

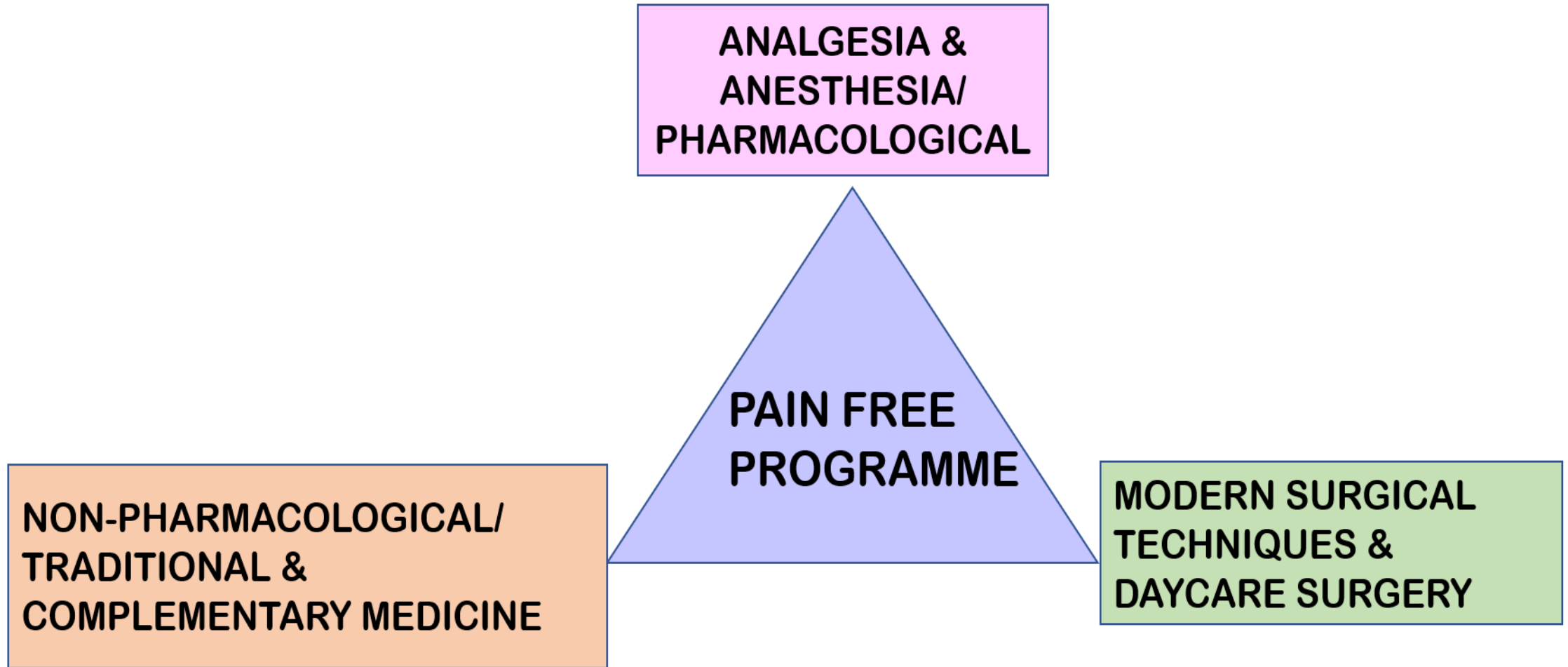


PAIN FREE APPROACH THROUGH DAYCARE SURGERY AND MINIMALLY INVASIVE SURGERY (MIS)

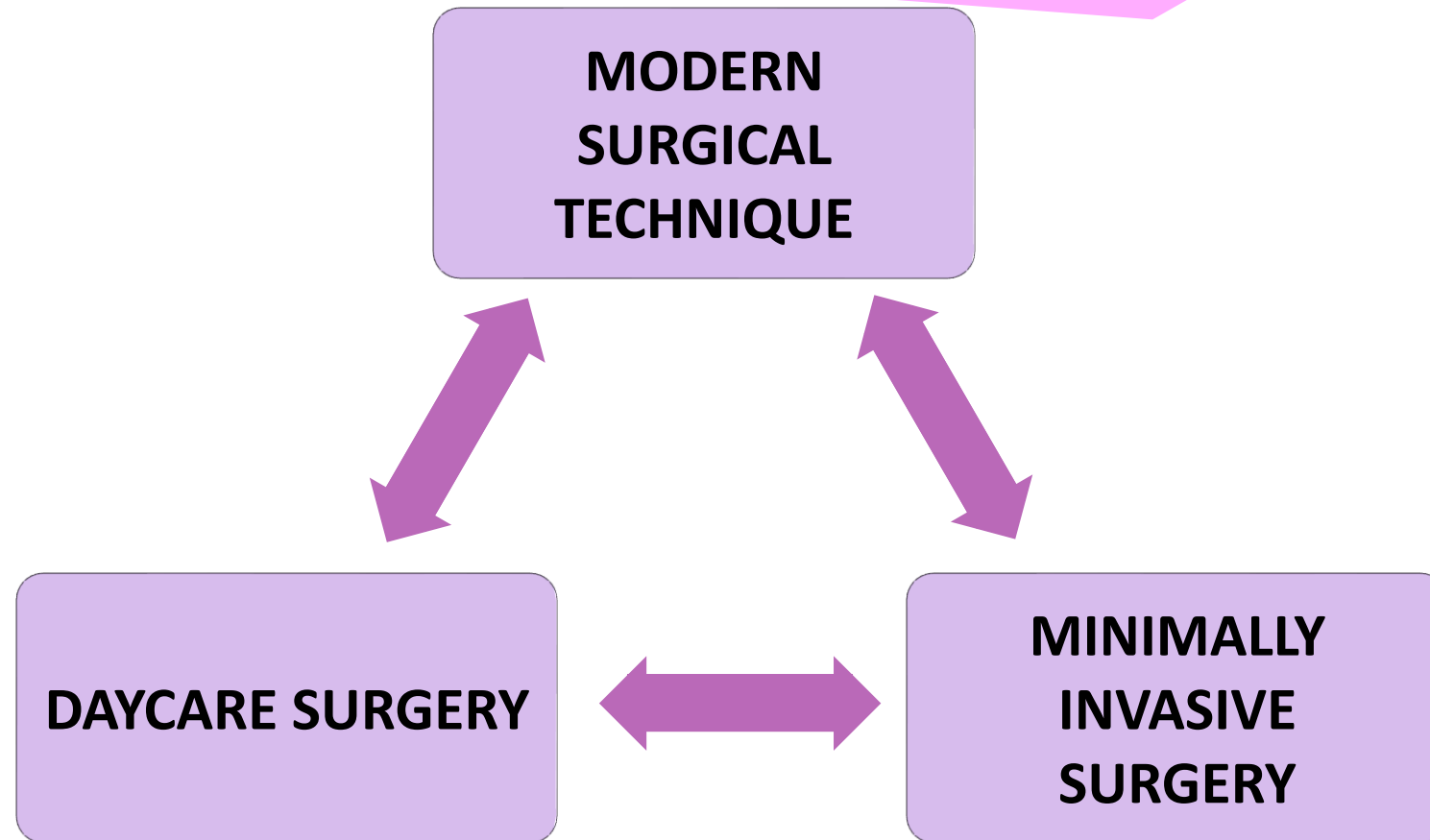


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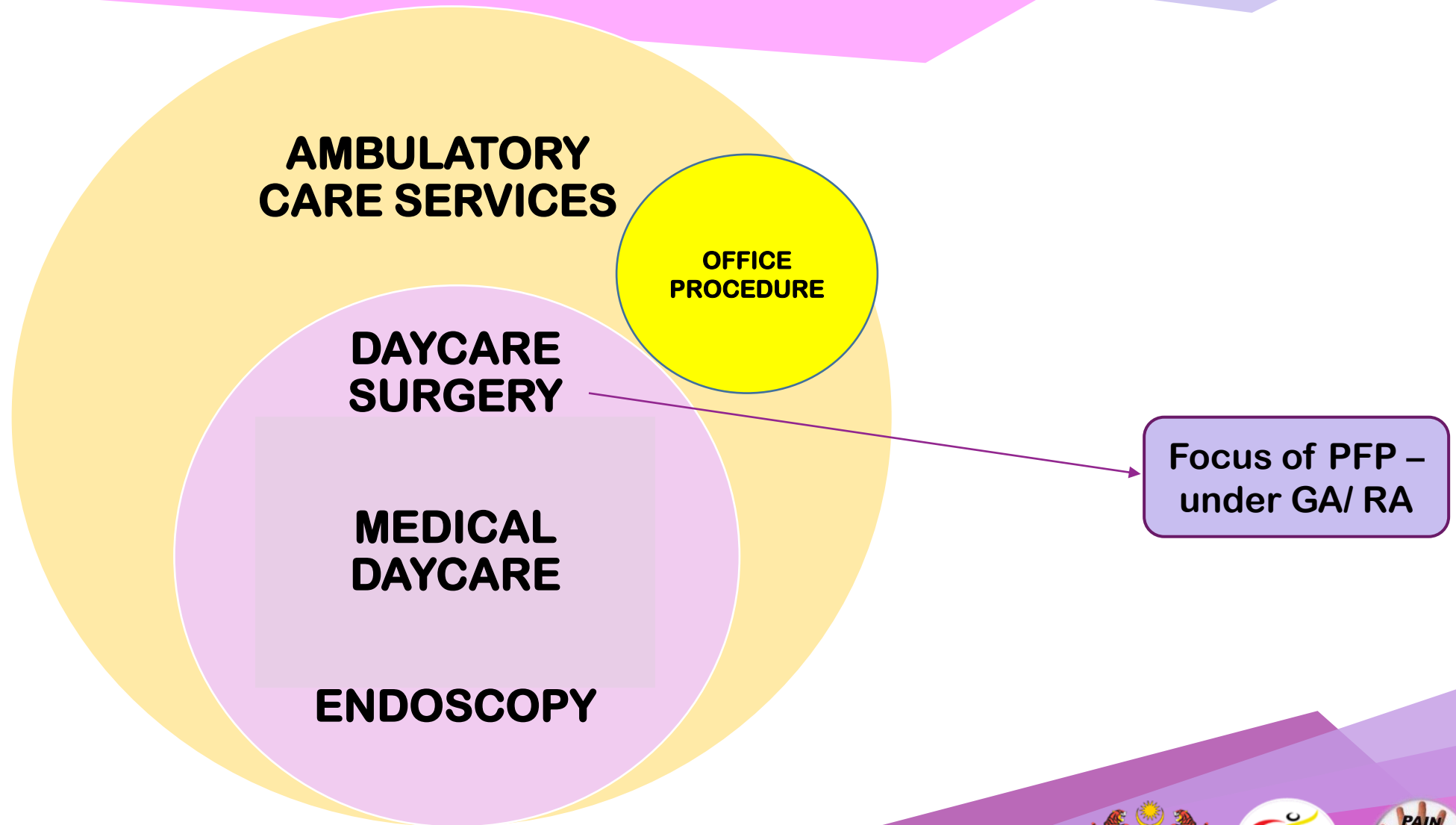


DAYCARE SURGERY

Definition

“Clinical services, scheduled and completed in the same day and does not require patient to stay overnight in the hospital”

DAYCARE SURGERY



TRUE DAYCARE SURGERY

Definition

A service that requires operating theatre facility and/or use the anaesthetic care. MOH encourage the implementation of “True Daycare Surgery” because this service reflects the use of the facilities in full

DAYCARE SERVICES IN MALAYSIA

Press Statement DG of Health 5th August 2016: Enhancing the Daycare Services in MOH Hospitals

BY DG OF HEALTH ON AUGUST 5, 2016 · ([LEAVE A COMMENT](#))



MOH launched Standard Operating Procedure Daycare and “Polisi Perkhidmatan Rawatan Harian di Hospital Kementerian Kesihatan Malaysia” in conjunction with 4th National Daycare Conference 2016

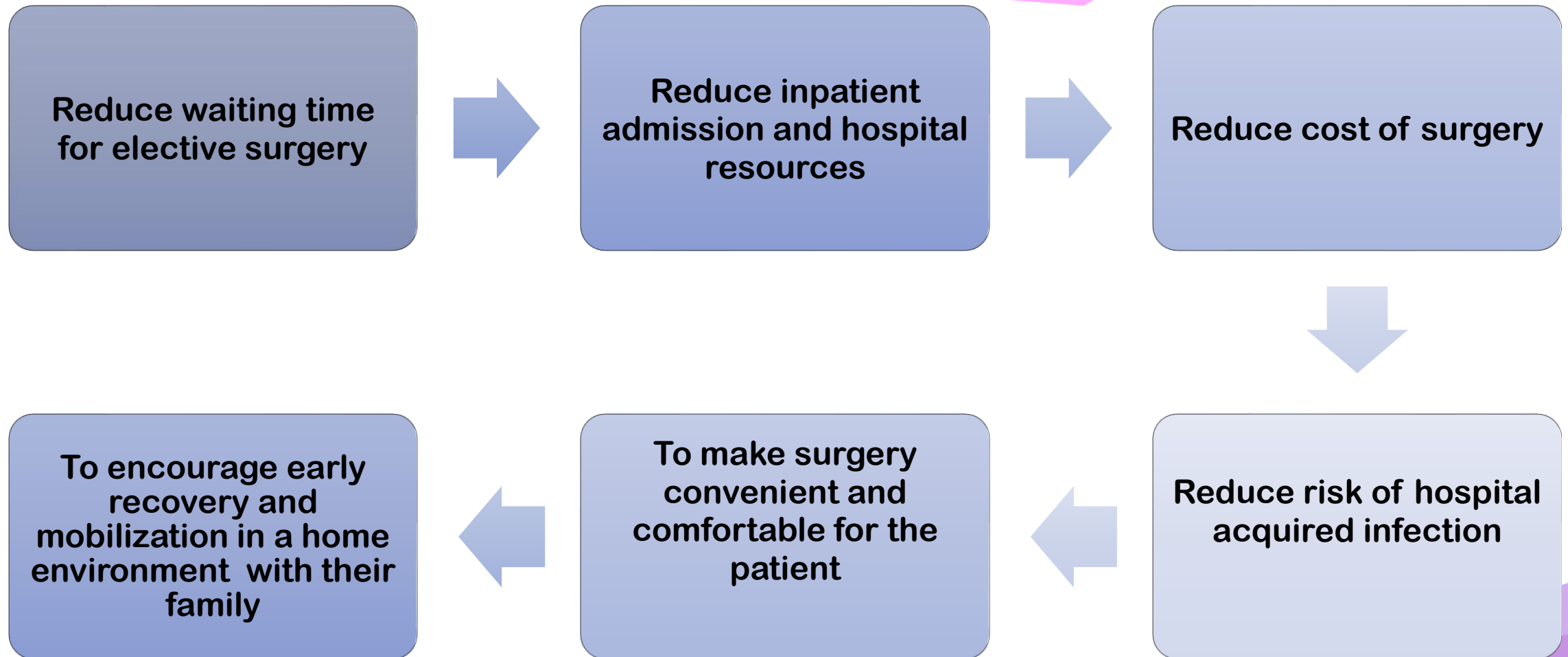
DAYCARE SERVICES IN MALAYSIA



The benefits from Day Care Surgery was evident in reducing surgical waiting time to 2-10 weeks for selected elective procedures and the reduction of inpatient admission to the surgical based departments by 28.2%. The Daycare service centres in the United States has managed to reduce the cost of Medicare by USD7.5 billion from the year 2008 to 2011. Unsurprising, the Daycare surgery rates in advanced countries are as high as 70-80%. However, at the moment in Malaysia it is only around 5-15%. As we move towards achieving developed country status, the Ministry of Health is serious about promoting Daycare as it has been proven to be cost effective, patient-centred approach and safe.

- **Reduction of surgical waiting time to 2-10 weeks**
- **Reduction of inpatient admission to the surgical based department by 28.2%**
- **In United States: Reduction of cost of medicare by USD 7.5 Billions (2008-2011)**
- **Daycare surgery rates in advanced countries: 70-80%, Malaysia: 5-15%**

OBJECTIVES OF DAYCARE SURGERY



DAYCARE SURGERY SERVICES

General Surgery

e .g. Hernioplasty, wide local excision, excision biopsy, laparoscopic cholecystectomy, herniotomy, orchidopexy

Orthopaedic

e .g. Laparoscopic arthroscopy, removal of implant, facet joint block, epidural steroid

Otorhinolaryngology

e.g. Tonsilectomy, adenoidectomy, myringotomy & grommet, excision of pre-auricular sinus, removal of foreign body

Gynaecology

e.g. Evacuation retained product of conception (ERPOC), bilateral tubal ligation (BTL), laparoscopic & dye insufflation

DAYCARE SURGERY SERVICES

Dental

e .g. Conservation, extractions, excision or biopsy of oral lesion, lingual/ labial frenectomy, enucleation of simple cyst, removal of direct bone plates or wires

Ophtalmology

e .g. Tear duct probing, excision of chalazion/ benign lid lesion, extraction cataract

Plastic Surgery & Dermatological

e .g. incomplete simple syndactyly, excision of accessory auricles and digits, dermoid cysts, operation of bat ears

SELECTION CRITERIA FOR DAYCARE SURGERY

PATIENT CRITERIA	SOCIAL CRITERIA	SURGICAL CRITERIA
<ul style="list-style-type: none">• American Society Association (ASA) physical status classification 1 & 2• Age limit: 6 month to 75 years old• No difficult airway• BMI < 35kg/m²	<ul style="list-style-type: none">• Patient and parents are cooperative, comply and cope with post procedural instruction• Availability of mentally and physically capable escort• Logistically feasible• Patient lives within 1 hour travelling distance• Good communication services	<ul style="list-style-type: none">• Simple surgery not lasting more than 90 minutes• Procedure with minimal risk of post-operative complications• Procedure with minimal post-operative pain• No special post-operative nursing required• No prolonged immobility post-operative• Rapid return of oral intake after procedure

DISCHARGE CRITERIA FOR DAYCARE SURGERY

Patient should be awake, alert and orientated

Vital signs stable, Pain score < 4

Able to tolerate fluids

Pain should be managed with oral analgesia

Minimal nausea vomiting and dizziness

DISCHARGE CRITERIA FOR DAYCARE SURGERY

No or minimal bleeding

Verbal & written instruction upon discharge,
prescription & emergency contact number

Advise patient not to consume alcohol, drive,
operate machinery for 24 hours

Accompanied by responsible adult for at least
24 hours

Follow up call for patient well being on the
next day

SETBACKS OF DAYCARE SURGERY

Daycare surgery is not prioritized

Limited human resource and daycare facilities

Preference towards traditional approach

Poor social support and logistics for patients

CRITERIA OF DAYCARE SURGERY TO ACHIEVE A PAIN FREE HOSPITAL

- Daycare surgery policies based on MOH should be available in surgical-based departments
- Statistics regarding daycare surgery procedures should be available
- More than 20% of elective procedures should be attributed by daycare surgery

CRITERIA OF DAYCARE SURGERY FOR PAIN FREE HOSPITAL

$$\text{PERCENTAGE OF DAYCARE CASES} = \frac{\text{TOTAL CASES OF DAYCARE SURGERY UNDER GA/REGIONAL ANAESTHESIA}}{\text{* TOTAL CASES OF DAYCARE SURGERY + ELECTIVE SURGERY (INPATIENT)}}$$

**** APPLICABLE FOR DEPARTMENT INVOLVED IN DAYCARE SURGERY ONLY***

CRITERIA OF DAYCARE SURGERY FOR PAIN FREE HOSPITAL

- **Inclusion criteria : All daycare GA/ regional**
- **Exclusion criteria: Emergency Cases**

CRITERIA OF DAYCARE SURGERY TO ACHIEVE PAIN FREE HOSPITAL

Criteria	Assessment checklist	Comments	Comments by Auditor	Final Marks
Criteria 8: Policy and guidelines on Day Care Surgery a. Specialist Hospital only	8.1 MOH policy on Day Care Surgery available	Should be available in surgical-based departments. (Mandatory) <ul style="list-style-type: none"> • Operation Theater • Anesthesia Clinic • Surgical Base Department, Wards & clinic 	<ul style="list-style-type: none"> • Hospital (verified & Indexed) • Daycare • OT • Department • Clinics 	3

8.2 Day Surgery data of cases under Anesthesia	<p>Data of cases should be available (hospital wide target $\geq 20\%$).</p> <p>Minimal requirement:</p> <table><tr><td>%</td><td>Score</td></tr><tr><td>0</td><td>0</td></tr><tr><td>≤ 5</td><td>0.5</td></tr><tr><td>≤ 10</td><td>1</td></tr><tr><td>≤ 15</td><td>1.5</td></tr><tr><td>< 20</td><td>2</td></tr><tr><td>≥ 20</td><td>3</td></tr></table>	%	Score	0	0	≤ 5	0.5	≤ 10	1	≤ 15	1.5	< 20	2	≥ 20	3	<p>Total number of elective Day Care surgical cases under <u>anaesthesia</u></p> <p>————— x100%</p> <p>Total number of elective cases by respective surgical procedures. (Day Care surgery cases + total elective of the discipline involved in Day Care)</p>	3
%	Score																
0	0																
≤ 5	0.5																
≤ 10	1																
≤ 15	1.5																
< 20	2																
≥ 20	3																

Criteria	Assessment checklist	Comments	Comments by Auditor	Final Marks
	8.3 Day surgery data collection	Should be available in Day Care monthly data collection	<ul style="list-style-type: none"> • Documentation on phone review being done <ul style="list-style-type: none"> ○ $\geq 80\%$ ○ $< 80\%$ • Patient satisfied with Day Care service <ul style="list-style-type: none"> ○ $\geq 80\%$ ○ $< 80\%$ 	4

MINIMALLY INVASIVE SURGERY

1901, Kelling

“Reported using a cystoscope to inspect peritoneal cavity of a dog with air insufflation”

1910, Jacobaeus (Sweedish)

“The first report of using the same procedure in man”



MINIMALLY INVASIVE SURGERY

1988, J Barry Mc Kernan and William Saye (United state)

“Performing first laparoscopic cholecystectomy in United State”

“Patient recovered in days rather than in weeks or months”

“Begining of minmally invasive movement in surgery



MINIMALLY INVASIVE SURGERY

Definition

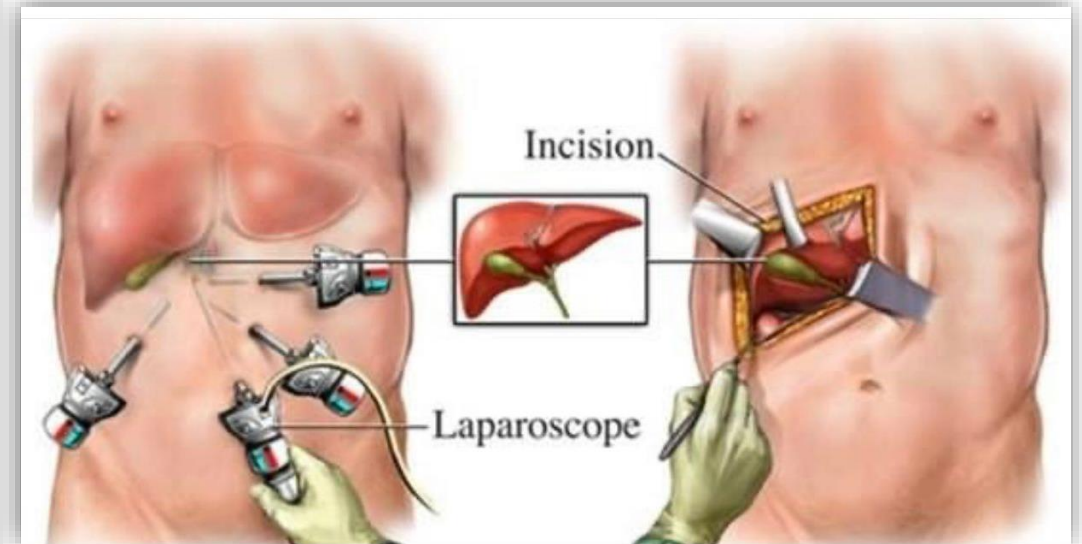
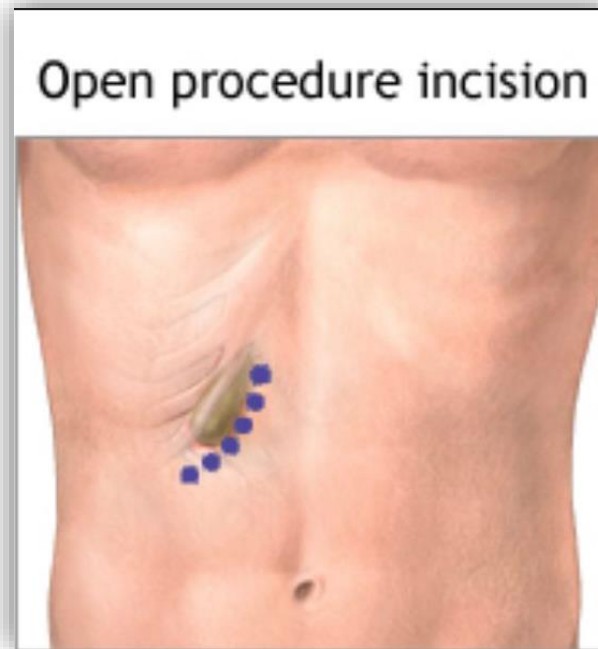
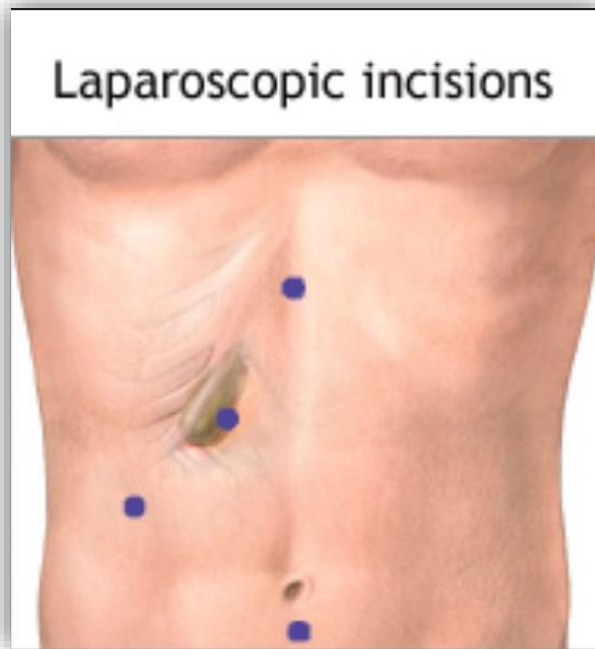
“Minimally invasive surgery is a surgical technique with minimal access and procedural trauma”

Minimize access trauma

- Reduce wound size and wound retraction
- Reduce exposure of visceral to atmosphere

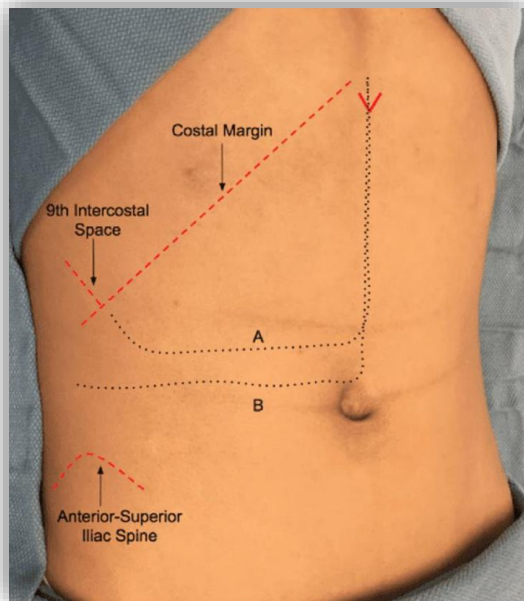
MINIMALLY INVASIVE SURGERY

Open VS Laparoscopic cystectomy



MINIMALLY INVASIVE SURGERY

Open VS transperitoneal laparoscopic or retroperitoneal approach adrenalectomy

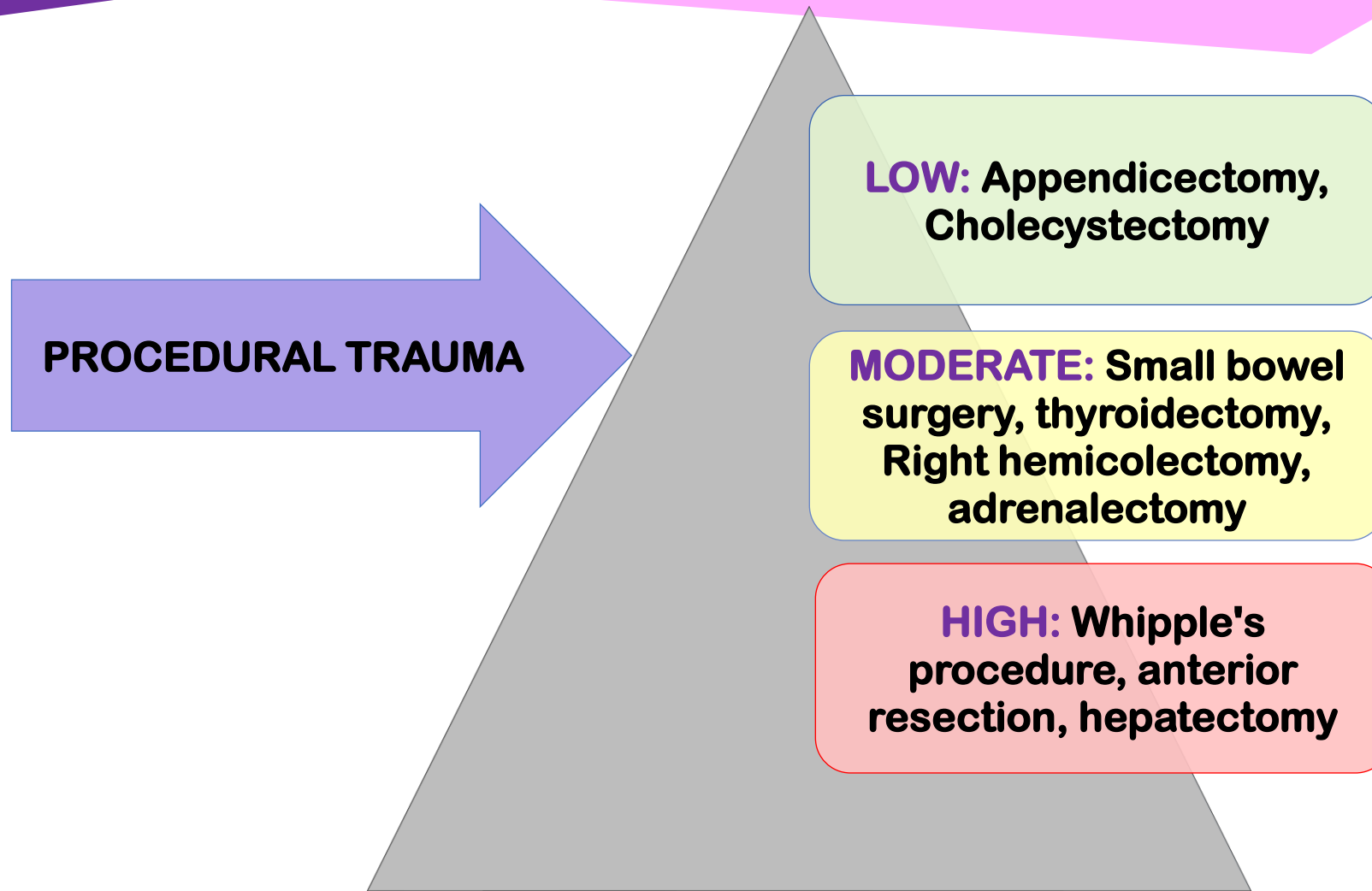


Laparoscopic transperitoneal
adrenalectomy



retroperitoneoscopic adrenalectomy

MINIMALLY INVASIVE SURGERY



POLICY OF MINIMALLY INVASIVE SURGERY

PROMOTION OF MIS

- Encourage and promotion of MIS in various surgical discipline

PRACTICE OF MIS IN HOSPITAL

- Surgical technique are encouraged to be used for established MIS surgical procedure

ENCOURAGING DAYCARE SURGERY

- MIS surgery is suitable for daycare surgery in view of less post-op pain and faster recovery

TRAINING OF MIS

- Allocation of financial support for MIS training
- To establish MIS surgical skill lab in the hospital

POLICY OF MINIMALLY INVASIVE SURGERY

EQUIPMENT OF MIS

- Hospital must be adequately equipped with instruments and machines for MIS

ACCREDITATION OF MIS

- All surgeons performing MIS should be trained, credential and privileged

SAFETY/AUDIT/QA

- Audit and quality assurance of MIS procedure are required to ensure safety and favorable outcome

EXPERIMENTAL OR NEW PROCEDURE

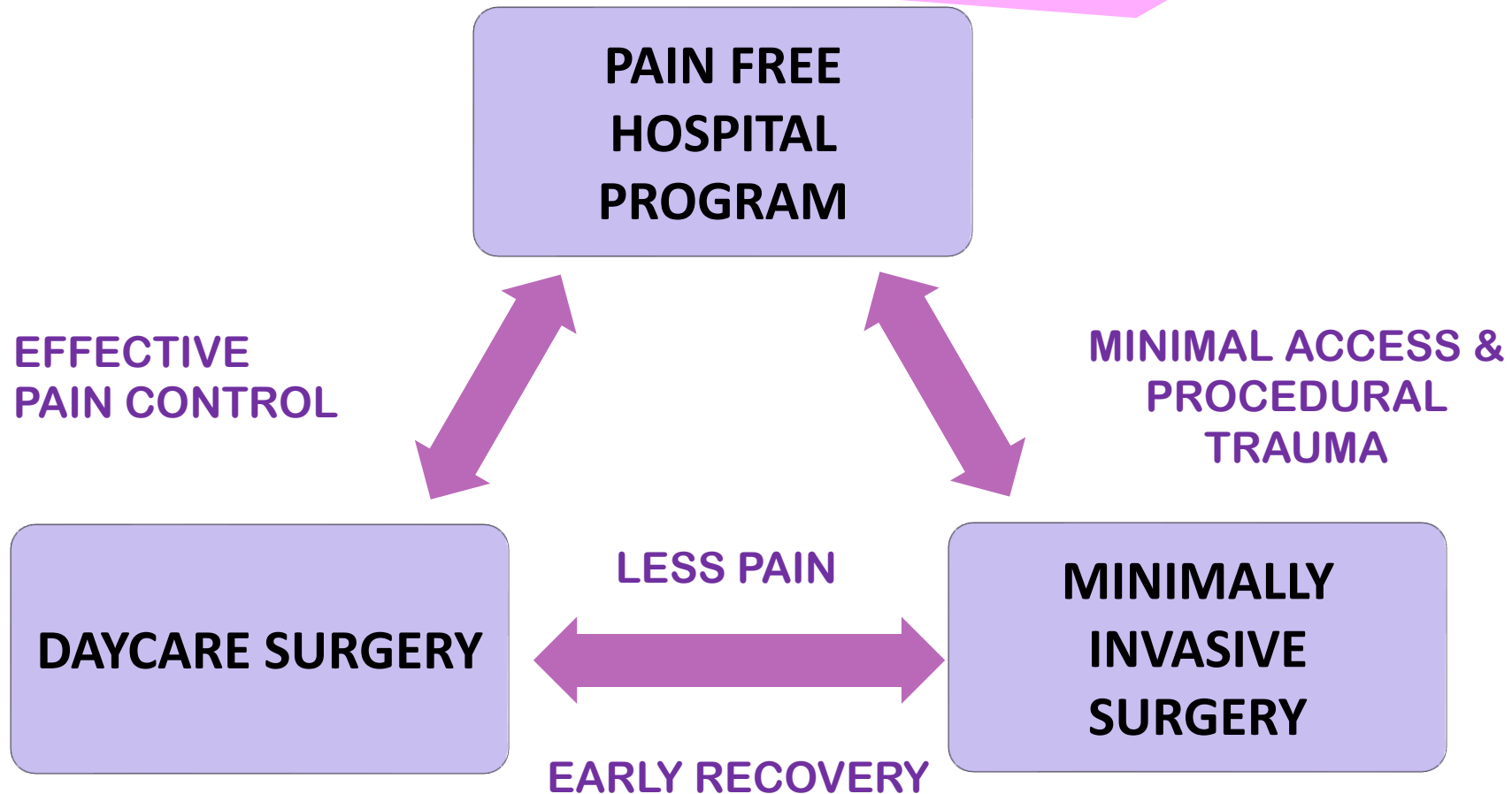
- Credentialing and privileging must be applied before embarking on new untested/experimental MIS procedure

CRITERIA OF MINIMALLY INVASIVE SURGERY FOR PAIN FREE HOSPITAL

Criteria	Assessment checklist	Comments	Comments by Auditor	Final Marks
Criteria 7: Policy and guidelines on Minimally invasive surgery a. Specialist Hospital only	7.1 MOH (or Hospital adapted) policy on MIS	Should be available in hospital policy and surgical-based disciplines departments policy	<ul style="list-style-type: none"> • Hospital (verified & <u>Indexed</u>) • Ward • Clinics 	3
	7.2 Training, credentialing and privileging (C&P) of surgeons in MIS	Evidence: File C&P for MIS with list of surgeons privileged with MIS procedures	<ul style="list-style-type: none"> • Hospital • Department • Expired validated date • not verified <p><u>*in</u> listed/ individual format & appropriate validity and verified</p>	4

Criteria	Assessment checklist	Comments	Comments by Auditor	Final Marks
	7.3 Data on MIS	Data and records on MIS procedures for different discipline are available	Any MIS procedure under Surgery, <u>Orthopaedics</u> , CTS, O&G and others Unverified data from any one department	3

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THANK YOU



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