

## Development of a Day Surgery Programme in an Urban Hospital in Africa A Model for Developing Countries

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### Introduction

Ambulatory surgery is expanding worldwide because it provides high quality and cost-effective care, higher patients' satisfaction and a better use of available resources. Reduction in health care expenditure is a major issue in developed as well as in developing countries. Ambulatory surgery is now considered mandatory in over 60% of elective surgical operations in developed countries.

There are very few reports in the literature regarding ambulatory surgery in developing countries. The potential expansion of ambulatory surgery in Africa has not yet been explored and defined. Nevertheless ambulatory surgery is a common practice in many hospitals in Africa and sometimes it is the only possible choice for patients undergoing elective surgery. A good example of this situation is surgery performed in the surgical camps: patients come from the country to the health care centres and walk back home in the field few hours after operation. This is sometimes the only possibility poorest patients have to obtain free surgical care<sup>1</sup>.

An international cooperation initiative on day surgery has been developed between the University Hospital of Padua (Italy) and St Francis Hospital Nsambya in Kampala (Uganda) with the collaboration of the International Association for Ambulatory Surgery. The objective of this study was to evaluate the potential expansion of ambulatory surgery in Africa and the development and implementation of a day surgery unit in an urban hospital in Kampala.

### Materials and methods

This initiative was developed in September 2005, after a preliminary visit to St Francis Hospital one year before. The following steps were considered:

- Analysis of current surgical activity in St Francis Hospital;
- Analysis of current surgical and anaesthesiology techniques for potentially day surgery patients;
- Team work with involvement of all professionals figures including hospital managers, general and specialties surgeons, anaesthesiologists, nurses, accountants;
- Educational initiative for all the professional figures involved;
- Development of new patient records, patient selection sheets, patient information sheets on day surgery general aspects and on specific surgical operations;
- Identification of resources dedicated to the day surgery activity: day surgery male and female ward, operating theatres, outpatients clinic, medical and nursing personnel;

- Cost analysis of some common operations and billing system in order to develop a flat rate for day surgery procedures;
- Development of guidelines and protocols for the treatment of pain, nausea and vomiting;
- Analysis of technical needs and future perspective and development of the day surgery initiative.

### Results

The analysis of activities showed during a period of six months that a total number of 113 day surgery operations were performed at St Francis Hospital Nsambya; the commonest being hernia repair, fistulectomy, gynaecologic diagnostic laparoscopy, cystoscopy. The SkyMed day surgery educational initiative, an e-learning project realized in collaboration with the International Association for Ambulatory Surgery, was used to organize the didactic activity. A total of 28 healthcare professionals participated to the educational initiative, including general surgeons, specialties surgeons, nurses and hospital managers. Participants attending the day surgery course met twice a week for four weeks, each learning session

lasting around 1½ hours, with multidisciplinary approach and discussion. Didactic materials included lessons prepared by internationally outstanding personalities in the field of ambulatory surgery and ad hoc prepared papers. After completing the course an evaluation questionnaire with 89 multiple choice questions was submitted to all the participants. The mean score was around 60% of correct answers.

The final results of this initiative has been the production of a new patient record and a day surgery care pathway, a protocol for the treatment of pain, nausea and vomiting, a selection criteria sheet and a discharge sheet, a follow-up protocol and a quality assessment questionnaire. Day surgery activity according to the agreed protocols started soon.

### Conclusions

Early results are encouraging. Team work and multidisciplinary approach resulted in a rapid

application of newly developed operational protocols. Ambulatory surgery activity started in St Francis Hospital. Initial satisfaction of medical and nursing staff and patients is high. Among future priorities are the implementations of low flat rates for patients undergoing ambulatory surgery procedures and the realization of a day surgery unit completely independent from inpatient ward and operating theatres.

Monitoring of results hopefully will produce data and on the possible application of this ambulatory surgery model in other hospitals in Africa.

### Reference

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