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Present status and future for ambulatory surgery in Norway

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Norway, a country with approximately 4.4 mill inhabitants is a rural country with 50 government owned hospitals. Fifty-five percent (43–65%) of all elective surgery are performed on an ambulatory basis. The procedures varies from eye surgery (cataract) to laparascopic supravaginal hysterectomies, splenectomies, laparoscopic funduplication and cruciate ligament repair. Thus almost all types of surgical procedures are represented in ambulatory surgery in Norway. As about half of the population is living widespread in the country, long distances and time-consuming transport from the hospital back home somewhat limits the increase in numbers of procedures that can safely be performed on an ambulatory unit. To overcome this problem hotels with an affiliation to hospitals are being built, which hopefully will further stimulate to day case surgery.

In January 2002 the ownership of the hospital was changed from the counties till the government, which divided Norway into four health regions. The region is responsible for all hospitals in this particular region and it was focused on cost effective praxis and evaluation of why all hospitals performed almost the same surgical procedures. This focus lead to an "competition" between hospitals regarding, as for example, costs per procedure, waiting list, etc. based on the knowledge that expensive hospitals could be closed down or certain functions could be mowed to other hospitals. This has stimulated ambulatory surgery and as a result waiting lists are reduced.

The government has by law said that private hospitals shall be included in the public health system and the patients has been given the opportunity to choose which hospital they want to use. As this now is implemented, 26 private clinics are applying for hospital status and thus be included in the health system. All these potentially new hospitals only want a limited number of beds, implicating that these new hospitals will focus on ambulatory surgery.

Private specialist practitioners, also may be included in the public health plans, performing surgery in an office-based setting. This may further increase ambulatory surgery. As a part of the public system they must by the end of 2003 report their amount of surgery to the central registration unit in Norway, thus almost the total amount of ambulatory surgery will be reported and correct figures can be calculated.

Last but not the least, changes in financing for surgery has been made. The amount per procedure is increased from 55 to 60% of the DRG value by 0101–2003. This stimulates further to ambulatory surgery. Recently a government appointed committee evaluating the total financing system of health care in Norway has finished its work. This report indicates that a even higher percentage of the DRG value than today will follow the patient, which means that a high production is necessary to finance the hospitals. This may further increase the interest in ambulatory surgery. Health care workers are interested in ambulatory surgery. It is focused in all hospitals and the Norwegian Association of Ambulatory Surgery is growing regarding members, and participants in our yearly Winter meeting in Oslo. A Newsletter is distributed regularly to all members and hospitals, and a web site (http://www.nordaf.no) is established.

Ambulatory surgery will increase in Norway in the years to come, but as the procedures done in an ambulatory setting are increasingly complicated we also have to focus on the quality of patient care after discharge from hospital to their homes or "hospital–hotels".

However, in Norway there is a concern with the increased inclusion of ASA III patients, major surgical procedures and cancer for ambulatory surgery, that the economic pressure towards growth in this area may not always be in the interest of quality for the patients.

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