

Day care in The Netherlands

DA Duwel, MA Grasveld-van Berckel, L Pothast

Centraal Begeleidingsorgaan voor de Intercollegiale Toetsing (CBO), Adviesunit
Dagverpleging, Utrecht, The Netherlands

In the Autumn of 1992 the Centraal Begeleidings Orgaan voor de Intercollegiale Toetsing (CBO) conducted a survey by questionnaire of hospitals involved in day care. Day care in The Netherlands is defined as surgical or non-surgical treatment, for diagnostic or therapeutic purposes, after which patients require care in a hospital setting for one day. The purpose of the survey was to obtain an adequate view of the current situation of day care in The Netherlands as well as an overview of organizational form, capacity and perceived barriers. All heads of day care units and the management of general and university hospitals received a questionnaire. The overall response rate was 88%. The majority of the responding hospitals reported having a separate unit available for day care, or a unit within a clinical unit. The average admissions per unit was 2947 during 1991. The average number of beds available for day care varied from 7.8 up to 18.1 per unit. Of the responding hospitals 32% intend increasing the number of places available for day care and 61% intend to increase the number of admissions. The results indicate a current interest in the development of day care. However, many respondents perceive barriers to this further development of day care. The main barriers listed by respondents were utilization and planning of care hours, patient logistics, and standardization of working methods.

Key words: Day care, organization, The Netherlands

The CBO* was formed in 1979 by the National Association of Consultants, which forms part of the Dutch Medical Association. The CBO offers assistance and support to professionals in health care for the implementation of structural and systematic quality assurance methods. The CBO day care unit advises hospitals in matters regarding quality of day care.

Day care in The Netherlands is for patients requiring care in a hospital setting after diagnostic and therapeutic treatment. Until recently, these patients have been admitted to the hospital for several days. For surgical interventions, patients arrive at the day surgery facility early in the morning. Shortly after their arrival in the hospital, the necessary operation is performed under general anaesthetic. After recovery, the patients are discharged from the facility at the end of the same day. Therapeutic procedures such as blood transfusions and

chemotherapy are the major non-surgical day care treatments. It should be emphasized that, in The Netherlands, outpatient operations are not considered as day care cases, therefore all interventions, mostly performed under local anaesthetic and not requiring postoperative care, have not been included.

Interest in day care has been growing amongst patients, physicians, hospital administrators and health insurance companies. Many hospitals are in the same phase of development of day care facilities and are experiencing similar problems. This study has been carried out to determine the present status and the barriers to further expansion of day care in The Netherlands.

Survey method

In September 1992, there were 162 day care units in 135 hospitals (general and university) in The Netherlands. The same questionnaire was sent to both the 162 heads of day care units, generally a head nurse, and the management of 135 hospitals. Four questions were related to the unit's internal organization of day care, three questions were related to future plans for day care and one question was concerned with current barriers to the provision of day care programmes. Respondents were requested to indicate on the questionnaire which of the pre-listed responses were appropriate. In case none of the responses were appropriate, respondents were given the

*The CBO (Centraal Begeleidingsorgaan voor de Intercollegiale Toetsing) is the Dutch national organization for quality assurance in hospitals.

Accepted: September 1993

Correspondence and reprint requests to: DA Duwel, Centraal Begeleidingsorgaan voor de Intercollegiale Toetsing (CBO), Postbus 20064, 3502 LB Utrecht, The Netherlands

possibility of answering 'other', and were requested to give a brief explanation.

Results

Two months after the circulation of the questionnaires 185 completed questionnaires were returned to the CBO survey team. Of the responses 98 were from the heads of day care units and 87 were from hospital management. If the responses of both heads of day care units and hospital management are combined, information from 142 out of 162 units (88%) was available.

For most questions the combined responses from the 142 responding units were used. In processing the responses to the first four questions, those from hospital management were used in preference to those from the heads of day care units. When processing the questions relating to future plans, the responses from heads of day care units were used in preference to those from hospital management. Only for the last question were responses from all hospital management and all heads of day care units listed separately.

The total number of responses in Table 1a and Table 2 is over 142, because some hospitals have several day care facilities and therefore gave more than one response. In Table 8 the number of responses is also over 142, because it was possible to experience several barriers.

The responses to the following eight questions are summarized below:

1. How is day care organized in your hospital?

Table 1a.

<i>Organization of day care</i>	<i>Absolute no. of hospitals</i>
Separate unit(s)	99
Combination of day care and clinical unit (e.g. on surgery ward)	44
Combination of short stay and day care	34
Other*	22
No day care facilities in this hospital	19

*When responding 'Other', the most common other organizational forms of day care were: day care on recovery ward; day care in theatre complex; no special facilities for day care: patients are nursed in the same rooms as clinical patients.

Some hospitals have several day care facilities (e.g. a combination of short stay and day care on the same unit, and a separate day care unit). The two most common combinations of organization models are shown in Table 1b.

Table 1b.

<i>Different kinds of organization of day care in one hospital</i>	<i>Absolute no. of hospitals</i>
A separate unit (e.g. for adults) & a unit for day surgery on a clinical ward (e.g. for children)	11
A separate unit & a combination of short stay and day surgery on the same ward	5

2. How many places (beds/chairs) are available for day care?

Table 2.

<i>No. of places (beds & chairs)</i>	<i>n no. of respondents</i>	<i>Total no. of available places</i>	<i>Average no. places per unit</i>
Separate unit(s)	96	1417	14.7
Combination of short stay and day care	54	973	18.1
Combination of day care and clinical unit	50	388	7.8

3. How many patients were admitted for day care treatment in 1991?

Out of 142 responding units, 127 provided information about the number of admissions in day care. The remainder did not maintain detailed enough records in order to report. Of these 127 units, 103 specified the number of admissions for surgical and for non-surgical day care (e.g. chemotherapy and blood transfusions). Three out of the 127 responding units reported providing only day surgery and no non-surgical treatment in day care.

Table 3.

<i>Admissions in day care</i>	<i>Respondents</i>	<i>Admissions</i>	<i>Average no. of admissions per hospital</i>
Total admissions in day care	127	374 285	2947
Admissions surgical day care	103	207 536	2014
Admissions non-surgical day care	100	88 855	889

4. How many admissions to day care were there in 1991?

Table 4.

<i>No. of admissions in 1991</i>	<i>No. of hospitals</i>
0-1000	32
1000-2000	25
2000-3000	29
3000-4000	29
4000 or more	27

5. Do you intend to change the number of available beds?

Table 5.

<i>Plans</i>	<i>Absolute no. of hospitals</i>
No expansion, no limitation	79
Plans for expansion	46
No response	16
Plans for limitation	1

6. Do you intend to reorganize your day care facility?

Table 6.

<i>Plans</i>	<i>Absolute no. of hospitals</i>
No plans	65
To combine day care with short stay	28
Other*	24
To start day care unit(s) within clinical unit(s)	10
To start one or more separate units	8
No response	7

*When responding 'Other' the most common other reorganization plans were: to start a day care facility outside the hospital; extending opening hours by double use of beds (the first patient is operated early in the morning, and goes home during the afternoon, while the second patient is operated in the afternoon and goes home in the evening).

7. What is your policy regarding the number of admissions?

Table 7.

<i>Policy</i>	<i>Absolute no. of hospitals</i>
To expand the number of admissions	76
Not yet known	21
No change in number of admissions	21
To expand the number of admissions greatly	11
Other*	7
No response	4
To limit the number of admissions	2

*When responding 'Other' the most common other policies were: optimization of planning by, whenever possible, double use of beds, rather than the provision of additional beds; expansion of beds desired but restricted by space and financial factors; no formal policy in place. Any future demand will be met by increasing the number of available beds on an ad hoc basis; there is sufficient patient demand to consider expansion but the current Dutch tariff for day care does not cover the costs incurred. This makes further expansion unprofitable.

8. What barriers do you experience with regard to day care?

The responses to this question indicate that heads of day care units place more importance on problems relating to their daily work, whilst hospital management attach more importance to planning and organizational problems. Hospital management more often experience problems with operating room (OR) planning, 52%; organization and content of preoperative screening, 33%; and the lack of explicit criteria, 28%; than experienced by the heads of day surgery units (respectively 47%, 18% and 22%). Insufficient change-over of information is a bigger problem for heads of day care units, 32%; than for management, 23%.

In Table 8 we have listed the responses of hospital management separately from the responses of the heads of day care units. As it was possible to indicate more than one barrier, the total number of responses is greater than 176.

Conclusion

The high response rate to CBO's day care questionnaire, as well as the large number of units intending to change the capacity and organization of day care, indicate a prominent interest in day care in The Netherlands.

The majority of the respondents reported having a separate day care unit or a day care unit on a clinical unit. However, the results of this survey imply that the combination of short stay and day care on the same unit is becoming prevalent. Of the respondents 16% combined day care and short stay on the same unit, whilst almost 20% intend to combine day care and short stay on the same unit. The growing importance of day care is reflected by one third of all responding units intending to

Table 8.

<i>Barriers</i>	<i>Hospital managers (n = 87)</i>	<i>Heads of day care units (n = 98)</i>
Variable admission (peaks and troughs)	49	65
OR planning related problems	45	46
Long waiting lists for some specialists	30	35
Lack of uniformity in specialists' working practice	31	32
Limited capacity (number of beds, opening hours, personnel/staff)	28	30
Insufficient change-over of information from doctors to nurses	20	31
Insufficient organization and content of preoperative screening	29	18
Lack of explicit selection criteria for day care	24	22
Inverse substitution (ambulatory surgery in day care units)	13	18
Lack of clarity in discharge procedures	10	10
Other*	3	14
Lack of consistent procedures for patients	9	10
Low capacity utilization	8	9
Lack of formal procedures for reporting and registration	7	7
Lack of cooperation with general practitioners	3	7
No barriers experienced	7	8

*'Other' bottlenecks reported by several respondents: patients who do not show up or last minute cancellation; the Dutch tariff for day care is a disincentive for hospital management to promote day care; lack of communication of preoperative information from medical staff to patients; OR and recovery area are not conveniently located; planning of admissions is not optimal; closure of day care unit during summer.

expand the number of places available for day care and almost two thirds intending to increase the number of admissions.

In general, both hospital management and heads of day care units experience the same problems in day care. Capacity utilization is the most commonly reported problem (management 56%, heads of day care units 66%). Long waiting lists and limited capacity are also commonly reported problems. This again indicates significant interest in day care.

It can be concluded that many hospitals are in the same phase of development of day care facilities and are

experiencing similar problems during this stage. Considering the barriers experienced and that over 50% of all respondents intend changing the organization of day care, it is clear that day care has not been fully integrated in the hospital setting and process. Therefore it is very important for hospitals to monitor carefully their own day care procedures and to learn from their previous experiences. It also seems relevant for hospitals to exchange experiences and research further this relatively new phenomenon in health care. The CBO intends to continue assisting hospitals in this process in order to improve provision of day care in the future.

ADVERTISE IN THIS JOURNAL MAKE IT WORK FOR YOU

This journal is highly specific and enables companies to advertise their product, service or event to a well defined and attentive audience within a perfectly-tailored editorial environment.

Butterworth-Heinemann journals provide:

- Precision targeting
- Long 'shelf life' - advertising goes on working, reinforcing your sales message
- High pass-on readership

Full details of advertisement rates, mechanical data, information on circulation and copy dates can be obtained from:

MTB Advertising, 11 Harts Gardens, Guildford, Surrey GU2 6QA UK
Telephone: +44 (0) 483 578507 Fax: +44 (0) 483 572678

BUTTERWORTH
HEINEMANN