Evaluating Performance in Day Surgery

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South Devon Healthcare NHS Foundation Trust
President-Elect BADS
Key Messages

Good processes
Attention to detail
Team Work
Monitor your outcomes
Performance
Quality vs Quantity

• Limited national reporting of quantity
  • Dr Foster
  • Better Care Better Values
  • CHKS
Very little reporting of Quality

But...

Quantity does reflect to some extent Quality

If you aren’t doing it well you will not achieve high day case rates
What Performance Markers do we have?

• Targets for Quantity
• Guidance for facilities/staffing/process
• Some targets for clinical outcomes
• Patient satisfaction
• Process
• Patient Outcomes
• Day Surgery Quantity
The Key to Success in Torbay?

Electronic Patient record introduced 1994
200,000 patient episodes recorded
Largest database in the UK of day surgery outcomes
Monitor process and outcomes for every stage of the patient journey
Supported many publications on day surgery quality
Facilitated change in practice locally and nationally
Enables measurement of Quality Outcomes
Drives continuous Quality Improvement
Team Work
It doesn’t happen by accident but by a huge amount of hard work over a sustained period of time, working together for each other “the greater good” rather than individual glory
HIGH QUALITY SUCCESS

Team work at the top:
  - Multi-professional management team

Dedicated training track
  - Dedicated facilities, unit controls the entire process

Geographically discrete
  - Units discrete from inpatient activities

Attention to detail
  - Protocols for all stages of DSU process

Aggregation of small incremental changes
  - Small details make a big impact
Performance Marker Number 1

Do your units have all these in place?

Have they got *the processes* correct?
Essential components

- Booking
- Preoperative Assessment
- Admission
- Anaesthesia
- Recovery
- Discharge
- Follow-up
- Audit

All performed by day surgery team.

Outcomes from each stage of the process must be monitored.
Booking: DNAs, utilisation
POA: CAA/DNAs
Admission: start times
Anaesthesia: admission rates/post-op symptoms
Surgery: admission rates/post-op symptoms
Recovery: discharge times/admission rates/post-op symptoms
Discharge: unplanned contact
Follow-up: unplanned contact
Audit: improved service

Ultimate outcome is patient satisfaction
Performance Marker Number 2

Do your day surgery patients follow a true day surgery pathway for the entire surgical journey?
Are all aspects of this pathway managed by the Day Surgery Team?
Do you measure outcomes for all aspects of your pathway?
Influences on Performance

Dedicated facilities
Grade of Staff
Anaesthetic Technique
## Dedicated facilities?

### Unplanned Admission Rates

#### Orthopaedic Day Cases in 2005

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>Admissions</th>
<th>% Admitted</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopaedic Day beds</td>
<td>642</td>
<td>108</td>
<td>16.8</td>
<td></td>
</tr>
<tr>
<td>Day Surgery Unit</td>
<td>634</td>
<td>13</td>
<td>2</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

#### Day Cases from all specialities in 2008

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>Admissions</th>
<th>% Admitted</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satellite Day Unit</td>
<td>1015</td>
<td>27</td>
<td>2.66</td>
<td></td>
</tr>
<tr>
<td>Day surgery Unit</td>
<td>6419</td>
<td>64</td>
<td>1</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>
## Dedicated Facilities?

### Symptoms after discharge

<table>
<thead>
<tr>
<th></th>
<th>Day Surgery Unit %</th>
<th>Satellite Unit %</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Moderate to severe pain</strong></td>
<td>1.52</td>
<td>6.4</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td><strong>Moderate or severe nausea</strong></td>
<td>0.14</td>
<td>0.39</td>
<td>0.072</td>
</tr>
<tr>
<td><strong>Patient satisfaction</strong></td>
<td>99.85</td>
<td>99.61</td>
<td>0.186</td>
</tr>
<tr>
<td><strong>Satisfaction with being a day case</strong></td>
<td>99.98</td>
<td>99.7</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>
Why the difference?

Preoperative assessment
Ward nurses
Availability of anaesthetists
Isolation from Day Surgery Unit
Day surgery mindset
Inpatient activity
Performance Marker Number 3

“Does your unit have dedicated facilities for Day Surgery Patients?”

If not...

“Do you have clearly separated processes for day surgery and inpatient care?”
Senior Medical Staff

“Day Surgery should only be performed by senior medical staff”
Do Senior Staff Improve Quality?

Unplanned Admission Rates

<table>
<thead>
<tr>
<th>Grade of anaesthetist</th>
<th>Unplanned admissions $n$ (%)</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants</td>
<td>856 (2.4%)</td>
<td>35,844</td>
</tr>
<tr>
<td>SAS</td>
<td>336 (3.1%)</td>
<td>10,699</td>
</tr>
<tr>
<td>Trainees</td>
<td>307 (3.4%)</td>
<td>9,161</td>
</tr>
</tbody>
</table>

$P < 0.001$

Hanousek, Montgomery and Stocker
Anaesthesia 2009
Senior Staff?

Post Operative Symptoms

<table>
<thead>
<tr>
<th>Grade of anaesthetist</th>
<th>Reported complications n (%)</th>
<th>Follow-up respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants</td>
<td>9219 (47.4)</td>
<td>19446</td>
</tr>
<tr>
<td>SAS</td>
<td>3812 (52.3)</td>
<td>7286</td>
</tr>
<tr>
<td>Trainees</td>
<td>2657 (49.2)</td>
<td>5404</td>
</tr>
</tbody>
</table>
Performance Marker Number 4

“Is day surgery a consultant led service for both surgery and anaesthesia?”
Patient Selection

Are you too conservative?

Do patients have to prove themselves fit to be allowed to be a day case?

Why???
Patient Selection

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?
Who should we include..

Medical

• Obesity
• ASA 3 and 4
• The elderly
• Diabetics
• Sleep apnoea
• Severe COPD

Surgical

Nephrectomy
Mastectomy
Hysterectomy
Joint replacement
Carotids
TURP
# Patient Selection

<table>
<thead>
<tr>
<th></th>
<th>1990</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASA</td>
<td>1 and 2</td>
<td>No limit</td>
</tr>
<tr>
<td>Age</td>
<td>70</td>
<td>No Limit</td>
</tr>
<tr>
<td>Body Mass Index</td>
<td>30</td>
<td>No limit</td>
</tr>
<tr>
<td>Diabetic Patients</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Social Factors

The vast majority of patients are socially appropriate for day surgery or can be enabled to be so with proactive management.
Performance Marker Number 5

“Do you have protocols to ensure all possible patients are offered the opportunity for day surgery?”
PATIENT OUTCOMES
Patient Outcomes

Cancellations
• Target 5%?

Unplanned Admission
• Target 2%

Symptoms after discharge
• Target <5% severe pain

Patient satisfaction
• Target 85%
Patient Outcomes?

Cancellations

Unplanned Admission

Symptoms after discharge

Patient Satisfaction
Cancellations

CAA Reason

- Unknown
- Pt Unfit
- Already done
- Not needed
- No results
- Not Starved
- Surgeon sick
- Ran out of time
- High INR
- Unsuitable
- Self discharge
- Other
- Inst failure
- Needs GA
- In Patient
- Further Ix
- Staffing
- Change theatre
- Emergency list

- Rate 3.3%
- Preoperative assessment
- Administration
- Unavoidable
Performance Marker Number 6

“What is your rate of cancellations after arrival and DNAs and why?”

“Do you know?”
Patient Quality?

Cancellations
Unplanned Admission
Symptoms after discharge
Patient Satisfaction
What do we need to know

Overall unplanned admission rates
Rates for individual procedures
Individual surgeons
Individual Anaesthetists
Reasons for admissions
Day of the week/time of day?

Are there patterns?
% Unplanned Admissions
Strategies for keeping rates low

Senior regular medical staff
Protocols for anaesthetic / analgesic/antiemetic techniques
Monthly analysis
Anaesthetist/surgeons logs
Ward visits by nursing staff
Perioperative prescription chart
Consultant rounds
Monitoring outcomes changes practice..

Inguinal Hernia Repairs

Unacceptably high admission rate (>10%) in 2003
- 41% admissions due to pain
- 33% due to inability to mobilise (inadvertent femoral block)

Guideline written
- TIVA
- LA administered by surgeon
- Analgesic regimen
Local Anaesthetic Techniques

<table>
<thead>
<tr>
<th>Technique</th>
<th>2000</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caudal/spinal</td>
<td>1%</td>
<td>33%</td>
</tr>
<tr>
<td>Local by surgeon</td>
<td>33%</td>
<td>31%</td>
</tr>
<tr>
<td>Regional by anaesthetist</td>
<td>31%</td>
<td>32%</td>
</tr>
<tr>
<td>Combination</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>
Reaudit 2008

LA by surgeons

- 2003: 41%
- 2004: 66%
- 2005: 89%
- 2006: 96%
- 2007: 96%

TIVA

- 2003: 75%
- 2004: 67%
- 2005: 77%
- 2006: 86%
- 2007: 78%
Unplanned Admission rate

- 2003: 10.4%
- 2004: 9.1%
- 2005: 6.9%
- 2006: 1.8%
- 2007: 3.2%
- 2008: 3.0%

Admission percentage
Performance Marker Number 7

“What is your unplanned admission rate?”
RCOA Target: <2% overall

“What are your rates for individual procedures?”

“Are these rates monitored and processes implemented to improve/maintain them?”
Patient Outcomes?

Cancellations
Unplanned Admission
Symptoms after discharge
Patient Satisfaction
## Symptoms after discharge

<table>
<thead>
<tr>
<th></th>
<th>Pain</th>
<th>Bleeding</th>
<th>Nausea</th>
<th>Vomiting</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>56.1</td>
<td>85</td>
<td>97.4</td>
<td>99</td>
</tr>
<tr>
<td>Mild</td>
<td>37.2</td>
<td>13.5</td>
<td>1.9</td>
<td>0.5</td>
</tr>
<tr>
<td>Moderate</td>
<td>6.1</td>
<td>1.5</td>
<td>0.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Severe</td>
<td>0.6</td>
<td>0.5</td>
<td>0.2</td>
<td>0.2</td>
</tr>
</tbody>
</table>
Postoperative Pain

Torbay Take Home Analgesia Protocol
Introduced to the Day Surgery Unit in 2000
All procedures are classified by level of expected pain
  • None
  • Mild
  • Moderate
  • Severe
Protocol for analgesia for each pain category was introduced
Compliance was improved by the introduction of a computerised anaesthetic record system in 2002
## OPERATIVE PAIN CATEGORIES DRIVING POST-OP ANALGESIA PROTOCOL

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>EUA Ears</td>
<td>Cataract surgery</td>
<td>Anal surgery</td>
<td>Anterior cruciate repair</td>
</tr>
<tr>
<td>Cystoscopy</td>
<td>Dental extractions</td>
<td>Apicectomy</td>
<td>BAHA</td>
</tr>
<tr>
<td>Restorative</td>
<td>- simple</td>
<td>Arthroscopy</td>
<td>Circumcision</td>
</tr>
<tr>
<td>dentistry</td>
<td>Grommet/T tube insertion</td>
<td>Breast lumps (minor)</td>
<td>Dental 8s extraction</td>
</tr>
<tr>
<td></td>
<td>Prostate biopsy</td>
<td>Breast lumps (major)</td>
<td>Dental clearance</td>
</tr>
<tr>
<td></td>
<td>Sebaceous cyst</td>
<td>Carpal tunnel decompression</td>
<td>Endometrial ablation</td>
</tr>
<tr>
<td></td>
<td>Sigmoidoscopy</td>
<td>Cervical vulval surgery</td>
<td>Lap cholecystectomy</td>
</tr>
<tr>
<td></td>
<td>Skin lesions</td>
<td>Dental extractions</td>
<td>Lap gynae operations</td>
</tr>
<tr>
<td></td>
<td>Trabeculectomy</td>
<td>- intermediate</td>
<td>Haemorrhoidectomy</td>
</tr>
<tr>
<td></td>
<td>Urethral surgery</td>
<td>Dupuytren's</td>
<td>Hernias</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hysteroscopy</td>
<td>Joint fusions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MUA/steroid injn</td>
<td>Middle ear surgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nasal surgery</td>
<td>Osteotomies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-wisdom tooth extractn</td>
<td>Squint surgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vaginal sling</td>
<td>Testicular operations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Varicose Vein ops</td>
<td>Tonsillectomy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vasectomy</td>
<td></td>
</tr>
</tbody>
</table>
# Take Home Medication Protocol

<table>
<thead>
<tr>
<th>Pain Intensity</th>
<th>Discharge Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Mild</td>
<td>Paracetamol 1g QDS</td>
</tr>
<tr>
<td>Moderate</td>
<td>Paracetamol 1g QDS</td>
</tr>
<tr>
<td>(NSAID intolerant)</td>
<td>Ibuprofen 600 mg QDS</td>
</tr>
<tr>
<td>Moderate</td>
<td>Paracetamol 1g QDS</td>
</tr>
<tr>
<td>(NSAID intolerant)</td>
<td>Codeine 60 mg QDS</td>
</tr>
<tr>
<td>Severe</td>
<td>Paracetamol 1g QDS</td>
</tr>
<tr>
<td>(NSAID intolerant)</td>
<td>Codeine 60 mg QDS</td>
</tr>
<tr>
<td></td>
<td>Ibuprofen 600 mg QDS</td>
</tr>
<tr>
<td>Severe</td>
<td>Paracetamol 1g QDS</td>
</tr>
<tr>
<td>(NSAID intolerant)</td>
<td>Oromorph 20 mg (5 doses)</td>
</tr>
</tbody>
</table>
Tackling Pain Scores after Day Surgery with Protocols for Postoperative Prescribing

Aims
1. 1 year's data (2006-7)
2. Compare outcomes with college targets
3. Audit compliance with unit protocols
4. Identify areas for improvement

Lakshmann and Stocker BADS 2008
Comparison with RCOA targets for best practice

No pain and mild pain

- **Target**: 85%
- **Results**: 96%

Severe pain

- **Targets**: 5%
- **Results**: 0.40%

Satisfaction

- **Target**: 85%
- **Results**: 99.80%
Results

96% compliance with protocols
All targets easily achieved
50% of patients where protocol was not followed reported severe or moderate pain
Evaluation of Patients in Severe Pain

22 patients (0.4%) (target of < 5%)
Mainly orthopaedics and urology
Poor compliance with protocol (36%)
Common problems identified:
- More extensive procedures than planned
- Nurse practitioners issuing no TTAs
Performance Marker Number 8

“What percentage of patients report significant symptoms post operatively?”

RCOA Target <5% patients report severe pain

“What protocols/procedures are in place to keep these rates low?”
Financial Targets

Maximise day surgery activity (75%)
Ensure all day surgery occurs in DSU
Focus on Clinical Quality
Financial Targets

Maximise day surgery activity (75%)
Ensure all day surgery occurs in DSU
Focus on Clinical Quality
NHS Plan

• Treat Day Surgery as the norm
• 75% of all elective surgery should be day surgery
Audit Commission Basket of Procedures 2001

- 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
Nearly ALL surgery should be day or very short stay

- lap nephrectomy
- prostatectomy
- lap hysterectomy
- vaginal hysterectomy
- thyroidectomy
- mastectomy
- shoulder surgery
- anterior cruciate ligament
- lumbar discectomy
- abdominoplasty
- some emergencies
How far have we come?

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Procedures in 1990</th>
<th>Procedures in 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmology</td>
<td>Cateract Extraction</td>
<td>Vitrectomy</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>Hysteroscopy</td>
<td>Hysterectomy</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>Arthroscopy</td>
<td>Uni-chondylar Knee Replacement</td>
</tr>
<tr>
<td>Urology</td>
<td>Circumcision</td>
<td>Laparoscopic Nephrectomy</td>
</tr>
</tbody>
</table>
## Breast Surgery

<table>
<thead>
<tr>
<th>Procedure Directory Guideline</th>
<th>Trust data (numbers)</th>
<th>Results:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Procedure Room</td>
<td>DC 23 hours</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Overnight beds:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Efficiency Score:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excision/biopsy of breast tissue +/- localisation</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Wide Local Excision of lesion of breast</td>
<td>15%</td>
<td>75%</td>
</tr>
<tr>
<td>Percutaneous core biopsy</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Sentinel node mapping and resection</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Simple Mastectomy (including axillary node biopsy)</td>
<td>15%</td>
<td>75%</td>
</tr>
<tr>
<td>Microdochotomy</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Operation(s) on nipple</td>
<td>90%</td>
<td>10%</td>
</tr>
</tbody>
</table>

**TOTAL:** 36 79

Excess of Bed days used: 120.7%
Overall Efficiency Score: 62
## Overall Summary of your performance

<table>
<thead>
<tr>
<th>Field</th>
<th>Guidelines</th>
<th>Your unit</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Surgery</td>
<td>127</td>
<td>265</td>
<td>65</td>
</tr>
<tr>
<td>ENT</td>
<td>372</td>
<td>223</td>
<td>105</td>
</tr>
<tr>
<td>General Surgery</td>
<td>223</td>
<td>248</td>
<td>92</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>329</td>
<td>481</td>
<td>89</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>222</td>
<td>147</td>
<td>105</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>140</td>
<td>68</td>
<td>101</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>186</td>
<td>255</td>
<td>90</td>
</tr>
<tr>
<td>Urology</td>
<td>431</td>
<td>559</td>
<td>82</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>105</td>
<td>117</td>
<td>92</td>
</tr>
<tr>
<td>Paediatric Surgery</td>
<td>13</td>
<td>16</td>
<td>95</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2146</strong></td>
<td><strong>2379</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Overall Efficiency score:

**92**

> 100 = More efficient than Procedure Directory Guidelines  
100 = As efficient as Procedure Directory Guidelines  
50 = Half as efficient as Procedure Directory Guidelines  
33 = One third as efficient as Procedure Directory Guidelines
Benchmarking day case rates

NHS Better Care, Better Values Indicators

www.productivity.nhs.uk
Wide Local Excision of Breast
South Devon

Performance v Average Trend Analysis

Quarter
-20 0 20 40 60 80
Value
2012/13 Q2 2012/13 Q4 2013/14 Q2 2014/15 Q1 2014/15 Q3 2015/16 Q1

National Average  Your Organisation  Peer Average
Increasing Day Surgery Rates - Wide local excision of breast (including wire guided)

Daycase Rate (%)

- King's College Hospital NHS Foundation Trust
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- South Devon Healthcare NHS Foundation Trust
- The Royal Wolverhampton NHS Trust
Mastectomy
Kings

Performance v Average Trend Analysis

Value

Quarter

2013/14 Q1  2014/15 Q2

National Average  Your Organisation  Peer Average

King's College Hospital NHS Foundation Trust
Norwich University Hospitals NHS Foundation Trust
South Essex Healthcare NHS Foundation Trust
The Royal Wolverhampton NHS Trust
Performance Marker Number 9

“Do you work toward achieving the day case rates specified in the BADS Directory of Procedures?”

“Which procedures meet these targets and which require improvements?”

“Do you know?”
Financial Targets

Maximise day surgery activity (75%)
Ensure all day surgery occurs in DSU
Focus on Clinical Quality
Dedicated Facilities

• Improved Efficiency
• Patient follows day surgery pathway throughout journey
• Fewer cancellations
• Surgical productivity maintained even when hospital is overflowing
• Higher quality outcomes
# Inguinal Hernia Repairs

- 60% increase in cost if performed in inpatient theatres
- An additional case is performed in day unit for the same overhead costs

<table>
<thead>
<tr>
<th></th>
<th>Theatre cost</th>
<th>Average length of procedure</th>
<th>Theatre Cost per procedure</th>
<th>Number of procedures per list (210 mins)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Theatres</strong></td>
<td>£15/minute</td>
<td>64 mins</td>
<td>£960</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Day Unit</strong></td>
<td>£12/minute</td>
<td>50 mins</td>
<td>£600</td>
<td>4.2</td>
</tr>
<tr>
<td>Location of Procedure</td>
<td>Costs (£)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Case Unit</td>
<td>1200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main Theatres</td>
<td>1400</td>
<td></td>
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</tr>
</tbody>
</table>

- **Income from Procedure (£)**
- **Cost to Perform Procedure (£)**
- **Profit to Trust (£)**
The Bottom Line

<table>
<thead>
<tr>
<th>Profit per List</th>
<th>Age ≥69</th>
<th>Age ≤70</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Surgery Unit</td>
<td>£2834</td>
<td>£1704</td>
</tr>
<tr>
<td>Inpatient Theatres</td>
<td>£1056</td>
<td>£216</td>
</tr>
</tbody>
</table>

Dione and Stocker: BADS 2008
Your Day Surgery Unit Facilities

If you want your surgeons to work there your DSU must have the best kit and the best staff

We can no longer be the poor relation
Performance Marker Number 10

• Do all your patients have their day surgery within a dedicated Day Surgery Unit?

• Are you working towards this?

• Is your day surgery unit as well equipped as inpatient theatres or better?
Dataset for Quality Performance?

**Patient Measures**
- Unplanned Admission Rates
- Readmissions
- Postoperative symptoms
- Patient Satisfaction
- Unplanned contact with health service

**Managerial Measures**
- Day Case Rates
- Theatre Utilisation
- DNA Rates
- Cancellation rates
- Day Surgery Facilities
What else could we measure?

Clinical
- Age
- ASA
- BMI
- Co-morbidities
- Anaesthetic technique

Managerial
- Grade of staff
- Surgical times
- Recovery times
- SPI Compliance

and many more....
The Key to All

Data Collection and Analysis

Seek and Ye Shall Find