International Association for Ambulatory Surgery

IAAS NEWSLETTER

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News from the President

The IAAS is laying the groundwork for a more active role in promoting international cooperation for the design, implementation and extension of Ambulatory Surgery worldwide.
In fact, I am pleased to announce that the first training workshop "Train the Trainers" was held in Budapest last October and was greatly appreciated by all participants, trainers and trainees alike. Details of the course are included in this newsletter.
The IAAS is committed to helping Eastern European and other countries develop Ambulatory Surgery Services. The IAAS wishes to lend them its expertise and experience in order to avoid the common mistakes inevitably made when starting out, as well as to help in developing strategies to overcome the barriers to change.
In 2013, the IAAS is planning a further 4 Training Workshops to be held in 4 different Eastern European Countries. Details will soon be published on the website.
In this newsletter, you will also find a summary of the final report of the DSDP project, a very successful EU funded initiative in which the IAAS has played a significant role. Lastly, I want to wish my American colleagues a Happy Thanksgiving.

Carlo Castoro, President

International News and Comments

Day Surgery Data Project (DSDP)

The final meeting of our first European project "Day Surgery Data Project" was held in Padova, Italy August 31, 2012, on the official ending date of the project. Our Project Officer from Luxembourg, Guy Dargent, kindly agreed to be our guest during the conference and he expressed his great satisfaction for the results achieved and so strongly linked to the well-established IAAS network. Therefore, I take this opportunity to thank all the DSDP partners and the International Association for Ambulatory Surgery who contributed to what has been a complex and challenging effort.
You will find below a short summary of our project. The final complete report will be published in the project official website www.dsdp.eu.
I think that I can speak for the entire project when I say that it has been a pleasure to meet and work with partners and to express the hope that we may have the opportunity to progress this important work further in the future.

Pascale Camporese, DSDP Project Coordinator

Summary Report

DSDP general objective was to identify and validate sets of Day Surgery (DS) indicators and to develop the Information Systems on DS in Europe. The study of DS data and indicators in participating MSs revealed that a key problem affecting many DS Information Systems lies in the fact that sometimes data are unavailable and as a consequence indicators cannot be calculated; on occasion, even if data are available, indicators are not computed. Another serious constraint derives from vague and/or dissimilar definitions and the adoption of unlike coding criteria by MSs.
An extensive literature review of peer and grey publications, EU project, and international health databases identified 95 DS indicators, which were classified on the basis of a framework founded on system thinking. Furthermore, several properties of indicators were assessed, e.g. face validity, relevance, bias, comparability, promotion of quality improvement, and availability. DSDP also brought forth the opinion of experts on ideal and basic sets of DS indicators. The project developed a health system framework, which places DS into a large context made of the environment, the health system and health services. Finally DSDP offered principles and practical guidance to MSs on how to formulate and implement policies concerning DS information systems.
Improvement of performance requires information. A state-of-the-art DS information system will also improve accountability of clinicians, managers and policy-makers. This aspect fully matches current dominant values and concerns regarding transparency about policies' effects, managers' capability and providers' competence. DSDP represents a contribution towards the attainment of the objectives of the Second Health Programme, i.e. first and foremost to generate and disseminate health information and knowledge and, secondly, to promote health, including the reduction of health inequalities. The project's strategies and results are fully applicable to the European context and congruent with the EU effort in the development of information and knowledge systems.

Stakeholders who might benefit from the analysis and tools produced by DSDP include international institutions, such as the EU Commission, OECD and WHO, together with Ministries of Health and local organizations, for instance regional and local health authorities, hospitals and Day Surgery units.

Roberto Gnesotto, MD, DSDP Expert Team Member

German Sickness Funds are subject to anti-trust law

The German Government voted on October 18, 2012 that sickness funds of the Social Health Insurance (SHI) will be subjected to German Anti-Trust Law. Until now, the sickness funds were part of the German Self-government System, since they had a social function. The clear vote (302:241) of parliament was reached after amending the proposed law so that anti-trust agencies have to consider the social security mission of the sickness funds. In addition the Ministry of Economics had assured parliament that sickness funds can cooperate whenever they are fulfilling a law, and won't be at risk of anti-trust actions. The sickness funds sharply protested against this law fearing that they finally will be subjected to the European Court and its Anti-Trust Laws.

Comment: This step of the German Government certainly is a step away from any nationalized health insurance system, treating the sickness funds instead as a business. It will speed up competition in the German Health System and will bring it closer to the Common Market of Europe. This should strengthen all freestanding surgical units in the country.

Jost Broekelmann, MD, BAO

Guidelines for transferring patients with suspected Malignant Hyperthermia

Guidelines to help day-surgery facilities develop an emergency plan for transferring patients with suspected malignant hyperthermia (MH) have been developed. The guidelines are intended for facilities that are not capable of providing extended tertiary care for such patients, and will, therefore, depend on a separate receiving healthcare facility to do so. They are also separate and distinct from the diagnostic treatment guidelines for MH, which are already published by the Malignant Hyperthermia Association of the United States (MHAUS).

The guidelines cite six (6) steps for the transfer of patients from day-surgery facilities. Steps one (1) and two (2) cite the recognition of a suspected episode of MH and its treatment as per the MHAUS guidelines mentioned previously. Such guidelines involve MHAUS's "Emergency Therapy for MH" protocol criteria (see www.mhaus.org). Steps three (3) and four (4) cite initiating the emergent MH transfer plan and reviewing transfer considerations and capabilities. With respect to receiving healthcare, existing transfer agreements, inpatient capabilities, and consultants potentially available should be reviewed. Data to be reported as well as transport team capabilities should be reviewed. Steps five (5) and six (6) cite implementation of the transfer decision (given that transfer of such patients should not be optional) and coordination of communication.

The guidelines are the result of a collaborative effort launched by the Ambulatory Surgery Foundation (ASF) and MHAUS. The guidelines, in summary, help day-surgery facilities ensure that they have a comprehensive plan in place to transfer suspected MH patients and to take into account the resources and capabilities available to them. Such an evaluation of processes will likely uncover potential pitfalls that could lead to a lessened chance of survival by these patients.

For more information, and to purchase the guidelines, visit the MHUAS website – link here

Arnaldo Valedon, MD, Ambulatory Surgery Centre Association (ASCA – USA)

Challenges in an Australian day hospital setting – a patient asks to bring her Guide dog to the day hospital!

Guide dogs are responsible for making sure that their vision-impaired handler travels safely around the community. They need to be quiet, well behaved, non-aggressive and clean at all times. This patient is legally blind and attended one of our purpose built, stand-alone day hospitals in Melbourne, Victoria for a dental procedure. There are no specific guidelines for allowing Guide dogs into hospitals but the staff considered her request during the preadmission assessment and allowed the patient to bring her certified Guide dog (Willoughby) into the centre who accompanied her until she went into the procedure room and then waited in the waiting area until he could join her in Stage 2 recovery.

Wendy Adams, Chair, Australian Day Surgery Council

First IAAS Train the Trainer Teaching Course for Central-East European Participants, Budapest – Hungary, 28 – 29 October, 2012

The Course was opened by: Carlo Castoro, IAAS President, Gál János: Rector of the Semmelweis University of Medical Sciences, Gamal Eldin Mohamed, Course Coordinator and President of the Hungarian Association For Ambulatory Surgery, and Kárpáti Edit: the Representative of the Hungarian National Institute for Quality & Organizational Development in Healthcare & Medicines.

There were 31 participants (surgeons, anesthesiologists, managers), from Hungary, Romania, Serbia and Poland.
Participating teachers: Members of IAAS Executive Committee
Form of the Course: lectures followed by round table sessions
Titles of sessions:
1. Why is day surgery an issue?
2. The economic justification of day surgery
3. Models of ambulatory surgery units in different countries
4. Designing the model of day surgery units
5. What is the best design of day surgery for the new comers from Central-East European countries?
6. Clinical pathways, protocols, preoperative assessment
7. Anesthesia for ambulatory surgery
8. Prevention & Management of pain and PONV
9. Postoperative care and discharge
10. Quality issues in ambulatory surgery
11. Overcoming the barriers and making it happen

The entire Course was recorded hopefully to be worked out and used it for publishing purposes in the future, together with the results of the pre-course and post-course questionnaire. We are pleased to report that participants' satisfaction was very high.

Gamal Mohamed, MD, Course Coordinator

The Asian corner is becoming more lively regarding day surgery!

ADSCON 2012, 6th National Conference on Day Surgery was held on the 22nd April, 2012, in Hyderabad, in the Southern part of India, with a theme of 'Day Care Surgery: Mother of all Surgeries'. We had two International Guests of Honour: Dr. Carlo Castoro, spoke on 'International Progress in Ambulatory Surgery' and Prof. Gamal Mohamed, spoke on 'Development of Day Surgery in EU', he also presented the 10th IAAS Congress to the delegates. We had a mix of local and National speakers, touching on most pertaining topics on Day Surgery. The Conference was attended by 210 delegates, which is fair, but we are still battling with as to how to increase the attendance. Probably, too many speciality conferences are taking place at the same time. We will keep trying; the next conference will be in 2014, in another part of the country.

Among the many events that have taken place in the past six months in India, pertaining to Day Surgery, I would like to mention a few points of interest and progress:

1st International and 35th National Conference of Association of Colon and Rectal Surgeons of India was held in Dubai, from 27th to 29th Sept., 2012. I was happy to note, that were two presentations on Day surgery, from India, by surgeons who are not members of the Association! This shows a growing interest in Day Surgery. Dr. Begani presented a Poster on his experience on 'Colorectal Surgery in Day Care'.

8th & 9th Sept. 2012, a combined Conference, under the banner of 'Chirurgie Sans Frontier'. South Asian Association for Regional Co-operation (SAARC) Surgical Care Society along with Northern Chapter of Association of Surgeons of India, meet in the northern city of Jalandhar, Punjab. It was attended by Surgeons from Pakistan, Bangladesh, Sri Lanka, Nepal and Bhutan. I delivered a Guest lecture on Day Surgery; most of these countries do not have any Day Surgery as of now, but were very interested in knowing more about the concept and we are trying to coax them to attend the IAAS Congress, hoping to stimulate them to form their own National Associations.

13th & 14th Oct. 2012, was invited to Imphal, capital of the far eastern state of Manipur, very close to Myanmar (Burma), once again, to deliver a guest lecture on Day Surgery. I was told that, they are faced with insurgency by militants from the hills who enforce a rather strict movement of the citizens; therefore, most surgeons have their consultations in the morning and surgeries in the afternoon, simply because, the sun sets at around 5 pm, and everyone wants to be home soon after that! So, when do they consult? Day Surgery implementation is a dilemma. But, I did receive a Certificate of Honour from the Association of Surgeons of Manipur State for the stimulating presentation!

Naresh Row, MD, President of The Indian Association of Day Surgery
Editor, Day Surgery Journal of India & One Day Surgery Times

Calendar

Spain – November 28-29th, 2012
The National Symposium of ASECMA (Spanish Association for Ambulatory Surgery), will take place in Valencia, and will be dedicated to:
"Laparoscopic Day Surgery and Health Service Maintenance" – further information here

Sweden – April 11-12th, 2013
Swedish Ambulatory Surgery Congress will take place in Västerås – further information here

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Editorial
The aim of the IAAS is to promote the development and growth of high quality ambulatory surgery worldwide. To this end, it encourages an international exchange of ideas and stimulates programmes of education, research and audit. In this edition of AMBULATORY SURGERY, Paulo Lemos MD presents an audit of the financial valuation of ambulatory surgery from a truly international viewpoint.
Eighteen out of 29 member countries of IAAS answered the questionnaire. Dr. Lemos obtained data on the countries' relative wealth by GDP and their healthcare model, and correlated that with healthcare costs for personnel and drugs, national costs of labour, and the payments for a list of surgical procedures comparing the inpatient and ambulatory settings. Dr. Lemos added a creative comparison of the costs of daily living by comparing the costs of commonly purchased ordinary items, the local newspaper, underground ticket and a burger. These data from four continents showed substantial financial differences and heterogeneity, with some indicators not tracking with others. These data are interesting and important to be sure. There is however one point that rises above the rest. The countries that provide strong financial incentives achieve a high percentage of ambulatory surgery activity compared to other countries that do not. In these days of tightening budgets, governments should look to ambulatory surgery as a way to provide better care at lower cost, and should incentivize it.

Beverly K Philip

Current contents

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These articles can be downloaded from www.ambulatorysurgery.org