Day Surgery

Dr Kim Russon
Consultant Anaesthetist
Rotherham NHS FT Hospital

President
British Association of Day Surgery

CPOC Peri-operative Event 3rd March 2021

BADS Virtual Conference
18th March 2021
Using Day Surgery to Recover Elective Surgery in the Era of Covid-19

Disclosures

Represent BADS on advisory boards with the following companies:

- Depuy
- Sintetica

BADS Strategic Alliance Partners

B BRAUN
SHARING EXPERTISE

UROLIFT®
BPH Relief. In Sight.™

Acknowledgments

- Dr Chris Snowden
- Dr Mike Swart
- Dr Mary Stocker

Basket of Procedures 2001

audit commission

Basket of Procedures 2001

audit commission

- 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

Trolley of Procedures

audit commission

Added 17 procedures

NHS Modernisation Agency 2004

10 High Impact Changes
for Service Improvement and Delivery

1

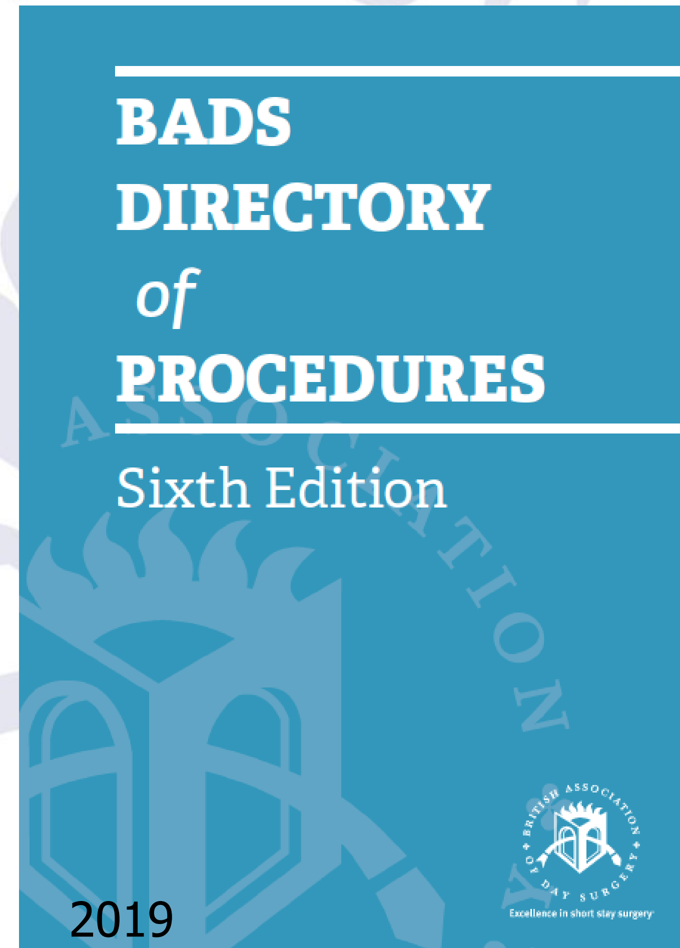
Change Nº1:
Treating day surgery (rather than inpatient surgery) as the norm for elective surgery could release nearly half a million inpatient bed days each year.

Nearly ALL surgery should be day or very short stay

Nearly ALL surgery should be day or very short stay

Over 200 procedures listed as suitable as a day case

- vaginal hysterectomy
- mastectomy
- shoulder surgery
- ACL reconstruction
- Tonsillectomies
- Lap Cholecystectomy
- Some emergencies
  - Abscesses
  - Lap appendix



How far have we come?

Specialty	Procedures in 1990	Procedures in 2019
Ophthalmology	Cataract Extraction	Vitrectomy
Gynaecology	Hysteroscopy	Hysterectomy
Orthopaedics	Arthroscopy	TKR /THR
Urology	Circumcision	Laparoscopic Nephrectomy
Head and Neck	Tonsillectomy	Thyroidectomy

Ambulatory Emergency Surgery

Should not be excluded

- Unselected
- Unplanned
- Day or Night

Many can be considered / performed as a day case

Key is to plan it as a day case

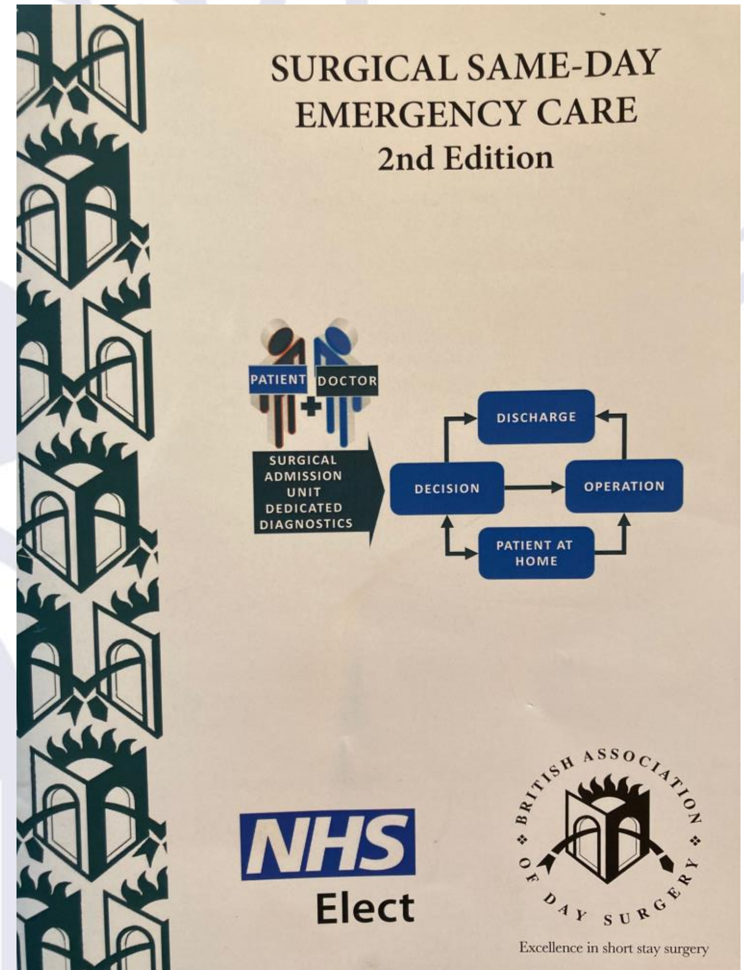
Ambulatory Emergency Surgery

International Association of Ambulatory Surgery Oct 2017

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

SDEC 2019

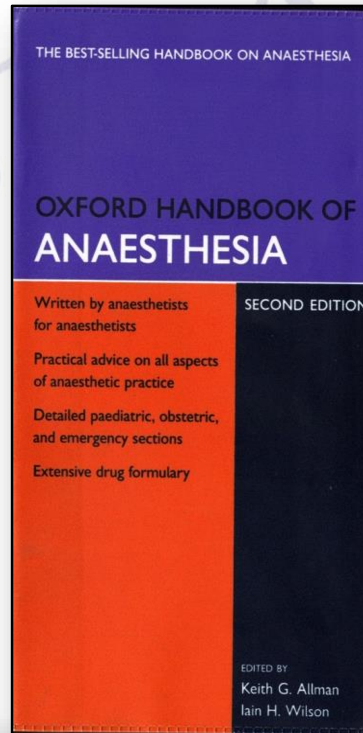
NHS England and NHS Improvement



Surgical criteria

- Manage oral nutrition post-operatively
- Post-operative pain managed by simple oral analgesia supplemented by regional anaesthetic techniques
- Low risk of significant immediate post-operative complications (eg catastrophic bleeding or airway compromise)
- Patient able to mobilise with / without aid post-operatively

The duration of surgery in the ambulatory setting was originally limited to procedures lasting less than 90 minutes...

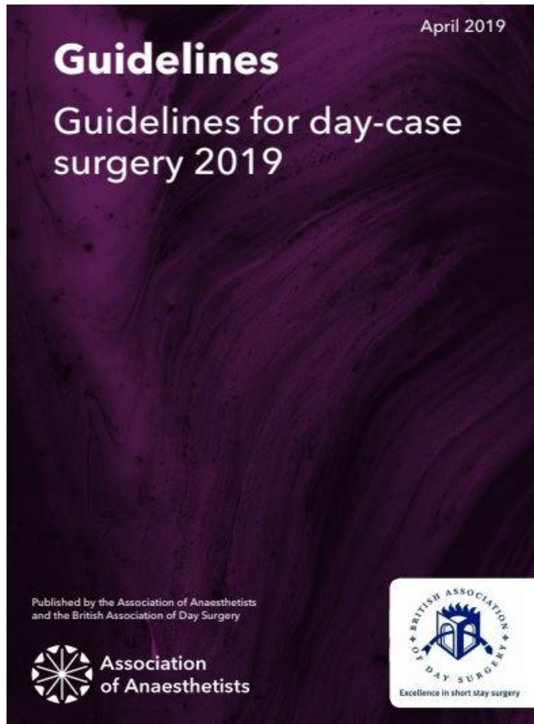


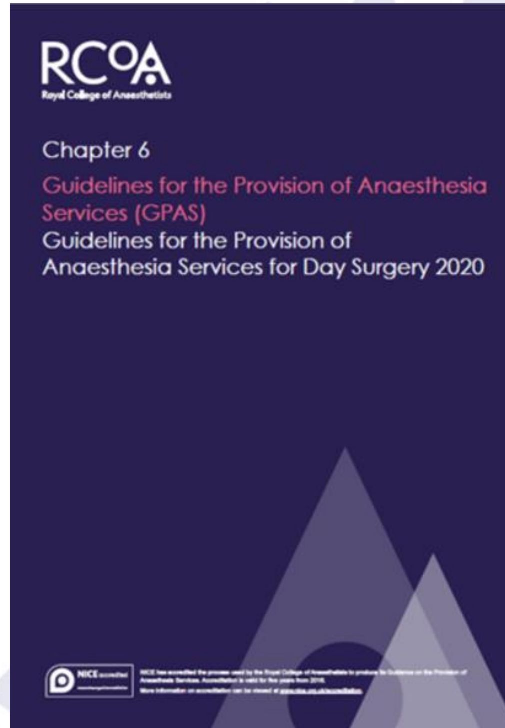
Day case selection criteria

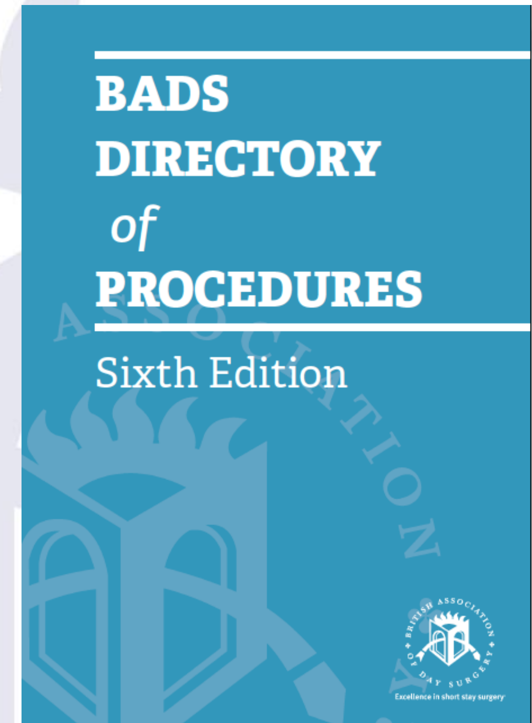
Complexity of surgery: operations lasting longer than 60 min and those associated with a risk of significant post operative pain, haemorrhage, or prolonged immobility should not be performed.

Operating times

Surgical procedures lasting 3 to 4 hours are now routinely performed as a day case







Social factors

The vast majority of patients will meet the criteria for social factors

or

can be enabled to do so with proactive management

Social Factors

- Responsible adult
- Maximum 1 hours drive
- Adequate housing conditions
  - -inside toilet
  - -telephone access
  - -heating
  - -stairs

Distance from Hospital

- Rarely a problem
- Even in rural areas

Remember it is 1 hour from ***a*** *hospital that can treat the condition and not necessarily the operating hospital*

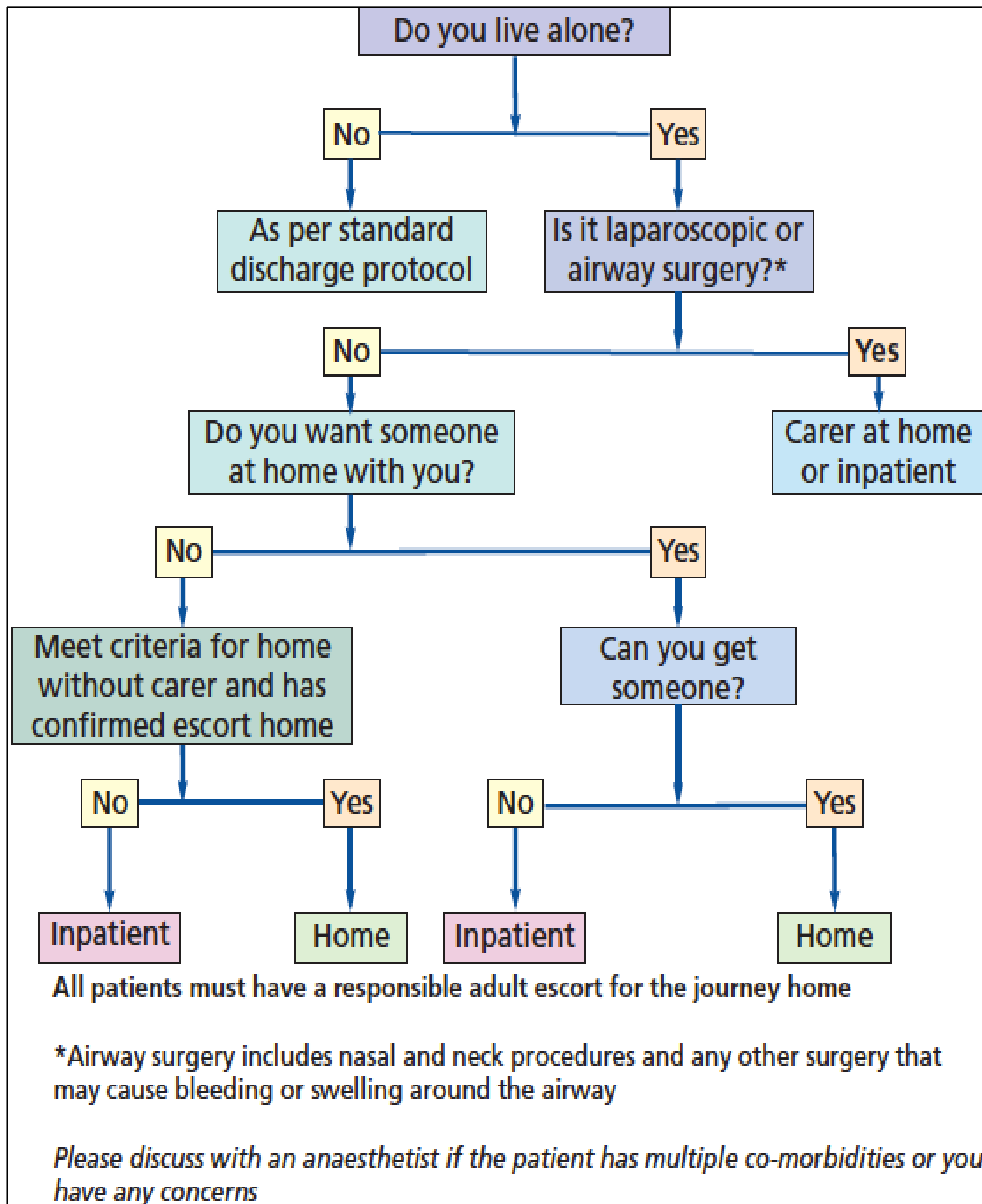
Potential challenge: Patients who live alone

- Do you defer surgery until an inpatient bed is available?
- What are the options for who could provide this care?
- Should you treat all procedures the same?

Possible Solutions

- Torbay model: provide carers into patient's home
- Norwich model: allow some patients home without carers after certain procedures
- Escort vs 24 hour Care

Retief J, Morris R, Stocker M. The postoperative carer: A global view and local perspectives. Journal of One Day Surgery. March 2018.



Norwich Home Alone Protocol

Both pathways have been in place for a number of years now

- Excellent patient satisfaction
- No adverse outcomes

- QIP in the Day Surgery chapter Royal College of Anaesthetists

https://rcoa.ac.uk/sites/default/files/documents/2020-08/21075%20RCoA%20Audit%20Recipe%20Book_14%20Section%20B.5_p189-208_AW.pdf

Which patients?

NHS
Modernisation Agency

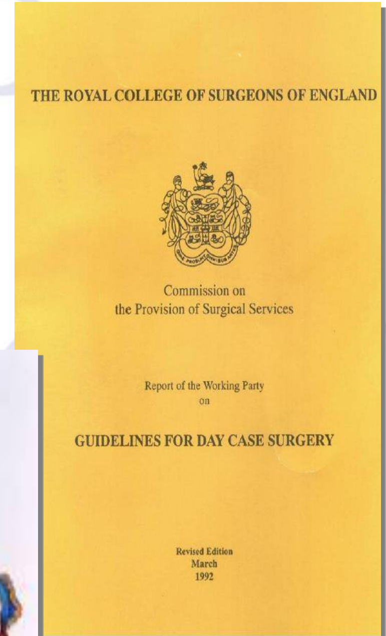
10 High Impact Changes
for Service Improvement and Delivery

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.

Medical Factors 1980's

1985 & 1992

Royal College of Surgeons of England


THE ROYAL COLLEGE OF SURGEONS OF ENGLAND

Commission on
the Provision of Surgical Services

Report of the Working Party
on

GUIDELINES FOR DAY CASE SURGERY

Revised Edition
March
1992

Selection Criteria

Age limit 65-70 years

ASA I & II

BMI<30

Max 60 mins operating time

Patient Selection for Day Case

<u>Patient Factors:</u>

Patient Preference

Cardio-respiratory disease

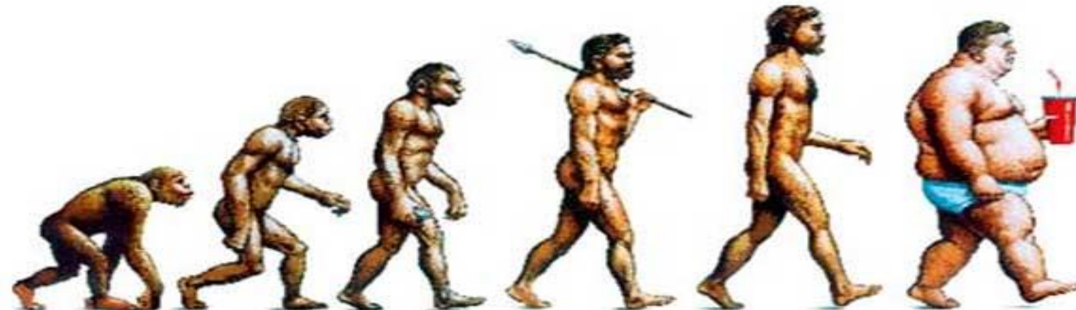
Elderly

Obesity

GORD

Reduced risk thromboembolism

Reduced PONV



Covid risk

Patient Selection

	1990	2019
ASA	1 and 2	No limit
Age	70	No Limit
BMI	30	No limit
IDDM	No	Yes

Which Patients?

Are this patient's risks increased in any way by treatment on a day stay basis?

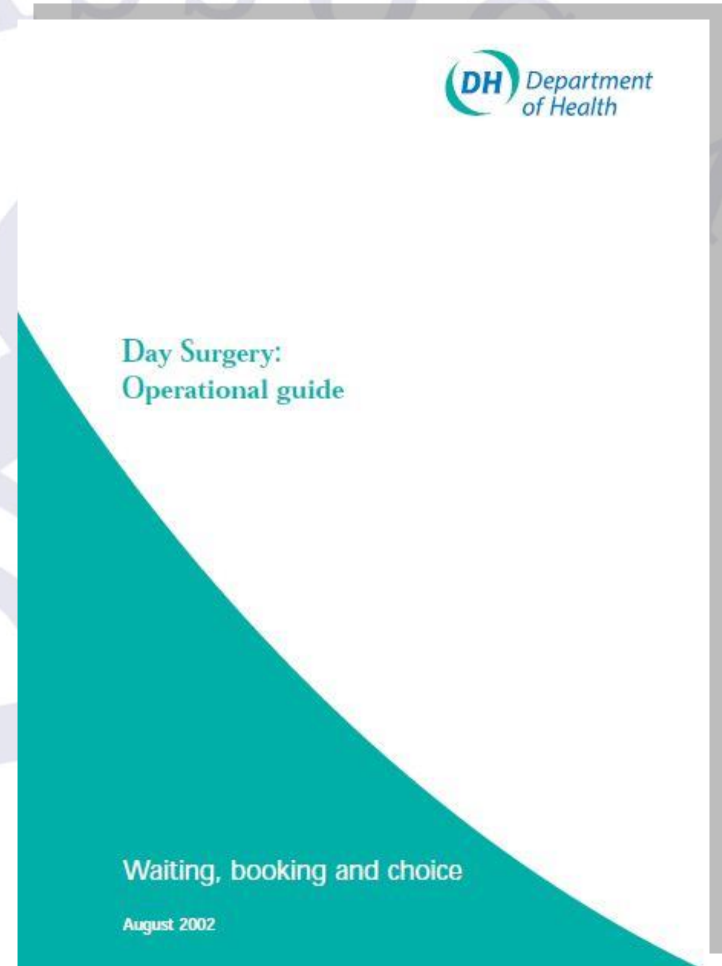
Would management be different if he/she were admitted as an inpatient?

The patient is probably suitable for day case

Definition of Day Surgery

- Planned
- Intended management of day surgery
- Patient admitted / operated on / discharged on SAME calendar day

Day Surgery: Operational Guide
DoH London 2002



High Quality Pathways

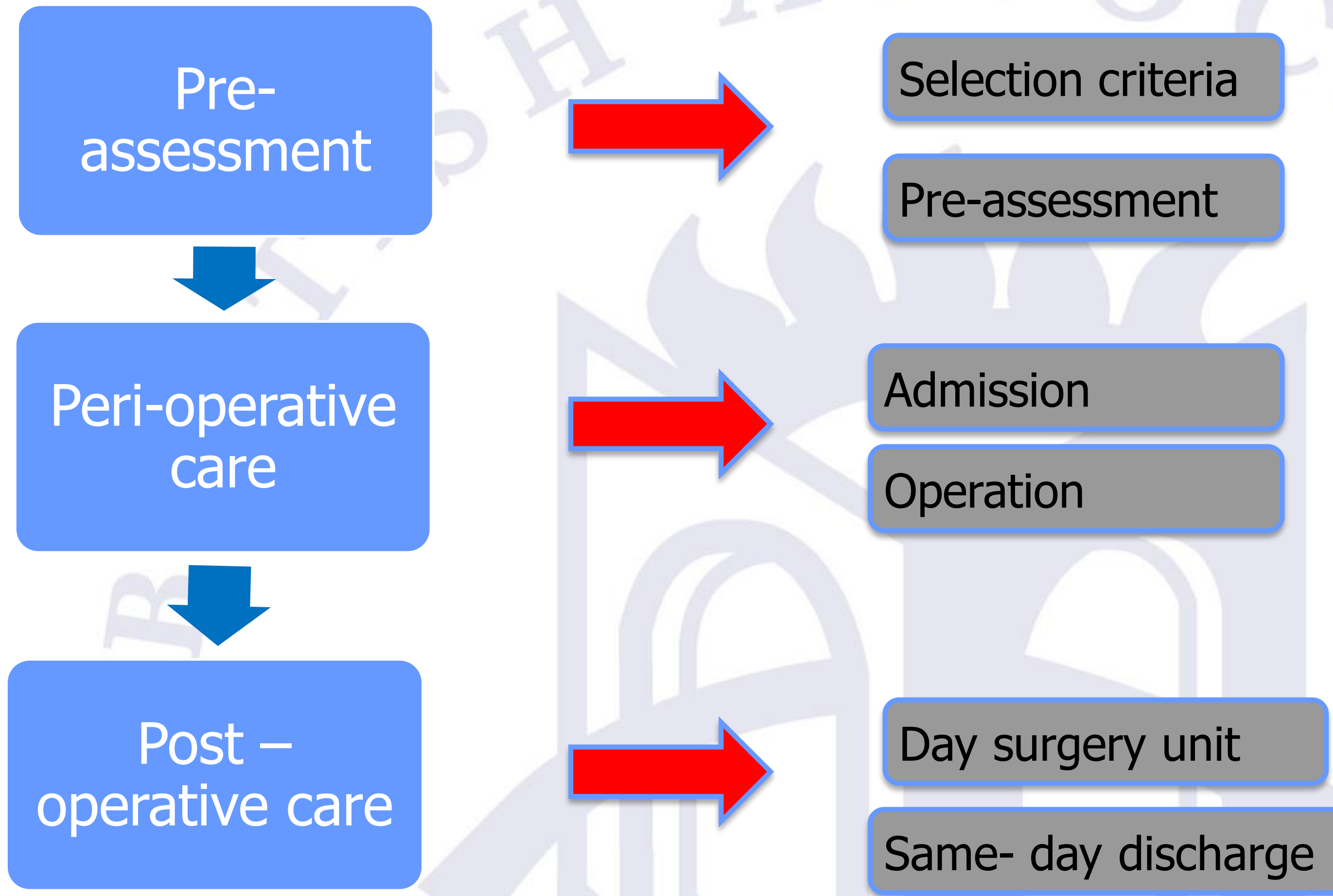
"Standardise"

- Agreed Booking/scheduling
- Agreed Anaesthetic & Surgical practice
- Guidelines for PONV, Analgesia, TTOs
- Informed and well prepared patient

- Dedicated multidisciplinary day surgery team
- Champions and Key enablers
- Dedicated facilities (wherever possible)

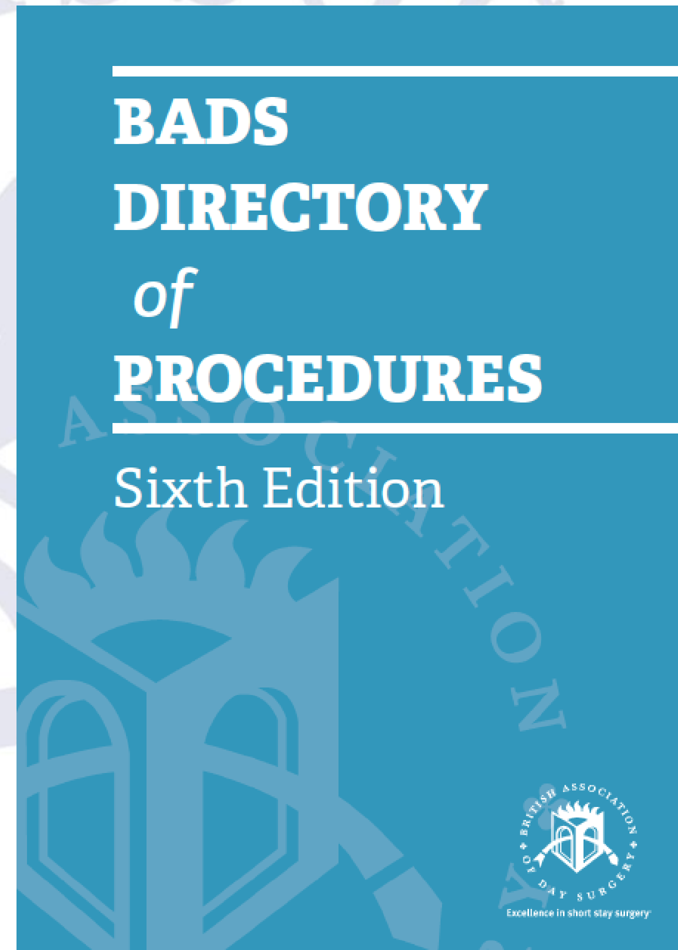
All focused on successful day surgery

Plan as a Day case



GP Referral

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



Surgical Outpatients

- Surgeon confirms day case management

- Default suitable surgical procedures to day case
  - Book as planned day case
  - Intended management day case

Remember if not fit for day surgery probably not fit for elective surgery

- Consider starting optimisation
- Can surgery be delayed until optimised

Pre operative assessment

- Identification of medical concerns and address early
  - BP/Hb/AF/Diabetes etc
  - Medication

- Optimisation of patient

Can surgery be delayed until optimised and then treat as day case

- Patient preparation for day surgery
  - Discuss arrangements from admission to discharge home
  - Verbal and written information

Planning the List

- "Smart" list order
  - Consider recovery times
    - Medical – Diabetes/Obesity/ Elderly
    - Surgical – THR/UKR/ Tonsillectomy / Difficult lap chole
- Consider pre-surgery preparation
    - Guidewire insertion (*Eg start with a mastectomy)*
    - *X-ray*
    - *Bloods /INR*

Surgery and anaesthesia

- Do you usual operation and do it well!
- Appropriate surgical and anaesthetic technique for rapid recovery
  - Short acting GAs or Day case spinals
  - Multimodal analgesia
  - Anti-emesis
- Experienced staff
- Best kit
- Any specific discharge criteria specified
- Documentation completed in Theatre

Patient discharge

Nurse led discharge

- Not time specific (except for certain ops eg tonsillectomy)
- "When street fit”
- Surgery specific – eg safe mobilisation

- TTOs in packs on DSU ward

NURSE LED DISCHARGE

Excellence in short stay surgery

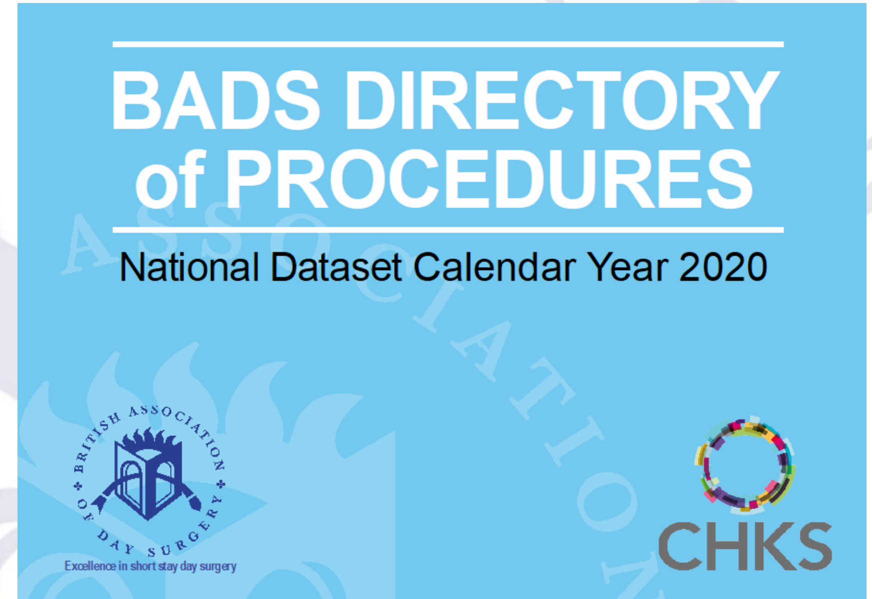
Measuring Outcomes

- Day case rates
- Cancellations on the day
- Unplanned admissions

- Postoperative symptoms
- Patient satisfaction

Day Case rates

- Know your data
- Identify areas to improve
- Push boundaries



General Surgery

DESCRIPTION	CURRENT NATIONAL PERFORMANCE		
	TOP 5%	TOP 25%	50% (MEDIAN)
Laparoscopic repair of hiatus hernia with anti-reflux procedure (eg fundoplication)	41%	3%	0%
Laparoscopic gastric banding	72%	29%	0%
Transanal excision of lesion of anus	84%	64%	46%
Repair of rectal mucosal prolapse	100%	70%	40%
Excision/destruction of lesion of anus	98%	94%	91%
Haemorrhoidectomy including staples	100%	89%	85%
Injection or banding of haemorrhoids	100%	99%	97%
Treatment of anal fistula with seaton suture	98%	94%	88%
Excision/treatment of anal fissure	100%	100%	100%
Pilonidal sinus surgery -laying open or suture/ skin graft	96%	88%	82%
Diagnostic laparoscopy	92%	84%	78%
Laparoscopic cholecystectomy	79%	69%	57%
Primary repair of inguinal hernia	87%	80%	74%
Repair of recurrent inguinal hernia	88%	77%	67%
Primary repair of femoral hernia	100%	87%	75%
Repair of umbilical hernia (adult)	91%	85%	78%
Laparoscopic repair of incisional hernia	58%	23%	10%
Excision/biopsy/sampling of lymph node for diagnosis (cervical, inguinal, axillary)	95%	88%	80%
Closure illostomy	0%	0%	0%
Incision and drainage of perianal abscess	100%	86%	67%
Appendicectomy (including laparoscopic)	100%	36%	0%
Incision and drainage of skin abscess	93%	81%	67%

Model Hospital

NHS Improvement

NHS

The Model Hospital supports the NHS to provide the best patient care in the most efficient way.

This free digital tool from NHS Improvement enables trusts to compare their productivity and identify opportunities to improve. It is currently available to all NHS provider trusts.

Register Login

Get help and further information

22:25 Tue 2 Feb

model.nhs.uk

kim Russon

(Change organisation) Rotherham NHS Foundation Trust

Model Hospital Browse Bookmarks

Peer group: CQC - Good

Data period: Latest

Day Cases Beta

Organisation Wide

Overview →

Specialty

- Breast Surgery →
- Ear, Nose & Throat →
- Emergency Surgery →
- General Surgery →
- Gynaecology →
- Head and Neck →
- Medical →

Proportion of organisation and specialty admissions that were day cases, conversions from day case to inpatient stays and potential opportunities to reduce bed days.

Download

Q2 2020/21

Organisation level day case rates for British Association of Day Case Surgery procedures

Trust value

79.0%

Q2 2020/21

Head and Neck - Day case rates

Trust value

99.0%

Model Hospital

- BADS Benchmark 40%
- Peer median0%
- 67% (Q4 2019 /20)

We are still working on getting our coding correct (A year ago it showed as zero on Model Hospital)

DoH "Best Practice Tariff"

- 2009
- 2-3 yearly review
- Incentivise day case
  - Lap Chole
  - Breast surgery
  - ACLr

Adapt and Adopt

- Theatres workstream
- Delivered by ICS/STP
- Led by NE & Yorkshire

Other A&A workstreams:
Endoscopy, CT/MRI,
Outpatients, cancer

GIRFT

GETTING IT RIGHT FIRST TIME

GIRFT
GETTING IT RIGHT FIRST TIME

Ear, Nose and Throat Surgery

GIRFT Programme National Specialty Report

by Andrew Marshall BSc MBBS FRCS
GIRFT clinical lead for Ear, Nose and Throat Surgery

November 2019

GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust, NHS England and NHS Improvement

Maxillofacial Surgery

me National Specialty Report

November 2018

GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement

AUGUST 2017

General Surgery

me National Specialty Report

by John Abercrombie MBBS FRCS
GIRFT Clinical Lead for General Surgery

GIRFT

GETTING IT RIGHT FIRST TIME

- Reduce variation
- More and more day surgery focus
- Looking at index cases

- Anaesthesia and Peri-operative medicine report due in 2021

GIRFT

GETTING IT RIGHT FIRST TIME

NHS

- 29 surgical procedures "High volume, low complexity" across 6 surgical specialities
- A suggestion of which cases should be day case as default and ***their suitability for regional anaesthetic***

Specialty	Procedure	Day case probable	BADS expected DC rate	Likely anaesthetic	Spinal anaesthesia opportunity	Possibility of non-airway management	Comments
General surgery	Inguinal Hernia	Yes	75%	GA	No	No	Those rates will go up over 80%
	Paraumbilical Hernia	Yes	90%	GA	No/Yes	Yes	Can be undertaken under spinal
Gynaecology	Diagnostic laparoscopy	Yes	100%	GA/Spinal	No/Yes	No/Yes	
	Endometrial ablation	Yes/OPC	95%	GA/LA	Yes	Yes	>50% done under LA in OPC
	Hysteroscopy	Yes/OPC	100%	GA/LA	Yes	Yes	90% done under LA in OPC
	Vaginal hysterectomy	Yes	60%	GA/Regional	Yes	Yes	Day case rates will rise to 80%
Orthopaedics	Anterior Cruciate Ligament Reconstruction	Yes	90%	GA/Spinal	Yes	Yes/No	
	Total Hip Replacement	Yes 10-20%	20%	Neuroaxial	Yes	Yes	
	Total Knee Replacement	Yes 10-20%	20%	Neuroaxial	Yes	Yes	
	Uni knee replacement	Yes 40%	40%	Neuroaxial	Yes	Yes	
	Bunions	Yes	95%	Regional	Yes	Yes	
Urology	Bladder outflow obstruction	Yes	50-100%	GA/Neuroaxial	Yes	Yes	
	Bladder tumour resection pathway	Yes	60%	GA/Neuroaxial	Yes	Yes	
	Cystoscopy plus	Yes	80%	GA	Yes	Yes	
	Minor peno-scrotal surgery	Yes	100%	GA/LA	Yes	Yes	
	Ureteroscopy and stent management	Yes	80-90%	GA/Spinal	Yes	Yes	

Acknowledgment: Dr Chris Snowden & Dr Mike Swart & GIRFT Elective Surgery Recovery & Transformation Programme - London

Elective Surgery Recovery & Transformation Programme

- Engagement of clinicians
- Identify day case procedures
- Mapped out pathway
- Default to day surgery
- Agreed surgical / anaesthetic processes
- Standardise pre-operative preparation
- Standardise admission process
- Streamline discharge process
- Expect nurse led discharge as per BADS guidance

Developing new pathways

- What changes are needed in your pathway for you to move this procedure to day case?
- Who are the key players?
- How can you implement this?

April 2019

Guidelines

Guidelines for day-case surgery 2019

Published by the Association of Anaesthetists and the British Association of Day Surgery

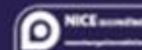
Association of Anaesthetists

RCoA
Royal College of Anaesthetists

Chapter 6

Guidelines for the Provision of Anaesthesia Services (GPAS)

Guidelines for the Provision of Anaesthesia Services for Day Surgery 2020



RCoA
Royal College of Anaesthetists

Raising the Standards:

RCoA quality improvement compendium

4th edition, September 2020

Editors
Dr Maria Chereshneva,
Dr Carolyn Johnston,
Dr John R Colvin
and Professor Carol J Peden

5 Day surgery services

Edited by Dr Kim Russon and Dr Theresa Hinde
QI editor Dr Gethin Pugh

5.1	Optimising your daycase rates	190
5.2	Day surgery cancellations/failure to attend	192
5.3	Day surgery within the main theatre setting	194
5.4	Performing emergency ambulatory surgery	196
5.5	How effective is your daycase spinal service?	198
5.6	Pain relief after day surgery	200
5.7	The need for a carer at home after day surgery	202
5.8	Unplanned hospital admission after day surgery	204
5.9	Evaluating your day surgery pathway	206

BADS Website

National Day Surgery Delivery Pack

Version 1.0 - Published ## September 2020

An up-to-date version is maintained at https://www.gettingitrightfirsttime.co.uk

BADS Virtual Conference
18th March 2021
Using Day Surgery to Recover Elective Surgery in the Era of Covid-19

SPINAL ANAESTHESIA FOR DAY SURGERY PATIENTS A PRACTICAL GUIDE 4th Edition

DAY CASE HIP AND KNEE REPLACEMENT 2ND EDITION

- Links to events
- Day Surgery Unit Directory

National Day Surgery
Delivery Pack
Centre for
Perioperative Care
G I R F T

BRITISH ASSOCIATION OF DAY SURGERY

Centre for
Perioperative Care

G I R F T
GETTING IT RIGHT FIRST TIME

National Day Surgery Delivery Pack

VISION

- How to deliver Day Surgery
- Best practice guidance
- Avoid reinventing the wheel

CONTENTS

- General Principles of Day Surgery
- The Day Case Pathway
- Procedure specific best practice pathways and guidelines

National Day Surgery Delivery Pack

Generic guidance

- What needed
- Who is needed
- Where is needed

Specific Guidance

- Example letters
- Example protocols
- "How I do it" articles

National Day Surgery Delivery Pack

Version 1.0 - Published ## September 2020

An up-to-date version is maintained at https://www.gettingitrightfirsttime.co.uk

Summary of Day Surgery Pathway

- Plan pathway at every stage to ensure intended day surgery management
- Ensure all appropriate patients are managed as day cases
  - Social factors rarely an issue
  - Optimised medical issues rarely an issue
  - Procedures – embrace the BADS directory
- Evaluate process to ensure high quality
- Measure day case rates by procedure against national targets

High Quality Pathways

- Dedicated multidisciplinary day surgery team
- Champions and Key enablers
- Dedicated facilities (wherever possible)

All focused on successful day surgery

Make Day Surgery the Priority

- Support at Trust Board level
- High quality pathway
- Treat day surgery as the “norm”
- Best equipment
- Senior experienced staff
- Clinical experts

- Learn from other centres who are performing well

A Joint BADS & HCUK Conference

10% card payments discount*
15% group booking discount**
£100 special rate for BADS members

Day Case Major Knee Surgery

ACL reconstructios to Total Knee replacements

Thursday 25th March 2021 Virtual Conference

Chair and speakers include:

Dr Kim Russon
President BADS
Consultant Anaesthetist
The Rotherham NHS Foundatio T rust

Dr Mary Stocker
Past President BADS
Consultant Anaesthetist
Torbay & South Devon Healthcare Trust

Mr Alex Anderson
Consultant Orthopaedic Surgeon Rotherham NHS Foundatio T rust

Mr Mike
Consulta
Surgeon
Devon N

HEALTHCARE CONFERENCES UK

A Joint BADS & HCUK Conference

10% card payments discount*
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£100 special rate for BADS members

Day Surgery in Gynaecology

Thursday 20th May 2021 Virtual Conference

Chair and speakers include:

Dr Mary Stocker
Past President BADS
Consultant Anaesthetist
Torbay & South Devon Healthcare Trust

Dr Stam Karavolos
Consultant Gynaecologist
Royal Salford Hospital NHS Foundatio T rust

Mr Peter Scott
Consultant Gynaecologis
University Hospital Plym

HEALTHCARE CONFERENCES UK

£100 special rate for BADS members

A Joint BADS & HCUK Conference

10% card payments discount*
15% group booking discount**

Daycase General Surgery During Covid-19

Friday 18th June 2021 Virtual Conference

Chair and Speakers Include:

Dr Kim Russon
President
British Association of Day Surgery (BADS)

Graham Lomax
Deputy National Delivery Director
Getting it Right First Time (GIRFT)

David Bunting
Consultant Upper GI Surgeon
North Devon District Hospital
and Council Member
The British Association of Day Surgery (BADS)

Using Day Surgery to Recover Elective Surgery in the Era of Covid-19

BADS VIRTUAL CONFERENCE 18th March 2021

Themes

- Covid-19 and the challenges facing elective surgery
- Why should we default to day surgery to maintain elective pathways
- Delivering Day Surgery
- Experiences in how to achieve success in my speciality during Covid-19 and beyond
- How Covid-19 has changed pre-assessment practice

Oral prize presentations

Confirmed Speakers

- Professor Tim Briggs, Chairman of GIRFT, National Director for Clinical Improvement at NHSE/I
- Dr Mary Stocker, Immediate Past President of BADS
- Dr Mike Swart, GIRFT APOM National Clinical Lead
- Dr Chris Snowdon, GIRFT APOM National Clinical Lead

Meeting registration opens
15th December 2021.
FREE TO BADS MEMBERS.
Abstract submission closes
8th January 2021.

Registration opens 1st December 2020

Thank you

BADS Virtual Conference
18th March 2021
Using Day Surgery to Recover Elective Surgery in the Era of Covid-19

Using Day Surgery to Recover Elective Surgery in the Era of Covid-19

BADS VIRTUAL CONFERENCE 18th March 2021

Themes

- Covid-19 and the challenges facing elective surgery.
- Why should we default to day surgery to maintain elective pathways.
- Delivering day surgery during COVID-19 and beyond.
- Recent experiences of how to achieve successful day case Orthopeadics, Gynaecological, Maxillofacial, General Surgery, Urology and ENT.
- How Covid-19 has changed pre-assessment practice.

Poster and oral prize presentations

Confirmed Speakers

- Professor Tim Cook, Consultant in Anaesthesia and Intensive Care Medicine, RCoA advisor on airway
- Professor Tim Briggs CBE, Chairman of GIRFT, National Director for Clinical Improvement at NHSE
- Dr Mary Stocker, Immediate Past President of BADS
- Dr Mike Swart, GIRFT APOM National Clinical Lead
- Dr Chris Snowdon, GIRFT APOM National Clinical Lead

Meeting registration opens
1st December 2020.
FREE TO BADS MEMBERS.
Abstract submission closes
24th January 2021.