

Dagkirurgi mindre än 24 timmars vård – ett paradigmskifte?

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Politiskt styrd
organisation

Sjukvård
en föränderlig business, eller?

Medarbetare
Ane/op

Anhöriga

BRIST
Vårdplatser och
KÖ!

Offentligt
finansierad
verksamhet

Media

Hälsa och
sjukvårdslagen

Operatörer



Brist på bemannade slutenvårdsplatser



- ekonomi relaterat till nationellt behov; kö/budget
- Används resurserna på allra bästa sätt?



5



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Factors Influencing Same-day Hospital Discharge and Risk Factors for Readmission After Robotic Surgery in the Gynecologic Oncology Patient Population

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Abstract

Study Objective—To determine the factors that allow for a safe outpatient robotic-assisted minimally invasive gynecologic oncology surgery procedure.

Design—Retrospective chart review (Canadian Task Force classification II-1).

Setting—University hospital.

Patients—All patients (140) undergoing robotic-assisted minimally invasive surgery with the gynecologic oncology service from January 1, 2013, to December 31, 2013.

Interventions—Risk factors for unsuccessful discharge within 23 hours of surgery and same-day discharge were assessed using logistic regression models.

Measurements and Main Results—All patients were initially scheduled for same-day discharge. The outpatient surgery group was defined by discharge within 23 hours of the surgery end time, and a same-day surgery subgroup was defined by discharge before midnight on the day of surgery. One hundred fifteen (82.1%) were successfully discharged within 23 hours of surgery, and 90 (64.3%) were discharged the same day. The median hospital stay was 5.3 hours (range, 1–48 hours). Unsuccessful discharge within 23 hours was associated with a preoperative diagnosis of lung disease and intraoperative complications; unsuccessful same-day discharge was associated with older age and later surgery end time. Only 2 patients (1.4%) were readmitted to the hospital within 30 days of surgery.

Conclusions—Outpatient robotic-assisted minimally invasive surgery is safe and feasible for most gynecologic oncology patients and appears to have a low readmission rate. Older age, preoperative lung disease, and later surgical end time were risk factors for prolonged hospital stay. These patients may benefit from preoperative measures to facilitate earlier discharge.



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The feasibility and safety of same-day discharge after robotic-assisted hysterectomy alone or with other procedures for benign and malignant indications



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HIGHLIGHTS

- Same-day discharge was planned in 200 cases and 157 (78%) had successful same-day discharge.
- Forty-three (22%) patients required postoperative admission, 23 for medical reasons and 20 for non-medical reasons.
- Operative time, case ending before 6 pm, and use of intraoperative ketorolac were associated with successful same-day discharge.

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ABSTRACT

Objective. This study aimed to report the feasibility and safety of same-day discharge after robotic-assisted hysterectomy.

Methods. Same-day discharge after robotic-assisted hysterectomy was initiated 07/2010. All cases from then through 12/2012 were captured for quality assessment monitoring. The distance from the hospital to patients' homes was determined using <http://maps.google.com>. Procedures were categorized as simple (TLH +/- BSO) or complex (TLH +/- BSO with sentinel node mapping, pelvic and/or aortic nodal dissection, appendectomy, or omentectomy). Urgent care center (UCC) visits and readmissions within 30 days of surgery were captured, and time to the visit was determined from the initial surgical date.

Results. Same-day discharge was planned in 200 cases. Median age was 52 years (range, 30–78), BMI was 26.8 kg/m² (range, 17.4–56.8), and ASA was class 2 (range, 1–3). Median distance traveled was 31.5 miles (range, 0.2–149). Procedures were simple in 109 (55%) and complex in 91 (45%) cases. The indication for surgery was: endometrial cancer (n = 82; 41%), ovarian cancer (n = 5; 2.5%), cervical cancer (n = 8; 4%), and non-gynecologic cancer/benign (n = 105; 53%). One hundred fifty-seven (78%) had successful same-day discharge. Median time for discharge for these cases was 4.8 h (range, 2.4–10.3). Operative time, case ending before 6 pm, and use of intraoperative ketorolac were associated with successful same-day discharge. UCC visits occurred in 8/157 (5.1%) same-day discharge cases compared to 5/43 (11.6%) requiring admission (P = .08). Readmission was necessary in 4/157 (2.5%) same-day discharge cases compared to 3/43 (7.0%) requiring admission (P = .02).

Conclusions. Same-day discharge after robotic-assisted hysterectomy for benign and malignant conditions is feasible and safe.

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Patientflöden Karolinska Solna

Robotassisterad kirurgi (gyn samt uro)

kräver högspecialiserad och dyr utrustning på operationssal men inte ett långt högspecialiserat postoperativt slutenvårdsförlopp

Stor grupp av patienter varav flertalet är väsentligen friska

Merparten är i medelåldern och har anhöriga som de gärna återvänder hem till snabbt

Om rätt urval görs är risken för postoperativa komplikationer låg

Genom att göra detta utan att en ordinarie slutenvårdsplats beläggs kan patienterna opereras i ett separat flöde utan att konkurrera med andra slutenvårdsflöden

Personal - går det att arbetsväxla uppgifter här? OPUS projektet

Lokal?

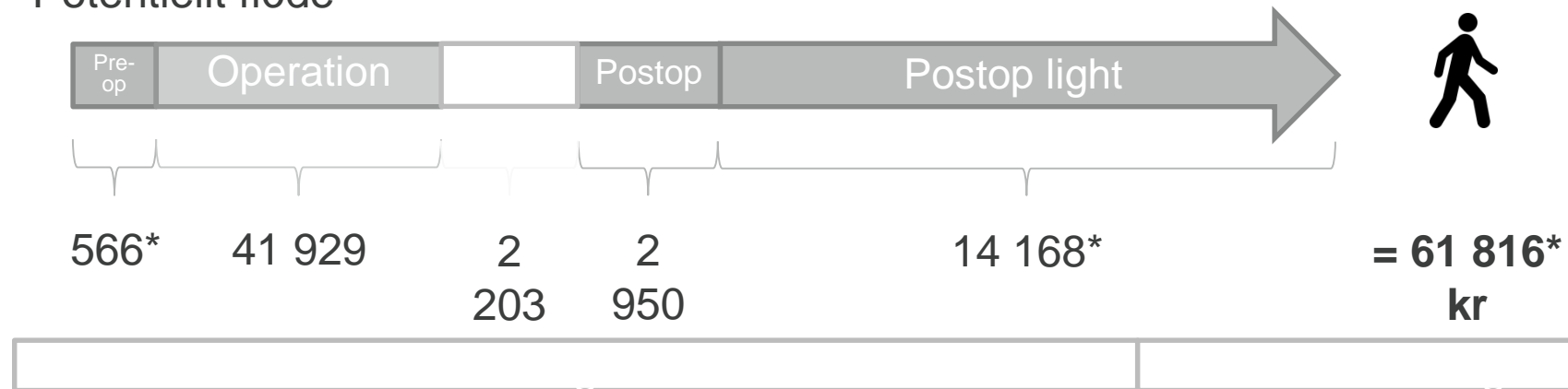


Kostnad per patient

Nuvarande flöde



Potentiellt flöde



Kan vi använda våra resurser på ett annat sätt med bibehållen eller ökad kvalitet?

Professionen måste vara drivande i förbättringsarbete och identifiera nya arbetssätt

Detta kräver en multiprofessionell teamapproach kring patienten som är i centrum

Säkerheten är mycket central liksom patientens upplevelse, strukturerad utvärdering av resultat samt upplevelse

Ekonomisk uppföljning, visa besparingspotential!

Kvaliteten är oerhört viktig, komplikationer orsakar lidande och är mycket dyrt



Tack för er uppmärksamhet

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