



INTERNATIONAL ASSOCIATION FOR AMBULATORY SURGERY (IAAS)

CENTRAL OFFICE: c/o British Association of Day Surgery

35-43 Lincoln's Inn Fields, LONDON WC2A 3PE, U.K.

Phone / fax: +44 207 404 6774 • E-mail: iaas@bads.co.uk

Website: www.iaas-med.com

*International Non-profit Association
Registered office: Tichelrei 1, 9000 Ghent, Belgium*

Annual Report 2013

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, especially Italy, Spain, Portugal and Hungary. In this light, the main objective of the IAAS 2012-2013 work plan was to contribute to the sustainable growth of ambulatory surgery in countries that had a large potential for expansion. 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 thereby translated into the following 2013 objectives:

- • Strengthen the relations with Eastern European members and their proactive role within the association in order to contribute to the reduction of the gap in Day Surgery;
- • Influence policy to make smart and sustainable decisions by disseminating good practice and results of the EU funded projects where IAAS is involved as collaborating partner;
- • Contribute to the introduction of the innovative day surgery model and related management styles, and its application by providing training opportunities, facilitating exchange of information, as well as professional exchanges among health managers and professionals involved in day surgery practice;

Activities during 2013 built on those performed in the previous two 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. The main pillars of the 2013 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

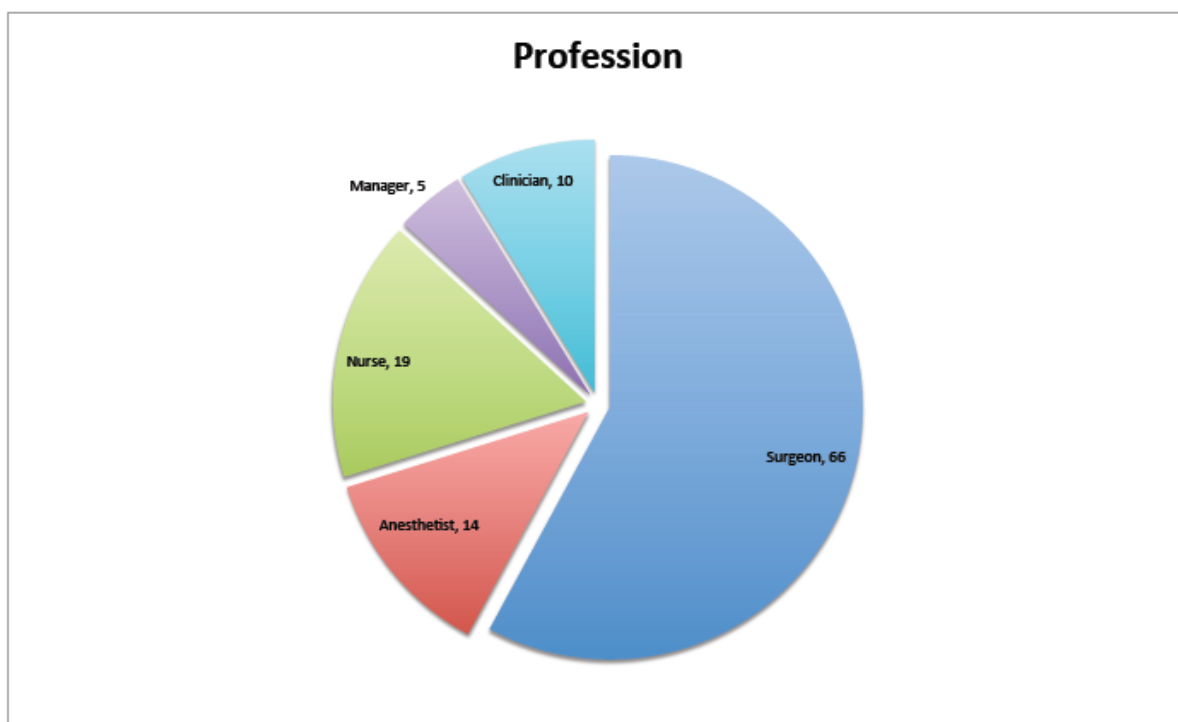
Capacity building:

During 2013, 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 in Hungary, Romania, Slovakia and Serbia in collaboration with the national associations of Hungary, Serbia, and Romania and members of IAAS. The table shows the dates and number of participants for each of these

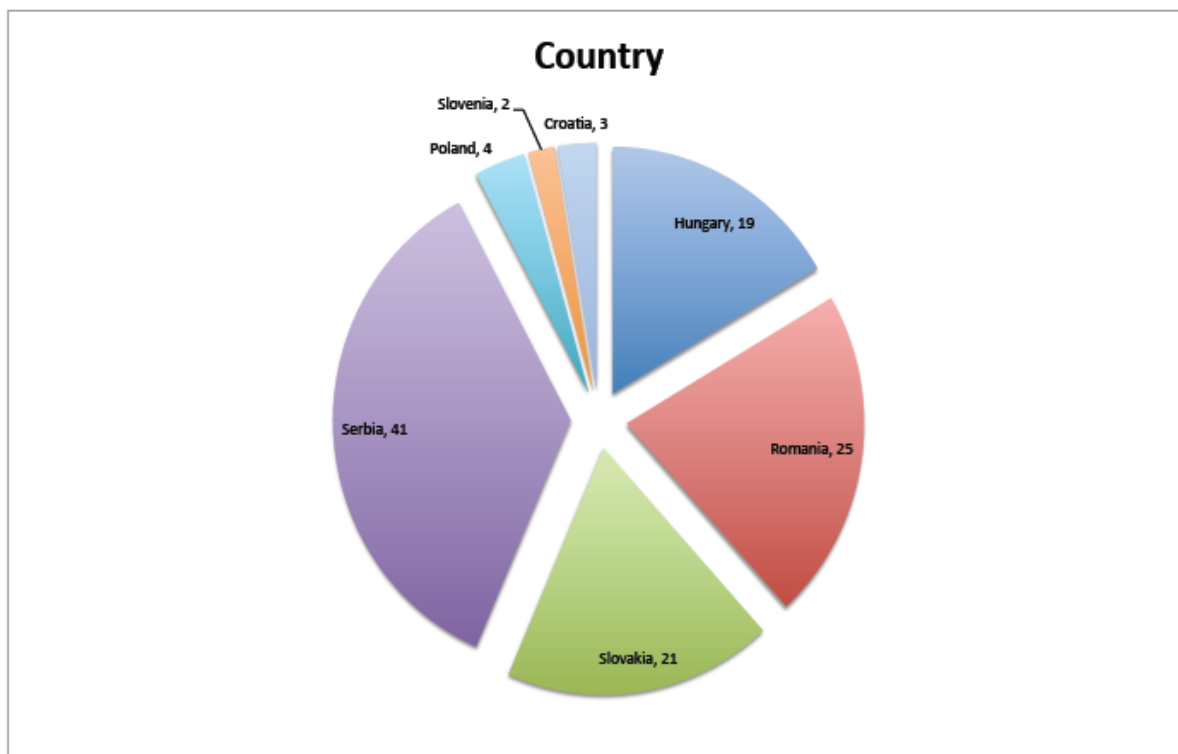


workshops. Participants were from Hungary, Poland, Slovakia, Serbia, Slovenia and Croatia. Moreover, four different professional figures attended these events. The graphs below show the professional mix and geographical distribution of the 115 participants.

COUNTRY	DATES	NR. OF PARTICIPANTS
Hungary	May 6-8	26
Romania	September 15-16	25
Slovakia	December 5-7	23
Serbia	November 21 -23	41



Mix of professions represented at Workshops



Mix of countries represented at Workshops



Workshop in Romania, Timisoara



Workshop in Slovakia, Kolarovo



Workshop in Slovakia, Kolarovo



Workshop in Serbia, Belgrade

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, the IAAS launched the professional exchange program. Under this programme and thanks to the support of Dr. Miklos Viola, a team of three IAAS experts visited Medchir Health Clinic in Kolarovo, Slovakia. 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 Slovakia. It also contributed to creating awareness concerning the need to strengthen the Slovak association of day surgery and its relationship with IAAS. In addition, one course participant was given the opportunity to visit the Akershus Universitetssykehus HF in Norway to observe the running of a European Day Surgery Center of Excellence.



IAAS experts visiting the MedChir Medical Center in Kolarovo, Slovakia



Two other important components of capacity building were: a **training needs assessment exercise which aimed at** gathering input from a wide number of potential participants of the IAAS workshops in order to respond to their training needs by properly tailoring workshop contents. According to the respondents' perception of their training needs, the most important topics 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, baskets of procedures used in EU countries and advantages and disadvantages of Day Surgery. 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 this survey served as input for the preparation of the **Cross Cultural Training Manual**, which was set up as an interactive learning tool (IAAS website) to stimulate professional exchange and tutorship. Moreover, it has been translated 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, upgrading of the website to include the scientific journal and training materials as well as the special publication of policy recommendations related to Day Surgery information systems deriving from the DSDP project. The latter was aimed at contributing to increasing the project's impact outside the area of member states involved in the project

Networking and benchmarking activities: This pillar included the organization of the International Congress on Ambulatory Surgery and the biennial benchmarking survey on ambulatory surgery.

The 10th IAAS International Congress was held in Budapest in collaboration with the Hungarian Association for Ambulatory Surgery (HAAS), from May 5–8 and it represented the major networking opportunity for both members and non members, and provided a forum for discussion and exchange. The congress was honored by the presence of the Hungarian Minister of Health and hosted 671 delegates. The graph below shows the geographical distribution. The majority of the delegates were from Europe, and among these, about 250 were from Eastern Europe (Hungary, Poland, Serbia, Slovakia, and Romania; data not shown). The scientific committee selected 54 oral presentations and 44 posters to be presented during the congress. The congress proceedings were recorded and published with free access on the IAAS website to ensure wide dissemination.



One of the congress sessions

In conjunction with the Congress, IAAS organized a satellite session to disseminate DSDP project results and recommendations targeting the delegates from new member states and candidate countries. Discussion during this session and the recommendations coming out of the DSDP project inspired the IAAS 2014 work plan and more specifically the idea of rethinking the benchmarking survey and redesigning the survey tool.

Biennial survey on Ambulatory Surgery: In preparation of the Budapest Congress, IAAS carried out the biennial Survey on Ambulatory Surgery on 2011 data. Results were presented to the delegates and published in the *Journal of Ambulatory Surgery*, volume 19.4

IAAS has been performing surveys on the progress of ambulatory surgery since 1998. The main objective was to monitor progress in ambulatory surgery as percentage of overall surgical procedures in different countries referring to 20 to 37 index procedures.

The 2011 IAAS survey was conducted through administration of a questionnaire to 18 IAAS member associations. Of the 10 countries that responded to the invitation, only 6 countries (Denmark, England, Finland, Germany, Scotland and Sweden) met the criteria of the new OECD definitions for their statistics in 2011. The most interesting results were seen when comparing the indicator procedures with a) the incidence of operations/procedures as frequency ratio per 100.000 of population and b) the percentage of ambulatory surgery. Thus, the new definitions and rules of OECD allow a comparison of surgical activities across countries. The most valuable indices in demonstrating differences in health management appeared to be the parameters “frequency ratio” and “percentage of ambulatory surgery”. It is recommended that case-based statistics using OECD definitions should become the international norm.



For the first time during 2013 IAAS put in place an evaluation strategy in order to ensure 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 confirmed 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 congress and regional 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 2013 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 update of the IAAS brochure including the highlights of the work plans 2013-2014 and its distribution during the International Congress in Budapest as well as during the workshops and other health related events organized by other health organizations combined with the use of local media such as newspapers and TV channels in the countries in which IAAS is less known has been very successful. This is demonstrated clearly by the fact that the number of visitors to the IAAS website has increased from an average of 2,000 in January 2012 to 12,000 in December 2013, and the volume of materials downloaded has shown a similar increase.

Important achievements in 2013 include:

- the new website of the journal *Ambulatory Surgery*
- the preparation of the on-line cross cultural training manual in various languages
- the launch of the professional exchange program
- the creation of the Serbian Association for Ambulatory Surgery
- the expansion of the association (with two new full members from China and Japan, one associate member “Romanian Association for Ambulatory Surgery”, individual members from Poland, Greece and Serbia),

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;



- promotion of professional exchanges in order to ensure the support of a critical mass of professionals / stakeholders towards the expansion of Day Surgery in these countries and contribute to the cultural change;
- major involvement of OECD in all the EU countries in order to ensure the harmonized data collection that allow benchmarking as a crucial milestone for the future of Day 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.

To conclude, the past year represents a turning point in the history of IAAS. It marked a big change in the association's operations with the adoption of a strategic thinking approach. This qualitative step forward is thanks to the teamwork that required a considerable effort and strong commitment to the association. Therefore, the significant results achieved produced a 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 DS, a core group of professionals trained to serve as promoters of the DS in Eastern Europe, a set of training tools available to be used in replication exercises, and an enhanced network of professionals involved in DS.

