Day of surgery admission: An effective efficiency measure?

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Introduction

- Day of surgery admission (DOSA) was introduced June 2013
  - Component of overall Enhanced Recovery Package
  - Introduced after significant consultation period

- Previously patients were admitted to ward the night before surgery.

- DOSA required to improve access to beds
  - Patients now admitted to admissions lounge.

- After initial 4 month ‘bedding-in period’ we monitored rates of DOSA, length of stay (LOS) and patient satisfaction.
  - We also made conservative estimates of fiscal savings associated with reduced staffed bed requirements.
DOSA Impact

• Median pre-operative LOS dropped from 1.09 to 0.55 bed days.
• Patients reported no significant change in satisfaction levels.
• There has been no significant change in surgical cancellation rates since the introduction of DOSA.
• 89% of patients are now DOSA compared to a national peer average of 41%.
DOSA Fiscal Impact

- There has been an average reduction of 0.54 bed days per patient over the period audited (1 September 2013 - 31 August 2014) since the introduction of DOSA.

- Using the standardised trust costing of £250 per day per bed, this represents a saving of £123,120 over the 912 DOSA patients admitted across the 12 month period.

- DOSA also allows increased access to surgical beds for emergencies by keeping medically fit patients out of a bed the night prior to their operation.
Conclusion

• DOSA in thoracic surgery is now accepted as standard practise in our trust.

• Adaptations to pre-operative pathway to accommodate DOSA include:
  • Introduction of a High Risk MDT and anaesthetist clinic to flag and discuss HR patients prior to admission.
  • Increased training to accommodate nurse lead pre-operative assessment and clerking.
  • Early availability of notes to anaesthetists prior to admission.
  • Increased communication of needs identified at pre-op assessment to recovery ward and admissions lounge.

Questions?