The general trends of an increase in the number of admissions and a decrease in the number of occupied bed days has persisted and at the same time there is continuing a greater increase in the number of outpatient attendances, thus the emphasis has shifted in physical design and service delivery terms, from in-patient beds to ambulatory care facilities. These trends have important implications for health planners and hospital/healthcare facility designers.

It has often been recommended that about 30% of total work should come from Ambulatory care settings in any hospital. Advances in medical technology have enabled the use of day only procedures and have moved the emphasis from admission for patient management to safe and effective ambulatory management. ALOS (average length of stay) a clever indicator for health of a hospital averages to about 3.6 internationally, while in our settings it hovers around 7-8 (Indian perspective). Thus the emphasis for ambulatory care and its promotion cannot be greater emphasized.

While today’s CUSTOMER is a vigilant one. He has choices and has information available at the press of the key. He expects VALUE FOR MONEY. It is equally imperative to match up and meet the EXPECTATIONS of the clients. The service delivery has not only to be of acceptable quality but consistent in delivery too.

The community, the medical profession and the funders of health care have accepted this trend. Ambulatory care is seen to emphasize that the purpose of treatment is:
· To return the patient to the community as soon as possible,
· Avoid separation of patients from their families (particularly important in treating pediatric patients),
· Reducing capital requirements and
· Hopefully reducing recurrent costs.

Ambulatory Care has been practiced almost as long as formal medicine has been available to the community. It is practiced in hospitals, both public and private, and from non-hospital premises.
- High patient capacity and faster turnover. To increase bed utilization and patient turnover.
- By increased utilization of OT.
- By reducing overhead expenses by reducing bed stay.
- Increasing hospital yield.
- Provides accessible surgical care.
- Reduction the cost of surgery to the patient.
- Reduced overhead cost.

The hospital gains by way of increased revenue generation, reduction in overheads and expenses by reducing bed stay, with out the need for dedicated staff strength/investigator support thus effectively reducing costs and generating more income. This directly increases the bed utilization and patient turnover with increased utilization of OT thus contributing to increase in hospital yield by higher patient capacity and turnover.

ON THE FLIP SIDE

- This set-up requires specially trained personnel to handle unique needs, ideally requires dedicated OT/Day stay unit etc.
- Although the patient returns to home same day, the responsibility for post-operative recovery still lies with hospital but control over situation is lost.
- Special emphasis is on our Indian Perspective where Education/Awareness levels & hygiene standards of general public are insufficient to allow adherence to recommendations/advice.
- Faulty Case Selection. There has been recommendations on Case selections criteria, by The Indian Association of Day Surgery, for Day Surgery cases in general, but its wide spread implementation is required. They need to be debated and refined, specialty wise, so as to increase the safety margin of the selected case.

Progress and Dilemmas in Paediatric Anaesthesia in Day care Surgery

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Introduction:

For years we have been doing outpatient pediatric surgery under general Anaesthesia but only for real minor cases such as I & D abscesses, reduction of closed fractures, excision of small lumps and circumcision. But for last decade or so we have started doing more and more cases as day care, of course the success has been attributed to advances in surgical techniques and in the field of Anaesthesia.

However patient’s safety can never be compromised in the name of ‘fast tracking and cost containment’. Top priorities for successful outpatient surgery are the 4 As—Alertness, Ambulation, Analgesia and Alimentation.

All of you must have experienced that patients demand quality care these days.

The parents have multiple questions and you must spend time giving satisfactory answers to their questions:

1. How long the child needs to be starved?
2. Can you put the child to sleep in our presence?
3. How will you look after my hyperactive child?
4. Will the child get lot of pain after the surgery?
5. When can we start feeding the child?
6. When the child can return to various activities?

For successful outcome of day surgery we have to take careful decision regarding:

1. Selection of patient
2. Selection of procedure
3. Information to family members
4. Anaesthetic consideration
5. Postoperative management
6. Discharge criteria

Special risk factors and Exclusion criteria:

1. Premature babies – Babies less than 60 weeks PCA.
2. H/O Sudden death syndrome in family.
3. URTI-increases perioperative respiratory complications—cough, Laryngospasm and bronchospasm.
4. Asthma- Treatment continued in preoperative period.
5. Heart condition- Murmur should be investigated and patient should be stable on treatment, Antibiotic coverage essential.
6. Seizures-patient should be well controlled and stable. Medication should be continued.
7. Hepatic & kidney functions should be within normal range.
8. Mental handicaps and Autism-patients should be stable.

To be completed.........