

# What to evaluate in Ambulatory Surgery

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[The Value of Performance and Quality Indicators in the Ambulatory Surgery Unit.](#) **Douglas McWhinnie, Ian Jackson**

[Regional analgesia as the core component of multimodal analgesia technique: Current controversies and future directions.](#) **Girish Joshi**

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## DAY SURGERY HANDBOOK

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Developed by the IAAS to support the teaching provided during the **Day Surgery: Making it Happen** courses.

Available translated in

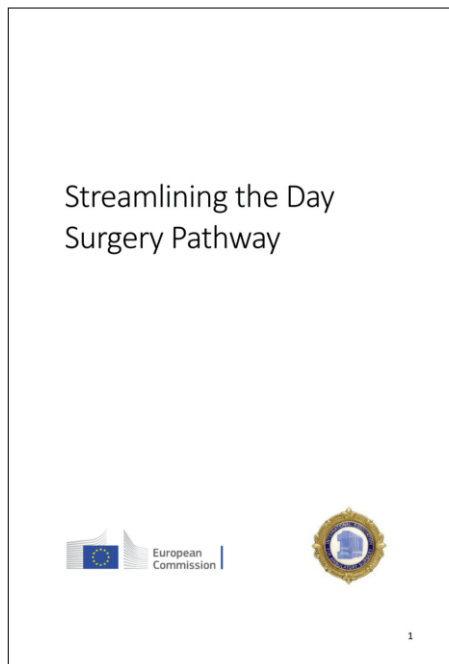
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+ Introduction
+ Patient Referral
+ Surgical Outpatient Clinic
+ Procedure selection
+ Patient selection
+ Day Surgery Facilities
+ Preoperative Assessment
+ Patient admission
+ Scheduling of Operating Lists
+ Patient discharge
+ References

# The Value of Performance and Quality Indicators in the Ambulatory Surgery Unit

*Douglas McWhinnie, Ian Jackson*


## **Abstract**

Ambulatory Surgery units require ongoing monitoring of Key Performance Indicators to maintain best practice and enhance patient safety. While there are many clinical indicators in use, ambulatory units can often be overwhelmed by the amount of data collected. There is little point in collecting data if it is not appropriately assessed and it is important to

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analyse data in context of the clinical situation before initiating change. All data should be assessed but a root cause analysis is only required when high level data shows deviation from normal. The selection of KPI's can allow focused collection of data, thereby reducing the resources required for monitoring.



In many ambulatory units, resources to gather KPI's are often limited. If resources are finite, can a smaller number of clinical indicators, covering as much of the pathway as possible still deliver an accurate reflection of performance?

# Headline indicators

- Day surgery rate – as % of total elective surgery
  - Overall, for unit
  - Specialty level
- Unplanned admission rate
- Number of unplanned returns to operating room on same day as initial procedure
- Number of day surgery admissions who experienced wrong site, wrong side, wrong patient, wrong procedure, or wrong implant



# Pre-operative pathway

- % Written information for performed day surgery procedures
- % Patients who had preassessment before day of surgery
- % Cancelled on day of surgery due to pre-existing medical condition
- % Cancelled on day of surgery due to acute medical condition
- % Cancelled on day of surgery by hospital for non-medical reasons
- % Patients failing to attend or cancelling within two days of surgery





# Post-operative pathway

- % Follow -up by telephone call within 7 days
- % Patients overall satisfied with service
- % patients achieving pain score of 'mild' or 'none' after discharge.
- % patients with verbal pain score of 'severe' in the first 48 hours.
- % patients satisfied with pain management at home.
- % of surgical wound infection



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