

Promoting patient safety and quality of care :  
the EU contribution to national actions

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Rome, Italy



Italian Ministry of Health

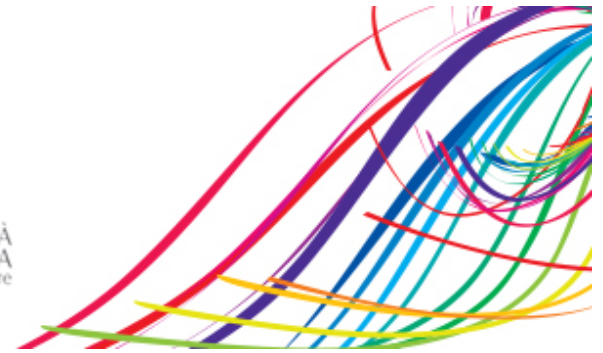
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# Improving Patient Safety of Hospital Care through Day Surgery DAYSAFE

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# 1. Overview

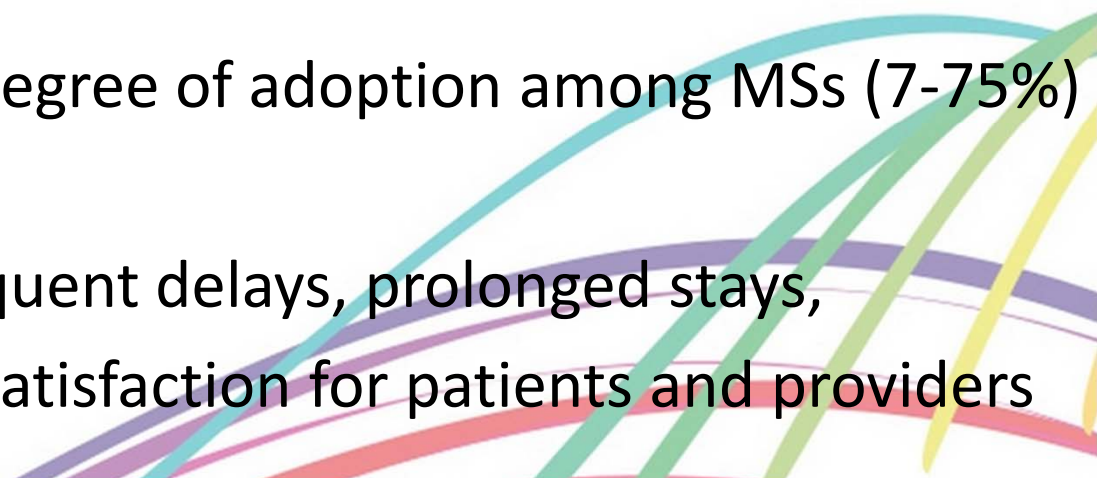
Fast track surgery → DS appropriate setting for 80% of elective surgical procedures

DS undersupplied and underused (50% in the EU)

21 million surgical procedures/35 million carried out in conventional wards every year in the EU

Significant variability in the degree of adoption among MSs (7-75%)

Unsafe outcomes (HAIs); frequent delays, prolonged stays, readmissions; waste and dissatisfaction for patients and providers



## 2. DS as a public health opportunity

High quality: towards the ideal of no risk, no pain, no nausea/vomiting surgical procedures

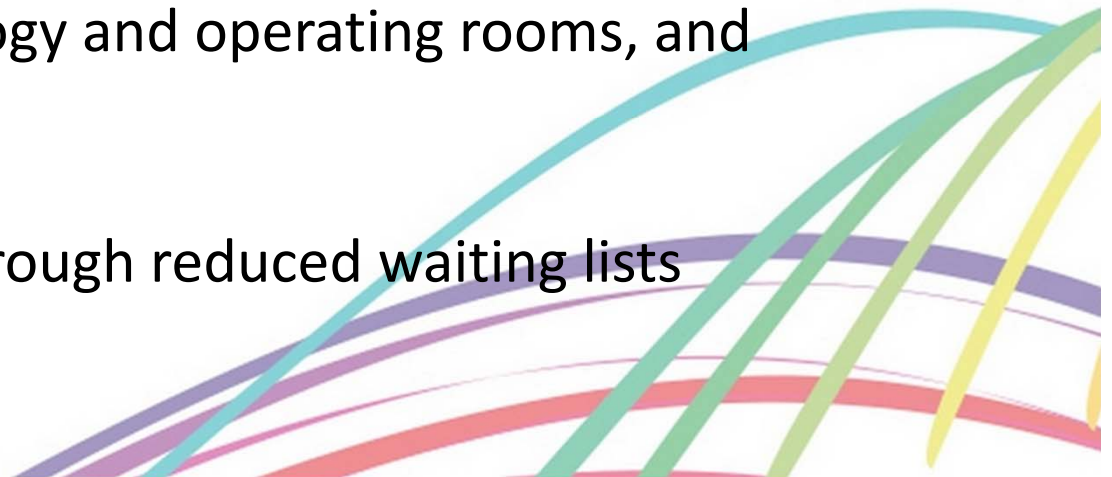
Patient-centred: short separation from familiar environments

Safe: reduced exposure to deadly “superbugs” (MRSA)

Reliable: separation of simple scheduled procedures from emergencies and complex case

Efficient use of staff, technology and operating rooms, and higher retention of nurses

Better access and (equity) through reduced waiting lists



### 3. Key activities

Investigation of DS performance at National, hospital and DS unit level through on site visits, interviews and focus groups with key informants

Benchmarking exercise: why do top DS units distinguish themselves from average or poor performers?

- ✓ Identification of the “best of the best” DS units
- ✓ Analysis of Structures (infrastructure, equipment & staff) and Processes (care and patient management)
- ✓ Selection and promotion of best practices and standards

Organization and delivery of on-site and eLearning Course

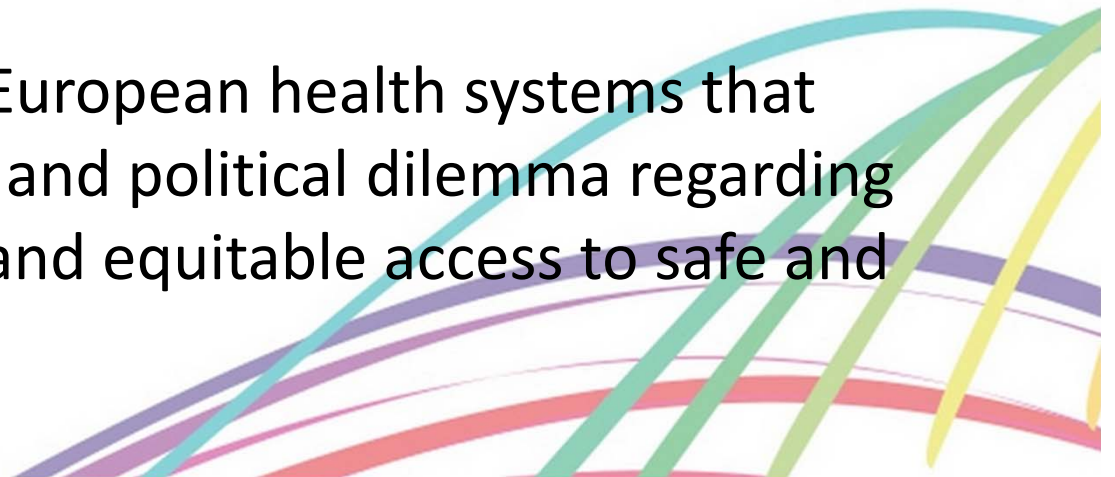


## 4. Results

Identified most important gaps in DS policy (e.g. financing, reimbursement and incentives), organization (e.g. monitoring system), and delivery (e.g. access, outputs, outcomes and safety)

Generated practical and flexible advice on how to formulate and implement DS policies and strategies, and improve quality and safety of services delivery

Offered some solutions to European health systems that increasingly face an ethical and political dilemma regarding how to assure sustainable and equitable access to safe and high quality health care



## 5. Sustainability and transferability

The lessons learned from a wide set of EU DS systems and units, converted into recommendations, will help decision-makers, managers and providers navigate the complexity of DS organizing

Advice based on the evidence gathered by the project, AND

principles drawn from systems thinking and design, improvement science and patient safety



# International Association for Ambulatory Surgery



Affiliation of 21 organisations in 19 countries

[www.iaas-med.com/](http://www.iaas-med.com/)

# 6. Project ID Card

## PARTNERS

### Main Partner

 Italy, ARSS Veneto  
Agenzia Regionale Socio Sanitaria del Veneto

### Associated Partners

 Belgium, NIHDI  
National Inst. Health and Disability Insur.

 Belgium, GZA  
Sint-Augustinus General Hospital

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The Association of Danish Regions

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Haute Autorité de Santé

 France, ANAP  
Agence Nationale d'Appui à la Performance

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Budaors Medical Centre

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Agenzia Regionale Socio Sanitaria del Veneto  
Italy, AOP

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Administracao Regional de Saude Do Norte  
Romania, SCJUT

 Clinical Emergency County Hospital

 Norway, MHH  
Martina Hansens Hospital

 Spain, CAHIAQ  
Catalan Agency for Health Technology  
assessment

Collaborating Partners: IAAS





## 7. Contact

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