

Editorial

Ambulatory surgery – inns and hotels

Originally in the context of ambulatory surgery, hotels or hostels associated with surgical day units provided accommodation for patients who either lived too far from the unit to return home after surgery or who did not meet the social requirements for this form of treatment, e.g. no-one to be with them at home for the first 24–48 hours postoperatively. Such units were staffed by non-medical and non-nursing personnel who, when required, would act in place of the patient's relatives. Medical and nursing services were available on the same basis as if the patient were at home.

Recently on both sides of the Atlantic this concept, for different reasons, is being lost. In the United Kingdom, patient hotels are being developed where there are a small number of nurses on duty 24 hours a day and ward rounds are undertaken by medical staff. The only difference between these units and a minimal-care ward is that they are better decorated. In the United States of America hotels or inns staffed with nurses are being built alongside ambulatory surgery centres. They provide accommodation for short stay surgery cases as well as relevant day cases operated on in the ambulatory centres.

The reason for this approach in the United Kingdom, one suspects, is due to a fear of making a firm decision about whether a patient is fit to return to a true home environment. In the United States the development is driven by a desire to increase the revenue of ambulatory centres by treating short stay inpatients as well as day cases.

Surely hotel rooms with full-time nursing services and visiting doctors are wards, and ambulatory centres are theatres and recovery rooms. If the two are combined the result is a hospital with inpatient facilities. Is there a danger with the development of these new format hotels and inns of ambulatory care slowly reverting to inpatient care?

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