

IAAS Country Report on Day Surgery: Finland

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In Finland day surgery is most commonly performed at public hospitals, and to some extent at private day surgery centers and at doctor's offices. At hospitals, day surgery is mostly performed in units dedicated for day surgery or short-stay surgery. Some day surgery units are still integrated in the inpatient setting. With growing demand, units have been enlarged or new larger day surgery facilities have been built. Also in the private sector, operating room capacity has increased. However, no detailed numbers are available.

According to the Finnish definition, a "day surgery procedure" is performed in the operating room, and requires intravenous sedation, general or regional anaesthesia. The patient arrives at and leaves the operating facilities on the day of surgery, i.e. within 12 hours from arrival to the unit.

Figures reported by Finnish municipal hospitals show that the proportion of day surgery of all elective surgery has increased from 44% in 2004 to 49% in 2007. At 28 public hospitals (out of 41) over 50% of elective surgery was performed as day surgery in 2007. The highest percentage increases during 2004-2007 were reported in ENT and ophthalmology. There is still wide variation in the proportion of day surgery between hospitals, probably due to local structural and functional differences. According to a recent survey at one university hospital, there is potential to increase day surgery over 30% by developing productivity and implementing best practices. In a recently performed prospective study, day surgery units at Finnish public hospitals provided good-quality services for several surgical specialties, with high patient satisfaction. Availability of data for quality control and benchmarking needs further development.

In Finland health care is primarily financed by general tax revenues. Municipalities (app. 440) are responsible for arranging specialised hospital care for their residents. The country is divided into 21 hospital districts and each municipality belongs to one of these districts. In addition to municipal health care, an occupation-based health service system is responsible for a large proportion of the health care for the workforce. This is financed by employers and the state. There is also a fairly extensive system of private medical services, partly financed by the sickness insurance system. Public hospitals, which are run by joint municipal authorities, provide 95% of all specialist medical care; the remaining 5% is provided by the private sector.

At public hospitals, a patient pays 72 euros for a day case operation, and in case of unplanned admission, an additional bed-day fee (26 euros/day) is charged. The maximal amount of the fees that a patient pays annually for the public health services has been prescribed by law (590 euros in 2007). If a private practitioner gives medical care, reimbursement can be claimed from Social Insurance Institution. Sixty percent of a private physician's fee is refunded up to a specified limit.

Finland has a patient guarantee for care since 1st March 2005, implying that the patient's need for treatment shall be assessed within 3 days following contact to the health care center. The need for hospital treatment shall be assessed within three weeks. If hospital care is needed, such as day surgery, treatment shall be provided within six months. Due to the guarantee for care, the proportion of public services contracted out to the private sector has increased, but their share still remains small in the operating expenditures of hospital districts.

The majority of health care centers and hospitals use electronic patient records. There is an ongoing reform of the national healthcare data management system to improve the efficiency of electronic patient records and pharmacy databases. One feature of the reform is the creation of a centralised patient data archive, which will be built and maintained by the Social Insurance Institution.

The Finnish Ambulatory Anesthesiologists (Suomen päiväkirurgiset anesthesiologit = SUOPA) was established in February 2003, and functions as a subcommittee of the Finnish Association of Anesthesiologists. A board of five members, elected for a period of two years, runs the society. The major goals are to promote education, research and to establish guidelines and quality criteria in the field of ambulatory anesthesia in Finland. Since its establishment, the association has annually arranged symposia on current day surgery topics at the national joint meeting of surgeons and anesthesiologists. Every other year a spring-meeting is held, which is targeted to all professionals in day surgery. The association's president and the secretary have been members of a working group of the Finnish Medical Society Duodecim, which prepared evidence-based current care guidelines on pre-operative assessment, preparation and fasting of the surgical patient. At present 81 anesthesiologists, sharing a special interest in ambulatory anesthesia are members of the Finnish Ambulatory Anesthesiologists.