The Day Surgery Pathway:

A Blueprint for day surgery in Scotland

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Enablers

Effective, proactive Clinical Leadership & Multi-disciplinary team approach

Co-production & Collaboration

Data-driven improvements

Realistic Medicine Principles

Service and role redesign

Day Surgery as the norm

Establishing high-performing teams

Jointly agree patient selection criteria, day surgery pathways and SOPs

Executive sponsorship

Staff wellbeing

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Overview

Day Surgery Pathway

- Pre-hospital
- GP referral
- Enhanced vetting/ACRT
- Hospital
- Outpatient appointment & pre-op assessment/plan for ERAS
- Booking & scheduling of surgery
- Day of Surgery Admission – DS/23 hour or IP stay
- Surgery
- Immediate Recovery/ERAS & Discharge
- Post Discharge
- Follow-up if required/PIR
- Measurement and evaluation

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Pre-hospital

Pre-hospital

GP Referral

- Day surgery as the norm – key communication from the outset
- Standardised referral criteria
- GP to advise on day surgery procedure from the beginning
- Consider patient information at that point

Enhanced vetting/ACRT

- Before deciding on surgery - consider making best use of Realistic Medicine approaches:
  - Joint decision-making tools
  - Awareness of low clinical and patient value procedures
  - Non-surgical interventions
  - Opt-in pathways for patients

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Hospital

Hospital

Outpatient appointment & pre-op assessment/plan for ERAS

- One stop assessment and consent
- Optimise use of remote pre-op assessment solutions
- Day surgery as default (pre-assessment teams to change to inpatient stay based on clear exclusion criteria)
- Patient communication: reiterate procedure will be performed as day case at this point
- Identify any additional support required to enable day of surgery discharge (e.g. overnight carer/transport)
- Identify necessary pre-habilitation and ERAS actions and enable MDT input

Booking & scheduling of surgery

- Consider best use of theatre capacity; dedicated day surgery lists can have benefits but some day cases interspersed with majors can also make best use of theatre time
- Implement 6-4-2 booking model

Day of surgery admission – DS/23 hour or IP stay

- Set up a dedicated day surgery admissions areas if possible – based on facilities and resources
- Explore staggering of admissions
- Encourage patient to walk to theatre (if feasible)
- How to reduce on the day cancellations?

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Hospital (cont.)

Surgery

- Explore how to best use existing facilities and rooms available; consider use of procedure rooms if environment suitable
- Local and regional anaesthetics as the norm unless contraindicated – provide patient with informed choice
- Use day surgery trolleys/recliners instead of hospital beds in dedicated day surgery areas

Immediate recovery/ERAS and discharge

- Establish dedicated day surgery recovery and discharge areas (if possible)
- Consider opening hours of recovery and discharge areas to allow for day of surgery discharge
- Embed criteria-led discharge making best use of decision support tools and nurse-led pathways
- Facilitate timely prescribing/dispensing of take-home analgesia
- Ensure AHP and radiology support can be provided before discharge (as required)
- Ensure patient information provides clear information on pain management, wound care, red flag symptoms, emergency numbers, etc
- Provide patients with Patient Initiated Return (PIR) information
- Implement Enhanced Recovery After Surgery

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After Discharge

Post Discharge

Follow-up if required/PIR

- Develop and embed standardised follow-up protocol
- Embed patient surveys/questionnaires

Measurement and evaluation

- Agree measurement framework and collate/analyse on a routine basis
- Benchmark with national data sets
- Use quantitative and qualitative data to inform continuous improvement, e.g. use patient feedback to continuously improve service

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Further Resources

GIRFT/BADS National Day Surgery Delivery Pack
https://www.gettingitrightfirsttime.co.uk/bpl/day-surgery/

Arthroplasty day surgery blueprint
https://www.nhscfsd.co.uk/media/plqdrihp/arthroplasty-day-surgery-blueprint-v10.pdf