

Online library of Quality,
Service Improvement
and Redesign tools

Same day elective care – treat day surgery as the norm



Same day elective care – treat day surgery as the norm

What is it?

The definition of day surgery in the UK and Ireland (as outlined in guidelines developed by the Association of Anaesthetists of Great Britain and Ireland and the British Association of Day Surgery) is clear: ‘the patient must be admitted and discharged on the same day, with day surgery as the intended management.’

There has been a great deal of progress in treating day surgery (rather than inpatient surgery) as the norm for elective surgery. As equipment and techniques continue to develop, it is important to ensure that all procedures for which it is appropriate are carried out as day surgery. Switching appropriate procedures to day cases is better for patients and also helps to release inpatient beds.

When to use it

For any surgical operation there are significant variations in performance throughout the UK with regard to time spent in hospital. This variation cannot be explained solely by differences in case mix. Evidence suggests that a sizeable proportion of variation is due to differences in clinical practice.

Rather than asking ‘is this patient suitable for day case?’ you should be asking ‘what is the justification for admitting this patient?’ Inpatient care should be the exception in the majority of elective procedures, not the norm. The hospital’s systems, processes, design and physical space should be organised on this basis.

How to use it

There are ongoing directories of procedures that, in most cases, can be carried out safely as a day cases. The British Association of Day Surgery (BADs) produces one of these directories and also promotes the provision of quality care in day surgery. It encourages trusts to focus on the short stay elective pathways (not just day cases) and plan to manage the majority of elective patients with stays of less than 72 hours.

In its directory of procedures, BADs highlights an indicative percentage for patients undergoing a procedure under four pathway options: procedure room, day surgery, 23-hour stay and under 72-hour stay.

Experience of organisations that have moved more procedures to day cases have highlighted the following issues as being key to address:

- Ensure that patients are not admitted the night before for day case procedure.
- Ensure that patients are not kept in overnight for non-clinical reasons.
- Ensure that patients planned to be day cases are not coded as inpatients.
- Make improvements to the poor use and organisation of theatres.
- Develop consistent criteria for day case anaesthesia.

- Focused clinical leadership – where there is an identified clinical lead, the commitment to improve day surgery rates is increased dramatically.

As a starting point to improve day case rate, look at how your organisation is performing in its day case rates. For example, by looking at the British Association of Day Surgery data it is possible to make a comparison with other organisations. As an initial target, the aim should be to get into at least the upper quartile.

Examples

1. Torbay and South Devon NHS Healthcare Trust has had significant success in achieving a high rate of day cases. Their approach has been to:

- identify a procedure that could be carried out in a day case setting
- have a strong project structure
- work with clinical staff and review processes
- listen to and deal with all clinical concerns
- plan the day case process around patient need – for example, managing recovery at home and patient information
- encourage staff rotation between inpatient and day units.

2. South Essex Partnership University NHS Foundation Trust has adapted ‘treat day surgery as the norm’ for mental healthcare services in order to focus on the management of admissions. Clinical staff began by targeting the prevention of admissions and improving discharge arrangements by focusing on a new assessment and recovery unit, in addition to the development of five crisis resolution home treatment teams.

The assessment unit provides support to the crisis teams through an inpatient facility offering a maximum 72-hour stay. This allows time for community services to organise appropriate help and support for early discharge. Results demonstrate a reduction in the need for out of area placements.

What next?

Treating day surgery as the norm suggests a change in the way we think about elective care. Senior clinical and managerial leaders and trust boards need to help their organisations make that switch in thinking.

Using a [project management](#) approach will increase the potential of successfully delivering the change.

References

Verma, R, Alladi, R, Jackson, I *et al* (2011) Day case and short stay surgery: 2, *Anaesthesia*, 2011: 66, pp.417–434.