

**LOCATION of the AS department on the  
hospital campus**

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# LOCATION of ASDept./DSU on the hospital campus

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## Introduction

- Shift from in-patient to out-patient
- Following step :

*“to treat day surgery rather than in-patient surgery as the norm for elective surgery”* <sup>(1)</sup>

(1)Day Case Surgery, Oxford Specialist Handbooks, **Ian Smith, Douglas Mc Whinnie, Ian Jackson**. An overview of ambulatory surgery, p 8, [www.oup.com/uk/medicine/handbooks](http://www.oup.com/uk/medicine/handbooks)

### Definition

- An ambulatory surgery unit (DSU) is a unit where we practice surgery without overnight stay for the patient.
- And concerning the surgery : basically elective surgery.



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### Location

- Who to treat ?
- Need of surgeons /anaesthetists
- Nursing
- Material and devices needed
  
- **Only solution :           SEPARATE CIRCUIT**  
**dedicated and free standing**



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### Why dedicated ?

- Raise of number of cases in future
- Raise of technical possibilities
- Raise of knowledge concerning Fast Track / ERAS
- Raise of costs for hospital stay



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### Freestanding Center

#### - Full option

- Admin., preop waiting rooms,OR, recovery rooms
- Qualified staff
- Instruments, sterilisation
- Laundry, cleaning,....

**Minimum of logistics !!**



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### Hospital campus based

#### - Full option

- Separate self contained (cf fleet, sailing together, but with own mission/function
- Possibilities : - free standing self contained
  - integrated self contained



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**Let us start !**

**EXAMPLE A** : mixed surgical facility

- **DS patient**
  - Same ward as for in-patients
  - Same theatre
- **Disadvantages :**

**DS patient is not sure of priority!!!!**





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**Let us start !**

**EXAMPLE B** : dedicated surgery ward <sup>(1)</sup>

- **DS patient**
  - Dedicated separate ward
  - Other facilities not dedicated and same as in-patients
- **Disadvantages :**

**DS patient is not sure of priority!!!!**

(1)Day Case Surgery, Oxford Specialist Handbooks, **Bill Horton**, Organization of ambulatory services , p 20 – 21,  
[www.oup.com/uk/medicine/handbooks](http://www.oup.com/uk/medicine/handbooks)



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**Let us start !**

**EXAMPLE C** : integrated day surgery ward <sup>(1)</sup>

- **DS patient**
  - Dedicated separate ward
  - dedicated entrance, parking, administration,...
- **Disadvantages :**

**DS patient is not sure of priority!!!!**

(1)Day Case Surgery, Oxford Specialist Handbooks, **Bill Horton**, Organization of ambulatory services , p 20 – 21,  
[www.oup.com/uk/medicine/handbooks](http://www.oup.com/uk/medicine/handbooks)



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**Let us start !**

**EXAMPLE D** : integrated self-contained day surgery facility<sup>(1)</sup>

- **DS patient**
  - Totally separated unit /separated circuit
    - On the campus
- **Possibilities - free standing self-contained**
  - **integrated self-contained**

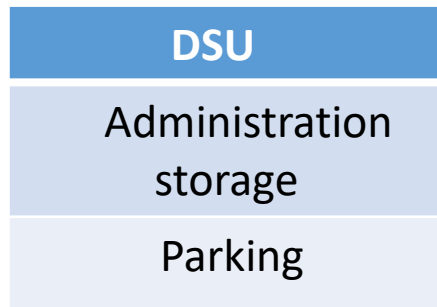
(1)Day Case Surgery, Oxford Specialist Handbooks, **Bill Horton**, Organization of ambulatory services , p 20 – 21,  
[www.oup.com/uk/medicine/handbooks](http://www.oup.com/uk/medicine/handbooks)



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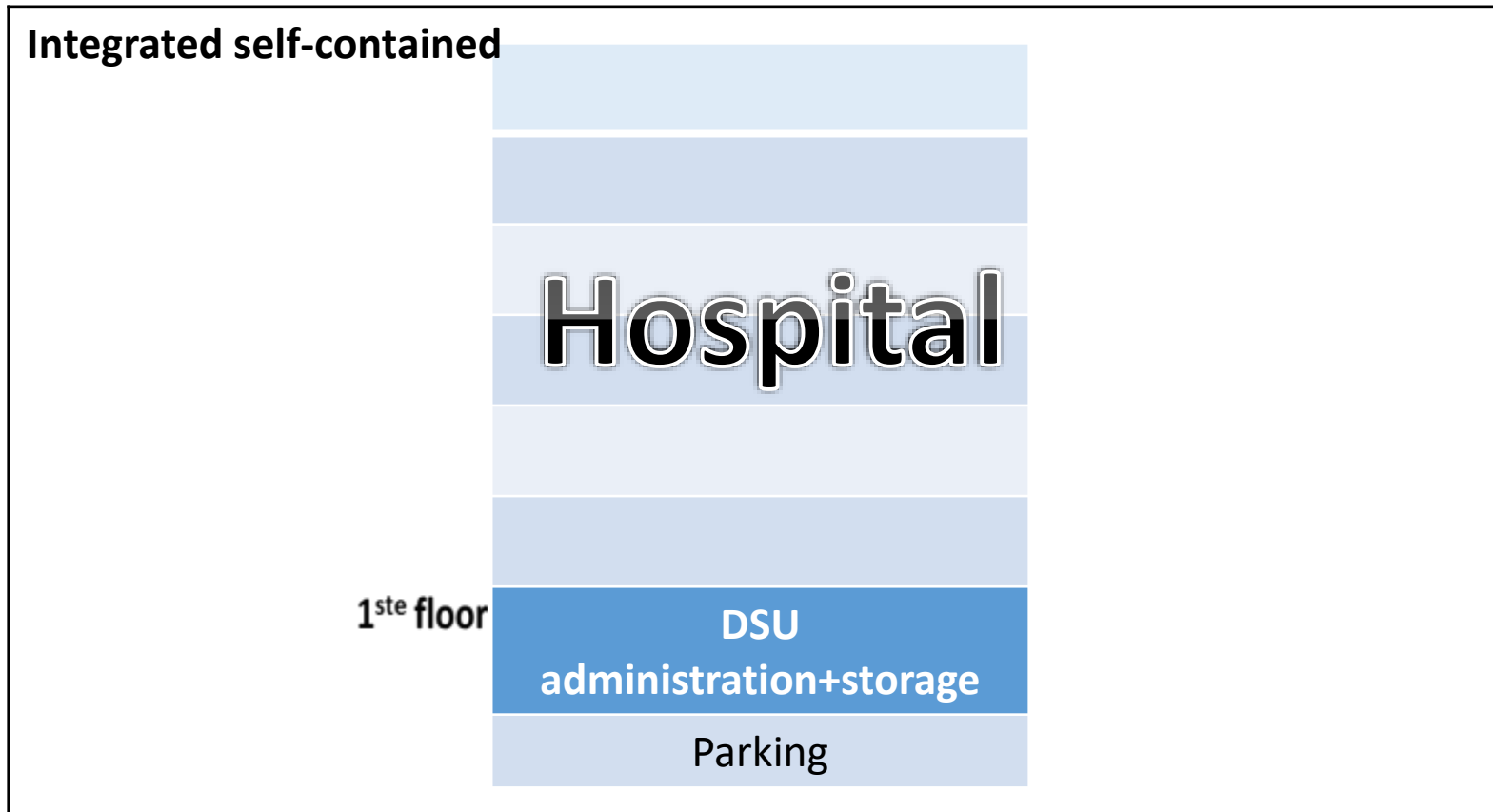
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Free standing self-contained



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## LOCATION of ASDept./DSU on the hospital campus

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### Our goal !

**EXAMPLE D** : integrated self-contained day surgery facility<sup>(1)</sup>

### Advantages

- only DS patients
- For patients : parking/ short walk/good timing/dedicated reception
- For carer: easy drop off/pickup

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[www.oup.com/uk/medicine/handbooks](http://www.oup.com/uk/medicine/handbooks)

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### Our goal !

**EXAMPLE D** : integrated self-contained day surgery facility<sup>(1)</sup>

### Advantages

- For surgeon : stays the whole day/no emergencies/OR program is planned/no changes
- For anaesthetist: stays the whole day/specialised in loco-regional/ adapted anaesthesia techniques/ quick turn over between operations/



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### Our goal !

**EXAMPLE D** : integrated self-contained day surgery facility<sup>(1)</sup>

### Advantages

- For nurses : OR programme planned from day before/no changes/ focused factory/ no weekend work
- For personnel: dedicated/ no weekend/planned OR programme and material





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### General advantages

- Organisational :
  - own responsibility
  - not depending on others
  - concentration of same operations in one OR
  - optimisation of additional services : laundry, cleaning,...



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### General advantages

- staff :
  - surgeons do not disappear between 2 operations
  - anaesthetists do not disappear during operations
  - quick turn over for nurses



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### General advantages

Important to implement :

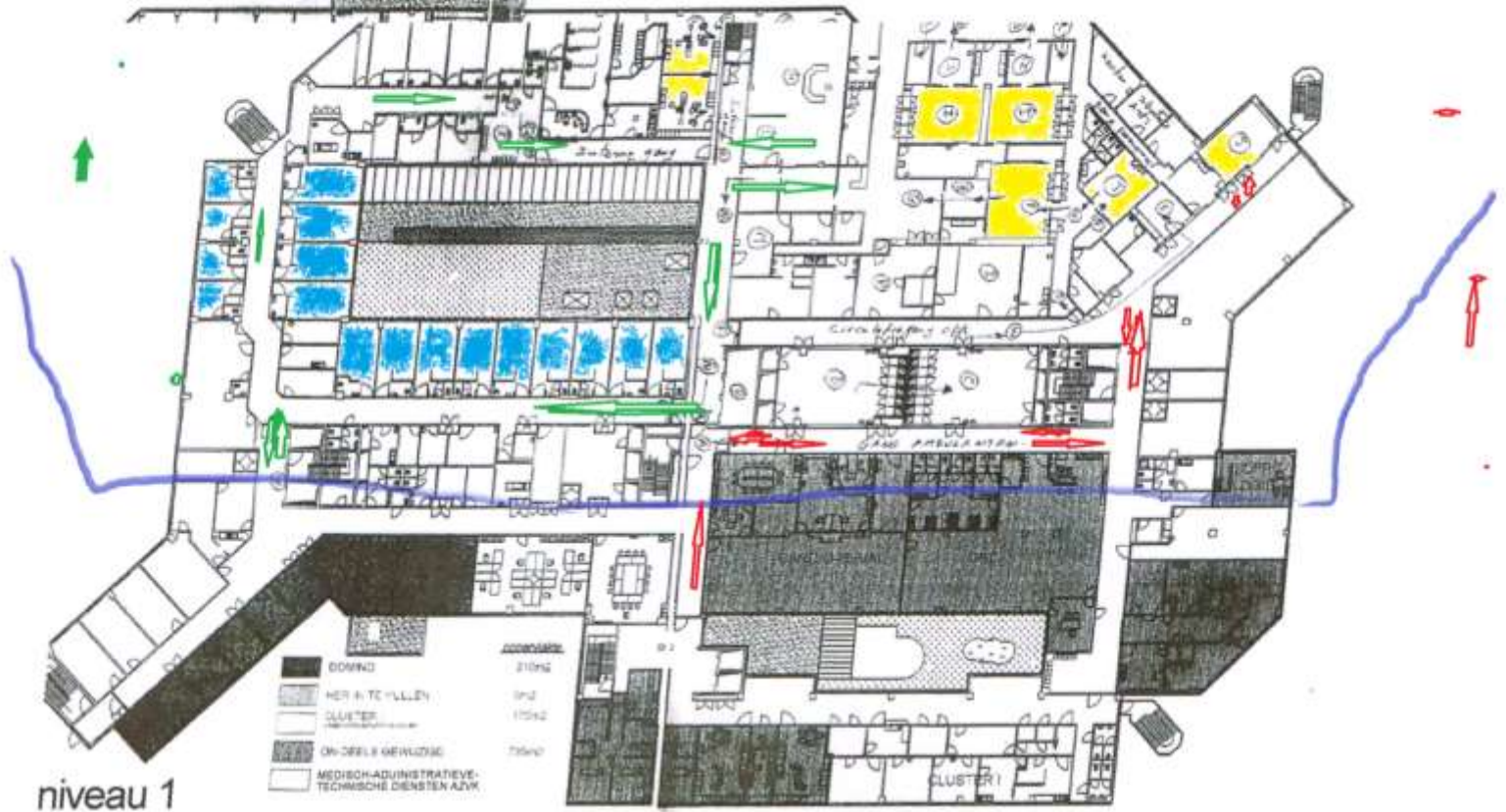
- reservation of a number of beds as a rescue facility

or

- transport facility to surgical ward in case of unforeseen overnight stay



PLAATSBEZOK  
DVH 20090423



niveau 1

- DORING 210m²
- HERNTEVULLEN 19m²
- CLUSTER 175m²
- ON-DEELS GEWUZZIG 75m²
- MEDISCH-ADMINISTRATIEVE-TECHNISCHE DIENSTEN AZK



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### CONCLUSION

The only and ideal location on the hospital campus is :

- **Separate**
- **Dedicated**
- **Integrated**
- **Self containing**

**Ambulatory Surgery Department or Day Surgery Unit**



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# THANK YOU VERY MUCH

