

THE BRITISH ASSOCIATION OF DAY SURGERY AND IMPROVING PATIENT SAFETY AND EXPERIENCE

THE CASE FOR DAY SURGERY ACCREDITATION

Dublin, 29th May 2019

Miss Jo Marsden

Conflict of Interest:

Lectures for Mylan 2015-to date, Member of Council of British Menopause Society, Advisory Board for NovoNordisk, Publications Editor British Association of Day Surgery, Member of Capita Healthcare Knowledge Systems Advisory Board and Impartiality Council, Chief Investigator for the national UK trial of HRT in symptomatic women with early breast cancer



28 YEARS
OF EXCELLENCE

INTRODUCTION

- Why consider day surgery accreditation?
 - For numerous procedures there is clear patient benefit associated with day case management
 - However, many are still managed by in-patient admission
 - Day surgery is not a 'specialty' in its own right
 - No standards reflect the pathway-driven, multi-disciplinary nature of day surgery
 - Current quality assessment and benchmarking is piecemeal, depending on speciality schemes incorporating aspects of short-stay surgery

INTRODUCTION

- Traditionally, the standard for surgical care has been for in-patient admission
- Surgical care is multi-disciplinary, encompassing three 'stages'



- The duration of each is variable, resulting in differing length of stay for similar surgical procedures (within and between hospitals)

INTRODUCTION

- Why is there so much variation in practice?
 - Absence of evidence-based management and care-planning
 - Lack of a multi-disciplinary approach
- This causes inconsistency of:
 - Quality of care and patient experience
- Due to:
 - No 'joined-up thinking' between involved specialties or staff
 - How can management / clinicians act on this?

REDUCING VARIATION IN DELIVERY AND OUTCOMES OF SURGICAL CARE

- Enhanced recovery
 - Evidence-based, multidisciplinary approach to surgical care
 - Aim:
 - Optimise patient care before, during and after surgery
 - Promote rapid recovery and discharge
 - Ensure better patient outcomes
 - Successful enhanced recovery reduces length of stay in hospital
- Day case surgery
 - Is the ultimate example of enhanced recovery and patient-centred care
 - Admission and discharge on the same day

WHY PROMOTE DAY SURGERY PRACTICE?

- The principles underlying safe day surgery are well-established
 - Many procedures can be performed as a day case without compromising patient safety, recovery and quality of care
- NHS Ten-Year Plan (2000)
 - Set a target of 75% of elective surgery to be performed as a day case
- HES data (2017-2018)
 - Only 53% of surgical finished episodes were recorded as a day case

Why are day surgery targets not being met when there is patient benefit?

DAY SURGERY PERFORMANCE DRIVING QUALITY IMPROVEMENT IN THE UK

Currently:

- The British Association of Day Surgery
- The Model Hospital (NHS Improvement)
- Getting it Right First Time (NHS Improvement)
- Best Practice Tariffs (NHS England and Improvement)

THE BRITISH ASSOCIATION OF DAY SURGERY (BADS)

- Multi-disciplinary organization established in 1989
- Aim is to promote excellence and quality improvement in day surgery
 - Educational activities (e.g. meetings, workshops)
 - Publications:
 - Handbooks ('how to do')
 - Directory of Procedures
 - Directory of Procedures National Dataset
 - Advisory role:
 - NHS England and NHS Improvement on best practice tariffs
 - 'The Model Hospital'
- A national day surgery accreditation scheme is the next step

BADS DIRECTORY OF PROCEDURES

- Recommended / aspirational day surgery rates for > 200 surgical procedures by specialty and up-dated three-yearly

Breast Surgery

Description	Procedure Room	Zero night stay	One night stay	Two night stay	Include						
Excision/biopsy of breast tissue including wire guided		95	5		B28.3	B28.7	B28.9	B32.2	B32.3	B32.8	B32.9
Wide local excision of breast (Including Wire Guided)		95	5		B28.1	B28.2	B28.5				
Excision of accessory breast tissue		99	1		B28.6						
Excision of breast with sentinel lymph node biopsy, axillary sample or axillary clearance		95	5		B28.1 + (T87.3 AND O14.2) OR T86.2 OR T85.2	B28.2+ (T87.3 AND O14.2) OR T86.2 OR T85.2	B28.3+ (T87.3 AND O14.2) OR T86.2 OR T85.2	B28.5+ (T87.3 AND O14.2) OR T86.2 OR T85.2	B28.7+ (T87.3 AND O14.2) OR T86.2 OR T85.2	B28.8+ (T87.3 AND O14.2) OR T86.2 OR T85.2	B28.9+ (T87.3 AND O14.2) OR T86.2 OR T85.2
Re excision of margins		99	1		B28.4						
Simple mastectomy (without axillary surgery)		50	50		B27.4	B27.5	B27.6	B27.8	B27.9		
Simple mastectomy with axillary surgery		50	50		B27.4 + (T87.3 AND O14.2) OR T86.2 OR T85.2	B27.5+ (T87.3 AND O14.2) OR T86.2 OR T85.2	B27.6+ (T87.3 AND O14.2) OR T86.2 OR T85.2	B27.8+ (T87.3 AND O14.2) OR T86.2 OR T85.2	B27.9+ (T87.3 AND O14.2) OR T86.2 OR T85.2		
Sentinel lymph node biopsy/ Axillary sample/Axillary clearance		95	5		T87.3 +O14.2	T86.2	T85.2				
Microdochotomy + other operations on duct of breast		99	1		B34						
Removal of breast prosthesis		99	1		B30.3						
Operations on nipple		100			B35	B36.1	B36.4				

**BADS
DIRECTORY
of
PROCEDURES**

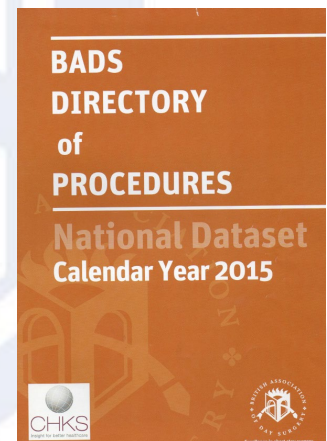
Fifth Edition



BADS DIRECTORY OF PROCEDURES NATIONAL DATASET

- Collaboration with CHKS (using iCompare)
 - Information on English trust performance *against* BADS day surgery procedures
 - Individual trust and commissioners can use to optimise outcomes
 - Annual publication from 2019

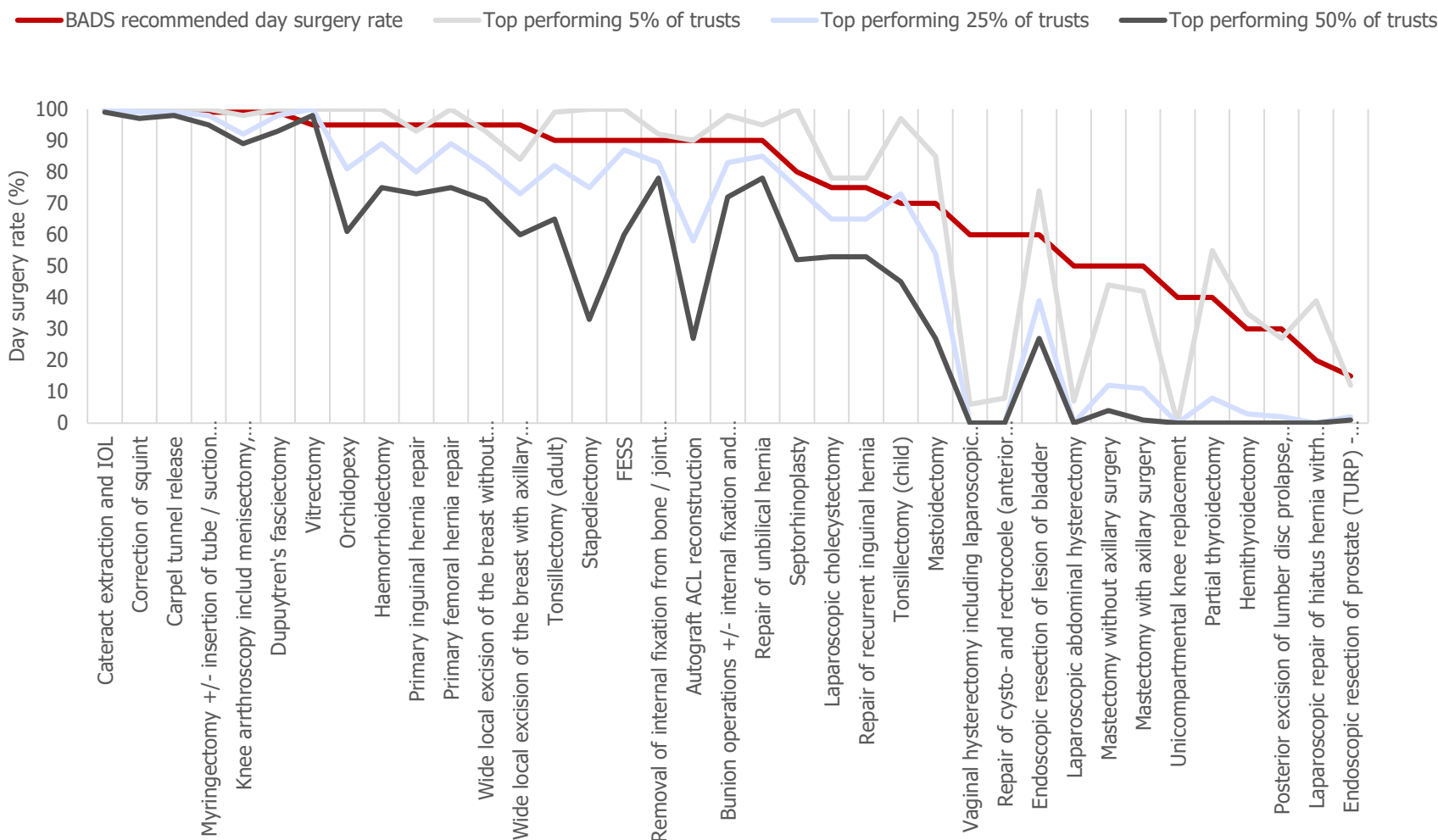
DESCRIPTION	CURRENT NATIONAL PERFORMANCE		
	Top 5%	Top 25%	Top 50%
Excision/biopsy of breast tissue including wire guided	100%	96%	91%
Wide local excision of breast (including wire guided)	93%	82%	71%
Excision of accessory breast tissue	100%	100%	100%
Excision of breast with sentinel lymph node biopsy, axillary sample or axillary clearance	84%	73%	60%
Re-excision of margins	100%	90%	83%
Simple mastectomy (without axillary surgery)	44%	12%	4%
Simple mastectomy with axillary surgery	42%	11%	1%
Sentinel lymph node biopsy/axillary sample/axillary clearance	58%	34%	19%
Microdochotomy + other operations on duct of breast	100%	97%	89%
Removal of breast prosthesis	100%	67%	50%
Operations on nipple	100%	100%	93%



VARIATION IN TRUST DAY SURGERY RATE PERFORMANCE (ENGLAND)

International Association of Ambulatory Surgery and GIRFT index day case procedures.

Trust performance data courtesy of CHKS



THE MODEL HOSPITAL

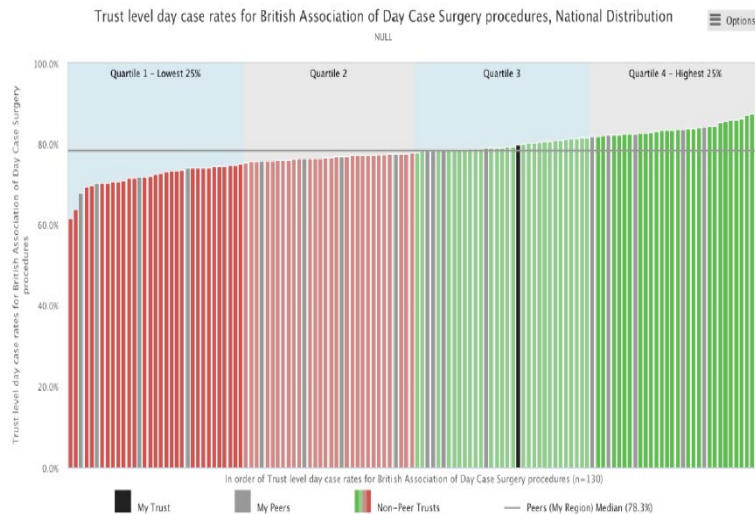
- Digital service providing information about NHS operational productivity, designed for NHS providers
- It be used by anyone in the NHS from 'board to ward'
- BADS collaboration with day surgery outcomes
 - Benchmarks each trust against BADS Directory of Procedures
 - Day Case rates and unplanned admission rates:
 - Overall
 - By specialty
 - By individual procedure
 - Compare individual trust performance vs top performers

www.model.nhs.uk

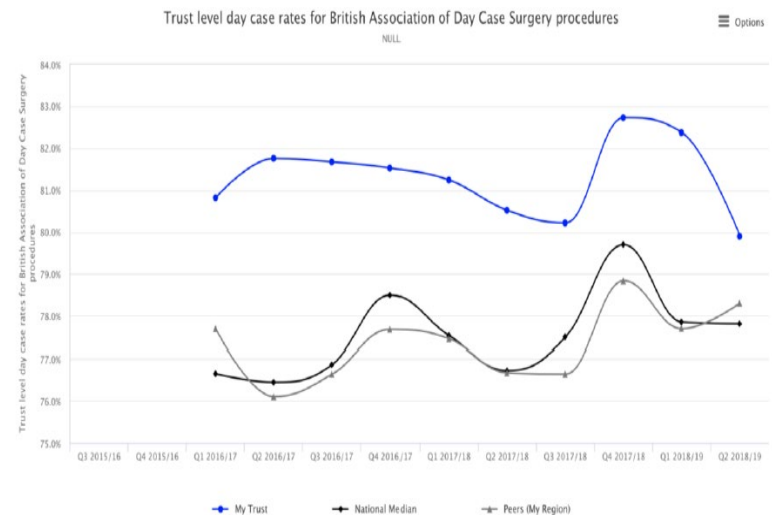
THE MODEL HOSPITAL: EXAMPLE OF DAY SURGERY METRICS

Comparison of overall day case rate* performance for all English trusts, including peers (i.e. in the same region)

Variation



Trendline



* This includes procedure room cases

GETTING IT RIGHT FIRST TIME (GIRFT)

- Initially a pilot project at the Royal National Orthopaedic NHS Hospital Trust
 - Review of adult elective orthopaedic services in England
 - Aim to reduce variation in practice
- Now a national, multi-specialty, programme supported by NHS Improvement
 - Tackling variations in service delivery
 - By sharing best practice between trusts
 - Identifying changes, which improve care and patient outcomes
 - Deliver efficiencies
 - Uses the model hospital to access GIRFT trust information

www.gettingitrightfirsttime.co.uk

GIRFT

ANAESTHESIA AND PERIOPERATIVE CARE WORKSTREAM

- There is significant potential to improve national day surgery performance

GIRFT index day case procedures ¹	England average ²
% of GIRFT index procedures planned and delivered as a day case	52.35%
% of GIRFT index procedures converted to an inpatient	18.10%
% of GIRFT index procedures with 1 day length of stay	23.24%
% of GIRFT index procedures with > 1 day length of stay	19.31%
% of GIRFT index procedures planned as inpatient with 0 day length of stay	4.10%
Overall day case cancellation rate	2.14% (~3660 pts wk ⁻¹)
Reason for cancellation	
- Contra-indication	36.5% (69,444)
- Patient decision	10.4% (19,779)
- 'Other' (e.g. staff shortage, lack of theatre time or equipment)	53.1% (101,161)

¹ GIRFT index procedures used are breast surgery (except reconstruction), tonsillectomy, mastoidectomy, tympanoplasty, stapedectomy, FESS, lap chole, all hernias (excluding incisional), hysterectomy, anterior and posterior repair, all arthroscopy, ACL reconstruction, uni-compartmental knee, vitrectomy, hemithyroidectomy/partial thyroidectomy, TURBT/TURP and haemorrhoids/fissures/skin tags

² Data source: HES Apr 2016 to Mar 2017

Data provided with permission of Dr Mike Swart and Dr Chris Snowden, GIRFT Anaesthesia and Perioperative Care Workstream Leads

BEST PRACTICE TARIFFS (BPTs)

- BPTs:
 - NHS England Improvement measure
 - National provider payment to incentivise quality improvement
 - Aim is to reduce variation in clinical care and encourage best practice
- Evaluation (e.g. hip fracture pathway):
 - Mixed outcomes
 - Evidence-based protocols have been promoted
 - Financial incentives alone sufficient to reduce variation significantly
 - NHS provider reimbursement is complex
 - ? BPTs costs not enough to drive change

Gerschlick B, Best Practice Tariffs, 2016, The Health Foundation www.oecd.org

DAY SURGERY PERFORMANCE DRIVING QUALITY IMPROVEMENT

- Current NHS measures identify opportunity for improvement but alone are probably insufficient
 - The Model Hospital
 - Getting it Right First Time
 - Best Practice Tariffs
- Day Surgery Accreditation *can* provide impetus for change

HOW COULD DAY SURGERY ACCREDITATION SCHEME DRIVE QUALITY IMPROVEMENT?

Use breast surgery as an example

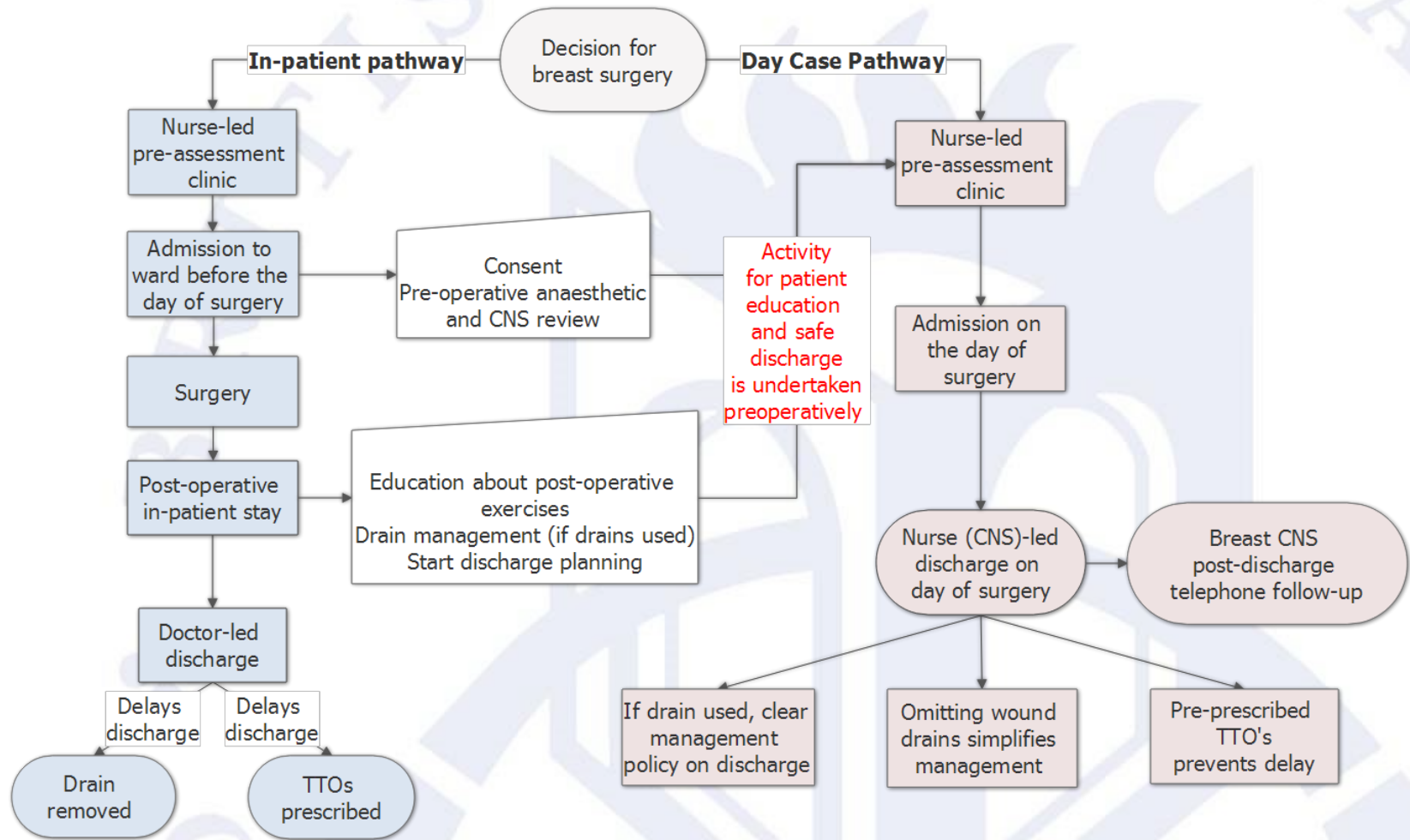
- **2006:** Day case and overnight stay breast surgery established successfully at:
 - King's College Hospital NHS Trust (same day discharge model)
 - The Pan-Birmingham Hospitals NHS Trust (overnight stay model)
- **2007:** The Cancer Reform and Improving Cancer Outcomes Strategies
 - Recommended prioritising enhanced recovery / day case breast surgery
 - Improve effectiveness, quality and outcomes of care
 - Estimated to save 1 million bed days
- **2010-2011:** The NHS Improvement Transforming Inpatient Care Programme
 - Commenced a national pilot project to support pathway development
 - Initial increase in day surgery rates slowed after 2012, why?

DEVELOPMENT OF DAY CASE BREAST SURGERY IN THE NHS

- At breast units where a reduced stay pathway had been implemented successfully:
 - There was clinical leadership, 'ownership'
 - Generic day surgery management principles were applied
 - Established methodologies had utilised*
 - Mapping the surgical pathway
 - Identify events in the surgical episode that can be adapted to enable safe day case management
- Plan Do Study and Act (PDSA) cycles
 - Test, audit and revise the service change as appropriate

* Cancer Services Collaborative Improvement Partnership; NHS Modernisation Pathway

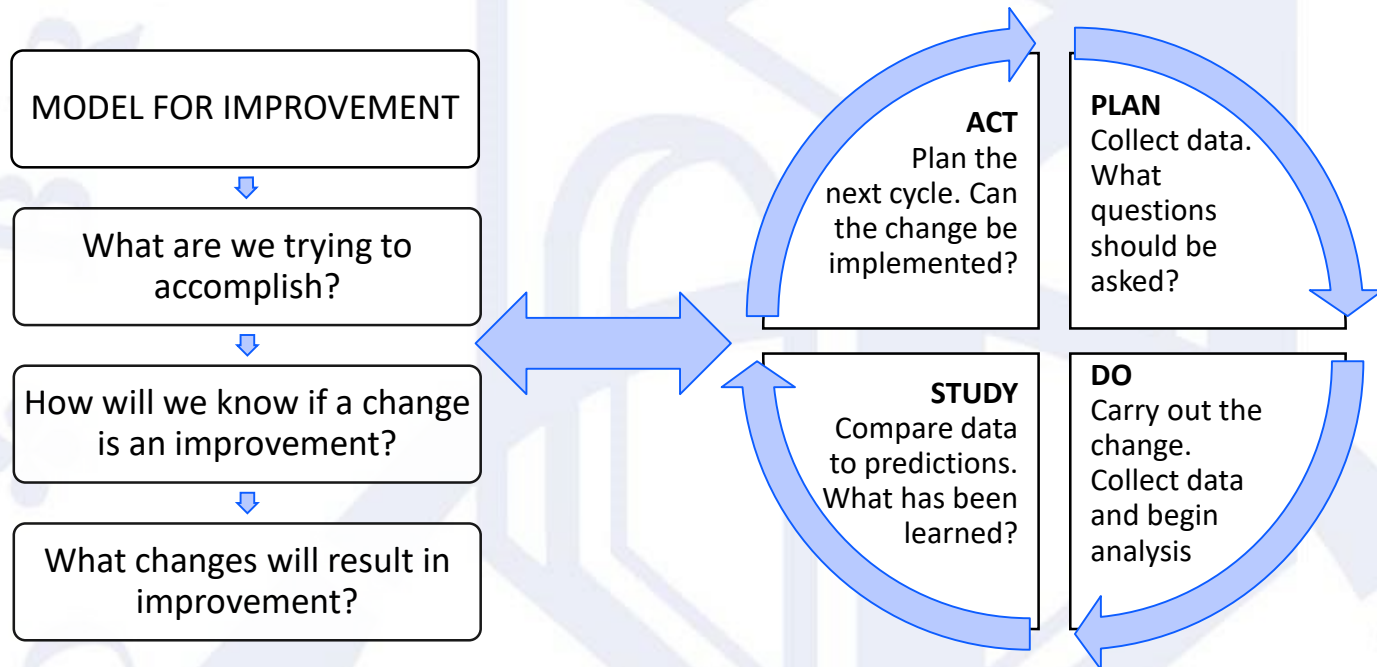
MAPPING THE SURGICAL PATHWAY



Cost neutral as change achieved by reallocation of existing resources

PLAN DO STUDY AND ACT (PDSA) CYCLES

- Don't change service 'overnight'
- Pilot change with selected 'low-risk' patients to build confidence
- Collect data to assess impact, revise as necessary
- Accept occasional, unanticipated pathway deviations will occur



DEVELOPMENT OF DAY CASE BREAST SURGERY AT KINGS

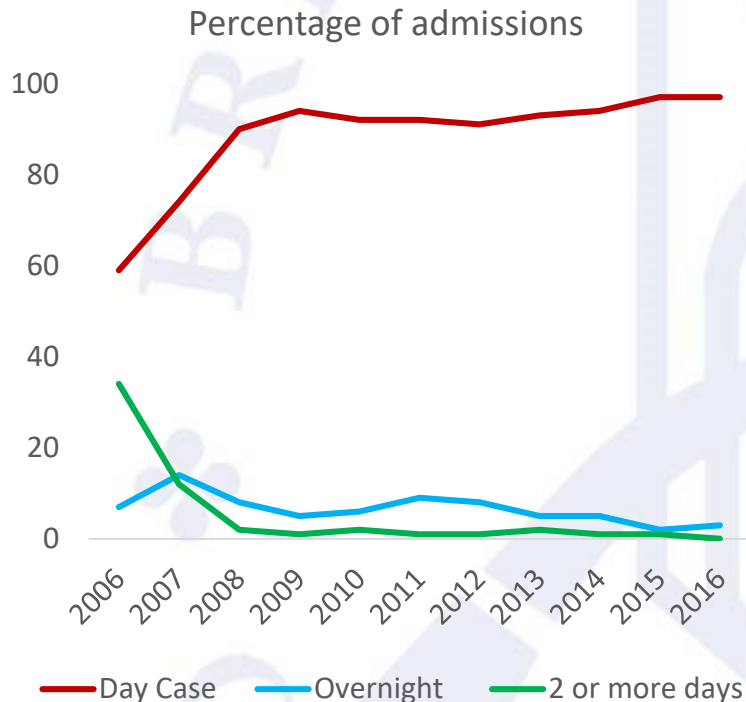
- PDSA was a powerful tool for improving and refining the service

Plan, Do, Act	Study (Audit)
Clinical outcomes assessment	
March '06 Day case breast surgery introduced	6 month audit <ul style="list-style-type: none"> • 44% of patients used the pathway • Lack of day surgery lists was the main reason patients did not use the service, some deferred cancer surgery until a list was available • No emergency re-admissions
Nov '06 - March '07	Audit data resulted in management agreement to increase in day surgery lists to meet patient demand
2012 and 2017	5 and 10 - year clinical outcomes audit
Assessment of patient experience	
March '06 to date	Continuous audit of the breast-CNS patient telephone follow-up
July '07 – Jan '08	Patient focus groups run by Breast Cancer Care to assess experience
2012 to date	Introduction and audit of <u>P</u> atient <u>R</u> ecorded <u>E</u> xperience <u>M</u> easure for day case breast surgery

KING'S BREAST CARE: 10 YEAR AUDIT

Change won't happen overnight

- Day surgery rates increased with team clinical confidence



- If select patients using established day surgery medical and social criteria, rates are unaffected by:
 - Age
 - Surgical complexity
 - Cancer prognosis
- < 30-day readmission rate of 0.5%
 - Unaffected by omission of wound drains and routine seroma aspiration
- Unplanned admission rate <5% per year
 - Measure of effectiveness of preoperative assessment and list planning

QUALITY OF CARE: ASSESSING PATIENT EXPERIENCE

KING'S FOCUS GROUP FINDINGS (2007-2008)

- Experience of patients who had day surgery (no wound drain) and those who had in-patient admission (with a wound drain)

Patient support for day surgery was unanimous

All patients said they would have it again, early psychological boost
Continuity of day surgery staff valued highly
Important for carers to be at home on the day of discharge and a few days after

In-patient care was not deemed to be superior

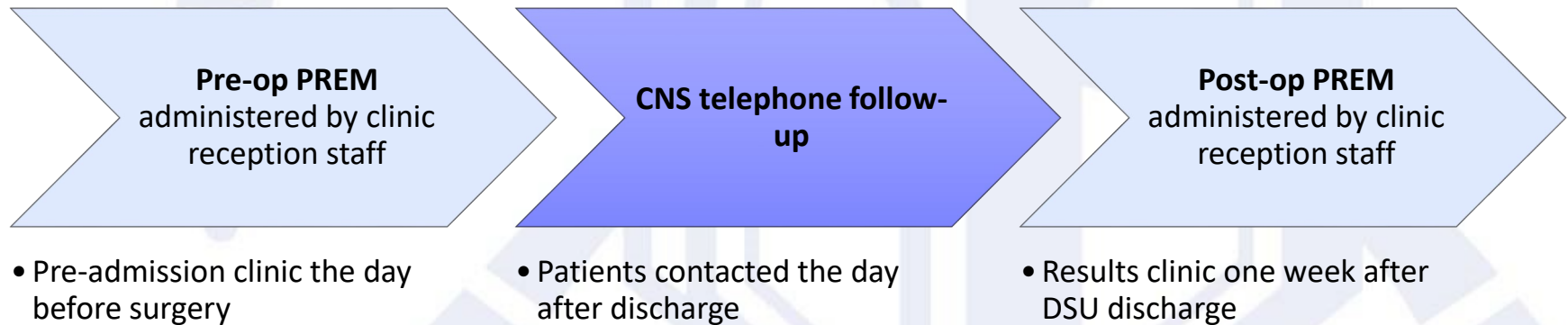
Knowing what to expect after discharge reduced patient and carer anxiety
Dissatisfaction with hospital environment
Lack of continuity of nursing and specialist nursing care

Wound management

Relief at not having a drain or seroma aspiration after drain removal
Patients with drains found them inconvenient and uncomfortable

QUALITY OF CARE: ASSESSING PATIENT EXPERIENCE AT KING'S

- It does not have to be complicated
- CNS telephone follow-up and pre and post-operative PREMS
 - Administration planned around routine clinical practice
 - Audit identified gaps in information provision to patients and carers
 - Used to review and revise patient information and service staffing



QUALITY OF CARE: ASSESSING PATIENT EXPERIENCE BREAST CNS POST-DISCHARGE TELEPHONE FOLLOW-UP

King's College Hospital **NHS**
NHS Foundation Trust

Breast Cancer Day Surgery - Post-op Telephone Questionnaire

Name:

Hospital Number:

Date of surgery:

Date contacted:

Age:

Operation:

Since your discharge home

1. Have you had someone with you? Yes ☐ No ☐
2. If you have had someone at home have they had worries about helping you?
If YES: what have they been worried about?
.....
3. Have you been out of the house? Yes ☐ No ☐
If NO: what has stopped you?
4. Have you been able to eat and drink? Yes ☐ No ☐
If NO: what has stopped you?
5. Have you been sleeping well? Yes ☐ No ☐
If NO: why was it difficult to sleep?

Your operation site

1. Have you had pain? Yes ☐ No ☐
2. Have you had aching? Yes ☐ No ☐
3. How would you describe this on a scale of 1-10?

4. Have you taken pain relief today? Yes ☐ No ☐
If YES: has this helped? Yes ☐ No ☐
5. Have you looked at your wounds today? Yes ☐ No ☐
Have you noticed any of the following?
Bruising Yes ☐ No ☐
Redness Yes ☐ No ☐
Swelling Yes ☐ No ☐
- If you have swelling is this painful? Yes ☐ No ☐
Discharge Yes ☐ No ☐
Altered sensation in the arm / breast? Yes ☐ No ☐
☐
6. Have you started your shoulder and arm exercises? Yes ☐ No ☐
If NO: what has made it difficult for you?

Follow-up

7. Would you like your breast care nurse:
- To call you later in the week? Yes ☐ No ☐
- To arrange a clinic appointment for you? Yes ☐ No ☐
8. For the CNS only, does this patient:
- Need a further telephone check? Yes ☐ No ☐
- Need to be reviewed in clinic? Yes ☐ No ☐
9. Do you or the patient have any comments?
.....
.....

©2012 King's College Hospital NHS Foundation Trust. All rights reserved. King's College Hospital NHS Foundation Trust takes neither liability nor responsibility for any alterations, changes and amendments to the Breast Surgery Post-Op Questionnaires
Revised Aug 2015

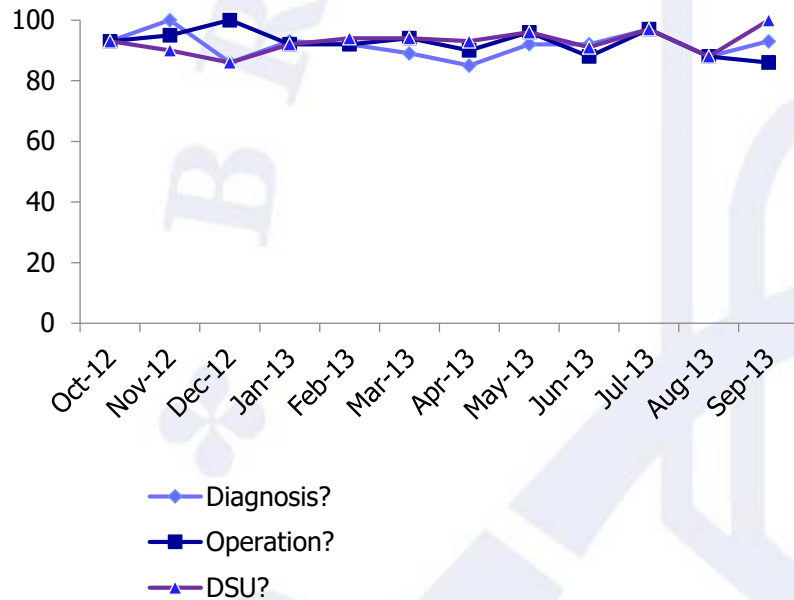
QUALITY OF CARE: BREAST CNS TELEPHONE FOLLOW-UP (KING'S)

- Most women do not experience problems in the early post-operative recovery period but they need support
- Breast CNS telephone follow-up:
 - Is simple to do, act on and analyse
 - It helps with individualised patient care-planning
 - It provides an additional link with family members / carers / friends
 - Prompts patients to commence their post-operative exercises and describe any wound changes
 - Patients like it

QUALITY OF CARE: KING'S PRE-OPERATIVE PREM INITIAL AUDIT KEY FINDINGS

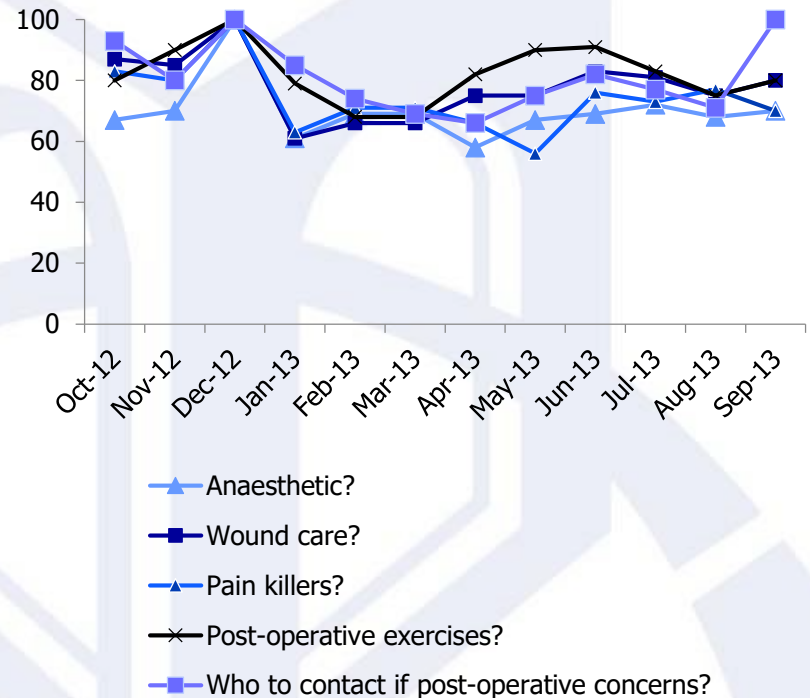
- Consistency of perceived information provided by King's clinical staff

Q: Did you receive clear and helpful information about....



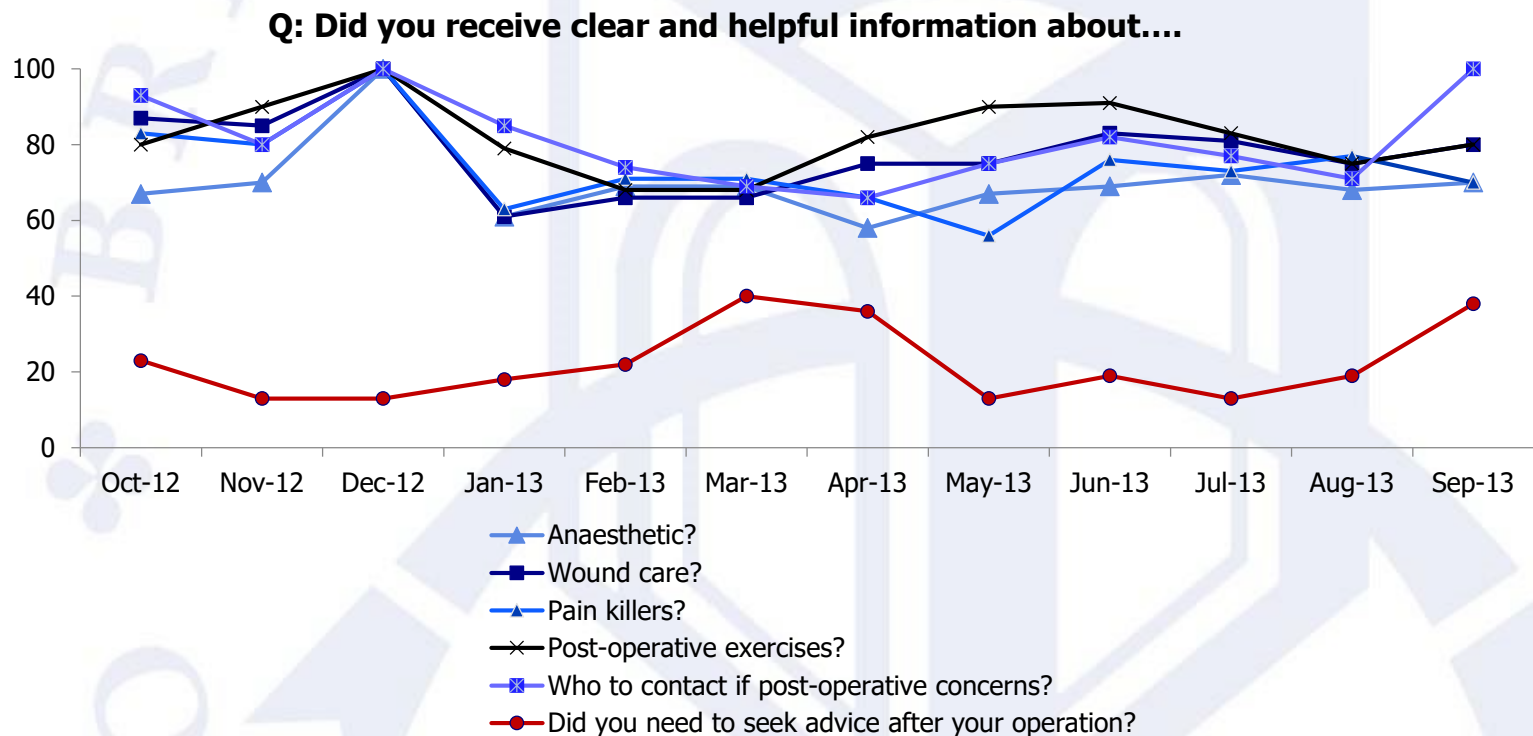
- Variation in perceived quality of information at pre-assessment

Q: Did you receive clear and helpful information about....



QUALITY OF CARE; KING'S PRE AND POSTOPERATIVE PREM INITIAL AUDIT KEY FINDINGS

- Variation in perceived quality of pre-assessment information affects seeking advice post-operatively



THE NHS IMPROVEMENT TRANSFORMING INPATIENT CARE PROGRAMME: BREAST CANCER SURGERY (2010-2011)

13 cancer network representatives (72 trusts) attended 2 London workshops

Workshop 1: 2010

- Promote enhanced recovery principles
- Share examples of good practice
- Debate short-stay pathway development and implementation
- Agreed to pilot and audit experience

Workshop 2 :2011

- Share experience and outcomes

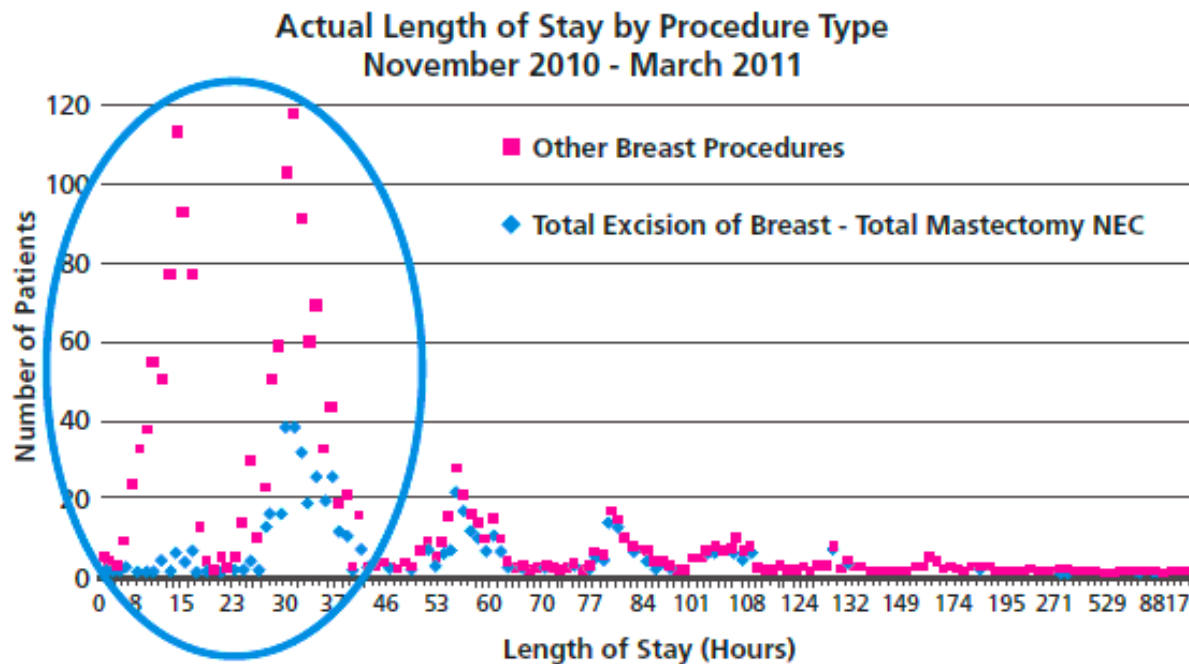


THE NHS IMPROVEMENT TRANSFORMING INPATIENT CARE PROGRAMME AUDIT (2010-2011)

- Aims:
 - Measure progress of day case implementation
 - Identify changes to practice as a result of day case management
 - Capture patient experience
- 61% of pilot sites participated
 - Data submitted on 2,087 patients over 6 months (Sept 2010 to Mar 2011)
 - 666 had mastectomy
 - 1,421 wide local excision or 'other' breast procedure (cancer and non-cancer)

THE NHS IMPROVEMENT TRANSFORMING INPATIENT CARE PROGRAMME AUDIT

- Length of stay
 - Shift from traditional inpatient to day case or overnight stay
 - Change to measuring duration of stay in hours rather than days



THE NHS IMPROVEMENT TRANSFORMING INPATIENT CARE PROGRAMME AUDIT

- Re-admission rates (mean)
 - 2% for complication management after day case or overnight stay (national mean 3.2% for all day case *and* in-patient admissions)
- Pain control
 - 30% of day case and overnight stay patients did not require *any* analgesia post discharge
- Wound drains and seroma aspiration
 - There was a shift in practice away from using drains and aspirating wound seromas routinely
 - This simplified management without adversely affecting recovery
 - Seroma aspiration was *increased* in patients who had wound drains

THE NHS IMPROVEMENT TRANSFORMING INPATIENT CARE PROGRAMME AUDIT

- Delays in discharge
 - Lack of adequate pre-operative discharge planning
 - Changes to planned, MDM-agreed management on admission
 - Poorly controlled post-operative nausea and vomiting
 - No ownership of discharge process (nurse vs doctor-led)
 - Use of wound drains:
 - Reluctance of patients to go home with a drain in situ
 - Lack of clear policy about management of patients discharged with a drain
 - Resulted in a median duration of stay 4 (range 3 to 8) days

THE NHS IMPROVEMENT TRANSFORMING INPATIENT CARE PROGRAMME: PATIENT EXPERIENCE

- Patient Audit

Selected questions from the National Cancer Patient Experience Survey	Mastectomy	Other breast surgery
Felt involved in decisions about care?	92%	92%
Felt adequately informed about treatment?	93%	94%
Felt involved in decisions about hospital discharge?	77%	83%
Informed who to contact if concerns following discharge	94%	94%

- Focus group feedback

(Health Experiences Research Group, University of Oxford)

- Positive response when patients, family and carers understood day surgery was driven by service improvement and not cost-cutting
- Experience undermined if hospital staff seemed critical of short stay

QUALITY OF CARE AND CLINICAL OUTCOMES

LENGTH OF STAY FOR NON-RECONSTRUCTIVE BREAST CANCER SURGERY

Between 2007/2008 to 2011/2012:

- Surgical length of stay reduced as day case management increased
- No associated increase in re-admission rates
- £10 million reduction in bed costs
- Achieved despite a simultaneous 4% increase in elective breast procedures

Indicator	2007/2008	2011/2012
Overall mean length of stay for elective breast admissions (day cases and inpatients)	2.0 days	1.0 day
Percentage of elective procedures that resulted in day cases	27%	40%
Percentage of procedures where patients were admitted on day of surgery – overall (day cases and inpatients)	78%	96%
Number of bed days – overall (day cases and inpatients)	104,888 bed days	53,740 bed days
Bed stay costs	£20,977,600	£10,748,000
Percentage of readmissions within 28 days of episode	3.1%	3.0%

www.hscic.gov.uk/casestudy/breastcancersurgery

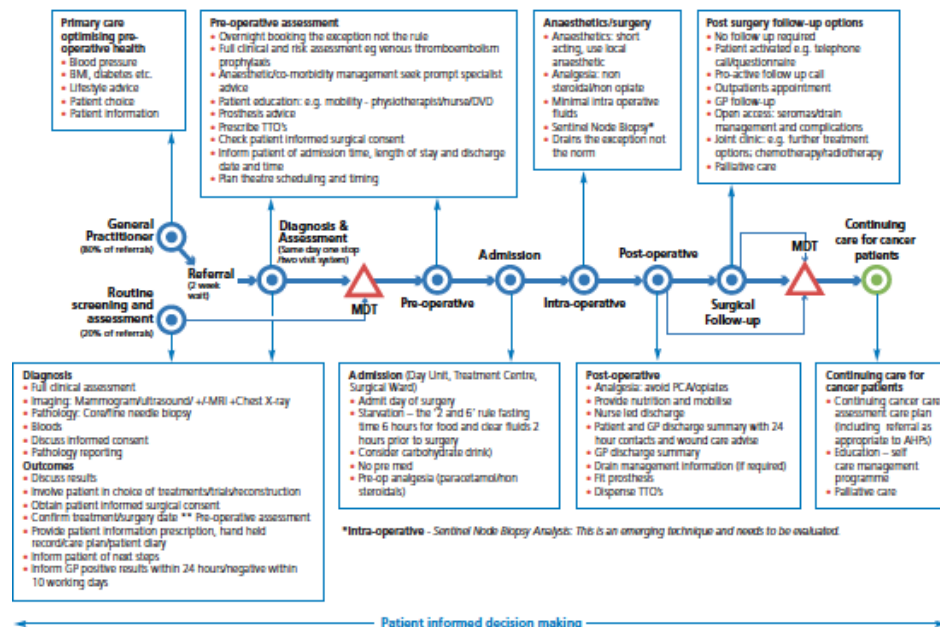
THE NHS IMPROVEMENT TRANSFORMING INPATIENT CARE PROGRAMME: BREAST SURGICAL PATHWAY TEMPLATE



BADS
ASSOCIATION OF
BREAST SURGERY

NHS
NHS Improvement

Day case or one night stay breast surgical pathway (excluding reconstruction)



http://daysurgeryuk.net/media/249541/nhs_improvement_bads_breast_cancer_same_day_discharge_pathway.png

DAY CASE AND ENHANCED RECOVERY BREAST SURGERY SUMMARY

There is a strong case to maximise day surgery potential

- A pre-defined day surgical pathway strengthens the therapeutic relationship
- Reliability of service is enhanced
- Individualised care-planning is improved
- Patients have a positive experience of day surgery management
 - Good example of patient-centred care
- Releases valuable in-patient resource, which can be used for patients requiring more complex breast surgery procedures
 - Important as increasing NHS demand and reduced capacity

MEASURES TO INCENTIVISE DAY CASE BREAST SURGERY



* The Model Hospital, BADS/CHKS Directory of Procedures National Dataset

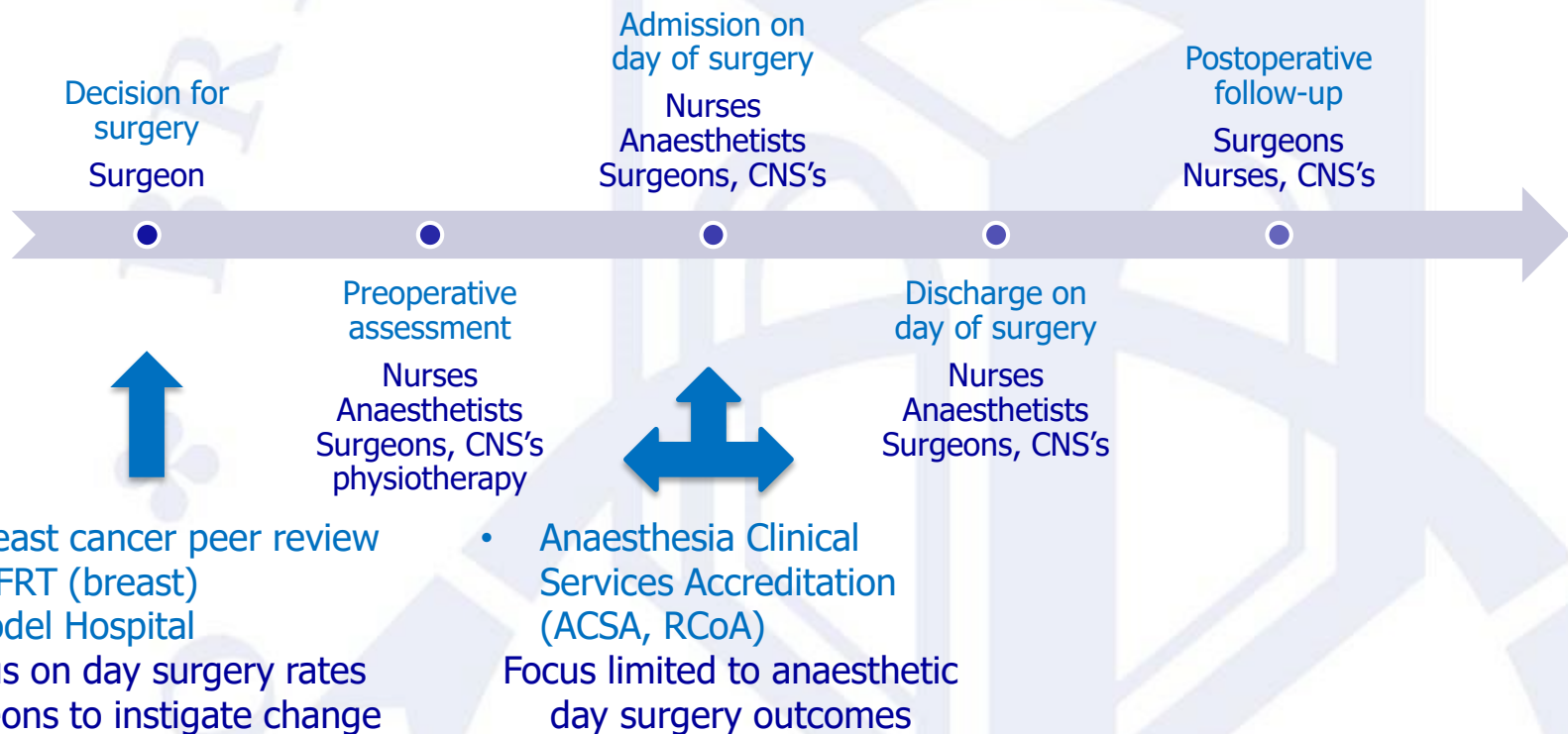
www.bads.org.uk www.digital.nhs.uk

WIDE VARIATION IN BREAST DAY SURGERY RATES PERSIST

- Overall NHS trust performance (day case rates) in England:
 - 2015: local breast excision 62% (0% to 100%)
 - 2016-2017: mastectomy 11% (best performing trusts rate ~40%)
- Why?
 - Evidence-based outcomes confirmed patient benefit
 - Incentives and measures to support change
- Reasons?
 - Political focus (NHS Improvement) moved on before sustained change
 - Lack of health care professional confidence or willingness to change
 - Lack of day surgery resource

WHERE WOULD DAY SURGERY ACCREDITATION SIT WITH CURRENT QUALITY IMPROVEMENT SCHEMES?

- Day surgery is a pathway, not a one-off transactional process
 - Accreditation needs to assess process across multiple disciplines
 - Current peer review programmes act independently of each other



DAY SURGERY ACCREDITATION

- Will:
 - Promote a day surgery mindset in every multi-disciplinary team member of the day surgery 'team'
 - Be clinically and not financially driven
 - Tie-in with CQC
 - Support GIRFT activity
 - NHS Improvement programme is transactional and time-limited
 - Simplify the surgical pathway and improve patient experience and safety
 - Avoid repetition of actions, instructions and investigations