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Implementation of an Ambulatory Surgery Program in a teaching Hospital

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INTRODUCTION

In the current context of our country and after the effects of the SARS-COV2 pandemic, high occupancy levels and bed deficits were evidenced at Universidad de los Andes Hospital (Santiago, Chile). It moved us to think about how to optimize this resource and develop a cost-effective program for bed-use improvement, that provides greater benefits for both the patient and the institution.

Therefore, we adopted an Ambulatory Surgery Program (ASP) to address this issue which, as an organizational model of multidisciplinary surgical management, could be revolutionary in an environment with no experience in those kinds of interventions.

METHODOLOGY

The hospital hadn't run any ASP before. Our first diagnosis showed a spontaneous surgical Ambulatorization Index (AI) of 16% and a 1.58 patient/bed ratio in the Ambulatory Ward. The program was planned with three keystones: Operation Room and Ambulatory Ward team training; selected surgical procedures bundling; and patients and providers' change management. Other main project steps were the creation of the scheduling team, specific patient pathway definition, and establishing the follow-up team. We enabled a computer tool (REDCap) for patient follow-up and set up indicators and goals. We started with a pilot with ENT surgeries in the first month (August 2021) and then, we incorporated the other specialties in a stepped way

Exhibit 1: Timeline for implementation

April 2021	May 2021			June 2021			July 2021			August 2021	
30	1-10	11-20	21-31	1-10	11-20	21-30	1-10	11-20	21-31	1-10	11-20
Initiation											
AS Unit Staff											
		IT									
							Web Page				
								Explanotory Video AS Program			
		Process Development									
					Design of Educational Instructive for Patient						
					Data management development						
		Kick Off									
							Clinical Team Training				
									Educational Documents		
											Closeout

*AS: Ambulatory Surgery

RESULTS

From August 2021 to May 2022, 1,973 patients have been included in the program. Traumatology was the main specialty (55%), followed by ENT (26%), Pediatric Surgery (6.5%), and Oncologic Surgery (3%). Male represented 51.2% of patients, with ages from 7 months to 97 years (average 38.9 years); 82% of the patients were adults, and 18% were pediatric.

Exhibit 2: Distribution by surgical specialty August 2021 - May 2022

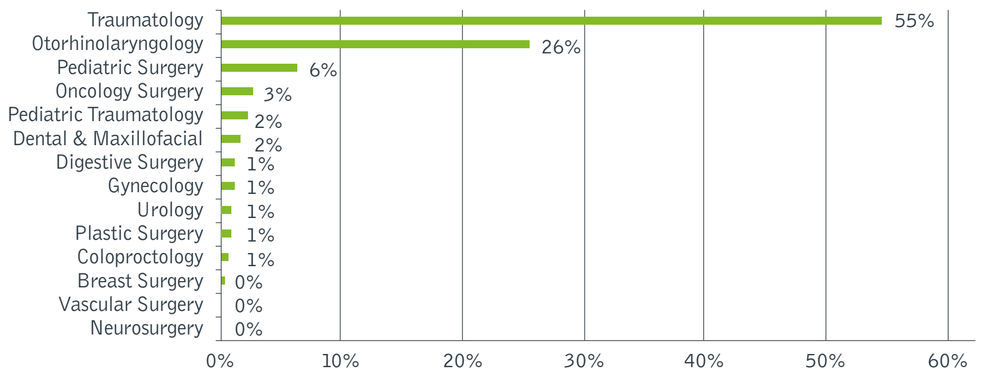
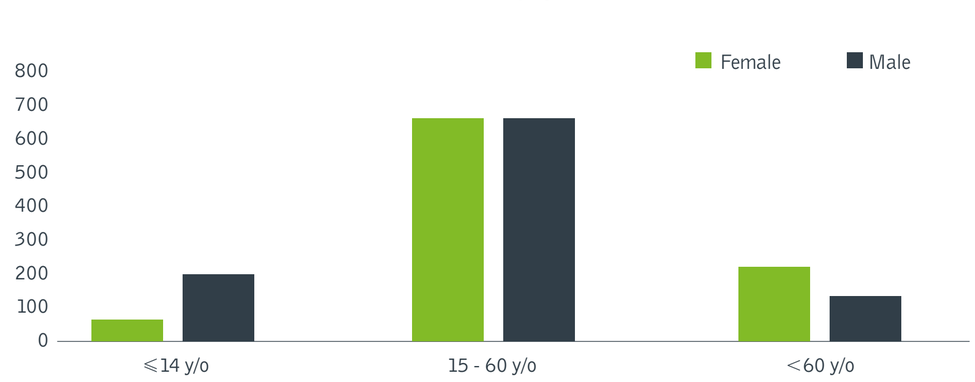


Exhibit 3: Patient demographic Characteristics



The AI increased from 16% to 41%, representing a growth of 470%. Bed use in the Ambulatory Ward increased from 1.58 patients/bed to 2.58, with a growth of 63%. The Emergency Department Admission Rate was 0.4% and we had no cases of surgical reinterventions or hospital readmissions.

Exhibit 4: Monthly Ambulatory Index (AI) August 2021 - May 2022

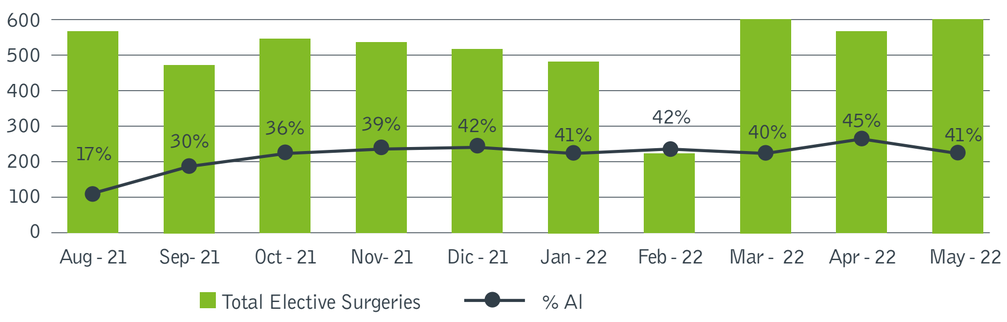
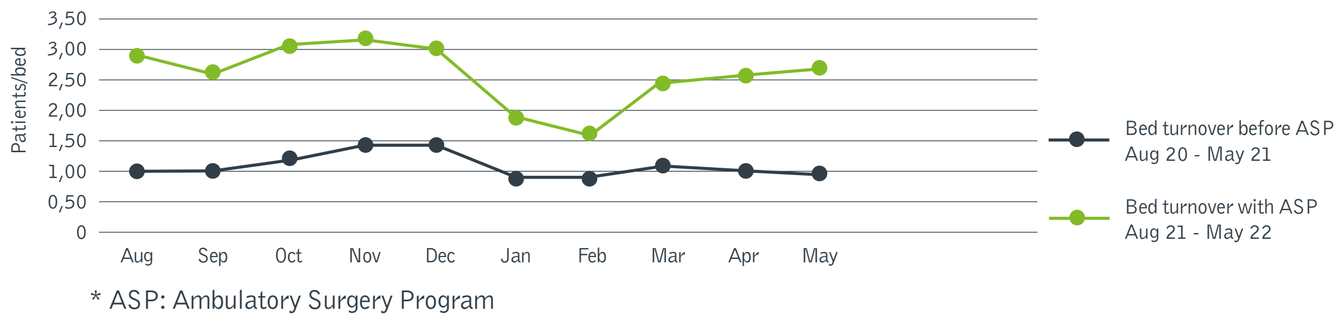
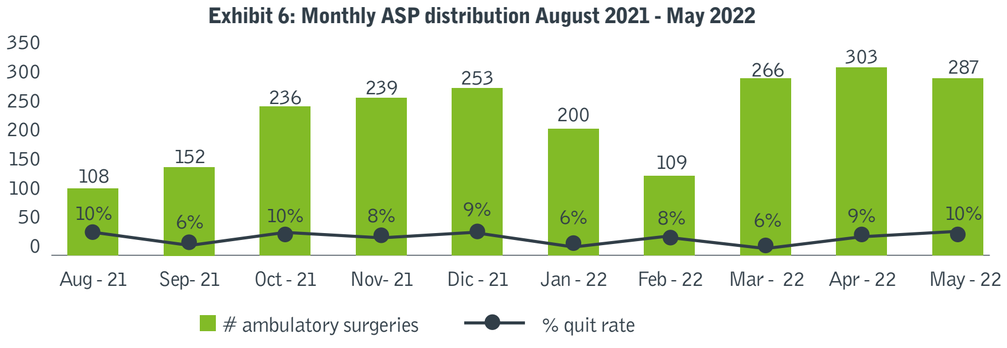


Exhibit 5: Utilization ratio of ambulatory ward



* ASP: Ambulatory Surgery Program

Exhibit 6: Monthly ASP distribution August 2021 - May 2022



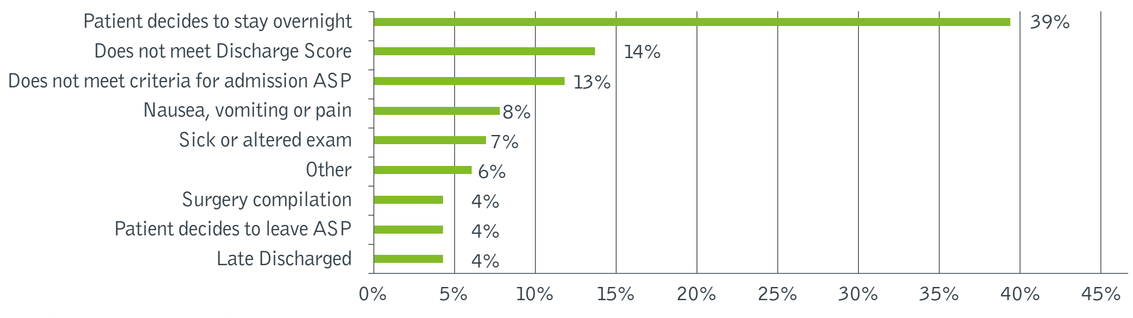
* ASP: Ambulatory Surgery Program

Of total eligible patients for ASP, according to selected pathologies, 180 (8%) did not complete the process. The main reasons for patients to quit, were patient preference without clinical reasons (4%) and patients who do not meet the minimum clinical criteria for discharge on the same day (4%).

For more information scan here

CONCLUSIONS

Exhibit 7: Reason for leaving ASP August 2021-May 2022



* ASP: Ambulatory Surgery Program

Implementing a well-planned ASP drove us to a 41% AI, approaching international standards in only 10 months. The ASP has been an efficient improvement project without sacrificing quality and safety of care, in a Latin American environment of resources shortage.
Our greatest challenge was dealing with patient and provider uncertainties and fears, given the unfamiliarity of ambulatory surgery. Therefore, our focus was explicitly directed to patient and clinical staff education. Putting the patient at the center, a close follow-up throughout the clinical pathway turned the process into a safer and more successful experience.
Our goal is to reach a 60% AI rate by December 2023. Maintaining this optimal performance could allow us to launch an Ambulatory Surgery Center in the future.

ETHICS COMMITTEE

The Ethics Committee of the Hospital Universidad de los Andes considered that the study did not need its approval.

CONFLICT OF INTEREST

The authors declare that they have no real, potential, or evident conflicts of interest. This study did not require funding from Hospital Clinica Universidad de los Andes.