



Nursing care for ambulatory day surgery: the concept and organization of nursing care

Yvonne Bergström *, Thomas Carlson, Anette Jonsson

Day Surgery Unit 79E, Hand, Plastic-ENT Center, University Hospital, 751 85 Uppsala, Sweden

Received 29 November 1998; received in revised form 22 January 1999; accepted 7 May 1999

Abstract

Background: the Day Surgery Unit at the University Hospital in Uppsala provides ambulatory care for people requiring Ear Nose and Throat surgery, hand and minor plastic surgery, as well as for children and adults needing dental treatment. **Aim:** the Day Surgery Unit has as its goal to provide an effective form of surgery with a high level of quality care, both pre and post operative on an ambulatory basis. To attain this goal, nursing care has as its aim to provide high quality care through knowledge and good nursing, thereby creating trust, security and well being between patients and staff. All this together puts the patient in the center and gives individual nursing care. In this project we also wanted to evaluate patients satisfaction with the nursing care. **Methods:** the nursing care is organized according to four principles: patient information, primary nursing, nursing documentation and quality assurance. The patients receive information on repeated occasions, both written and oral. Written information is first given to the patient by the co-ordinating nurse when the time for surgery is set up. A nurse and an assistant nurse from the care team work together with each individual patient. These nurses are primarily responsible for the patient from the first visit one week before surgery until the day after surgery. The nurses document in the patients journal according to a Swedish system called VIPS. At the first contact a health status is taken and nursing care goals are set up with the patient. After the follow up telephone call with the patient on the day after surgery, are all the interview results with regards to post surgery and nursing care documented. The quality of nursing care is continually evaluated according to the model for quality assurance, DySSSy. Evaluation of the nursing care has been made in a patient survey in which 100 adults between the ages of 30–69 years were given questionnaires. Of these, 68 were returned and one was not responded to. **Result:** we found that the day surgery clinic provides a more effective form of care with a high quality of service. There is a shorter length of stay for the patients and the overall quality of care is maintained through an active program of information and a system of continuity of care. **Conclusions:** we have written pre and post operative information for each diagnosis. A survey is being conducted to evaluate the patients response to the post operative information provided. Documentation undergoes continual evaluation and development. The DySSSy projects have included, patient integrity and safety in giving hand-over reports to the operating personnel; evaluation of post operative information and pain management and nutrition for patients undergoing tonsillectomy and uvulopalatopharyngoplasty. © 2000 Elsevier Science B.V. All rights reserved.

Keywords: Day surgery; Principles of nursing care

1. The organization of nursing care

The staff are organized in teams of two that include one nurse and one nursing assistant who are

responsible for a small number of patients during their care period. The nurse is in charge and responsible for nursing care records according to VIPS. The idea is that the patient only be met by his/her care team during the care period. There is relief for breaks, etc., though one of the care team is always on the ward and the relief only performs nursing of an emergency-related nature. In cases where the patient must remain on the ward after 16:30 h, the care team of the evening shift take over.

Abbreviations: ENT, ear, nose and throat; Care period, the time beginning with the preoperative visit to the postoperative telephone call; VIPS, well-being, integrity, prevention and safety (documentation system for nursing records); DySSSy, dynamic standard setting system (quality assurance system); UPPP, uvulopalatopharyngoplasty; TE, tonsillectomy.

* Corresponding author. Tel.: +46-18-665335; fax: +46-18-66536.

Rounds are completely done away with, and the respective surgeons come up after the operation to 'discharge' the patient when it is time for this. Morning and afternoon reports are no longer necessary. This has been made possible through the organization of the care teams and well-developed documentation procedures. The only oral reporting across care team boundaries is given to relief at the care team members' breaks or at the end of the shift to the evening care team.

1.1. Staffing

The day surgery ward is staffed by nine persons, divided among the following categories:

Head nurse	one
Nurses	three (one of whom is assistant head nurse)
Nursing assistants	four (one working 75% and one with 85% duty)
Ward secretary	one

The working schedule is based on three 40-h work weeks, semi-inconvenient working hours: 07:00–20:00 h, divided into two shifts, 07:00–16:30 and 11:00–20:00 h (on Fridays the ward closes at 16:30 h).

The ward is open weekdays Monday–Friday, closed holidays, and at present closes 5 weeks during the summer for staff vacations.

Temporary absences are covered by the day surgery ward's own staff, through rescheduling or overtime since we have no access to other relief personnel.

2. The concept of nursing care

In the work concerning the concept of care, we have identified the following four key areas of nursing care in ambulatory day surgery:

Information	Pre- and postoperative, given both orally and in printed form. Also over the telephone the day before the operation.
Documentation	Entered in the nurse's records according to VIPS.
Care	Individually designed continuity. Follow-up postoperative telephone call; pain follow-up.
Quality assurance	According to DySSSy.

2.1. Information

Information begins when the operation is first

planned. At this time, the patient is given an information booklet aimed at one of the following:

- adults under general/local anesthesia;
- children under general anesthesia; and
- less complicated operations with local anesthesia

This information also includes the date of the operation and the date and time of a preoperative visit. The names of the care team are also entered into this small folder when the oral information is given approximately 1 week before the planned operation date at the preoperative visit to the day surgery ward. Children and their parents are given a special session, in which a group of one theatre nurse and one anesthesiology nurse (anesthesiologist) are also present. On this occasion, the child is shown the equipment to be used by the anesthesiologist and allowed to play with it. The purpose of this is to reduce the impact of the child's hospital stay and alleviate any fear the child or parents may feel before the operation.

Hand and plastic surgery patients and patients afraid of hospitals (mainly children) undergoing dental and oral surgery also come for a preoperative visit a week before surgery. At this visit, it is also ensured that the written information, concerning not eating before the operation, etc., has been understood correctly. The nurse or nursing assistant also uses the preoperative telephone call made the evening before the operation to remind the patient of the most important points in the information. The patient is given the opportunity to ask questions that may have arisen since their last visit/contact. This is also an occasion for patients who have not attended a preoperative visit to ask questions. Any information of a medical character is given by the responsible physician or the operating surgeon.

The patient may also, if desired, meet a doctor at the preoperative visit. If the operation is to be performed under general anesthesia, the patient may also meet the anesthesiologist to receive information and preoperative assessment at the same visit.

2.2. Documentation

The documentation of patient nursing care of the care team is entered in the nurse's records at the Uppsala University Hospital. As of autumn 1994, the day surgery ward uses the VIPS system for this purpose.

Two of the ward's nurses are trained instructors in VIPS documentation. Other staff on the ward have attended internal lectures on VIPS, and the instructors are available for individual assistance if necessary. New legislation concerning patient documentation and difficulty in applying the documentation system previously used to ambulatory day surgery, lie behind the introduction of the VIPS documentation model. It was also our intention that the handling of paper be kept to

a minimum. Documentation in outpatient care is currently being developed in cooperation with other hospitals' outpatient units. In order to further simplify documentation, a number of nursing care plans, regarding pre- and postoperative information and nursing observations, have been put together for the most common patient groups. A file on search words for day surgery activities that may be used in VIPS has been developed. The VIPS file is even useful when introducing new staff to the ward.

2.3. Individual nursing care

An individual care plan is drawn up for every patient. Patients and their next-of-kin participate in the planning and have the opportunity to express their wishes regarding special nursing care at the preoperative visit to the day surgery ward.

2.4. Follow-up

Patients receive a postoperative telephone call from the responsible care team the day after surgery or at another time (e.g. following the weekend when the ward is closed) agreed upon with the patient. Patients may call the ward if necessary. Patients thus have the chance to ask questions or be given additional advice.

In some cases, we call hand and plastic surgery patients and paediatric patients who are afraid of the hospital if there is something special to discuss from the day of the operation.

2.5. Quality assurance

The aim of the day surgery ward is to integrate

quality assurance as a natural part of daily work. Everyone on the ward should be familiar with the basics of quality assurance and take part in quality assurance study groups. Even the doctors should participate in this work, since it should extend across professional boundaries. Everyone must participate and become involved in the process in order for us to continue to further develop our activities.

Educational material on quality assurance is available in the department, and the opportunity exists for staff members to consult our DySSSy course instructors when necessary. An updated file on quality assurance is kept, and is accessible at the department.

In 1994, in an attempt to measure the quality of the nursing care and preoperative information, a questionnaire was sent to adult patients who had received ambulatory day surgery.

In 1995, a study group on quality in postoperative printed information was initiated and questionnaires were sent out. A pain follow-up clinic for patients who had undergone UPPP and TE was also set up. These projects are being completed and results compiled in August–September 1998.

The survey addressed to paediatric patients and their parents was completed in 1995.

The ENT Department has meetings once a month for those who have taken the quality assurance course. Five of the ten day surgery ward staff have taken the course.

The group provides regular reports on quality work to the other staff members at our ward staff meetings.

Once a year, this work is also presented to the entire ENT department.