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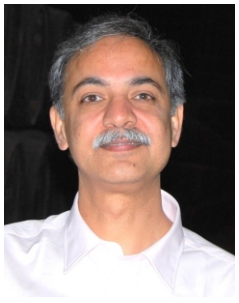
Eid Mubarak & Happy Diwali

To all our readers.



Day Surgery: Making it Happen
Key issues in the implementation and development of Day Surgery services.

(Continued from last issue....Final part.)

However, a common aspect is shortage of everything apart from patients.

In virtually every developing country there are limited facilities, medical equipment, human resources, drugs and financial resources. Medical facilities both at the primary and secondary level are often inadequate for the large populations they are intended to serve. Training of health care professional is often not optimal and there are tremendous workloads.

Health care policy in developing countries does not reflect the real surgical needs of the populations. This is particularly true for children surgical conditions. Surgery should be considered an essential component of basic health care for example in relation to the management of congenital pathologic conditions and traumatic injuries. At other time surgery can be preventive as in the case of elective hernia repair.

A lack of political commitment by governments and international agencies may be the single most important reason why surgical care has not progressed in developing countries.

Irrespective to the availability of resources, political commitment is the principal prerequisite for ensuring essential health services for the disadvantaged in these countries. (Bickler SW and Rode H, 2002).

Surgical care should be an essential component of child and adult health programmes in developing countries.

The development of day surgery services adapted to the Day surgery is an innovative approach to surgical health care and, as in all innovative situations, there may be initial resistance to change (Jarrett and Staniszewski 2006). In France, the publication of a major study by the National Insurance Company (CNAM) on the experience with day surgery in that country was important in changing the prevailing opinion, showing as it did that the advantages obtained elsewhere were equally relevant in France (Toftgaard and Parmentier 2006). There may also be legal and regulatory barriers to be overcome. For example, until the end of the 1990s, day surgery was prohibited in public hospitals in Germany.

The barriers to expansion of day surgery include the following:

- Regulatory – national regulations and legislation may preclude a shift to day surgery.
- Economic – reimbursement may be more advantageous for hospitals or surgeons if patients are hospitalized for 24 hours or more, or patients may be obliged to pay a percentage of the total fee for day surgery, as opposed to full coverage by health plans for regular hospitalization.
- Educational – lack of educational programmes for undergraduate and postgraduate medical students may reduce awareness of the benefits of day surgery.
- Facility design – available health facilities may not be configured in ways that facilitate the development of day surgery, in terms of both their internal configuration (ensuring ease of patient flows) and their external configuration (ease of access by patients).
- Local, home and community support – lack of adequate community services may preclude some patients from obtaining day surgery.
- Information – prospective patients and their referring physicians may not be fully aware of the opportunity to have day surgery.
- Organizational – weak multidisciplinary teamwork.

Education – training issues

Day surgery is expected to continue to grow in many countries; existing services are expanding, and new services are beginning to develop in eastern Europe and in many low-income countries. This creates a need for enhanced training of undergraduate medical students and residents, linked to continuing professional development for existing staff, from all of the professional backgrounds involved in the provision of day surgery.

Undergraduate teaching in a day-surgery facility is, however, sometimes difficult and costly. There is a need to ensure consistency in the learning experience, demanding new educational approaches that take account of the fact that, unlike a traditional surgical facility, patients are only on site for a short time.

Day surgery makes demands on the different skills of each professional involved, and each professional needs to keep abreast of the advances being made in surgery, anaesthesia and nursing. Appropriate continuing professional development programmes are essential to maintaining safe day surgery. Continuing medical education and professional societies are well established in many countries and provide opportunities for the experienced day-surgery professional to remain up to date. Events should be multidisciplinary to facilitate communication within teams.

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Aligning incentives

In spite of its many benefits, day surgery cannot and will not develop in isolation. A change in behavior requires encouragement. Therefore, incentives are needed on all levels to overcome the barriers to its growth and development. Incentives may be aimed at hospitals, managers, professionals or patients. Examples include:

• financial incentives – a change in reimbursement schedules can promote day surgery;
• educational – continuing medical education and continuing professional developments provide opportunities for staff members, helping to create champions for change;
• quality incentives – improvements in safety and quality will bring preferential referrals and thus more income and greater financial rewards.

THE FUTURE OF SURGICAL SERVICES

The considerable diversity in the utilization of day surgery, both within and among countries, indicates that day surgery is likely to expand further, even assuming no change in technology.

Yet science is changing. Further developments in day-surgery processes, patient selection, pre- and postoperative procedures and pain relief as well as progress in minimally invasive clinical and anaesthetic techniques are likely to reduce surgery time and increase the number and type of procedures suitable for day surgery.

In recent years a move from day surgery to office-based surgery for some procedures has been observed. Office-based surgery is carried out in self-contained surgical annexes in medical practitioners' premises. From the patient's viewpoint, office units are smaller and thus can be more personal and closer to where they live, compared with dedicated facilities in hospitals.

Problems in office-based surgery can arise where there is a weak system of regulation or accreditation. Where this occurs, there may be pressure to reduce costs, leading to poor facilities, inadequate patient monitoring, absence of a specialist anaesthetist, and surgeons undertaking procedures for which they are not fully trained.

Conclusion

Day surgery will be an integral component of health care in the future.
An understanding of the scope of day surgery is of critical importance for

10 KEY RECOMMENDATIONS IN MAKING DAY SURGERY HAPPEN

1. Consider day surgery, rather than inpatient surgery, the norm for all elective procedures
2. Separate flows of day-surgery patients from inpatients
3. Design day-surgery facilities according to local needs, structurally separate from inpatient facilities whenever possible
4. Provide day-surgery units with independent management structures and dedicated nursing staff
5. Take advantage of motivated surgeons and anaesthetists to lead the change
6. Achieve economies by ensuring that expansion of day surgery facilities is accompanied by reductions in inpatient capacity
7. Invest in educational programmes for hospital and community staff
8. Remove regulatory and economic barriers
9. Align incentives
10. Monitor and provide feedback on results (including patients' views)

Health policy makers An expansion of day surgery will have profound implications for the design of health facilities and the composition of the health care workforce.

The expansion of day surgery entails a change in mindset. Often, changes in national policies and regulations will be necessary, such as the removal of incentives that promote unnecessary hospital stays or obsolete professionals demarcations. Once these changes have been put in place, it will often be necessary to reorganize and/or redesignate existing structures, extend the roles of health professionals and other staff, explore ways of achieving better integration with primary care services to ensure optimal pre- and postoperative care, and develop appropriate financial and non-financial incentives.

Political commitment by governments and international agencies may be the single most important step in the development of a policy for the provision of appropriate surgical services for the disadvantaged in developing countries.

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