

# Development in Denmark

In many areas, Danish day surgery is already one of the best in the world, but there is far too much diversity in the distribution and implementation of the best methods. Thus, there are numerous examples of the fact that the preparation and implementation of a good course in one hospital is not even widespread to the neighboring hospital (in the same region).

In DSDK, we have tried to elucidate this problem more specifically by obtaining data on 10 selected surgical procedures within the specialties of abdominal surgery, orthopedic surgery, ENT surgery, gynecology and urology. The data obtained indicate the percentage of the interventions performed as day surgery at the individual hospital / hospital, ie. hospitalized / printed on the same date.

The results show large differences both interregionally and intraregional. Thus, there are several examples of an intervention being performed respectively. 100% and 0% outpatient.

Diversity is so great that it can't be explained solely on the basis of either professional or local / regional conditions. You can guess a lot about the causes of the variation, but **data itself generates more questions than explanations.**

To move on, we have decided to set up a steering committee consisting of stakeholders from surgical companies, the Association of Practicing Specialists, the Danish Society for Anaesthesiology and Intensive Medicine, Danish Regions, the Regional Clinical Quality Development Program (RKKP) and DSDK.

The aim of the steering committee is to first discuss the possibilities for **creating a database-based quality boost within Danish day surgery**, possibly supported by other activities, eg symposia / workshops. In the long term, the steering committee will be opened to other stakeholders.

## example

