workforce

www.productivity.nhs.uk

NHS
Institute for Innovation and Improvement

A focus for the greatest productivity and efficiency gains

Reduce avoidable emergency admissions

Reduce unnecessary outpatient appointments, follow-ups & DNA's

Avoid unnecessary procedures

Improve day case performance

Reduce wasted bed days

Improve the accuracy of clinical coding

Reduce variation in length of stay

Improve staff productivity

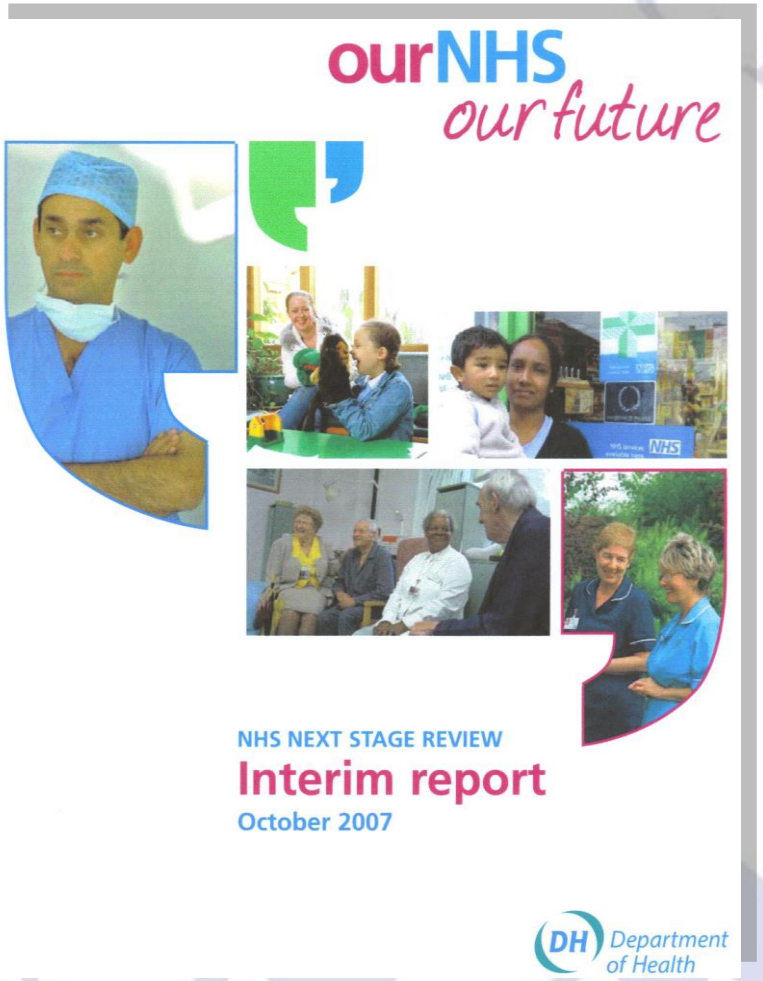
Actively manage staff and recruitment costs

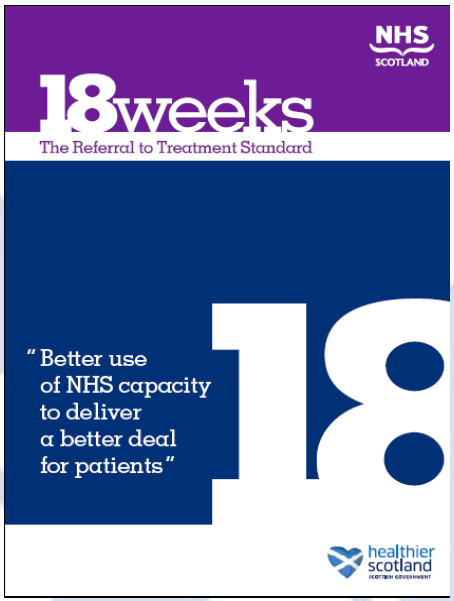
NHS Institute for Innovation & Improvement, 2006

Alan Johnson 2007-9

“Delivering a fair, personalised, effective and safer NHS”

Lord Darzi , 2007





WHC (2005) 98

WELSH HEALTH CIRCULAR

Issue Date: 22 December 2005
Status: Action

Title: 2009 Access Project

For Action by: NHS Trust Chief Executives, LHB Chief Executives

Action required See paragraph(s) : 36-39.

For Information to: See attached list

Sender: Joint Directors, Directorate of Performance and Operations

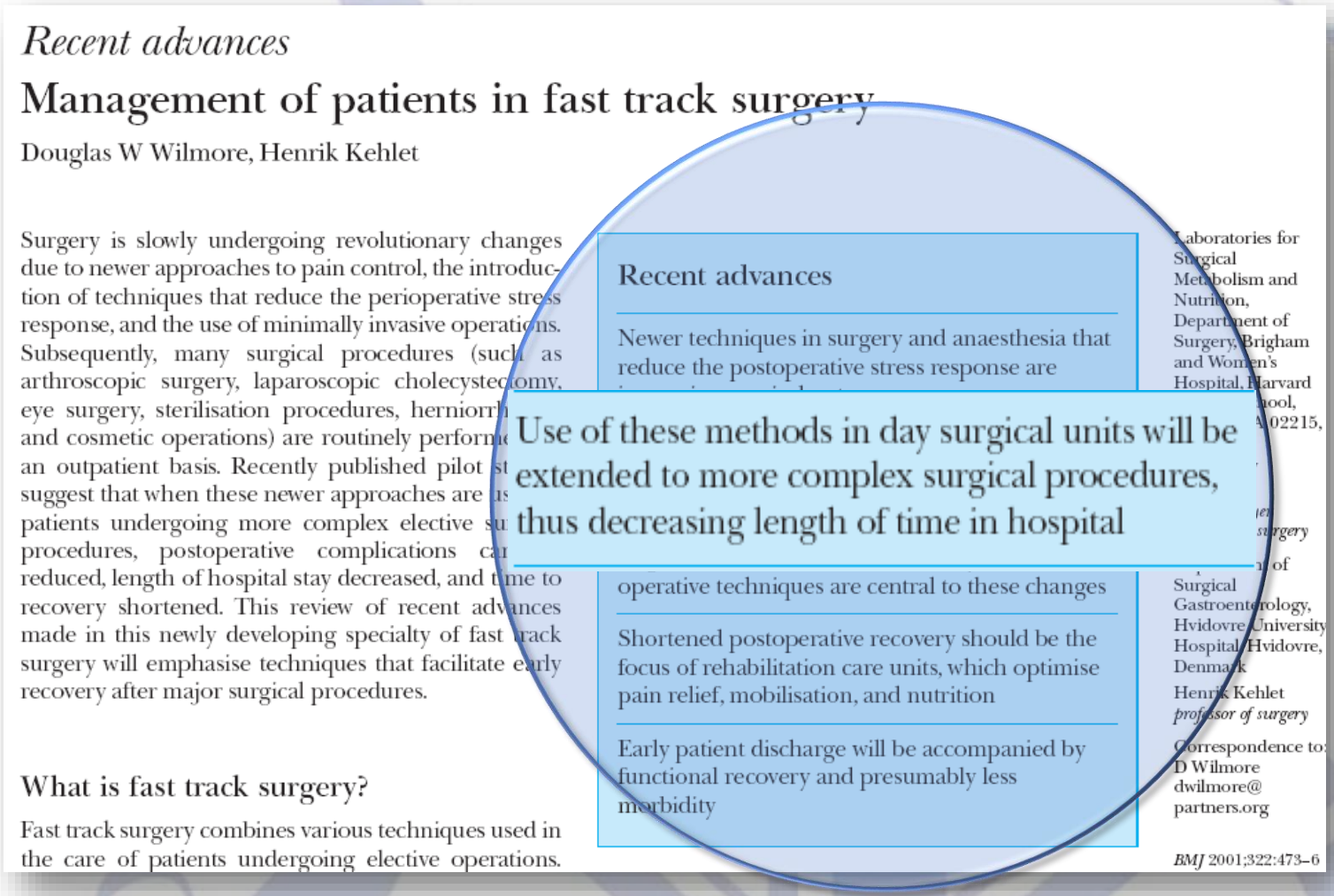
National Assembly contact(s) : see para 44.

Enclosure(s):

Enhanced Recovery Programme

A Clinical Pathway to Accelerate Recovery after Colonic Resection. Ann Surg 2000: 232; 51-57

Day Surgery and Enhanced Recovery



Recent advances

Management of patients in fast track surgery

Douglas W Wilmore, Henrik Kehlet

Surgery is slowly undergoing revolutionary changes due to newer approaches to pain control, the introduction of techniques that reduce the perioperative stress response, and the use of minimally invasive operations. Subsequently, many surgical procedures (such as arthroscopic surgery, laparoscopic cholecystectomy, eye surgery, sterilisation procedures, herniorrh and cosmetic operations) are routinely perform an outpatient basis. Recently published pilot st suggest that when these newer approaches are us patients undergoing more complex elective su procedures, postoperative complications ca reduced, length of hospital stay decreased, and time to recovery shortened. This review of recent advances made in this newly developing specialty of fast track surgery will emphasise techniques that facilitate early recovery after major surgical procedures.

What is fast track surgery?

Fast track surgery combines various techniques used in the care of patients undergoing elective operations.

Recent advances

Newer techniques in surgery and anaesthesia that reduce the postoperative stress response are

Use of these methods in day surgical units will be extended to more complex surgical procedures, thus decreasing length of time in hospital

operative techniques are central to these changes

Shortened postoperative recovery should be the focus of rehabilitation care units, which optimise pain relief, mobilisation, and nutrition

Early patient discharge will be accompanied by functional recovery and presumably less morbidity

Laboratories for Surgical Metabolism and Nutrition, Department of Surgery, Brigham and Women's Hospital, Harvard ...hool, ...02215,

...surgery

...of Surgical Gastroenterology, Hvidovre University Hospital, Hvidovre, Denmark

Henrik Kehlet
professor of surgery

Correspondence to: D Wilmore dwilmore@partners.org

BMJ 2001;322:473–6

2009 DoH Enhanced Recovery Programme

Pre Operative

Optimise health *Preassessment*
Patient information
Patient expectation *Discharge Planning*

Intra Operative

Minimally invasive *Regional anaesthesia*
Goal directed fluid therapy

Post Operative

Planned mobilisation *Regular analgesia*
Avoid opiates *Minimal drains*

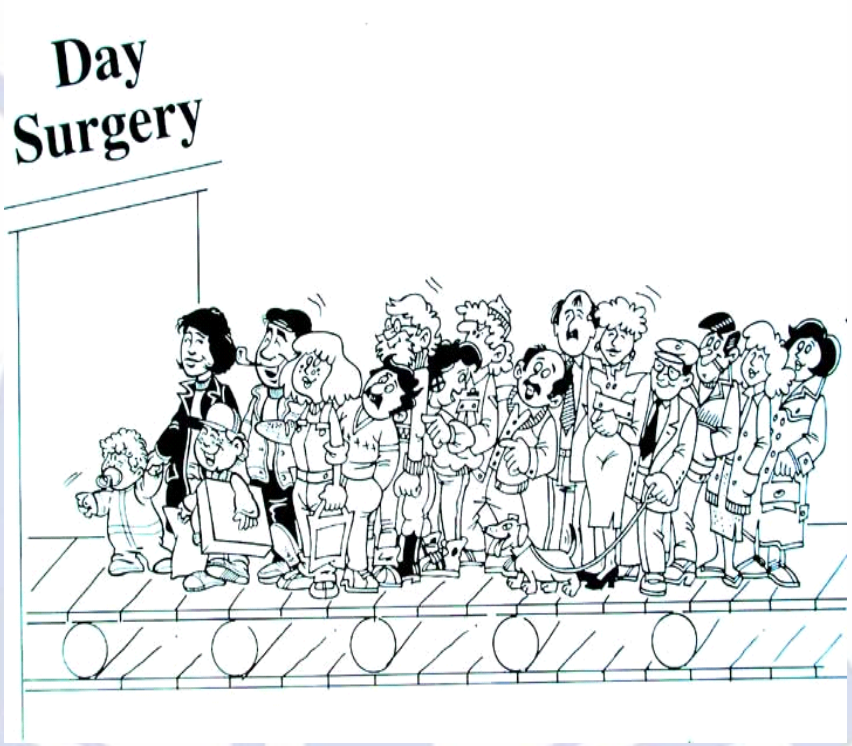
Discharge

Planned *Patient Information* *Follow up if required*

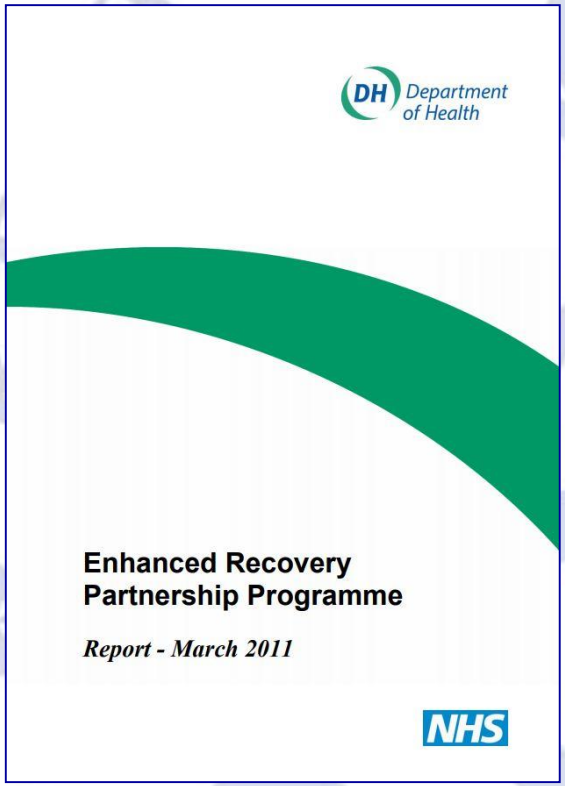
Andy Burnham
2009-10

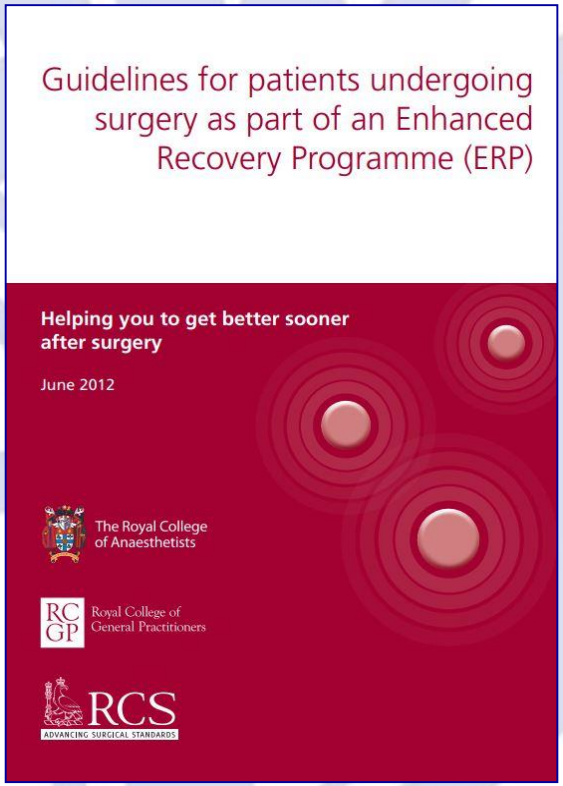
Quality Ambulatory Principles

Pre-assessment
Optimised Health
Patient information
Discharge Planning
Minimally invasive
Regional anaesthesia
Goal directed fluid therapy
Planned mobilisation
Regular analgesia
Avoid Opiates
Nurse Led Discharge
Discharge information
Follow up if required



Enhanced Recovery Programme





Payment by Results
BADS/PbR Steering Group

2009

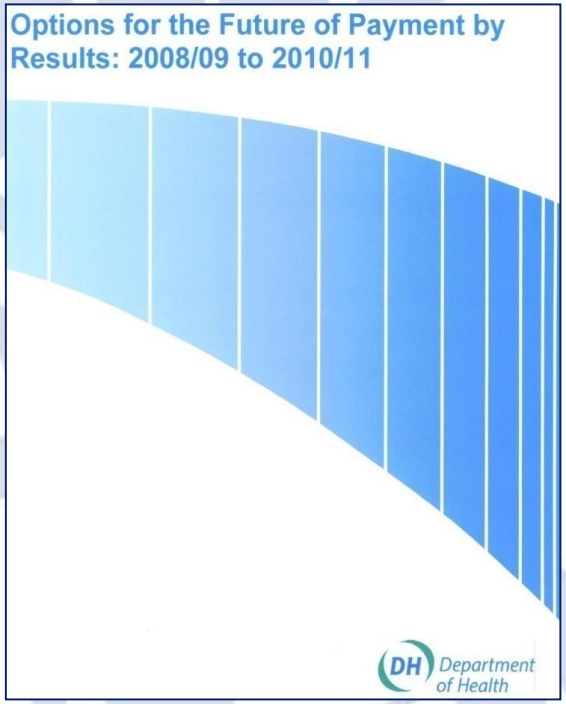
Inpatient > DC funding

No incentivisation

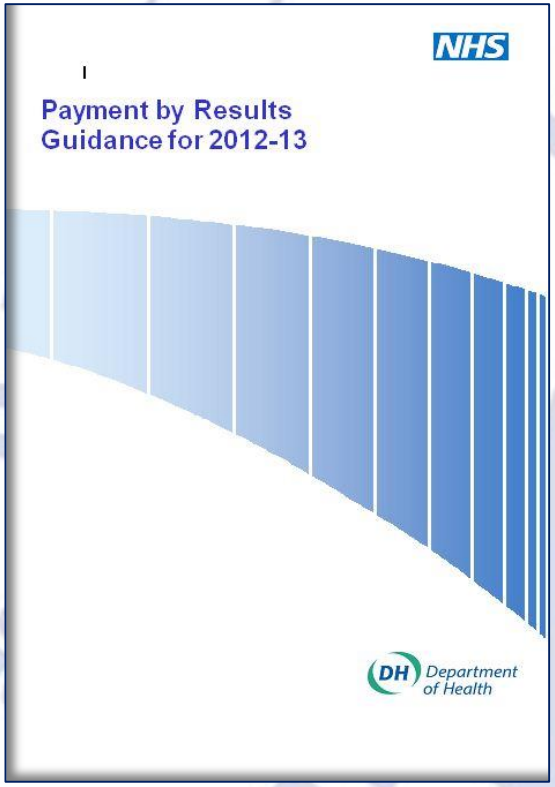
2010

Same tariff for DC and IP

Best Practice tariff for DC laparoscopic cholecystectomy



The Development of 'Best Practice' Tariff



BPT	2010-11	2011-12	2012-13
Acute Stroke	Introduced	Increased price differential	Further increase in price differential
Cataracts	Introduced and maintained		
Fragility hip fracture	Introduced	Increased price differential	Further increase in price differential and expansion of best practice characteristics
Day case procedures	Gall bladder removal	12 further procedures added	2 further procedures added; breast surgery procedures amended and revision to some day case rates
Adult Renal Dialysis		Vascular access for haemodialysis	Home therapies incentivised
Paediatric Diabetes		Activity based structure (non-mandatory)	Year of outpatient care structure (mandatory)
Transient ischaemic attack		Introduced and maintained	
Primary total hip and knee replacements		Introduced and maintained	
Interventional radiology		2 procedures introduced	5 further procedures added
Procedures in Outpatients			3 procedures introduced
Same day emergency care			12 clinical scenarios introduced
Major trauma care			Introduced

Promoting Quality Day Care

Best Practice Tariff – Laparoscopic Cholecystectomy

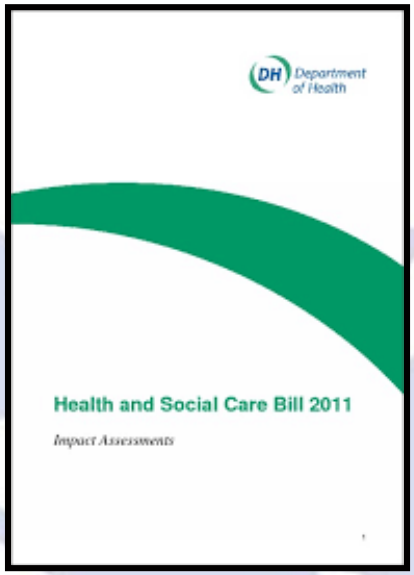
2012/13		Daycase tariff (£)	Elective spell tariff (£)
GA10D	Laparoscopic Cholecystectomy with length of stay 1 day or more without CC	-	1,367
GA10E	Laparoscopic Cholecystectomy with length of stay 0 days without CC	1,662	1,367

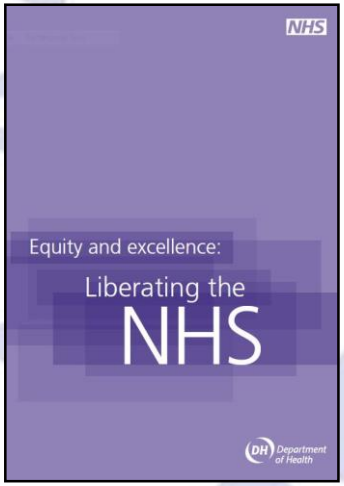
Planned as day case
Discharged day of surgery

Impact of Best Practice Tariff

Howard, et al. J One-day Surg 21: 4, 2011

Andrew Lansley 2010-12





Liberating the NHS 2010

Information Revolution

Greater Choice & Control

Health and Social Care Act

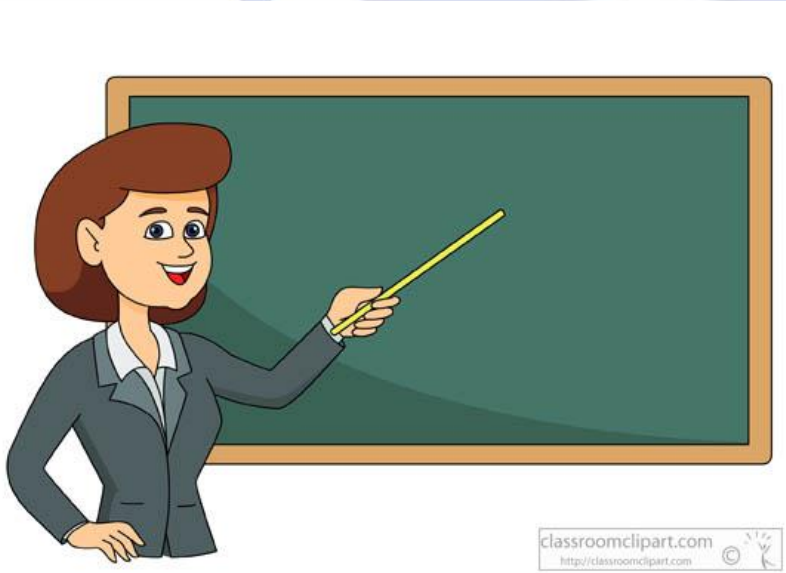
Clinical commissioning Groups

4 hour A&E Wait and
2 Week Cancer
Targets Remain

Jeremy Hunt 2012-

- CCG's
- Failing Trusts
- Hospital Closure
- Trust Amalgamation
- Junior Doctors' Strikes
- Care Quality Commission

Lessons for Surgical Ambulatory Emergency Care



Is day surgery better than in-patient surgery ?

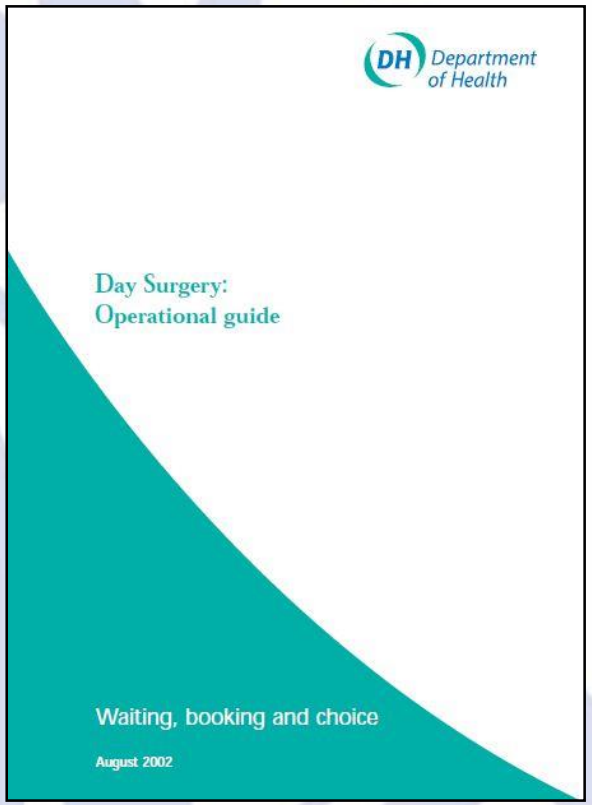
Not evidence based
re clinical outcomes

but…

Day Surgery is a
process not a
procedure

Day Surgery Definition

"Day surgery is the admission of *selected* patients to hospital for a *planned* surgical procedure, returning home on the *same day.*



Day Surgery:Operational Guide. DoH, London,2002

Ambulatory Emergency Surgery

- *Unselected*
- *Unplanned*
- *Day or Night*

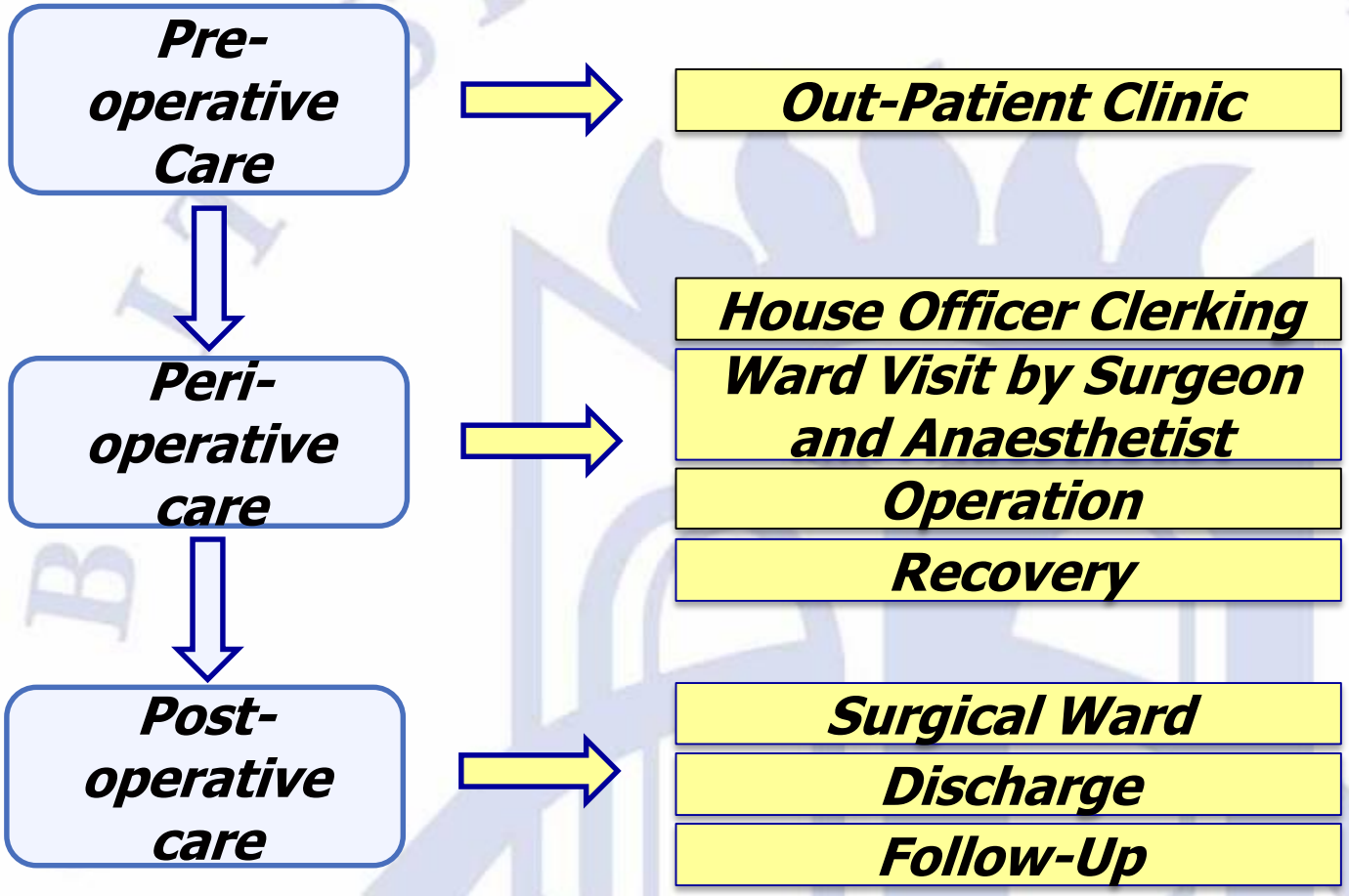
Ambulatory Emergency Surgery

Definition

"Ambulatory emergency surgery is the management of an emergency patient according to an ambulatory surgical pathway, avoiding overnight stay following their surgical procedure."

International Association of Ambulatory Surgery Oct 2017

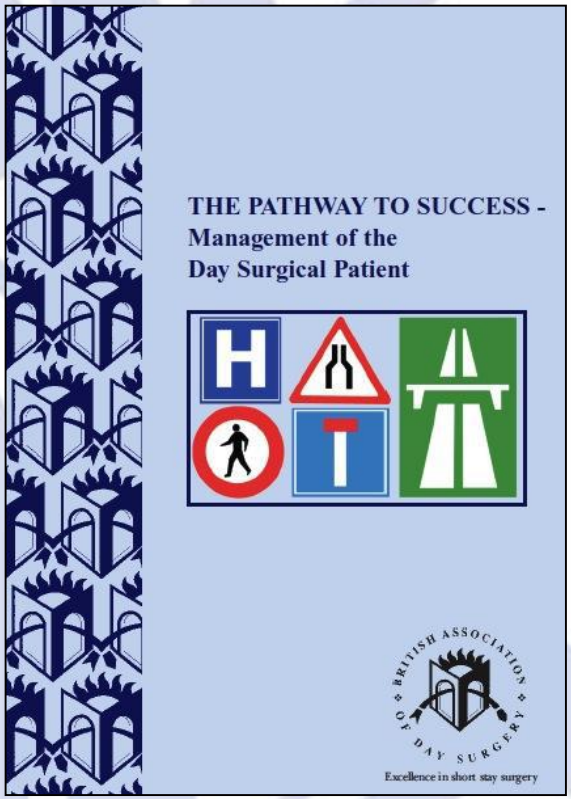
The Ambulatory Pathway

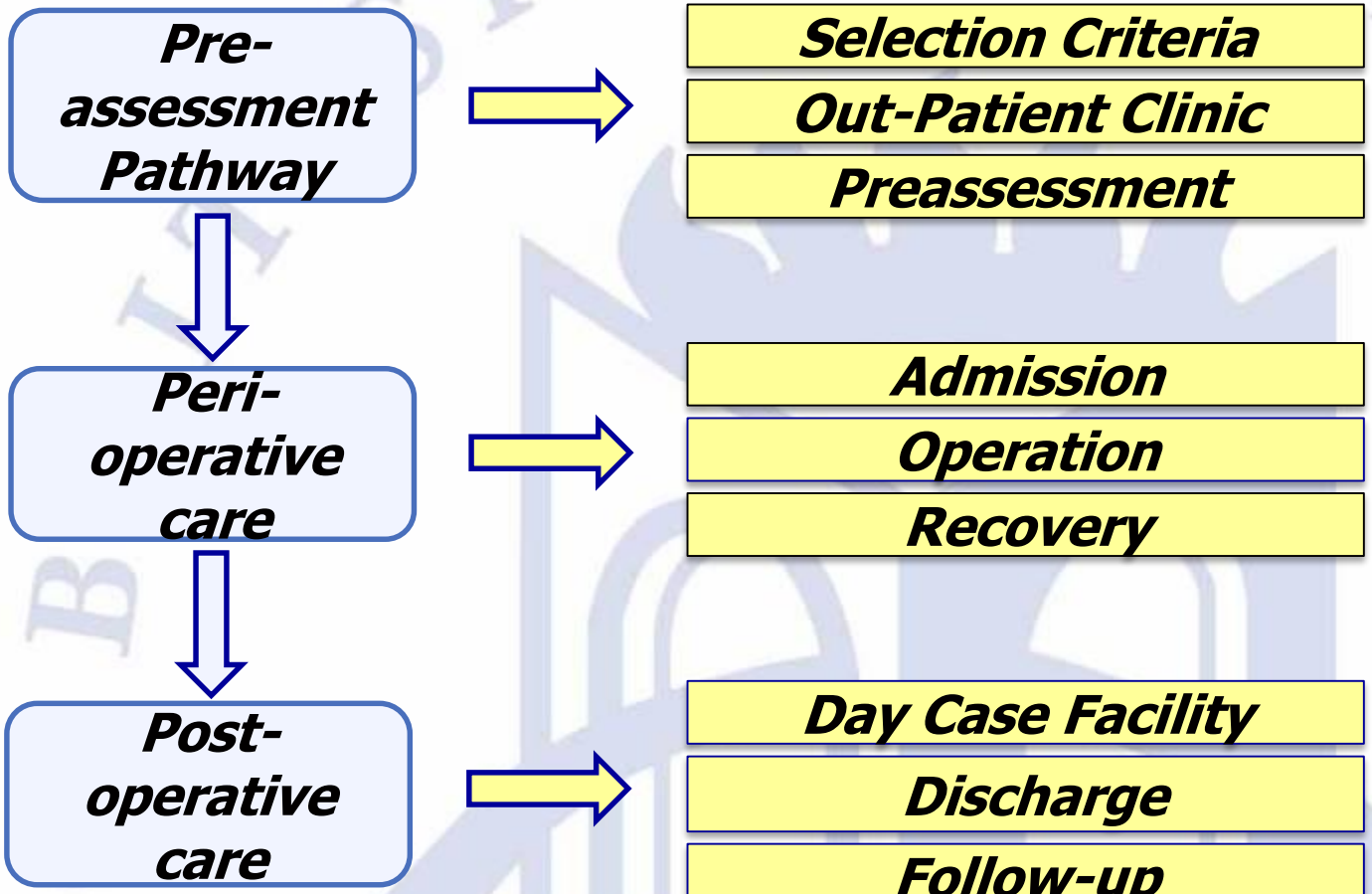

Pre-operative Care
Out-Patient Clinic
Peri-operative care
House Officer Clerking
Ward Visit by Surgeon and Anaesthetist
Operation
Recovery
Post-operative care
Surgical Ward
Discharge
Follow-Up

Pathway Re-Design

TOPICS:

- **Patient Referral**
- **Patient Selection**
- **Preoperative assessment**
- **Booking for surgery**
- **The day of surgery**
- **Patient Discharge and support**

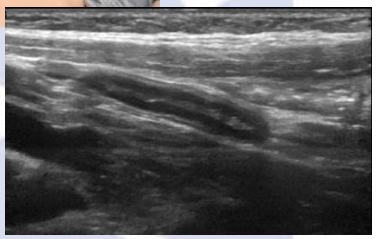



Pre-assessment Pathway
Peri-operative care
Post-operative care
Selection Criteria
Out-Patient Clinic
Preassessment
Admission
Operation
Recovery
Day Case Facility
Discharge
Follow-up

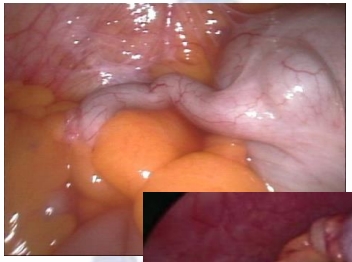
Emergency 12 hour post- appendicectomy pathway

Emergency Admission

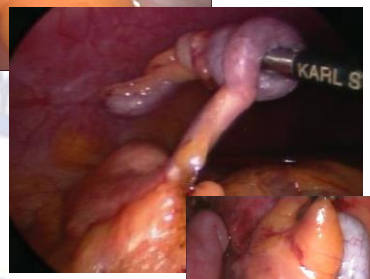
Investigations and diagnosis



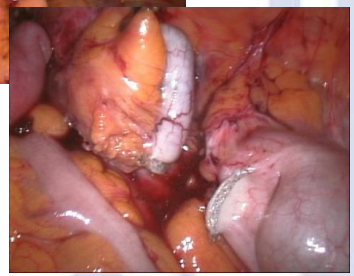
Preop assessment by anaesthetist



Discharge plan



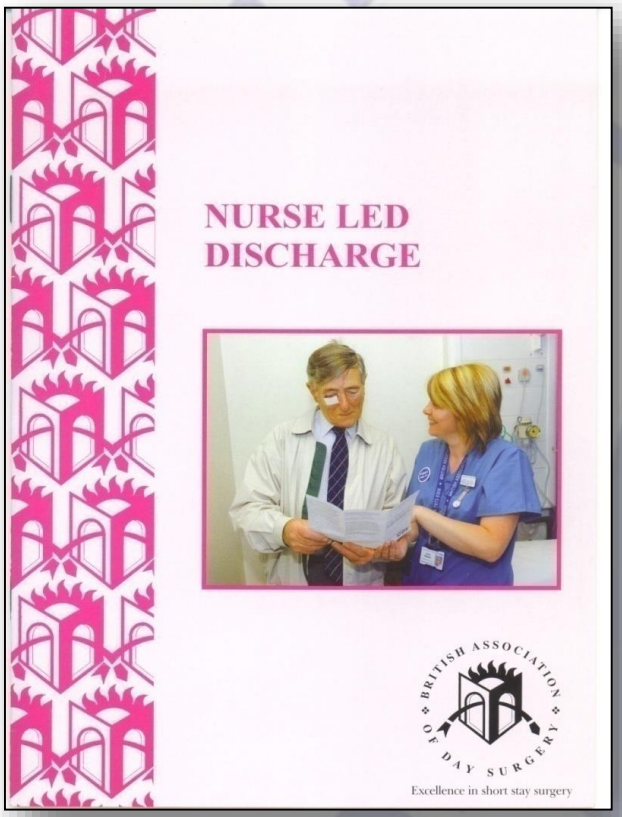
Early laparoscopic appendicectomy



No sepsis

Discharge on day of surgery

Protocol-Based Discharge



Discharge Criteria:

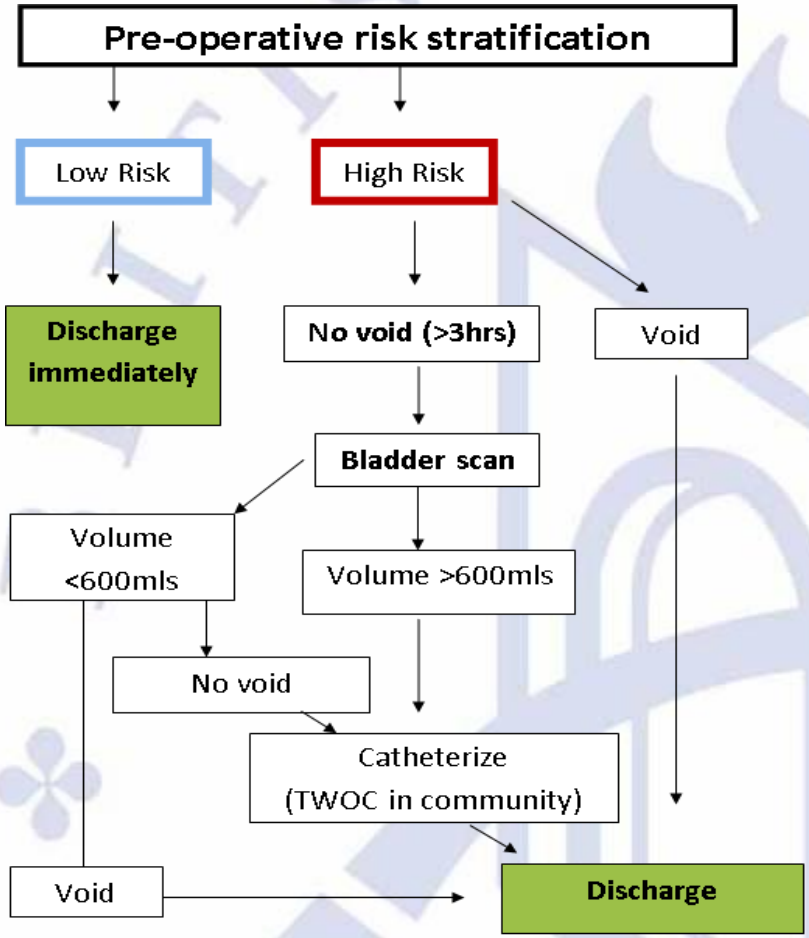
- Vital signs stable
- Orientation
- Pain controlled
- Oral analgesics supplied
- **Understands medication**
- Ability to dress and walk
- Minimal nausea & vomiting
- Minimal wound bleeding
- **Responsible adult to take them home**
- **Carer at home for next 24 hrs**
- Driving after surgery
- **Passing urine before discharge**

Passing Urine

"Passing urine for patients at low risk of post-operative urinary retention is not essential before going home."

Jackson I, McWhinnie D, Skues M
The pathway to success.
BADS London 2012

Passing urine before discharge



High Risk

Men > 50

Inguinal hernia repair

Anorectal Surgery

Prostatic procedures

No need to pass urine before discharge unless high risk patient

Transfer Home

Responsible Adult

- ill-defined
- accountable and competent

Maximum Journey Time

- one hour's travel

Avoid Public transport ?

Carer at Home

Official UK National Health Service guidance

'It's a good idea to have an adult available to help you for at least 24 hours after surgery'

www.nhs.uk/Conditions/surgery/Pages/after-surgery.aspx

NHS choices www.nhs.uk

Many patients falsely claim to have a carer at home the first night after surgery

Carer at Home

Essential

Elderly

Invasive surgery

Airway at risk

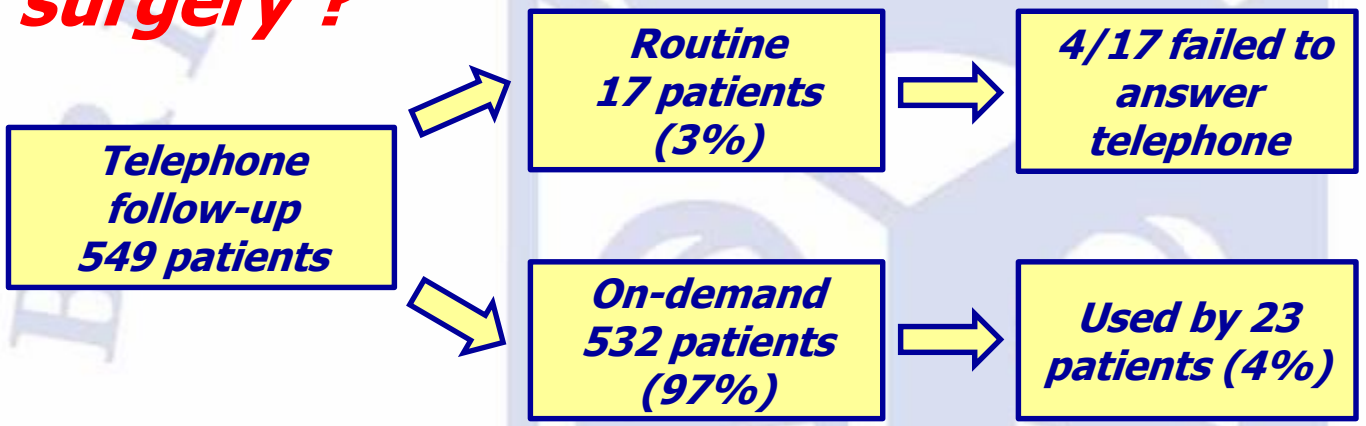
Pragmatic

Non-invasive surgery

Practice guidelines for post-anesthetic care . Anesthesiology 2002; 96: 742-52.

Follow-up

Do patients require a follow-up telephone call 24 hours after day surgery ?



Eastwood L, Richardson K. 'Don't call us; We'll call you' - Evaluating the need for a 24 hour follow-up call. J One-Day Surg 2014;24(S):15

Patients Like Day Surgery

- Quality Care
  - early recovery
  - minimal disruption
  - comfort of own home
- Patient-centred Pathway
- Better Care, Safer Care ?

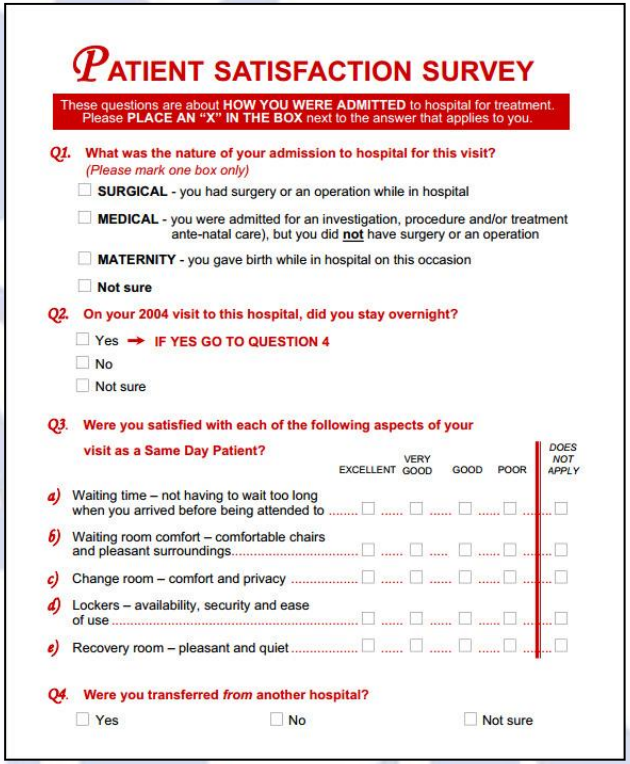
Patient Satisfaction Questionnaires

Good for…..

Routine monitoring of an existing system

Bad for…..

Identifying areas for improvement



PATIENT SATISFACTION SURVEY

These questions are about **HOW YOU WERE ADMITTED** to hospital for treatment.
Please **PLACE AN "X" IN THE BOX** next to the answer that applies to you.

Q1. What was the nature of your admission to hospital for this visit?
(Please mark one box only)

- ☐ **SURGICAL** - you had surgery or an operation while in hospital
- ☐ **MEDICAL** - you were admitted for an investigation, procedure and/or treatment ante-natal care), but you did **not** have surgery or an operation
- ☐ **MATERNITY** - you gave birth while in hospital on this occasion
- ☐ **Not sure**

Q2. On your 2004 visit to this hospital, did you stay overnight?

- ☐ Yes → **IF YES GO TO QUESTION 4**
- ☐ No
- ☐ Not sure

Q3. Were you satisfied with each of the following aspects of your visit as a Same Day Patient?

	EXCELLENT	VERY GOOD	GOOD	POOR	DOES NOT APPLY
a) Waiting time – not having to wait too long when you arrived before being attended to	☐	☐	☐	☐	☐
b) Waiting room comfort – comfortable chairs and pleasant surroundings	☐	☐	☐	☐	☐
c) Change room – comfort and privacy	☐	☐	☐	☐	☐
d) Lockers – availability, security and ease of use	☐	☐	☐	☐	☐
e) Recovery room – pleasant and quiet	☐	☐	☐	☐	☐

Q4. Were you transferred *from* another hospital?

☐ Yes ☐ No ☐ Not sure

The Patient Experience

Quality in Health Care 1999;**8**:86–91

Day surgery in Scotland: patient satisfaction and outcomes

John Bain, Hugh Kelly, David Snadden, Harry Staines

5069 patients – 13 hospitals – 5 specialties

85% Satisfaction

15% Dissatisfaction

* Postoperative pain
* Waiting times between admission, operation and discharge

The Patient Experience

Lemos P et al
Patient satisfaction following day surgery
J Clin Anesth 2009;21(3):200-5

Journal of Clinical Anesthesia

251 consecutive patients

95% satisfaction

5% Dissatisfaction

* Waiting time for surgery
* Postoperative pain control
* Patient information

The Patient Experience

BMJ Open Quality

Quality improvement report

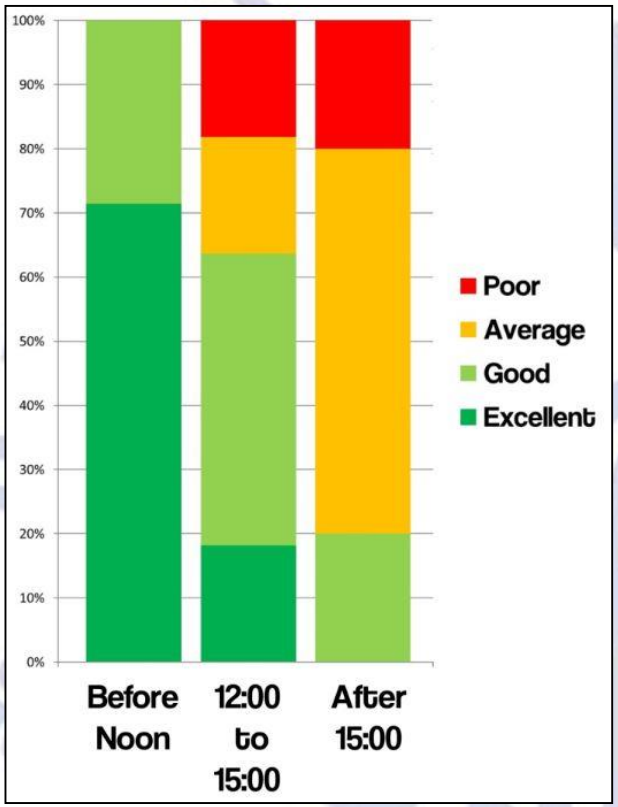
Making the experience of elective surgery better

Tajinere Fregene[1], Sarah Wintle[2], Vishal Venkat Raman[1], Holly Edmond[3], Shoaib Rizvi[1]

Patient Questionnaires
Semi-structured Interviews
Audio or Video Interviews

Fregene T, *et al*. *BMJ Open Quality* 2017;6:e000079. doi:10.1136/bmjoq-2017-000079

The Patient Experience



Dissatisfaction

* Batching of Admissions
* Prolonged Fasting
* Delayed Starts
* Lack of information

The Patient Experience

PDSA Cycle 1

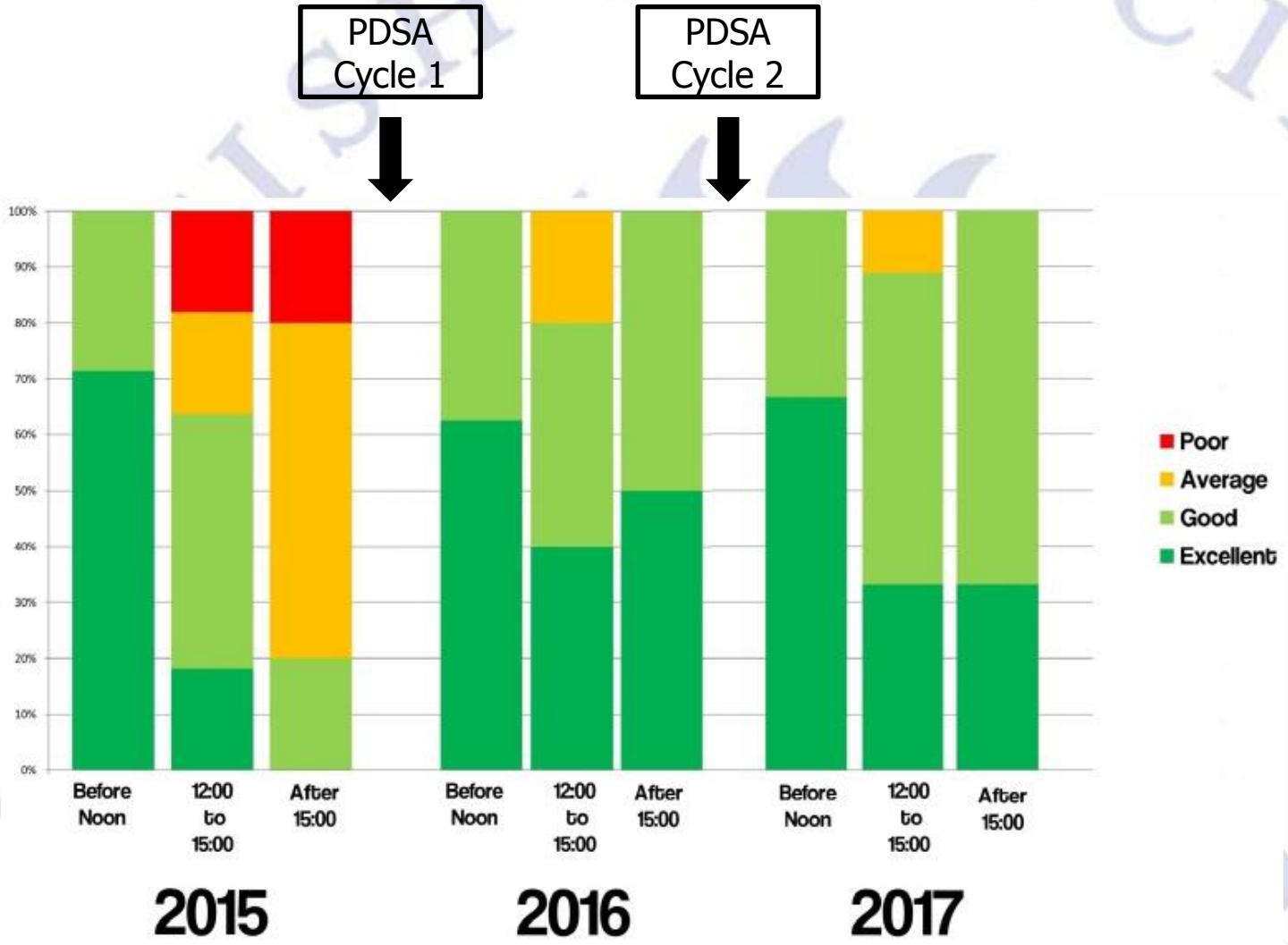
Engage with the Multidisciplinary Team

- Staggered Admissions
- 'Golden Patient'
- Maximise WHO Briefing
- Single Point of Contact

PDSA Cycle 2

Manage Patient Expectations

- Preadmission Letter
- Preassessment
- Patient Journey Video


PDSA Cycle 1
PDSA Cycle 2
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Before Noon
12:00 to 15:00
After 15:00
Before Noon
12:00 to 15:00
After 15:00
Before Noon
12:00 to 15:00
After 15:00
Poor
Average
Good
Excellent
2015
2016
2017

Benchmarking

Audit Commission's Basket of 25 Procedures 2001

- Cataract Extraction
- Excision Breast Lump
- Carpal Tunnel Decompression
- Bat Ears
- R/O Metalwork
- Bunion Operations
- Laparoscopy
- Tonsillectomy
- TURBT
- Squint Correction
- Orchidopexy
- Anal Fissure
- D&C / Hysteroscopy
- Nasal Fractures
- Myringotomy
- Laparoscopic Cholecystectomy
- Excision of Ganglion
- Hernia Repair
- Varicose Veins
- Dupuytren's Contracture
- Haemorrhoidectomy
- Circumcision
- Arthroscopy
- SMR
- Termination of pregnancy

Problems with index procedures: “Basket Problems”

- Not representative
- The Basket represents only 30% of all Day Surgery activity
- No recognition of the Short Stay Pathway
- No recognition for innovation

Short Stay Equation

Scenario I

- 100 Laparoscopic Cholecystectomies
  - 50 Day Cases
  - 30 Overnight Admission
  - 20 Two Night Admission

Total **70** Inpatient Bed Days

Scenario II

- 100 Laparoscopic Cholecystectomies
  - 40 Day Cases
  - 50 Overnight Admission
  - 10 Two Night Admission

Total **60** Inpatient Bed Days

Day Case Nephrectomy

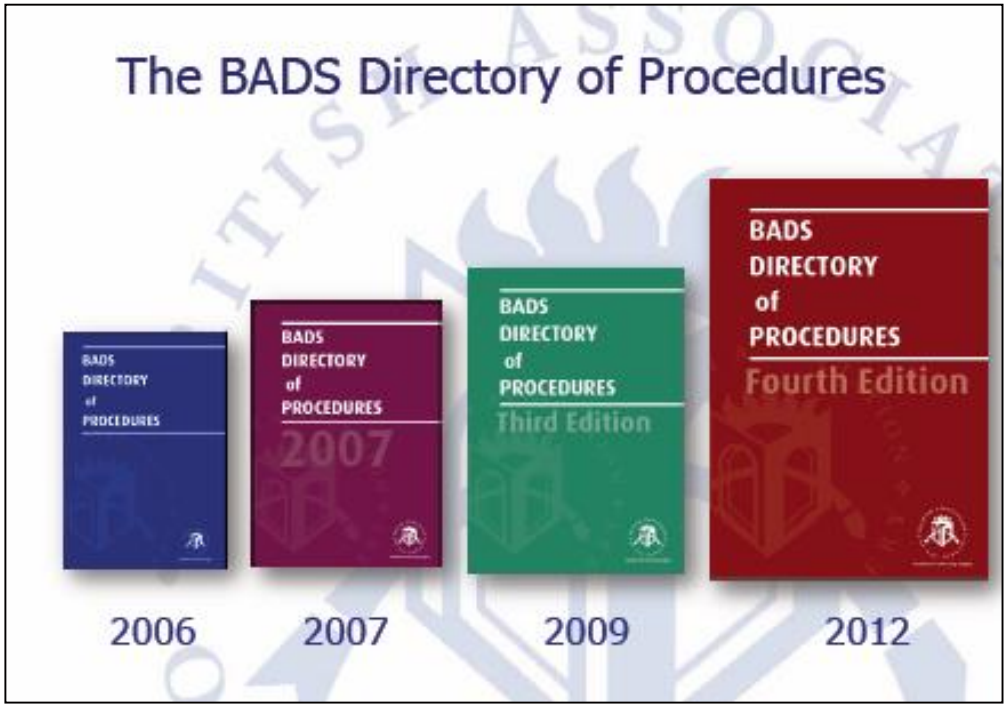
Day Case Surgery is World First

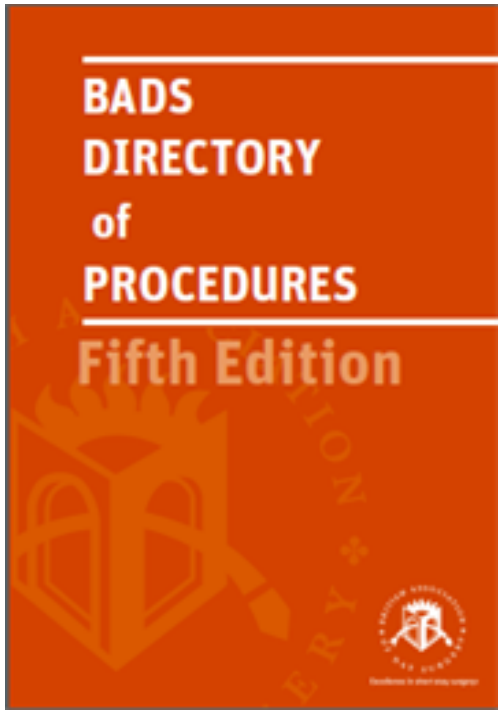
Without realising it until after the event, one of our surgeons recently performed the world's first laparoscopic nephrectomy (the removal of a kidney by keyhole surgery) as a day case operation.

Photograph courtesy of The Sentinel

The keyhole operation was first performed in 1991 and has since become common practice, but has normally involved a two or three day stay in hospital. On this occasion, however, the operation went very well as normal, but the patient recovered so quickly and was so keen to go home the same day that the surgeon, Anurag Golash, agreed.

BADS Directory 5th Edition (2016)





Surgical Sub-Specialties

Breast Surgery
ENT
General Surgery
Gynaecology
Head and Neck Surgery
Ophthalmology
Orthopaedics
Paediatric Surgery
Urology
Vascular Surgery
Medical Procedures
Emergency Surgery

10 sub-specialties
>200 procedures

British Association of Day Surgery Directory of Procedures

Literature review
National day surgery data
Networking
Specialist organisations

Aspirational %'s for
Procedure Room
Zero night stay
(Day Surgery 12 hours)
One night stay
(23 hour surgery)
Two night stay

General Surgery

Description	Procedure Room	Zero night stay	One night stay	Two night stay	Include						Exclude			
Laparoscopic repair of hiatus hernia with anti-reflux procedure (eg fundoplication)		20	70	10	G24.3 + Y75.2									
Laparoscopic gastric banding		50	50		G30.3 + Y75.2									
Transanal excision of lesion of anus	40	35	25		H40.1	H40.2	H40.3	H41.2	H41.3					
Repair of rectal mucosal prolapse		90	10		H42.1	H42.5	H42.6	H42.8	H42.9					
Excision/destruction of lesion of anus		99	1		H48	H49	H56.1							
Haemorrhoidectomy		95	5		H51.1									
Injection or banding of haemorrhoids	100				H52.3	H52.4					H52.1	H52.2	H52.8	H52.9
Circular stapling haemorrhoidectomy		95	5		H51.3									
Laying open of anal fistula		99	1		H55.1	H55.3					H55.2	H55.5		
Treatment of anal fistula with seaton suture		80	20		H55.4									
Excision/treatment of anal fissure		99	1		H56.4						H50			
Lateral sphincterotomy of anus		99	1		H56.2									
Pilonidal sinus surgery - laying open or suture/ skin graft		95	5		H59	H60					H60.4			
Diagnostic laparoscopy		90	10		J09	T43	J73.8	J73.9	J51.8	J51.9	J73.1	J53.1		
Laparoscopic cholecystectomy		75	25		J18.1 + Y75.2	J18.3 +Y75.2					J18.2			

Version Five Updated August 2016, with 2014/15 HRG Codes

Ambulatory Emergency Care

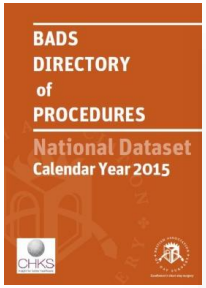
NHS Elect

Contains seven new clinical scenarios

Directory of Ambulatory Emergency Care for Adults

Click here to get started

Previous version September 2014



EMERGENCY SURGERY

DESCRIPTION	CURRENT NATIONAL PERFORMANCE		
	Top 5%	Top 25%	Top 50%
MUA fracture and application of plaster cast	59%	42%	33%
Evacuation of retained products of conception	100%	69%	33%
Incision and drainage of perianal abscess	51%	30%	20%
Removal of products of conception from fallopian tube (ectopic pregnancy) including laparoscopically	33%	0%	0%
Appendicectomy	2%	1%	1%
Removal of foreign body from skin	78%	64%	51%
Incision and drainage of skin abscess	49%	34%	26%
Suture of skin wound	65%	49%	38%
Repair of hand or wrist tendon	68%	46%	28%

Skues M. (2016) BADS Directory of procedures: National data set calendar year 2015, London, BADS

Ambulatory Emergency Surgery

Visions for SAEC in the UK:

- Minimise chaos management
- Identify a baseline
- Pathways re-design
- Collect Local and National Data
- Benchmark performance
- Specialised commissioning
- Accreditation of services

There's no place like home !