



Final Report

*CHAFEA Operating Grant Nr:
2013 33 08*

*Acronym:
I.A.A.S._FY2014
Title:
Closing the Gap*

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Date:
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Declaration by the operating grant coordinator

I, as coordinator of this operating grant and in line with the obligations stated in the Grant Agreement declare that:

- The report represents an accurate description of the work carried out under this operating grant for this reporting period;
- To my best knowledge, the financial statements that are being submitted as part of this report are in line with the actual work carried out and are consistent with the report on the resources used for the project and, if applicable, with the certificate of the financial statement.

Name of the coordinator:

Ian Jackson

Signature:

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Date:

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Specification of the action

Operating grant title:	
Acronym:	I.A.A.S._FY2014
Starting date of the grant agreement:	January 1, 2014
Duration of the grant agreement (in months):	12 months
EC co-funding:	60%
Priority area:	Generate and Disseminate Health Information and Knowledge
Sub-action:	
Action:	
Main partner information and contact person:	International Association for Ambulatory Surgery Contact person: Silva Mitro

Keywords (using MESH terms):

1. Ambulatory/Day Surgery
2. Hospital service organization
3. Optimization of Healthcare
4. Improved access to Healthcare
5. Capacity building



Acknowledgements

The past year, 2014, represents an important milestone in the history of IAAS. It marked a big change in the association's operations with the development of a three-year strategic plan and initiation of collaborations with important institutions such as OECD, LSE and LSHTM. This important qualitative step forward has been possible thanks to the teamwork that required considerable effort and a strong commitment from the members of the association. The significant results achieved produced greater visibility at both a European and a Global level consequently providing an even wider dissemination of the values and products.

The greatest achievement in this period was the support of the EU Commission in the form of co-financing for our 2014 Operations. This grant has allowed us to invest in the development of Day Surgery in Eastern and Southern Europe. My deep gratitude goes to Carlo Castoro, and Gamal Mohamed Eldin, who strongly supported the implementation of our training and capacity building programme.

I would now like to take this opportunity to thank all those who contributed to the successful implementation of the 2014 work plan. In particular:

IAAS recognition goes to Silva Mitro, program coordinator, and Christina Drace, program assistant, for their dedication to the work and professionalism in planning, coordinating and managing this year's activities. Thanks to them, IAAS was able to obtain the financial support of the European Commission for two consecutive years and consequently expand its activities. The strategic plan 2015-2017 whose preparation was led by Silva Mitro will be our guide in the next three coming years and its implementation has the potential to lead the association to another stage of its development with a strong role in the policy making process at European and national level.

A special thank you to the national associations that supported the update of the cross cultural training manual in their national languages: more specifically the Hungarian Association for Ambulatory Surgery, the Romanian Association for Ambulatory Surgery and the newly founded Serbian Association for Ambulatory Surgery.

A special acknowledgement goes to the General Assembly members from the Portuguese Day Surgery Association, Paulo Lemos and Carlos Magalhaes who supported the continuation of the exchange program by hosting two IAAS fellows.

A sincere thank you to Prof. Alistair McGuire and Michela Tinelli from the London School of Economics, for their strong support in organizing two key activities for 2014 "The Future of Ambulatory Surgery" and "Rethinking the Benchmarking Survey" that have laid the ground for future collaborations with OECD and academic institutions such as LSHTM and LSE.

On behalf of IAAS, I express our gratitude to Jurgita Kaminskaite, the CHAFEA project officer who supported and guided us in this endeavor.

Certain members of the IAAS require specific thanks for their contribution including Jan Eshuis (Honorary Secretary), and Luc Van Outryve (Honorary Treasurer), for constant and strong support in managing the activities of the year.



Finally, I wish to thank the members of the Executive Committee and General Assembly for their hard work during his past year and I look forward to their support for the future activities.

Ian Jackson
President



Final Publishable Executive Summary

The last two decades have seen the rapid growth of ambulatory surgery in the more developed countries and significant improvements have been achieved in many IAAS member countries, especially Italy, Spain, Portugal and Hungary. In this light, the main objective of the IAAS 2012-2014 work plan was to contribute to the sustainable growth of ambulatory surgery in countries that had a large potential for expansion, paying special attention to Eastern Europe. This was reflected by the decision to organize the 2013 International Congress in Budapest. The overall vision of the IAAS “DAY SURGERY – MAKING IT HAPPEN” was furthermore translated into the following 2014 objectives:

- Further strengthen the relations with Southern and Eastern European members and their proactive role within the association in order to contribute to the reduction of the gap in day surgery services;
- Strengthen the relations between the academic world and the health care providers by promoting the establishment of research networks focusing on day surgery.
- Exploit the results produced by DSDP, EU funded project in which IAAS was a collaborating partner, and promotion of the sustainability of these results through strengthening of the relations with international health organizations and their involvement in activities related to the further development and application of such results.
- Contribute to introducing the culture of day surgery and new management models related to its application by providing training opportunities, facilitating exchange of information

Activities during 2014 built on those performed in the previous three years: participation as collaborating partner in EU funded projects and the “Train the Trainers” educational plan for capacity building in the area of Day Surgery Services launched in 2012 in Budapest, Hungary, and more specifically on the experience accumulated during 2013. The main pillars of the 2014 work included:

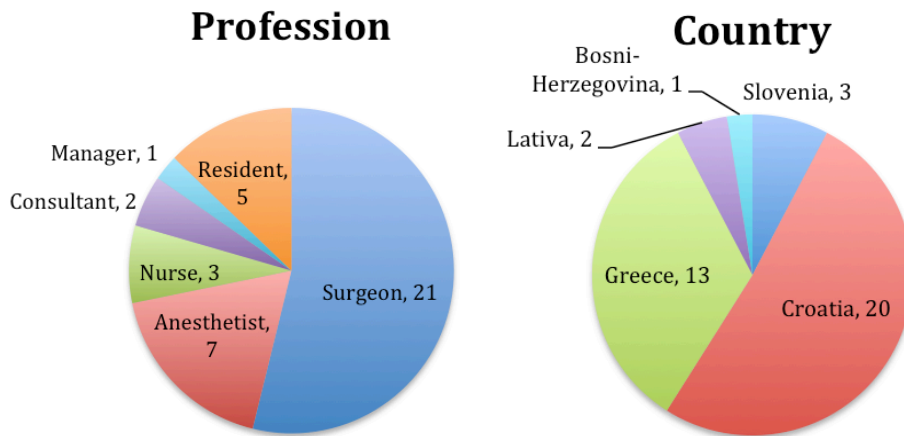
1. Capacity building activities targeting health managers and clinicians in management positions. This included two main components: Training workshops and exchange visits.
2. Stimulation and dissemination of research activities.
3. Networking and benchmarking activities

Capacity building:

During 2014, this component consisted in offering a series of training workshops targeting health managers, clinical managers, nurse managers and clinical staff, such as anesthesiologists and surgeons. The aim was to provide them with the knowledge and skills necessary to set up and manage Day Surgery Services. The workshops were held as planned in Croatia and Greece in collaboration with the Ambulatory Surgery Department at the Clinical Hospital Center of Zagreb and Nea Ionia Hospital of Athens and with the support of Greek Health Services Organization (EOPYY).

The table shows the dates and number of participants for each of these workshops. Participants were from Croatia, Slovenia, Latvia, Bosnia Herzegovina and Greece. Moreover, four different professional figures attended these events. The graphs below show the professional mix and geographical distribution of the participants.

COUNTRY	DATES	NR. OF PARTICIPANTS
Greece	October 17 -18	18
Croatia	November 16-17	26



Mix of professions and countries represented at Workshops



Workshop in Athens, Greece



Workshop in Zagreb, Croatia

Follow up visits and professional exchange: A team of IAAS experts, respectively representatives of the Portuguese Association for Ambulatory Surgery (PAAO), the Dutch Association of Day Care & Short Stay (NVDK) and the Hungarian Association of Ambulatory Surgery (HAAS), and the Danish Association for Ambulatory Surgery visited ambulatory surgery department at the Clinical Hospital Center of Zagreb. The same team was involved in teaching during the workshop and this was an added value since they were able to understand the real context and adapt their teaching to the participants needs. This exchange represented a great opportunity for the IAAS experts who were able to interact with a number of colleagues and learn more about the barriers to Ambulatory Surgery development in Zagreb. It also contributed to creating awareness concerning the need to establish the Croatian association of ambulatory surgery and discuss the eventual support that IAAS can provide in this process. Two Croatian candidates visited the Ambulatory Surgery Department of the Hospital Center of Porto in Portugal.



Surgery Department of the university hospital KBC Zagreb, Croatia

Another important component of capacity building was **an on line knowledge survey and a post training survey which aimed at** gathering input from a wide number of registered participants of the IAAS workshops in order to respond to their training needs by properly tailoring workshop contents and plan the future training programme. According to the respondents' perception of their training needs, the most important topics to carefully cover in the future were mainly related to management and organizational aspects of Day Surgery: setting up a Day Surgery Unit, its organization, issues related to human resources mix, understanding barriers to Day Surgery implementation, advantages and disadvantages of Day Surgery, AS pathway. Many respondents expressed the need to exchange experience with colleagues from other countries and be able to network with them as well as receiving updated information concerning Day Surgery performance in other countries. The findings of the on line knowledge survey served as input for the update of the **Cross Cultural Training Manual**, which was set up as an on line learning tool (IAAS website) to stimulate professional exchange and tutorship. Moreover, it is available into Hungarian, Romanian and Serbian languages to facilitate learning by non-English speakers.

Stimulation and dissemination of research activities.

As one of the core activities of IAAS, dissemination of the most recent research findings to IAAS members, the greater scientific and policy making community was carried out through the IAAS's electronic channels. The activities in this pillar included publication of the scientific journal *Ambulatory Surgery* and the Newsletter, continuous update of the website to include the scientific journal and training materials and organization of the workshop "The Future of Ambulatory Surgery". This activity organized in collaboration with London School of Economics (LSE), London School of Hygiene and Tropical Medicine (LSHTM) and Organization for Economic Cooperation and Development in



Europe (OECD) provided a forum for discussing the priorities of ambulatory surgery research areas and its main outcome was a list of project ideas to pursue in the near future



Workshop “Thinking the future of ambulatory Surgery”, LSE, London, UK

Networking and benchmarking activities:

The General Assembly (GA) held in May in Barcelona, Spain, represented the major networking opportunity for all the members and provided a forum for wide discussion on different aspects of Ambulatory Surgery. The 2014 Assembly focused on the scientific programme of the 2015 International Congress to be held in Barcelona from May 10 to May 12, 2015, and the selection of the best bid for the 2017 International Congress. It also decided to organize an extraordinary European Congress in 2016 to support the networking and dissemination of scientific information to the European community members who won't be able to attend the 2017 International Congress in China. Considering the excellent work currently being done by the French government in developing and strengthening Ambulatory surgery in France, it was decided to hold the meeting in France and work closely with the French authorities. As far as benchmarking is concerned, on the occasion of the 2014 GA, the content of the questionnaire used for the biennial survey on Ambulatory surgery was discussed and the discussion of some specific technical issues was delegated to a small expert group who met later in the year. The survey was discussed with OECD representatives during the workshop “Thinking the Future of Ambulatory Surgery”. Special attention was paid to the definitions used by OECD and IAAS and differences were identified. The expert group that met in December 2014 decided to proceed with benchmarking focusing on the patient pathway and including indicators related to patient safety and quality of care, patient satisfaction, cost effectiveness and policy. To ensure a wide impact and consensus, it was decided to pursue the idea of establishing an international network focusing on benchmarking and prepare a proposal to submit to the COST programme for funding. In the meanwhile, IAAS will continue to carry on the surgical statistics survey. The outcomes of the workshop “The future of ambulatory surgery” and “Rethinking the benchmarking tool” were considered by the Expert Group on Surgical Statistics and the final survey tool that will be used during 2015 as a preliminary step towards a benchmarking tool was prepared and approved by the ExCo members



Evaluation

During 2014, the IAAS improved its evaluation strategy and the processes involved. It aimed at ensuring the continuous quality improvement of its activities and products, and that these reached their target. The evaluation that focused both on the processes and outcomes involved internal and external stakeholders of the association and the input gathered clearly showed that the results have overcome the expectations for the year.

Thus, evaluation tools and techniques prepared during this year provided valuable information on the quality of the training sessions, indications related to future training activities as well as information related to the stage of development of day surgery in Eastern Europe and related barriers, degree of dissemination of the scientific information produced. More specifically, it reconfirmed the importance of the training needs assessment in understanding the learning needs of the potential candidates as well as the context in which they operate; the need to strengthen the exchange program as an important factor that contributes to increasing the impact of the training program and promoting the exchange of good practices. Both internal and external stakeholders underlined the value of the networking opportunities such as the regional training workshops. The data collected through the website clearly showed a considerable increase in the dissemination of the scientific information published by IAAS

The dissemination strategy adopted during 2014 included the use of the website as an important hub for the dissemination of scientific information and training materials plus advertising of training opportunities and providing on-line registration. The preparation of the IAAS brochure, the update of the IAAS leaflet including the highlights of the work plans 2014-2015 and its distribution during the joint workshops with LSE, LSHTM and OECD, as well as during the training workshops and other health related events organized by other health organizations combined with the use of local media such as local journals in the countries in which IAAS is less known has been very successful. This is demonstrated clearly by the fact that the number of visits to the IAAS website has increased from an average of 2,000 in January 2012 to 12,000 in December 2013 and an average of 20,000 monthly visits in 2014, and the volume of materials downloaded has shown a similar increase.

Important achievements in 2014 include

- The consolidation of the professional exchange program
- The initiation of the first endeavors for the creation of the Croatian and Greek association
- Proactive involvement of the Serbian and Romanian association in the activities of 2014, more specifically the review and update of the cross cultural training manual.
- The expansion of the association with two new individual members from Malta, and Chile
- Initiation of institutional collaborations with important European academic institutions such as LSE and LSHTM as well as with OECD
- Identification of research priority areas and recognition of the need to develop an international benchmarking tool built around the ambulatory surgery pathway.

The implementation of the activities and the related achievements, besides contributing to the implementation of the EU Health Programme through extensive dissemination of information and knowledge, has prepared the grounds for more ambitious plans in the near future aimed at facing challenges that require long term commitment in the Eastern European area.



Therefore, IAAS recommends the following:

- provision of extensive training opportunities in the new member states and Southern Europe to create the critical mass of professionals that will act as change agents;
- investing in professional exchanges in order to ensure the support of a critical mass of trained professionals / stakeholders through professionals networking and consolidation of new acquired skills and knowledge.
- OECD led endeavors in all the EU countries in order to ensure the harmonized data collection that allow benchmarking as a crucial milestone for the future of ambulatory Surgery in general;
- promotion of extensive research focusing on performance measures and patient centered treatment pathways to support cost effective, high quality and safe surgical care, impact of ambulatory surgery in reducing the waiting lists and improving access to care.

To conclude, the past year represents a year of expansion of the IAAS. Considerable time and resources were for the first time invested in developing international research ideas and building partnerships with academic institutions. It also marked a big change in the association's operations with the adoption of a strategic thinking approach and development of a three year strategy. This qualitative step forward is thanks to the teamwork that required considerable effort and strong commitment to the association. Therefore, the significant results achieved produced greater visibility at both European and Worldwide level and consequently a wider dissemination of the IAAS values and products, major access to scientific information related to AS, an increasing number of professionals trained to serve as promoters of the AS in Eastern Europe, a set of improved training tools available to be used in replication exercises, and an enhanced network of professionals involved in AS committed to international research and benchmarking.



Initial scope of the operating grant

Mission and vision of the operating grant

I

The International Association for Ambulatory Surgery (IAAS) was founded in 1996 and is a registered charity in Belgium EU. The IAAS is the only non-profit umbrella organization based on membership of national ambulatory surgery associations from countries around the world, and independent medical associations. Over half of the EU member countries are represented in the IAAS.

“Day Surgery: Making it Happen” represents the overall vision of the IAAS – working together, through education, consultation and communication, with national societies, governmental organizations and service providers with the goal of furthering the understanding of the benefits and advantages of day surgery as well as the barriers to its full development.

The mission of the IAAS is to promote the worldwide development and growth of high quality ambulatory surgery worldwide. Day surgery has proven itself to be a high-quality, safe and cost-effective approach to surgical health care. In this light, IAAS members work together to carry out this mission free of partisan spirit, polemics and prejudice, and are committed to the values of solidarity and equity of access to healthcare.

General objectives of the organization and its main activities

The objectives of the International Association for Ambulatory Surgery are:

- to promote the development of high quality ambulatory surgery; to stimulate the formation of national associations for ambulatory surgery;
- to promote education and training in ambulatory surgery for surgeons, anaesthetists and nurses
- to encourage multi-disciplinary working in ambulatory surgery
- to stimulate research in ambulatory surgery
- to form a database of ambulatory surgery and anaesthesia
- to promote the international exchange of knowledge and experience in ambulatory surgery
- to organise seminars and conferences on ambulatory surgery
- to develop internationally agreed guidelines for the practice of ambulatory surgery
- to publish the peer reviewed international journal, Ambulatory Surgery
- to collaborate with International healthcare bodies.

In pursuit of these aims, the IAAS carries out a number of activities, including publishing, networking, research and training.

Publishing activities include a website, the international peer reviewed journal on ambulatory surgery, entitled Ambulatory Surgery, and a tri-annual newsletter. The website (www.iaas-med.com) contains agreed international guidelines and definitions for the practice of ambulatory surgery, undergraduate medical education core curriculum criteria on day surgery, issues of the journal Ambulatory Surgery and the newsletter. In development are a bibliography and an advice service. The journal, Ambulatory Surgery, provides a scientific multidisciplinary international forum for all health care professionals



involved in day care surgery. The newsletter provides news from the IAAS and national societies. Also, the IAAS produces special publications focusing on specific issues of Day Surgery. The most important ones are: the booklet "Policy Brief – Day Surgery: Making it Happen" published in 2007 by the World Health Organisation on behalf of the European Observatory on Health Systems and Policies in collaboration with the IAAS; the book "Day Surgery – Development and Practice" (Ed. P.Lemos, P.Jarrett, B.Philip) which covers surgery, anaesthesia and management in ambulatory surgery. Another publication was prepared during 2013 related to the policy recommendations of the DSDP project.

Networking activities include the biennial International Congress on Ambulatory Surgery held at different venues around the world. The 2011 Congress was held in Copenhagen, Denmark, the 2013 congress in Budapest, Hungary and the 2015 congress will be in Barcelona, Spain with participation of our members as speakers and moderators.

Research activities include regular international benchmarking exercises every two years to measure the rate of day surgery (as a percentage of all surgery and / or as a percentage of all elective surgery) in one country for comparison with day surgery activity in other countries and participation as collaborating partner in 2 European Projects, Day Surgery Data Project and Day Safe. The IAAS is involved in the dissemination of information and results.

Regular training activities include training sessions held in conjunction with IAAS congresses and exchange visits to day units in various countries for doctors, nurses, managers and politicians to see different types of day surgery facilities and to find out how ambulatory surgery is practiced in various settings. In 2003, the IAAS collaborated with European Space Agency on the Sky Med pilot project for computer based training of day surgery staff, in 2012 it organized the first the Train the Trainers course aimed at providing health care professionals, hospital managers and policy makers, particularly from Eastern Europe, the essential notions for capacity building in the area of Day Surgery. As part of the 2013 work plan it will organize a series of training courses in Eastern Europe aiming at contributing to creating the critical mass of professionals interested in Day Surgery and motivated to bringing change.

Summary of the organisation's work programme for 2014

The last 15 years have seen the rapid growth of ambulatory surgery in the more developed countries and significant improvement has been achieved in many IAAS member countries, Italy, Spain, Portugal and Hungary. In this light, the main objective of the IAAS 2013-2014 work plan is the sustainable growth of ambulatory surgery in countries with enormous potential for growth, as can be seen by the decision to organize the 2013 International Congress in Budapest. The overall vision of the IAAS "DAY SURGERY – MAKING IT HAPPEN" is thereby translated into the following 2014 objectives:

- Further strengthen the relations with Southern and Eastern European members and their proactive role within the association in order to contribute to the reduction of the gap in day surgery services;
- Strengthen the relations between the academic world and the health care providers by promoting the establishment of research networks focusing on day surgery.
- Exploit the results produced by DSD, EU funded project in which IAAS was a collaborating partner, and promotion of the sustainability of these results through strengthening of the relations with international health organizations and their



involvement in activities related to the further development and application of such results.

- Contribute to introducing the culture of day surgery and new management models related to its application by providing training opportunities, facilitating exchange of information.

Activities in 2014 will build on the past experience: participation as collaborating partner in EU funded projects and the “Train the Trainers” educational plan of 2012. The main pillars of the 2014 work plan will be:

1. Capacity building exercise targeting health managers and clinicians in management positions. This includes two main components: Training workshops and exchange visits. Training activities will take place in two different member states, one in Croatia and one in Greece and be jointly implemented by the IAAS and the local contacts or individual members. The trainers will be those prepared by IAAS during 2012 and 2013 with the support of the IAAS experienced members. To ensure continuous quality improvement the cross cultural training guide will be updated and made available to the trainers. The recruitment of participants and course logistics will be handled locally. Follow up and exchange visits in / from the countries / organizations participating in the workshops are meant to help those health organizations interested in the immediate change to plan and set up the new model by providing on the site advice or offering the opportunity to see the application of best practices.

2. Stimulation and dissemination of research activities. As one of the core activities of IAAS, dissemination of the most recent research findings to IAAS members, the greater scientific and policy making community will be carried out through the IAAS's electronic channels. The activities in this pillar include publication of the scientific Journal and the Newsletter, maintenance of the website as well as the special workshop on "The future of Day surgery". The workshop will bring together representatives of the academic world with care providers and will aim at stimulating the development of a joint research framework.

3. Networking and benchmarking activities: The General Assembly represents the major yearly networking opportunity for all the members and provides a forum for wide discussion. In the occasion of the GA, a special workshop will be organized aimed at reviewing the content of the questionnaire used for the biennial survey on DS. Special attention will be paid to the minimum set of indicators developed by the DSDP project, of which the IAAS was a collaborating partner. The workshop will be organized in collaboration with OECD / OSE and its outcomes will be further elaborated by the task group on surgical statistics and the final survey tool will be prepared and approved by the GA members.

Timetable																
A time schedule, a table presenting an organized list of events and activities for the year 2014																
Activities	Person responsible	Months														
		M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12			
Publication of the newsletter	Carlo Castoro	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+	-
Collection of materials and Publication of the journal - two months for each issue	Doug McWhinnie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	+	-
Update of the training programmes based on the evaluation results of the 2013 courses - one month	Programme coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+	-
Update of the cross-cultural training manual - three months of duration and eventual translation	Programme coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+	-
Workshop "Rethinking the benchmarking survey" and general assembly meeting in May - three months of preparatory work.	Jost Brokelmann	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+	-
Update and printing of the leaflet of the association - one month	Program Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+	-
Preparation and delivery of one workshop in Greece in September for 25 health professionals involved in the decision making process (hospital managers, clinical managers, head nurses etc) - three months of preparatory work	Carlo Castoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+	-
Preparation and delivery of one workshop in Croatia in November for 25 health professionals involved in the decision making process (hospital managers, clinical managers, head nurses etc) - three months of preparatory work	Carlo Castoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	+	-
Workshop "Thinking the future of Day Surgery" in October - three months of preparatory work	Programme coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+	-
Follow up missions and exchange visits	Programme Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+	-

Synergies of the organisation's activities with the priorities of the WP 2013

The proposed work plan is fully in line with EUROPE 2020, a strategy for smart, sustainable and inclusive growth, and flagship initiatives. The 2014 work plan will build on the activities and experience of 2013 and strongly contribute to expanding the day surgery model in the new member states and create the conditions for a smart and sustainable development, helping them avoid the management mistakes encountered by Western European states. The basic idea behind this extensive approach is the strong need to deliver better and safer surgical care and at the same time to reduce health care costs that are progressively becoming unsustainable. Indeed, ambulatory surgery can reduce healthcare costs up to 30-40% while improving access to surgical care. Shorter hospital stays enable a higher number of patients to be treated, thereby reducing waiting lists. It is important to mention that the adoption of the Day Surgery Model requires a multidisciplinary approach and leads to rethinking of roles and tasks of the health care



providers within the health facilities, consequently producing not only higher job satisfaction and higher motivation but more jobs at the community level, due to shifting of some of activities from the hospital to the community.

In addition, the present work plan clearly contributes to the third priority area of the 2012 work plan: generating and disseminating health information and knowledge. The IAAS objectives and activities have a strong focus on dissemination of information and knowledge based on the principle of solidarity. More specifically, the 2014 work plan includes a series of dissemination, networking and extensive capacity building activities that aim at the diffusion of day surgery practices in Eastern Europe according to European quality standards and definitions. In fact, Eastern Europe with its health systems in transition represents an area with great potential for growth. More specifically, the 2014 training programme will continue to work on building the in country capacities in the new member states and candidate countries and contribute to preparing the grounds to move aspects of health care out of hospitals and into the community, thereby integrating hospital and community care. This "Train the Trainers" approach, besides facilitating the networking opportunities among the health professionals involved, is more likely to have a sustainable impact in a considerable number of countries. The other 2014 activities related to application of results and knowledge deriving from research projects implemented by IAAS members through strong collaboration with international organizations such as OECD and academic institutions will add to the above and contribute to accelerate the change process and further stimulate research ideas and projects.

Dissemination strategy (external dissemination)

IAAS believes in the importance of dissemination of information among members and with the wider community. Therefore, a well thought dissemination strategy is in place that allows IAAS to reach the specific target groups. The publication of the JOURNAL and the Newsletter represent two of the regular core activities that the IAAS has historically performed and contribute to the reaching out to both the scientific community and stakeholders involved in the decision making process. The journal is published 3-4 times a year and the newsletter every four months. Both publications can be found on the website. It is worth mentioning that the subscription to these publications is free of charge and open to the public, not just to members only. In order to increase the access to the Journal and number of readers, IAAS has passed from the paper to the electronic version of the Journal and its quality has significantly improved during the last two years.

The IAAS website is regularly updated and is an important communication tool with the larger public. In fact, the IAAS will use its website to showcase project results and to communicate its various activities to the ambulatory surgery community and the general public. One of the IAAS members has been assigned the task of website manager and all members contribute to content on the site.

The IAAS biennial congress is another important dissemination channel. Once every two years it brings together in one venue surgeons, anesthesiologists, nurses, stakeholders and other interested parties face-to-face to share experiences and scientific results.

IAAS members involved in the EU funded projects and other research activities regularly participate in relevant conferences and scientific congresses to speak on behalf of IAAS and share IAAS views and achievements.



In addition, the more important policy views or results have been published in special editions such as: the booklet "Policy Brief – Day Surgery: Making it Happen" published in 2007 by the World Health Organisation on behalf of the European Observatory on Health Systems and Policies in collaboration with the IAAS and the textbook "Day Surgery – Development and Practice" (Ed. P.Lemos, P.Jarrett, B.Philip) which covers surgery, anaesthesia and management in ambulatory surgery". Recommendations deriving from the DSDP (Day Surgery Data Project) European project results were published and distributed during 2013.

The dissemination materials produced during 2014 will carefully target the new member states and Southern European Countries and the relevant stakeholders in order to increase maximize the impact of the 2014 activities. EU co-funding will be clearly highlighted. All the dissemination channels and materials mentioned above will be used to disseminate the deliverables and results of all the activities of the year. Each activity and deliverable will be made public using the right channel and making sure it reaches the right stakeholder. To reach the general public the local media will be used to inform on the local workshops and IAAS mission and activities. This approach was successfully used during 2013.

Evaluation strategy

Process evaluation: To have an independent view, the process evaluation will be led by one of the IAAS members not represented in the Executive Committee, which is directly responsible for the IAAS operations. The evaluation report will include the experience and views of the evaluator and IAAS staff involved in the work plan implementation as well as beneficiaries of the various activities. This means that multiple methods will be used: an anonymous survey of IAAS members involved in the work plan, interviews with staff implementing the work plan, random interviews with participants in the training, and IAAS publication subscriber members; written documentation produced during the implementation such as internal/ interim reports at the end of each activity, minutes of various meetings and the actual delivery dates as compared to the original work plan and time schedule approved by the ExCo. Interested parties will be asked to comment on the draft evaluation report.

Output evaluation: All deliverable produced during the year will be reviewed and evaluated. An evaluation form will be incorporated in the Journal and Newsletter to get the opinion of their readers, the updated cross-cultural training manual will be reviewed by experts in the field not involved in its design,

Outcome evaluation: The long term outcome of the activities of the year is expected to be an increased number of DS services in Europe and especially in the EE, as well as an increased number of IAAS members from EE. Given that within a one year frame, it is difficult to measure such outcomes, intermediate measures will be used: pre-post testing in the training workshops to measure the efficacy of the training; survey of the extent to which the Journal, Newsletter, have reached the target groups; statistical analysis of the number of hits to the website and the number of downloaded documents by country of origin; reports on the ideas for joint research activities promoted by networks within IAAS.

Various monitoring tools will be implemented in order to feed the evaluation process and ensure timely and proper implementation of the work plan. Such tools will include the



internal reporting related to each training activity and mission reports on the exchange visits to be reviewed and approved by the programme coordinator, periodic review of the list of members to monitor membership, regular e-mail communication between the persons responsible for the various activities and the programme coordinator, a mid-term report on the activities to be reviewed and approved by the ExCo.

Co-ordination with other organisations in the field

Collaboration with national associations of day surgery/ ambulatory surgery and related medical organizations is an intrinsic part of IAAS activities. All routine activities of IAAS such as exchange of scientific information, experience, training and dissemination of scientific results of the various project directly involve or target the national associations. Moreover, the IAAS recognizes its importance as opinion leader in the international arena and has sought collaborations with high level organizations.

In the 1990s, the IAAS and the Organisation for Economic Co-operation and Development (OECD) worked together on international comparisons of ambulatory surgery activity, leading the way to the publication of the IAAS Suggested international terminology and definitions pamphlet in 11 languages. During 2014 IAAS is planning to work closely with OECD in the exploitation of results of the Day Surgery Data project and further development of the IAAS biennial survey tool on day surgery.

In 2003, the IAAS developed, produced and evaluated a programme for the European Space Agency's Sky Med pilot project for computer based training for day surgery staff.

In 2007, the IAAS partnered with Caisse Nationale d'Assurance Maladie (CNAM) and the Veneto Region Agency for health and social services on a research project aimed at establishing benchmarks for Day Surgery Units in France and Italy.

In 2007, "Policy Brief – Day Surgery: Making it Happen" was published in collaboration with the World Health Organisation through the European Observatory on Health Systems and Policies. Currently IAAS is working with them for the publication of policy recommendations of the Day surgery data project funded by EAHC.

In addition, IAAS is working in building collaboration relationships with the academic institutions such as London School of Economics, London School of Hygiene and Tropical Medicine, University of Padova aiming at putting together during 2014 a joint research framework/programme.



Deliverables of the operating grant

Deliverable 01:

Title of deliverable	NEWSLETTERS – three issues
Deliverable number in grant agreement	1
Nature (eg. report, book, website etc.)	Electronic publication on the IAAS website
Delivery date to CHAFEA	March, July, December 2014 – published on the website
Specific remarks on this deliverable	The newsletter is distributed via email to subscribers: members of national associations, relevant stakeholders among others.
Can the deliverable be published at CHAFEA's project database?	No

Deliverable 02:

Title of deliverable	JOURNAL OF AMBULATORY SURGERY –four issues
Deliverable number in grant agreement	2
Nature (eg. report, book, website etc.)	Scientific journal
Delivery date to CHAFEA	March, July, December 2014 –published on the website
Specific remarks on this deliverable	This deliverable is public and accessible on the I.A.A.S. website
Can the deliverable be published at CHAFEA's project database?	Establishing a link to the journal website might contribute to a better dissemination of the scientific information

Deliverable 03:

Title of deliverable	Updated version of the cross cultural training manual
Deliverable number in grant agreement	3
Training handbook	Training handbook
Delivery date to CHAFEA	<i>Published on the IAAS website</i>
Specific remarks on this deliverable	This deliverable, available in 4 languages (English, Hungarian, Romanian, Serbian), is public and accessible on the I.A.A.S. website
Can the deliverable be published at CHAFEA's project database?	Establishing a link to the IAAS website, handbook section, might contribute to a better dissemination of this training tools and increase its impact.



Deliverable 04:

Title of deliverable	Reports on the training workshops and evaluation results
Deliverable number in grant agreement	4
Nature (eg. report, book, website etc.)	Internal report
Delivery date to CHAFEA	End of the grant period (included in the final report)
Specific remarks on this deliverable	At the end of each workshop the local training coordinators provided a brief report on the workshop whose main purpose was the continuous quality improvement of IAAS educational programme.
Can the deliverable be published at CHAFEA's project database?	No

Deliverable 05:

Title of deliverable	New Survey Questionnaire
Deliverable number in grant agreement	05
Nature (eg. report, book, website etc.)	Internal document
Delivery date to CHAFEA	End of the grant period (included in the final report)
Specific remarks on this deliverable	This deliverable has been approved by the IAAS Executive Committee.
Can the deliverable be published at CHAFEA's project database?	No

Deliverable 06:

Title of deliverable	Research framework document
Deliverable number in grant agreement	06
Nature (eg. report, book, website etc.)	Internal document
Delivery date to CHAFEA	End of the grant period (included in the final report)
Specific remarks on this deliverable	This document has been shared with all those who have contributed to its preparation.
Can the deliverable be published at CHAFEA's project database?	No

Deliverable 07:

Title of deliverable	Evaluation Report
Deliverable number in grant agreement	07
Nature (eg. report, book, website etc.)	Report



Delivery date to CHAFEA	Attached to the final report at the end of the grant period
Specific remarks on this deliverable	
Can the deliverable be published at CHAFEA's project database?	No

Deliverable 08:

Title of deliverable	Final technical and financial report
Deliverable number in grant agreement	8
Nature (eg. report, book, website etc.)	Report
Delivery date to CHAFEA	End of the grant period
Specific remarks on this deliverable	
Can the deliverable be published at CHAFEA's project database?	No



Operating Grant implementation

Organization and planning

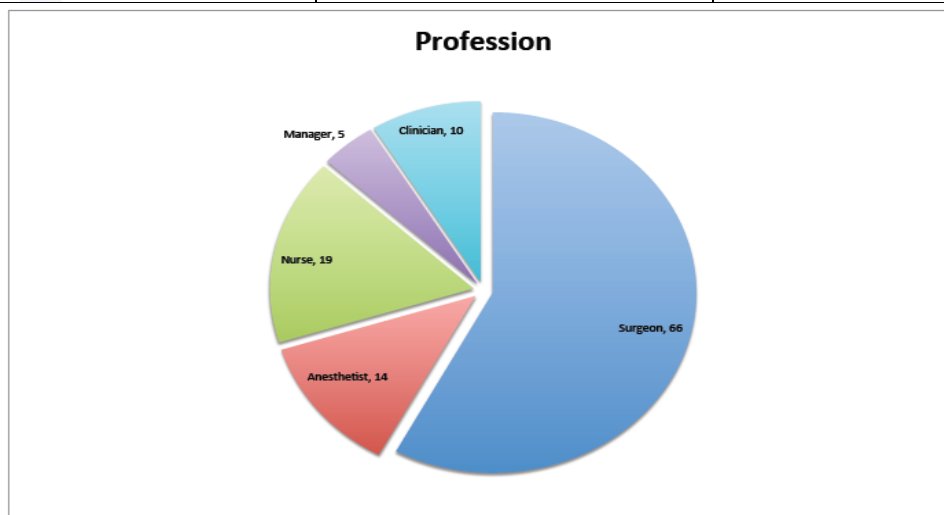
The 2014 work plan was structured around three main pillars: Capacity building, Stimulation and dissemination of research activities, Networking and benchmarking.

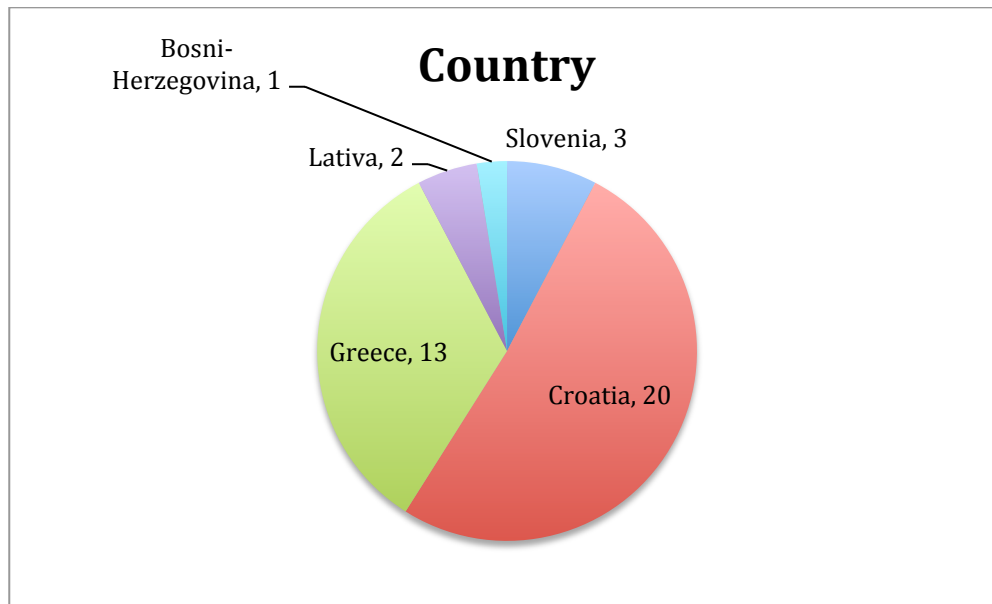
CAPACITY BUILDING This pillar derives from the Training of Trainers (TOT) course held in Budapest in October 28-30, 2012 and it was further consolidated during the 2013. It included: - training needs assessment, - update of the cross cultural training manual, - delivery of two training workshops in Eastern and southern Europe and exchange visits.

Training:

During 2014, this component consisted in offering two training workshops targeting health managers, clinical managers, nurse managers and clinical staff, such as anesthesiologists and surgeons, aimed at providing them with knowledge and skills necessary to set up Day Surgery Services. The workshops were held in Croatia and Greece in collaboration with the local counterparts in Croatia: “Ambulatory Surgery Department at the Clinical Hospital Center Zagreb” and in Greece: “Nea Ionia Hospital”. The table shows the dates and number of participants for each of these workshops. Participants were from Greece, Croatia, Latvia, Slovenia and Bosnia Herzegovina. Moreover, four different professional figures attended these events. The graphs below show the professional mix and geographical distribution of the participants.

COUNTRY	DATES	NR OF PARTIICPANTS
Greece	October 17-18	14
Croatia	November 16-17	26





Definition of the workshop contents: The contents of the workshops were defined based on the input provided by the national associations and the results of the training needs assessment conducted through an on line knowledge survey. The core program was approved by the Committee on Education. The syllabus of the individual workshops was tailored to the local training needs identified through the training needs assessment exercise (on line knowledge survey) and the results of the evaluation exercise conducted during 2013. Specific country programs are attached to this report. (see deliverable 4).

- *Training materials:* To ensure harmonized standards of training and satisfaction of training needs and quality improvement, during the first part of the year upon collection of feedback from the national associations of Hungary and Serbia the IAAS on line cross cultural handbook was updated Printed copies were distributed to all participants of the 2014 workshops. The updated cross cultural training manual, was also built as an on line tool within the IAAS website and the revised versions were made available in English, Hungarian, and Serbian. During the first nine months of the year, the handbook was visited 50.000 times. Participants were also provided with copies of the power point presentations prepared by the trainers. Moreover, a set of eight booklets prepared by the British Association of Day Surgery was also distributed to those participants who required more detailed information on specific topics. The set included:
 - Ten Dilemmas in Pre Operative Assessment
 - Teamwork and Staffing
 - Recovery for Day Surgery Units
 - Nurse Led Discharge
 - Day Case Laparoscopic Cholecystectomy
 - Managing Patients with Diabetes for Day Surgery
 - Patient Safety in the Ambulatory Pathway
 - Quality in Day Surgery

In addition, following the input received by the participants of the workshops IAAS Committee on Education decided to proceed with the preparation of a comprehensive



handbook on Patient Safety in Ambulatory Surgery. Therefore, it was decided to use as a starting basis the training booklets used by the British Association of Ambulatory Surgery and further update and adapt them to an international audience. The handbook will include: The Pathway to Success – Management of the Day Surgical Patient and Ten Dilemmas in the Day Surgery Pathway.

Knowledge survey: an on line questionnaire was set up on the website to gather input from the pre-registered participants of the IAAS workshops in order to respond to their training needs by properly tailoring workshop contents. The questionnaire was developed and published on the IAAS website and linked to the workshop registration process. To facilitate analysis, the tool was linked to a web database. The number of the respondents from Croatia and Greece was high and the information gathered was considered during the programme preparation process of the workshops

Organizational aspects: They were handled in partnership with Nea Ionia Hospital in Greece and Ambulatory Surgery Department at the Clinical Hospital Center Zagreb that promoted the course in the respective countries and supported the IAAS staff in the identification and selection of the local companies who were entrusted the tasks related to the organization and evaluation of the workshops. More specifically, the local organizers took over the following tasks:

- Promotion of the training needs assessment survey which has been set up on the IAAS website;
- Recruitment of participants;
- Identification and procurement of the training venue (including audio video equipment);
- Identification and procurement of logistic arrangements: coffee breaks, lunches, social dinner and hotel accommodation for the participants and trainers;
- Arrangements related to the translation in the local language whenever deemed necessary and printing of the training materials
- Set-up and preparation of classroom and materials;
- Administration of evaluation tools (pre- and post-test; overall course evaluation; prepared by the IAAS staff);
- Preparation of the training report of the event (using IAAS template).

Besides contributing to establishing relationships with local health and academic institutions, this approach also served as an excellent channel for the dissemination of information related to IAAS activities and its publications.

Participants' feedback was obtained through a satisfaction questionnaire administered at the end of each workshop. The questionnaire consisted of two parts. The first part included nine open-ended questions aimed at gathering participants feedback related to the effectiveness, usefulness and satisfaction of learning needs. The second included a table where participants rated their satisfaction of the organization and quality of the workshop. The feedback gathered during the workshops as well as the feedback from trainers and local coordinators was included in the evaluation report and will be used to improve the content of future training sessions. According to the respondents' perception of their training needs, the most important topics that they need to learn about are mainly related to



management and organizational aspects of Day Surgery: how to set up a Day Surgery Unit, its organization, issues related to human resources mix, understanding barriers to Day Surgery implementation, baskets of procedures used in EU countries and advantages and disadvantages of Ambulatory Surgery, Ambulatory surgery pathway.. A considerable number of the respondents express the need to exchange experience with colleagues from other countries and be able to network with them as well as receiving updated information concerning Ambulatory Surgery performance in other countries. This exercise was also used to gather the participants' perception concerning barriers to day surgery development. It was reconfirmed that the major barriers are related to lack of experience, lack of Day Surgery culture and resistance to change, weak management skills, weak integration between the various levels of care, lack of a consensus list on the Day Surgery basket of procedures and realistic reimbursement schemes for Day Surgery procedures.

Follow up visits and professional exchange: in order to ensure the sustainability of the training impact and maintain the motivation of the participants to change, IAAS experts, as planned, were available to provide on-site technical assistance visits to those health organizations willing to set up the Day Surgery Services. In addition, professional exchange opportunities were offered to those health professionals/ health managers interested in visiting Day Surgery Centers of Excellence. The opportunities were announced during the various workshops and participants could express their interest in a dedicated section of the satisfaction questionnaire. The specific application form aimed at understanding the candidates learning needs and simplifying the host organizations work in preparing a program (attachment 1) was sent to all the interested participants

A team of three IAAS experts, respectively representatives of the Portuguese Association for Ambulatory Surgery (PAAO), the Dutch Association of Day Care & Short Stay (NVDK) and the Hungarian Association of Ambulatory Surgery (HAAS), Danish Association for Ambulatory Surgery visited ambulatory surgery department at the Clinical Hospital Center of Zagreb. The same team was involved in teaching during the workshop and this was an added value since they were able to understand the real context and adapt their teaching to the participants needs. This exchange represented a great opportunity for the IAAS experts who were able to interact with a number of colleagues and learn more about the barriers to Day Surgery development in Zagreb. It also contributed to creating awareness concerning the need to establish the Croatian association of day surgery and discuss the eventual support that IAAS can provide in this process.

Five candidates from Croatia formally applied and two candidates from Hungary and 13 from Greece demonstrated their interest in applying for the exchange program. In order to ensure the sustainability of the professional relationships whenever possible, candidates were asked to indicate their preferences in choosing the hosting organization. The identified hosting organizations were in the Netherlands, Finland and Portugal. Due to time constraints for both hosting organizations and participants, three of the five exchanges were postponed to 2014 and two Croatian candidates visited the Ambulatory Surgery Department of the Hospital Center of Porto in Portugal.

According to feedback received from the participants and the trainers, this activity should be strengthened in the future.



Updating of the Cross Cultural Training manual: the first version of the Cross Cultural Training Manual was prepared in 2013 based on the analysis of the information gathered through the training needs assessment exercise and the input provided by the workshop participants through the satisfaction questionnaire and informal discussion. In addition, the manual builds on the experience and expertise already demonstrated by the IAAS. A working group led by the President and the head of the training program was created to complete its update. They represent different areas of expertise such as surgery, anesthesiology, nursing and health services management. The manual was set up as an on line learning tool to stimulate professional exchange and tutorship. Moreover, the Hungarian and Serbian language versions were also updated to facilitate learning by non-English speakers. This last activity was made possible due to the contribution of the national associations of Hungary, and Serbia.

PILLAR 2: STIMULATION AND DISSEMINATION OF RESEARCH ACTIVITIES

This is one of the core activities of IAAS and aims at disseminating the most recent findings and research results related to Day Surgery to the scientific, policy-making and management community. The activities under this pillar during 2014 included: publication of the journal *Ambulatory Surgery*, publication and dissemination of the NEWSLETTER and organization of the workshop "The future of ambulatory surgery"

Publication of the scientific Journal *Ambulatory Surgery*: This is one of the consolidated activities of the IAAS. *Ambulatory Surgery* is usually published quarterly on the IAAS website and is a free access journal.

In 2014, three different issues of the journal were published and are available on the IAAS website. In addition, the complete archive of the electronic version of the journal volumes was continuously updated on the IAAS website in 2014. *Ambulatory Surgery* provides a multidisciplinary international forum for all health care professionals involved in day care surgery. Topics include basic and clinical research, surgery, anaesthesia, nursing; administrative issues, facility development, management, policy issues, reimbursement, preoperative care, patient and procedure selection, discharge criteria and home care. Electronic copies of the journal are proactively shared with the participants to the training workshops in order to promote the dissemination of the scientific information

Publication of three issues of the Newsletter: The IAAS Newsletter is an electronic publication aimed at keeping the Day Surgery audience up to date on IAAS and member association activities and success stories. Subscription to the newsletter is managed via the website and, currently, 964 health professionals, managers and policy makers receive the Newsletter. The number of subscribers has increased by about 12% during 2014. To increase the impact of the publication and make sure that the IAAS news reached the target of professionals from Eastern European countries, a mailing list of workshop participants has been created and they have been added to the subscriber list. During 2014, the NEWSLETTER was used as an internal channel of communication with the IAAS member associations in order to keep them informed about the progress of the annual work plan. The most important activities were announced and reported. Therefore, all the workshops



were announced in the NEWSLETTER, the needs assessment survey as well as other announcements from the Day Surgery community around the world.

Workshop “Thinking the Future of Ambulatory Surgery”. The workshop brought together representatives of the academic world with care providers and aimed at stimulating ideas towards the development of a joint research framework and research proposals. Participants in the workshop represented London School of Economics, London School of Hygiene and Tropical Medicine, OECD, Ambulatory Surgery Center Association (ASCA), USA and a series of European health care institutions. This event organized in collaboration with the London School of Economics represents an important milestone in setting up important international research networks on ambulatory surgery. The main output of this activity was a joint document containing a list of priority project ideas to be pursued in the near future. (see deliverable nr. 6). The priority project and research areas identified during the workshop were: international benchmarking, impact of the ambulatory surgery on the reduction of waiting lists and access to care, the impact of the national/regional policies on the development of ambulatory surgery. At the end of the workshop it was agreed to proceed with the establishment of a large network whose focus will be the definition of the Ambulatory Surgery pathway and indicators to be included in a benchmarking tool.

Pillar 3: NETWORKING AND BENCHMARKING

The General Assembly (GA) represents the major yearly networking opportunity for all the members and provides a forum for wide discussion. In the occasion of the GA, the content of the questionnaire used for the biennial survey on Ambulatory surgery was discussed and discussion of some specific technical issues was delegated to a small expert group to meet later in the year. The survey was discussed with OECD representatives during the workshop “Thinking the Future of Ambulatory Surgery” (attachment 2). Special attention was paid to the definitions used by OECD and IAAS and differences were identified. The work initiated during this workshop was taken forward during the meeting organized in collaboration with London School of Economics “Rethinking the benchmarking” (attachment 3).. During this meeting the expert group identified the areas of benchmarking such as: patient safety and quality of care, patient satisfaction, cost effectiveness, policy issues. The benchmarking will focus on the patient pathway and will include the aspects mentioned above. To ensure a wide impact and consensus it was decided to pursue the idea of establishing an international network focusing on benchmarking and prepare a proposal to submit to the Cost programme for funding. In meanwhile IAAS will continue to carry on the surgical statistics survey. The outcomes of the workshop “The future of ambulatory surgery” and “Rethinking the benchmarking tool” were further elaborated by the Task Group on Surgical Statistics and the final survey tool was prepared and approved by the ExCo members

In this new survey the IAAS will start to attempt to look at a snapshot of day surgery activity across as many member countries and candidate countries as possible. This is a challenging area due to the differences in recording of health activity across countries and we suspect will require considerable future development as we learn from the challenges faced by each member country. An attempt to include information on economic aspects of day surgery will be considered.



The IAAS leaflet and presentation kit were updated and a special section on the IAAS new services and networking opportunities was elaborated. (see attachment 4)

LIST OF TRAVEL COSTS AND EVENTS ATTENDED

NR OF PERSONS	PURPOSE OF THE TRAVEL	COSTS €
30 General Assembly members + two IAAS staff	Participation in the General Assembly meeting in Barcelona, Spain	€14303,06
Two trainers + one staff	Training workshop in Greece	€992,88
Three trainers + one external evaluator+ one IAAS staff+ accommodation for course participants from Slovenia, Latvia and Croatia (outside Zagreb)	Training workshop in Serbia	€1509,87
11 Executive Committee members + one IAAS staff + one OECD invited guest	“Thinking the future of ambulatory surgery” workshop in London	€4301,36
Four IAAS experts + one IAAS staff	Workshop – COST Proposal– “Rethinking the Benchmarking” in London	€1077,97
Travel costs for two exchange fellows from Croatia	One week visit to Department of Ambulatory Surgery Hospital Center of Porto, Portugal	€634,00

PROBLEMS ENCOUNTERED and RELATED SOLUTIONS

Weak technical support in Greece and Croatia on issues related to evaluation and data analysis.	IAAS staff took over the analysis process and offered direct technical supervision on the preparation of the training reports
Limited private funds with respect to plans	Part of the income has been balanced with higher income deriving from membership fees, part of it was covered with the reserve funds of the association and intense efforts in market search and cost saving efforts. This way the work plan was fully implemented without jeopardizing the achievement of the objectives



Evaluation

The overall work plan objectives were reached and performance was satisfactory. In particular, the capacity building programme launched during 2013 and consolidated during 2014 targeting the Eastern European countries was an overall success. It included organization of training workshops, including a knowledge survey and update of the cross cultural training manual as well as exchange visits. Both feedback received by the interviewed stakeholders and analysis of the evaluation results clearly showed a high level of satisfaction and enthusiasm by both the participants and trainers. The overall data on effectiveness of the training sessions are positive and show a clear improvement of knowledge. However, it is important to emphasize that the entire capacity building programme, from needs assessment to follow up visits, went through an evolutionary process and lessons learned from each training experience were incorporated into the next. The core curricula was continuously improved and consequently the pre-post test evaluation instruments. At the end of the year, the full set of evaluation tools used in the training program was complete and qualitatively improved. Therefore, the training activities performed during 2014 provide a strong basis for those in 2015. The main outputs, such as the core curriculum and the cross cultural training manual translated in various languages, the pre- and post tests (attachment 5) and the satisfaction questionnaires (6), are ready for use during 2015 and will allow a comparative evaluation of the effectiveness of the training and participant satisfaction results on a year by year basis. The training workshops were organized as planned involving four different Eastern European countries reaching in this way the target. The workshop in Croatia, enabled the networking with the colleagues from Slovenia and Bosnia Herzegovina and Latvia and prepared the grounds for the workshop in Slovenia and Latvia as part of the 2015 work plan. The organization of the workshops in Latvia and Slovenia discussed during the event in Croatia was met with enthusiasm by the Latvian and Slovenian colleagues. The Croatian colleagues as well as the Greek colleagues have asked the support of IAAS in creating their national associations. The experience of the newly created Serbian Association has been highly inspiring for the professionals in Croatia, Slovenia and Bosnia Herzegovina. The IAAS has been encouraging the networking in the region between the professionals and encouraged the involvement of the policy makers in the training events in loco. However, it is important to underline that most of the participants were surgeons and anesthesiologists; only a few were nurses, managers or other clinical professionals. Given that the development of Day Surgery in Eastern European countries represents, at this stage, a large cultural change, the involvement of a critical mass of people representing different professional groups, such as major stakeholders in the process, should continue to be considered a priority in the future and special attention should be paid to recruiting managers and nurses, underrepresented in the 2013 and 2014 workshops.

Considerations for future:

- The future core curricula should have a strong focus on management and organizational aspects of AS and human resources mix;
- There is particular interest in ambulatory surgery pathway: pre- and post operative management, evaluation protocols and discharge criteria, types of procedures to perform in AS regime;



- Standard training courses on Ambulatory Surgery pathway and patient safety are highly recommended;
- The barriers in implementing AS also identified during the training needs assessment should continue to be part of the core curricula and more in depth information and skills should be provided to the participants;
- In order to increase the impact of training workshops and contribute to producing change, particular attention should be placed on the exchange program as an important step in the training process.

Important highlights and lessons learned from 2014:

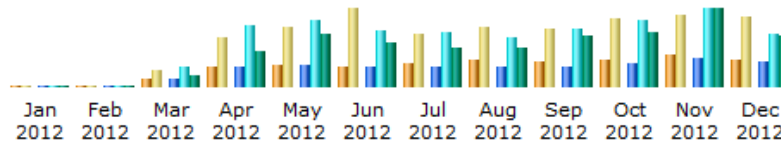
- Dedicate at least two and a half days to each workshop in order to have enough time to address the core curricula topics;
- Use the same standardized evaluation tools to allow comparative analysis. This is essential especially now that the training program is still going through a consolidation process;
- Prioritize the interactive approach in small settings: mini-lectures and a lot of interaction and sharing of personal experience;
- Adapt the knowledge survey to the proposed preliminary program and ensure that the results are carefully read and taken into consideration by all the trainers involved;
- Strengthen the dissemination of the Journal through various channels

Dissemination

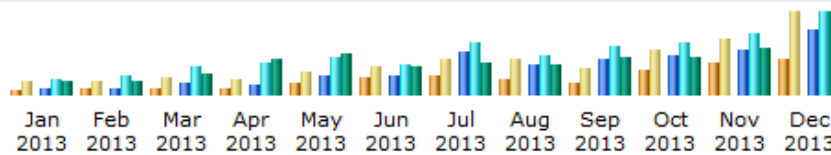
Publication of the JOURNAL, NEWSLETTER,

The publication of the Journal and Newsletter are part of the routine activities of IAAS. The number of direct subscribers to the NEWSLETTER at the end of 2014 was about 964 and they include professionals from Hungary, Romania, Croatia, Serbia, Greece, Bosnia Herzegovina, Latvia. The NEWSLETTER was further disseminated by the member associations around the globe. The deliverables of these activities were published in the official website of IAAS, which was redesigned at the beginning of 2013 and has become more user friendly. The wide dissemination of the website during the training workshops, as well as the distribution of the IAAS leaflet during the training workshops has greatly contributed to increasing the visibility of the association and access to its publications. Hence, 2014 has been an extremely successful year for the website as the most important dissemination and communication channel with the number of visits having reached an average of 20000 visits per month. This also reflects the continued success of the Journal and the NEWSLETTER. The numbers of visits to the website has steadily increased month by month in response to the development of the website to include the workshop programme, on line registration procedures, knowledge survey, updated Training Handbook in various languages, In fact, the level of data downloaded has increased considerably as can be seen by the increase in Bandwidth used between 2014, 2013 and 2012 (see graphs below).

Monthly history



Month	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Jan 2012	0	0	0	0	0
Feb 2012	0	0	0	0	0
Mar 2012	483	1001	3439	9117	147.12 MB
Apr 2012	1250	3002	9503	28334	468.46 MB
May 2012	1343	3684	9742	30648	699.44 MB
Jun 2012	1234	4767	9623	25816	573.04 MB
Jul 2012	1410	3258	8984	25361	504.67 MB
Aug 2012	1604	3620	8890	22994	507.02 MB
Sep 2012	1563	3542	9417	27346	685.76 MB
Oct 2012	1601	4223	11138	30656	719.06 MB
Nov 2012	1943	4360	13484	36203	1.01 GB
Dec 2012	1592	4255	11623	24900	668.71 MB
Total	14023	35712	95843	261375	5.86 GB

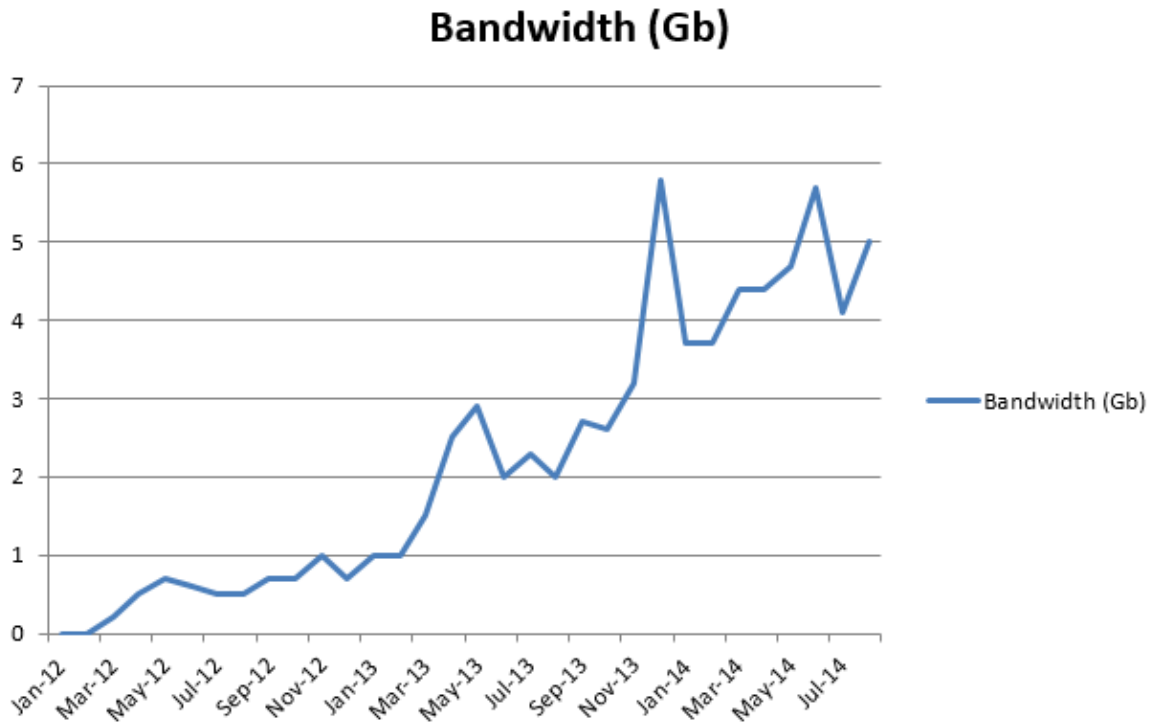


Month	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Jan 2013	1844	4566	13138	35556	954.12 MB
Feb 2013	2043	4868	15914	40995	1.02 GB
Mar 2013	2391	6006	24789	63087	1.53 GB
Apr 2013	2358	5665	24103	68901	2.49 GB
May 2013	4306	8288	44078	83788	2.86 GB
Jun 2013	6264	10051	43685	67240	1.97 GB
Jul 2013	6831	12384	93707	116050	2.30 GB
Aug 2013	5534	12688	66693	88357	2.05 GB
Sep 2013	4069	9606	77178	107002	2.68 GB
Oct 2013	8686	15914	86358	113239	2.63 GB
Nov 2013	11272	19805	98265	134717	3.24 GB
Dec 2013	12354	29190	141231	181248	5.76 GB
Total	67952	139031	729139	1100180	29.47 GB

Month	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Jan 2014	8908	21496	78229	119323	3.66 GB
Feb 2014	7619	17289	111649	151894	3.64 GB
Mar 2014	8461	19217	93951	130995	4.41 GB
Apr 2014	8440	18381	49249	84159	4.66 GB
May 2014	9436	20924	68645	104221	4.43 GB
Jun 2014	8726	20834	148238	177175	4.69 GB
Jul 2014	10499	26425	363414	401532	5.76 GB
Aug 2014	9432	24441	70399	103066	4.07 GB
Sep 2014	9616	25198	63152	105450	4.33 GB



The graph below demonstrates the extent of this increase during the last three years, which correlates well with the dates of the Training courses and the publication of the online Training Handbook



The most frequently visited pages during 2014 were: Handbook – 1172 hits
Journal – 1067 hits; Congresses – 1011 hits; Introduction to IAAS - 525 hits; Useful guidance documents – 523 hits; Volume 20 of the Journal – 425 hits; About the IAAS – 407 hits; Membership – 405 hits. This information clearly shows that the Cross cultural training manual (handbook) re-edited in November 2014 has strong potential to become an important resource (more than 50.000 visits). The same thing can be said about the Newsletter and the Journal. Therefore, it is crucial to continuously disseminate the website address and the information that can be found on it.

Countries visiting the website

The top ten countries visiting the website are: UK, USA, Australia, Italy, Spain, Portugal, France, Brazil, Denmark and Japan (please refer to the table below).

This information confirms the popularity of IAAS in Europe but at the same time it clearly shows that it is increasingly becoming popular in other parts of the world such as Japan and Brazil.



Country	Sessions	% Sessions
1. United Kingdom	954	14.16%
2. United States	622	9.23%
3. Australia	469	6.96%
4. Italy	341	5.06%
5. Spain	330	4.90%
6. Portugal	284	4.22%
7. France	283	4.20%
8. Brazil	259	3.84%
9. Denmark	218	3.24%
10. Japan	210	3.12%

It is important to mention that 2014 statistics also include new visitors from Eastern and Southern European countries in which IAAS has been active during the last two years

Country	Number of visitors
Croatia	72
Serbia	40
Slovenia	18
Romania	23
Czech Republic	15
Poland	18
Latvia	15
Greece	66

These figures have considerably increased as respect to the past, still they clearly show the need to expand the relationships with Eastern European countries in order to promote day surgery, first of all by continuing the training programme in these countries in order to create the critical mass of professionals that can bring the change and also by supporting the creation of national associations. To this purpose further dissemination activities to promote the association, its mission, and activities should be developed, especially through the newsletter that directly reaches the target and the information provided is clear, synthetic and well-focused on the programme of the association.

It is worth mentioning that during 2014, the Webmaster has been contacted by colleagues from across the globe e.g. Columbia, Malaysia and New Zealand. The overall website data are as follows: more than 81000 unique visitors until end of September as respect to 67,000 unique visitors at the end of December 2103; more than 194000 visits until the end of September as respect to the 139000 visits

Biennial survey on Day Surgery statistics: Despite the fact that IAAS has been performing the survey for over 20 years now and the general amount of data gathered is significant, the pool of reliable data still covers only a limited number of countries that pay specific attention to Day Surgery and have put in place a data gathering model in line with OECD definitions. A wide scale benchmarking at the moment is not possible due to the large variation among countries concerning the type of data gathered. Therefore, the committee on Surgical Statistics has initiated a strong collaboration with OECD who has the power to encourage the member governments to gather data according to agreed definitions. This would allow collection of reliable and comparable data. IAAS should work in partnership



with OECD in initiating a stronger data gathering exercise that can provide sufficient and reliable information to feed the future IAAS planning. The workshop on “rethinking the benchmarking” in collaboration with OECD in 2014 was aimed at launching such a collaboration.

In conclusion, the IAAS has reached its overall objectives for 2014 and the activities have surpassed the expected outcomes. The association has grown stronger and drawn a considerable number of lessons learned to act upon in the future. Highlights of 2014 include: the Romanian Association for Ambulatory Surgery an associate member as of 2013 has supported the update of the cross cultural training handbook. The Serbian Association for Ambulatory Surgery founded in 2013 has started to become an active partner and a follow up training workshop was organized by them with local funding and with the technical support of the IAAS experts and trainers. Contacts were made with professionals in Latvia and Slovenia to support the implementation of the 2015 work plan; Two new individual members from Malta and Chile joined the IAAS, Lastly, IAAS publications have reached a much wider audience with respect to 2013. The most remarkable outcomes are the excellent increase of the visibility of the association as demonstrated by the website data and the initiation of the efforts for the creation of the Greek and Croatian associations thanks to IAAS support, expansion of contacts in Latvia and Slovenia in preparation of the 2015 work plan

During 2014 IAAS has published on its website: www.iaas-med.com the following scientific and training materials.

IAAS Newsletter

<http://www.iaas-med.com/files/Newsletters/IAAS-NL-2014-July.pdf>

http://www.iaas-med.com/files/Newsletters/IAAS-NL-2014-march_2014.pdf

[http://www.iaas-](http://www.iaas-med.com/index.php?option=com_acymailing&ctrl=archive&task=view&mailid=22&key=pU2X6TzO&subid=1-41QYXap54uf8Tj&tmpl=component)

[med.com/index.php?option=com_acymailing&ctrl=archive&task=view&mailid=22&key=pU2X6TzO&subid=1-41QYXap54uf8Tj&tmpl=component](http://www.iaas-med.com/index.php?option=com_acymailing&ctrl=archive&task=view&mailid=22&key=pU2X6TzO&subid=1-41QYXap54uf8Tj&tmpl=component)

Ambulatory Surgery Handbook - Day Surgery: Making it Happen

English http://www.iaas-med.com/files/2014/Day_Surgery_Manual2.pdf

Hungarian http://www.iaas-med.com/files/2014/Day_Surgery_Manual_HU.pdf

Romanian http://www.iaas-med.com/files/2014/Day_Surgery_Manual_Rom.pdf

Serbian http://www.iaas-med.com/files/2014/Day_Surgery_Manual_serbian.pdf

Scientific Journal *Ambulatory Surgery*, vol.20, n. 1-3

http://www.iaas-med.com/files/Journal/20.3/AMBSURG20_3PR.pdf

http://www.iaas-med.com/files/Journal/20.2/AMBSURG20_2.pdf

http://www.iaas-med.com/files/Journal/20.1/AMBSURG20_1.pdf

Participation in EU actions (if applicable)

Not applicable



Further remarks

The operating grants 2013 and 2014 have been a great opportunity for IAAS and have greatly contributed to its internal growth and development. The year 2013 will remain in the history of IAAS as the year that laid the basis for the institutional development of the association and its affirmation as an important emerging stakeholder in health policy development especially at EU level. Year 2014 has marked an exceptional step forward toward the establishment of working relationships with OECD and important academic institutions in Europe such as London School of Economics and London School of Hygiene and Tropical Medicine. Such collaborations have led to joint efforts in developing collaborative multidisciplinary projects that have the strong potential to push forward international multidisciplinary research in the Ambulatory Surgery Area. In addition, strong support networks were established in Croatia and Greece and support was provided in establishing the national associations in these countries. Unfortunately, the rejection of the grant application for the period 2015-2017 will strongly jeopardize the implementation of the strategic plan and consequently the impact of the 2013 and 2014 activities may be reduced significantly. The IAAS will hardly have sufficient resources to continue the implementation of its strategy and provide the support that it had committed to.



Annexes

Website address: www.iaas-med.com
www.iaas-med.com/index.php/home

Annex 1 – Attachments to this document

- Attachment 1: INTERNATIONAL EXCHANGE PROGRAM APPLICATION FORM
- Attachment 2: Scientific Programme of the meeting “Thinking the Future of Ambulatory Surgery”, London, UK, October 31, 2014
- Attachment 3: Scientific Programme of the meeting “Thinking the Future of Ambulatory Surgery – COST Proposal – Rethinking the Benchmarking”, London, UK, December 19, 2014
- Attachment 4: IAAS Leaflet and Presentation Kit
- Attachment 5: Pre and Post course test (Knowledge Survey)
- Attachment 6: Course Satisfaction Questionnaire

Annex 2 – Deliverables 1-8

D1	Newsletter: three issues
D2	Journal of Ambulatory Surgery: three issues
D3	Updated version of the Cross cultural Training manual
D4	Reports on the training workshops and evaluation results
D5	New Survey Questionnaire
D6	Research Framework document
D7	Evaluation report
D8	Final technical and financial report