# Optimisation of the Day Surgery Pathway

Karen Harries

Lead Nurse Day Surgery & POA

Kings College Hospital NHS Foundation Trust

# Definition of Day Surgery

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

- Admitted
- Operated on
- Go home

It is NOT a 23-hour stay (ambulatory), which involves overnight admission

# Benefits of Day Surgery

- Patient benefits
  - Patient preference
  - Reduced risk of infections post op
  - Reduced risk of VTE complications
- Benefits for the hospital
  - Release inpatient beds
  - No risk of cancellation due to no bed
- Elective recovery Plan
  - Efficient in reducing huge elective surgery backlog

# Which Surgical procedures?

- Low risk of significant post-operative complications (eg catastrophic bleeding or airway compromise)
- Post-operative pain can be managed by oral analgesia supplemented by regional anaesthetic techniques
- Oral intake manageable post-operatively.
- Patients can mobilise with/ without aid post-operatively
- Duration of surgery: Operations lasting 3-4 hours (or longer) now routinely performed on a day case basis

# How do we know it works?

Modernisation Agency 2001 – 10 high impact changes for service improvement.

1 **Change Nº1:**
Treating day surgery (rather than inpatient surgery) as the norm for elective surgery could release nearly half a million inpatient bed days each year.

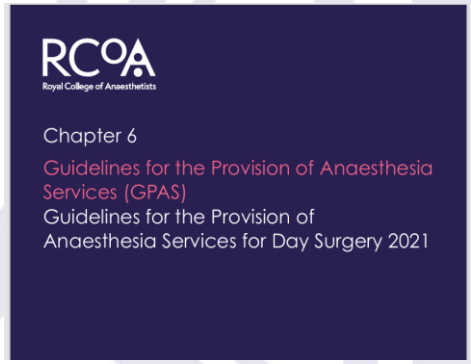
- Cataract Extraction
- Squint
- Excision Breast Lump
- Laparoscopic Cholecystectomy
- Hernia Repair
- Haemorrhoidectomy
- TURBT
- Orchidopexy
- Circumcision
- D&C / Hysteroscopy
- Bat Ears
- Tonsillectomy
- **Excision of Ganglion**
- **Dupuytren's Contracture**
- **Arthroscopy**
- **R/O Metalwork**
- **Bunion Operations**
- **Carpal tunnel decompression**

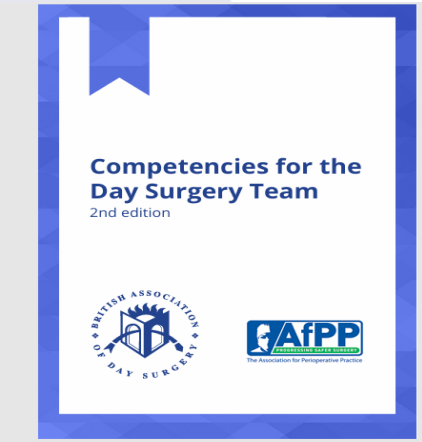
# Where are we today??

300 procedures listed as suitable as a day case

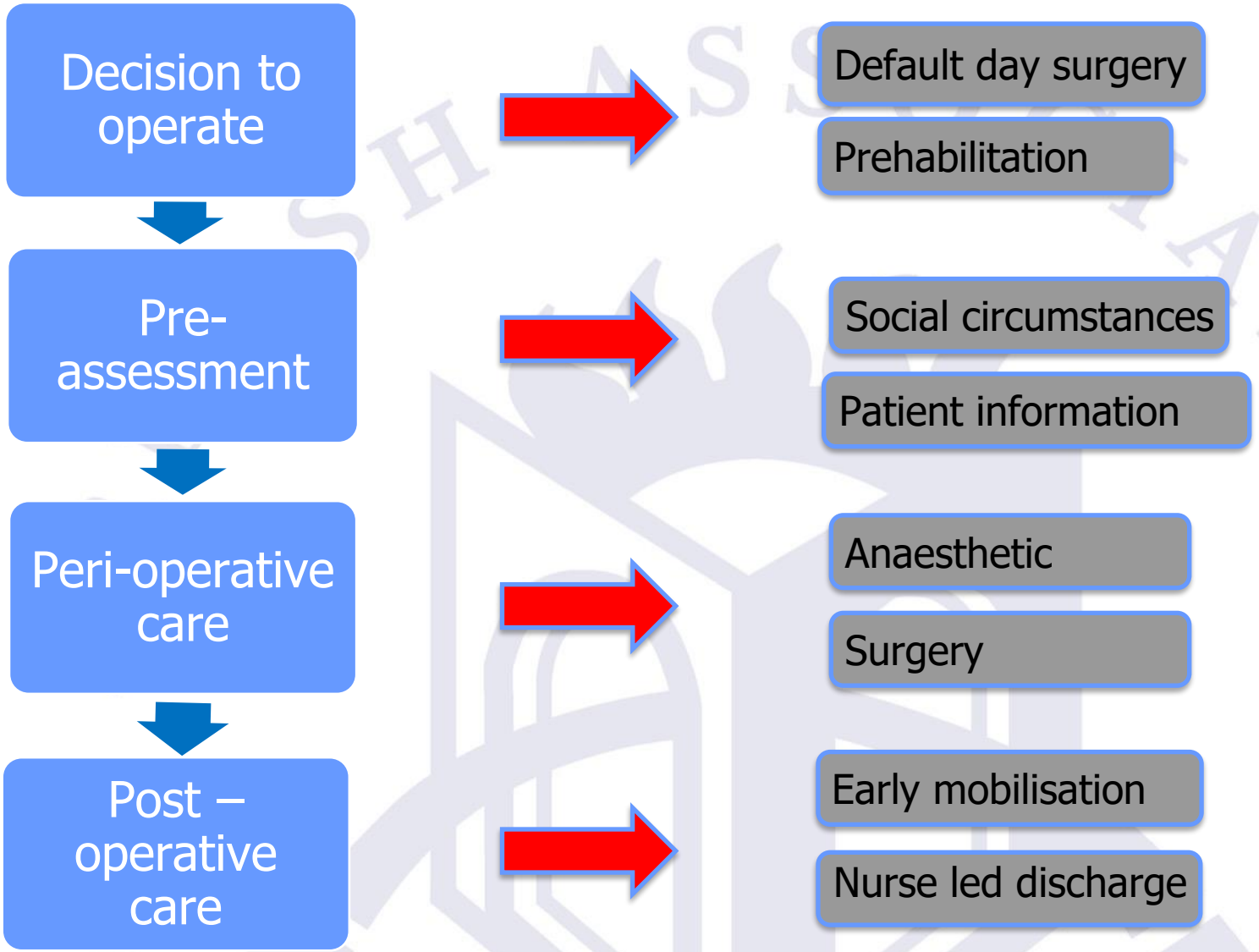
- Shoulder surgery
- Arthroplasty
- ORIF ankle
- ACL repair
- Primary total prosthetic replacement of the hip
- Mastectomy
- Hysterectomy

**Nearly ALL surgery should be day or very short stay**

# Plan as a Day case/ do as a day case



# Ask yourself

- Can the operation be done as a Day Case?
- Are the risks to the patient increased by treating them as a day case?
  **NO then treat as a Day Case**
- What is different in patient management if admitted as an inpatient?
  **NOTHING then treat as a Day Case**
- Does the patient have anything that prevents them from being a day case?

**Positive terminology at all stages**

# Day Surgery Pathway

-GP referral for procedure
-Surgical OPA/ trauma meeting
-Patient Selection
-Pre-operative assessment
-Booking and Scheduling
-Admission
-Surgery and Anaesthesia
-Discharge
-Recovery at Home

**Champions**

**Key enablers**

# GP Referral

- Do our primary care colleagues know what can be done as day case?
- Do they know which patients are appropriate?
- Do they start the day surgery message?
- Do they ensure patients are "fit" for surgery?

# Surgical outpatients

- Start/continue the day surgery message
  - Day surgery by default – default with confidence
- Reassure patients day surgery is safe and effective
- Think about what you can do at this point to optimise?
  - **Pre-habilitation:** Early recognition and optimisation of co-morbidities allow more patients to be fit for and access day surgery

**Remember if not fit for Day Surgery - probably not fit for elective surgery**

# Patient selection

## Things that frighten us – but shouldn't !!!

### Banish the "just in case bed"

# Elderly or Frail Patients

Usually best managed in their own environment
- decreased post op delirium

Early prehabilitation/ CGA can optimise fitness for surgery

National Audit Office 2019
The average 67 year old admitted to hospital.....

- 5% loss of muscle strength per day
- After 10 days
  - 12% reduction in lung capacity
  - 14% reduction in hip/knee muscle strength
  - Reduced life expectancy of 10 years

# Obesity

AAGBI GUIDELINES

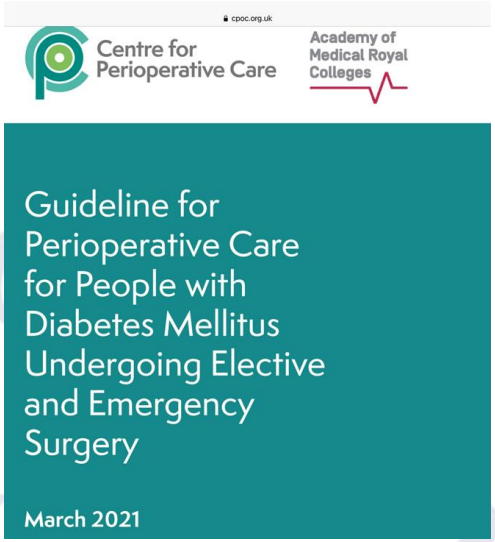
"even morbidly obese patients can be safely managed in expert hands, with appropriate resources."

"obese patients benefit from the short duration anaesthetic techniques and early mobilisation associated with day surgery"

# Obesity

- Ensure common co-morbidities identified and addressed early and patient is optimised: Diabetes, OSA
- May not be suitable for isolated Day Surgery Sites
- List early in the day
- Everything can be more difficult and take longer (anaesthesia/ surgery/ positioning)
- Appropriate equipment (table, side extensions, instruments, hovermats etc)

# Diabetes




- Pre-optimisation will increase patients suitability for day surgery
- Glycaemic control should be checked at time of referral for surgery.
- HbA1c should be < 69 mmol/mol in the previous three months.
- If HbA1c ≥ 69 mmol/mol, **el ective surgery should be delayed while control is improved then proceed with day surgery**

**Keep these patients as close to their normal regime as possible**

# Social Factors

- **Adequate home facilities**
  - inside toilet
  - phone access
  - Heating

- **1 hours drive to hospital** (any hospital)
- **Responsible Adult escort and carer**

  No escort / carers:
- Home alone policies in place in multiple trusts
- NHSE Post Surgery No-One at Home (NOAH) policy

# Pre-operative assessment

- Nurse Led.
  With support from experienced DS anaesthetists for complex patients
- Day Surgery trained and focused staff
- Preparation.
  - Confirm day surgery intent.
  - Discuss arrangements from admission to discharge and what to expect

**Patients should be considered NOT just on a waiting list but on an optimisation list – waiting well!!**

# Day Surgery Facilities

- Dedicated DSU with own admission ward, operating theatres, recovery and postoperative discharge wards
- No stand alone DSU but adapting inpatient wards and theatres
- All should be equipped to same standards as any inpatient theatres
- Admission wards need NO beds, NO Showers, smaller patient bays. Simple catering facilities only to protect from inpatient take over.
- Consider use of operating trolleys to reduce transfer delay, manual handling risks.

# Why have a dedicated DSU?

- Day Surgery nursing / staffing expertise – whole team focused on good high quality day surgery
- Staff not distracted by sick inpatients
- Patients no chance develop pyjama paralysis

.

- Better patient experience
- Proven increased success rates for Day Surgery discharge.
- Higher Quality outcomes

# List Planning


***'Smart'* list order**

6;4;2 – listing templates

- *Consider Recovery Times*

  *Ward space and turnover*

  - *Medical: Diabetes/ Frail/ Elderly /Obesity / LD*
  - *Surgical: TKR/UKR, tonsillectomy, Hysterectomy*

- *Consider pre-surgery preparation*

  - *Pre – medication / nuclear medicine*

# Surgery and Anaesthesia

- Surgeons
    - Regular list
    - Daycase techniques
    - surgical expertise
    - Day Surgery mindset

- Appropriate anaesthetic techniques for rapid recovery
    - Short acting GAs / TIVA
    - Short acting regional anaesthesia
    - Multimodal analgesia including nerve blocks
    - Anti-emetic regimens
    - DSU expertise

- Experienced staff. Day Surgery theatre teams
- Required Equipment available
- Documentation, TTOs written *in Theatre* to avoid delays in discharge, prepacked TTO's.

# Recovery


- Agreed Day Surgery protocols for Pain and PONV
- Promote understanding that Recovery analgesia management influences successful same day discharge.
- Criteria led discharge (not time led) to second stage (ward)
- Bypass recovery if LA/ Blocks/ short acting Spinals

# Patient Discharge

- **Nurse led discharge**
- Trained DSU staff / Senior staff
- Specific protocols for discharge
- Not time specific (except certain ops)
- When ‘street fit
- Good patient written / verbal advice
- Prepacked TTO’s
- 24 hour phone access to skilled advice
- Post op phone call the next day

## Monitor outcomes:

- Day Case rates
- Cancellations on the Day of Surgery
- Unplanned overnight admissions
- Readmission rates
- Postoperative symptoms pain / PONV
- Patient satisfaction

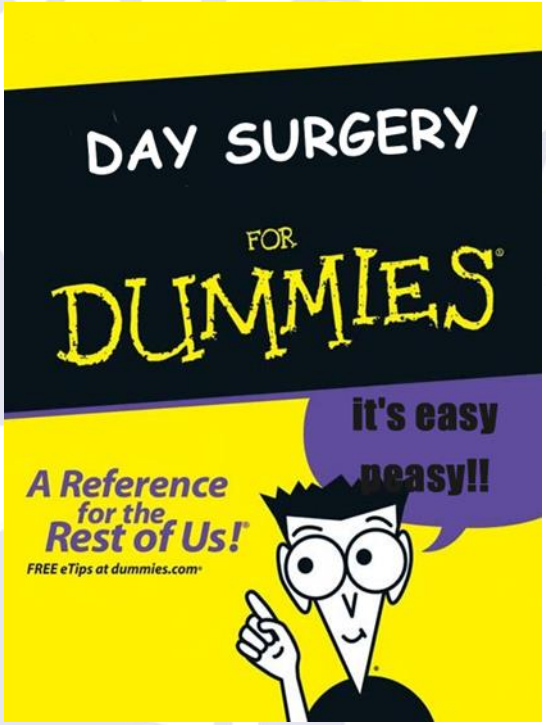
## Benchmarking:

- Understanding your outcomes
- Continuous service improvement
- Learn from others
- Desire for change
- Push boundaries

Model Hospital

# Finally

***Day Surgery pathways***




- Treat day surgery as the “norm”
- Consistent day surgery message - positive not negative language
- Make Day Surgery the priority
- Support at Trust Board level
- Appropriate resources
  - Equipment
  - Senior experienced staff /Clinical expertise

*Benchmark, Review service, Drive change*