Development of Day Surgery

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Background

- Option appraisal for the development of day capacity development considered by Board last September (Report 22/01)

- Secta Consultants engaged and commenced work, overseen by Steering Group

- Intensive consultation with interested parties, in particular hospital management, consultants and nursing staff

- OUTCOME: Service model for streamlining efficiency of current day case provision and recommendations on introduction of additional dedicated capacity.
Context for the Development of Day Surgery

- Bed capacity deficits identified regionally and nationally.
  - Implementation – requires analysis and agreement on type of beds, specialty mix, location, etc.

- International trend towards day cases.
  - East most developed in Ireland
  - Still below international benchmarks e.g. UK Benchmark 65% of surgery
Assessment of Current Day Case Provision

- Reasonable day case rates in Beaumont, Mater and JCM although significantly lower than emerging international benchmarks.

- Authority’s analysis of disruption to elective (including day case) activity due to pressure from A&E and problems in discharging back to the community confirmed.

- Efficiency could be improved through consistent application of protocol-driven scheduling and pre-assessment.

- Overall enthusiasm for modern day case working, even in less than ideal conditions.
Main recommendations:

– Management of day case procedures should be separated from inpatient and emergency work and should be protocol driven.

– Regional solutions for:
  » Orthopaedics: Day and elective orthopaedics for northern area to be based in Cappagh.
  » Day case ophthalmology (e.g. cataracts) to transfer to JCM pending planned Mater development.

– Individual plans for each hospital to address all other medicine and surgery day case work.
Other Options Examined:

- Development of single stand alone unit on a green field site not favoured due to:
  » Limitations on range of procedures because of lack of acute back up
  » Impact on staff utilisation and training

- Development of dedicated unit on the site of an existing hospital
  » Good second best solution
  » Lower score than preferred option on financial criteria
  » Lower on non-financial assessment mainly because of implications for linkages to other clinical and support staff
Implementation Plan - Cappagh

- **Short term**
  - Build three additional operating theatres
  - Improve CSSD and Physiotherapy facilities to accommodate the majority of elective orthopaedics and all day case orthopaedic surgery
  - Consider transfer of all elective orthopaedic surgery to paediatric hospital thus freeing up capacity

- **Long term**
  - Provide facilities for trauma rehabilitation and rheumatology (for the whole of North Dublin)
## Implementation Plan - Beaumont

### Short term
- Relocate and enlarge day beds
- Develop care pathways for common day cases
- Separate day case and inpatient theatre lists
- Orthopaedic day cases to Cappagh
- Protection of day beds from emergency pressures

### Long term (3 years)
- Build new day case unit, possibly utilising Public Private Partnership.
Implementation Plan - Mater

- **Short term**
  - Develop care pathways for common day cases
  - Separate day case and inpatient theatre lists
  - Orthopaedic day cases to Cappagh
  - Ophthalmology day case cataract service to spare capacity at JCM
  - Protection of day beds from emergency pressures

- **Long term (8 years)**
  - As part of Mater development, dedicate old part of the hospital and the current main theatre area as a separate Day Case Centre
Implementation Plan - JCM

- Short to Long term (1 year)
  - Develop care pathways for common day cases
  - Separate day case and inpatient theatre lists
  - Protection of day beds from emergency pressures
  - Develop endoscopy facilities to free up minor work from theatres
  - Use spare theatre and ward capacity coming on stream for Ophthalmology and other day work
Quantifiable Benefits

- Creates ideal environments for day case working
- Increases throughput
- Reduces waiting lists
- Releases in patient beds and facilities (50 beds) to cope with emergency and elective inpatient
- Releases essential outpatient capacity
- Improves patient management
Conclusion:

- Plans will achieve ERHA objectives of:
  » Maximising day case working and freeing inpatient beds and other facilities now and increasingly in the future

- Plan is realistic:
  » Short term addresses process improvement
  » Introduces additional facilities in parallel
  » Integrated with current hospital strategies on all 4 sites
  » Supported by management and clinicians on each site and across all four for regional solutions

- Costs
  » €30-35 million capital and €3.4 million full year revenue costs

- Next Steps: Subject to approval, progress with Department and hospitals.