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## Day-surgery and surgical waiting time

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Surgical waiting time remains an important issue regarding access to health care provision. It is considered to be excessive in most SOEDC countries (over twelve weeks or ninety days). The development of day surgery has been one of the strategies that proved effective in reducing surgical waiting time. This study aims to establish a correlation between surgical waiting time and the percentage of day-surgery cases, in hospitals with surgical services, in the Portuguese National Health Services.

**Methodology:** An observational was conducted to establish the correlations existing between surgical waiting time and the percentage of day-surgery procedures realized, as well as associations with other variables, through multivariate and correlation analysis. Data was obtained at the Ministry of Health (ACSS).

**Results:** A negative, statistically significant Spearman's correlation was observed between the percentage of day-surgery cases and the waiting surgical time for elective procedures.

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## The abscess pathway: A patient-centered, cost-effective measure to ensure quality and healthcare improvement across the NHS

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Cutaneous abscesses are a common surgical referral, often requiring surgical intervention. Currently, there are neither national guidelines nor pathways to follow in regard to patients presenting with an abscess. Frequently these patients are admitted, added to the emergency theatre list and kept fasted as they are pushed further down the list of clinical priorities to allow for more urgent procedures to take place. This leads to increased length of hospital stay, worsening of hospital bed crises, unnecessary financial escalation for trusts and inadequate quality of care for the patient. In order to tackle this, we designed 'the abscess pathway', which included a clerking pro forma that facilitated recording of all necessary information required by the operating surgeon; an information leaflet for patients; a designated area within the hospital for elective patients to wait prior to their surgery. The aim of the pathway was to admit, operate and discharge on the same day, without use of an acute ward bed, thereby lessening prolonged fasting and procedure cancellation. While initial review of the pathway demonstrated flaws in this service, various amendments to the pathway and the launch in 2010 of a surgical admissions lounge ultimately meant that the discharge of patients presenting with abscesses could be facilitated same-day. This enabled a more effective, efficient way of managing patients' treatment, improving quality of care and patient satisfaction. An audit examining compliance with the use of the abscess pathway and completion of the clerking pro forma was carried out in 2015, which demonstrated sustained improvements in the effective use of the abscess pathway service. The abscess pathway is a simple measure to enable same day operating and discharge home (92% of patients at our trust completed their episode of care the same day). Furthermore, we demonstrated that use of the pathway vastly improves fasting times pre-operatively.

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