

Table 1 shows the percentage of the patients feedback with respect to some particular clinical indicators. The result “complication wound infection requiring treatment” means, that at least antibiotics were taken by the patient, “complication post-operative bleeding requiring treatment” means that the patient was at least treated with a saline bandage.

Only 1,7 % of all patients had to be admitted to a hospital after ambulatory surgery. The wound infection rate was 2,7 % and 98,1 % of the patients would be happy to have ambulatory surgery again.

Table 1 Selected clinical indicators in the judgement of patients (entire collective) (AQSI- study 2010, n= 111.374 patient questionnaires)

Clinical indicator	Yes	No
Sufficient pain medication on the day of surgery	96,3%	3,7%
Possibility to reach the surgeon or anaesthetist at any time	91,6%	8,4%
Necessity to see another doctor as an emergency case after discharge	1,5%	98,5%
Unplanned hospitalisation after ambulatory surgery	1,7%	98,3%
Complication “wound infection” requiring treatment	2,6%	97,4%
Complication “thrombosis” requiring treatment	0,7%	99,3%
Complication “post-operative bleeding” requiring treatment	5,6%	94,4%
Patient would decide for ambulatory procedure again	98,1%	1,9%

2. Clinical indicators for gynaecology

The average “unplanned waiting time” was 36 minutes. The “OR blocking time” was 52 minutes and the “recovery period” was 108 minutes. The average period of disability was 17 days.

6,3 % of all patients reported “severe” intensity of wound pain on the first post-operative day. 3,4 % had “severe” problems with nausea.

Table 2 shows the percentage of patients feedback with respect to the particular clinical indicator.

Unplanned hospitalisation after ambulatory surgery was only 1,5 %. Patient satisfaction was 98,4 %.

3. Clinical indicators in orthopaedic surgery

The average “unplanned waiting time” was 37 minutes, the “OR blocking time” 49 minutes and the “recovery period” was 109 minutes. The period of disability was 10 days.

6,9 % of all patients had a “severe” intensity of wound pain on the first post-operative day. 2,6 % had “severe” problems with nausea.

Table 3 shows the judgement of the patients with respect to particular clinical indicators. Orthopaedic surgery showed similar results to gynaecological surgery with low rates of unplanned hospitalisation (1,1 %) and overall good satisfaction of patients (97,7 %).

Table 2 Judgement of gynaecological patients concerning clinical indicators (AQSI- study 2010, n= 35.630 patient questionnaires)

Clinical indicator	Yes	No
Sufficient pain medication on the day of surgery	94,7%	5,3%
Possibility to reach the surgeon or anaesthetist at any time	91,2%	8,8%
Necessity to see another doctor as an emergency case after discharge	1,7%	98,3%
Unplanned hospitalisation after ambulatory surgery	1,5%	98,5%
Complication “wound infection” requiring treatment	2,7%	97,3%
Complication “thrombosis” requiring treatment	0,3%	99,7%
Complication “post-operative bleeding” requiring treatment	3,6%	96,4%
Patient would decide for ambulatory procedure again	98,4%	1,6%

Table 3 Clinical indicators in orthopaedic surgery - the patient’s judgement (AQSI-study 2010, n= 36.733 patient questionnaires)

Clinical indicator	Yes	No
Sufficient pain medication on the day of surgery	98,1%	1,9%
Possibility to reach the surgeon or anaesthetist at any time	93,0%	7,0%
Necessity to see another doctor as an emergency case after discharge	1,4%	98,6%
Unplanned hospitalisation after ambulatory surgery	1,1%	98,9%
Complication “wound infection” requiring treatment	2,0%	98,0%
Complication “thrombosis” requiring treatment	1,2%	98,8%
Complication “post-operative bleeding” requiring treatment	7,2%	92,8%
Patient would decide for ambulatory procedure again	97,7%	2,3%

4. Clinical indicators for the orthopaedic procedure “arthroscopic cruciate ligament reconstruction”

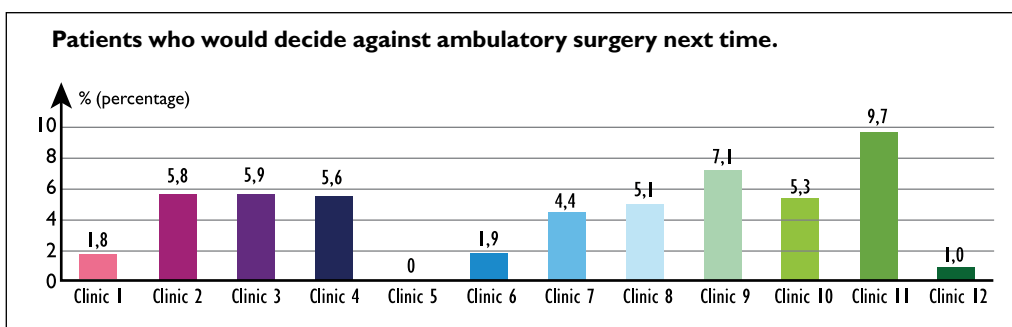
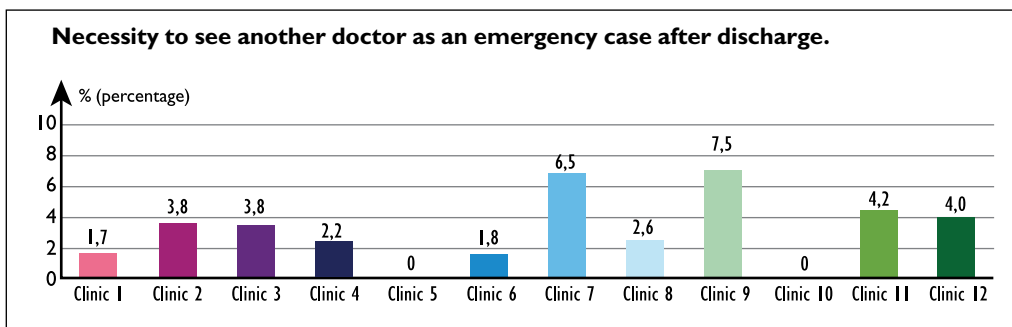
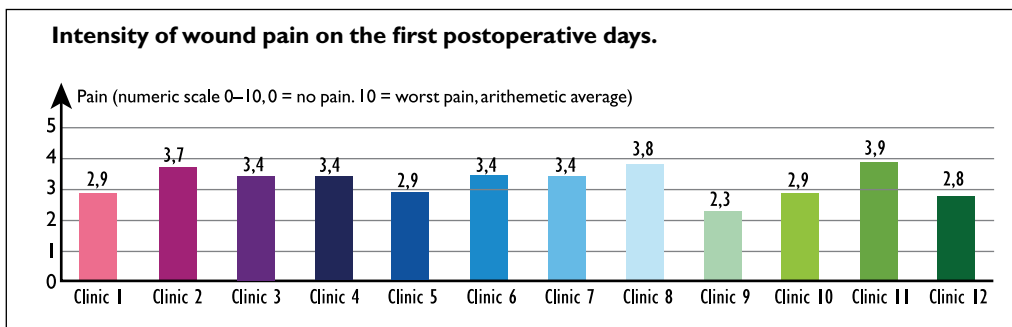
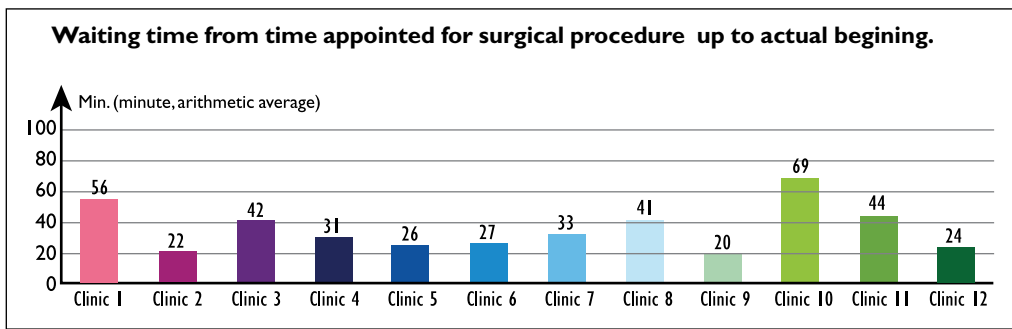
Figure 1 shows the results of 12 different day clinics and their performances with respect to 4 clinical indicators:

1. Unplanned waiting time, 2. Intensity of wound pain, 3. Necessity to see another doctor, 4. Patient dissatisfied with ambulatory surgery.

The results were:

- “Unplanned waiting time” in the 12 different day clinics ranged between 0 and 60 minutes.
- “Intensity of wound pain” on the first post-operative day was judged to be between 0 and 3,9 on a pain scale of 10.
- “Necessity to see another doctor” as an emergency case after discharge occurred between 0 and 7,5 % of all patients.

Fig. 1 Benchmarking for 12 different day clinics using 4 clinical indicators after 'arthroscopic cruciate ligament reconstruction'. (AQS1-study, n = 2,525 patient questionnaires)



- Between 0 and 9,7 % of the patients would decide against an ambulatory procedures the next time.

Thus there is marked variation between the different day clinics

Conclusion

The selected clinical indicators obviously allow benchmarking between individual day clinics and the collective which at the end of 2009 comprised 1000 surgical units.

The benchmarking reports – issued quarterly – indicates to surgeons and anaesthetists where to improve their process management and thus the wellbeing of their patients. Thus AQS1 initiates and sustains a

process of self-learning which has been documented in special cases.

For potential patients the results of this assurance programme offer solid evidence how well former patients have felt after ambulatory surgery in the whole collective and in particular in specific day clinics.

Our results also show that there is a substantial variation between the surgical specialties on the one hand and between different day clinics where the same surgical procedures were performed.

We can conclude that our selected indicators are appropriate to indicate quality differences in ambulatory surgery.

For future aspects these clinical indicators can be evaluated with respect to economic efficiency, i.e. inability to work, and to patient satisfaction.

The questionnaires can be filled out within minutes during routine work. The cost for one AQS1-questionnaire inclusive of the return postage for the patient is 1,49 € for the print version and 1,41 € for the online version.

References

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