

Development of an International Day Surgery Benchmarking Initiative

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Objective

To establish a systematic robust process and structure with other major international teaching hospitals, whereby perceived clinical/non clinical 'best practices' can be identified in measurable performance metrics. Thereby enabling each participant to validate own performance, consider and examine evident 'better practices' through a benchmarking process and from this process quantify performance gap and subsequent key drivers/enablers/processes that will bridge this gap. Presenting each hospital with a significant and real opportunity to reshape and effect measurable quality improvements.

Participating Hospitals

- St James's Hospital, (Ireland), (840 beds)
- University Hospital Brussels, (Belgium), (679)
- St Luke's Hospital, (Malta), (838)
- Cardiff & Vale NHS Trust University Hospital, (Wales), (1200)
- Groningen University Hospital, (Holland), (1300)
- Guy's & St Thomas' Hospital, (England), (1250)
- Belfast City Hospital, (Northern Ireland), (780)

Methodology

Based on a basket of 25 surgical treatments internationally accepted as being possible to undertake routinely on a day care basis (British Association of Day Surgery).

Each hospital supplied the following data sets:

02/03 basket treatments – identifying undertaken on a day care/inpatient basis.

02/03 all other surgical treatments undertaken on a day care basis.

(Perceived) national/internal key drivers/enablers for day care treatments.

Internal structures/processes that enable day care treatments.

Results

Significant performance variance identified in terms of ability of individual hospitals to treat patients on a day care basis.

- In two hospitals with high levels of day care treatments – key external driver being the fact that the hospital receives payment based on costs associated with day care treatment – a strong disincentive to allowing treatment to be undertaken on an inpatient basis.
- In three hospitals clinical preference identified as key reason why certain treatments not routinely undertaken on a day care basis – despite clear evidence that treatments can be/are safely undertaken on a day care basis.
- Within overall treatment pathways – two key processes that support high levels of day care treatments – 'pre patient selection' and 'post procedure – discharge'.
- For one hospital this exercise has enabled a major reorganisation of existing Day Care Surgery facilities – increasing both range and volume of day care treatments.

Conclusions

- Project has successfully effected identification of performance variance.
- Project has enabled 'better practices' to be considered and examined, – thereby enabling hospital to move from 'preferred practise' to best practise with clear knowledge of performance that can be delivered, (measurable outcome) – with obvious associated benefits for both patient and hospital.
- Project has enabled generation of best practise guidelines for key processes that support high levels of day care treatments.
- Project has enabled hospitals to increase range and volume of day care treatments.
- Key benefit of grouping/participants was that it enabled a non statutory / non competitive framework whereby performance metrics and associated practises from seven different health delivery systems would be benchmarked, subsequent best practise identified and incorporated into individual hospital practise.