

HOSPEDALE DE FUTURO : QUALI PROSPETTIVE ? L'HOPITAL DEMAIN : QUELLES PERSPECTIVES ?

Il ruolo della IAAS nei programmi europei

Le rôle de

**l'International Association for Ambulatory Surgery Surgery
dans les programmes européens**

G. Parmentier

Honorary Member IAAS



Venezia, Italia - 3 décembre 2010
Palazzo Franchetti - Scuola Grande S. Evangelista

Une société savante - A learning society

Foundation date: 1995

Full Members: 17

Associate Members: 3

Corresponding Members: 2

1995-2009 Eight International Congresses

1993 First Edition of Ambulatory Surgery Journal

1999 First IAAS International Survey

Une société savante - A learning society

- ☞ **Pluridisciplinarité - multidisciplinary**
- ☞ **Pluriprofessionnalité - multiprofessionality**
- ☞ **1 association par pays - 1 association by country**

L'objet de l'I.A.A.S. est de contribuer à créer de la façon la plus large et la plus efficiente possible les conditions favorables à la compréhension correcte du concept de la chirurgie ambulatoire et à la mise en œuvre de politiques cohérentes et efficaces pour sa pratique et son évaluation permanente.

- **Efficienc e dans l'emploi des ressources, qualité dans la prise en charge** : Un des plus grand défis auquel nos sociétés ont à faire face consiste à pouvoir offrir une prise en charge sanitaire d'un prix abordable, accessible à tous, et de qualité.

Maintenant, c'est plus que jamais essentiel, un usage responsable doit être fait des ressources disponibles.

Moderne, la chirurgie ambulatoire est un outil puissant pour gérer les ressources limitées d'aujourd'hui.

- **Un concept spécifique**

La chirurgie ambulatoire moderne n'est pas réductible à un séjour hospitalier raccourci ou à un modèle architectural. Bien plus, elle est un concept complexe et multidisciplinaire articulant les sphères institutionnelles, organisationnelles, médicales, de soins, économiques et qualitatives.

Déclaration liminaire 1995

Une société savante - A learning society Légitimité - Legitimacy

- ❏ **Faible sur les pratiques médicales**
- ❏ **Forte sur les pratiques organisationnelles et les méthodes d'évaluation**

Méthodes - Methods

- ☞ **Définitions**
- ☞ **Indicateurs de résultats - Clinical indicators**
- ☞ **Basket - Trolley (UK) - Gestes marqueurs (France) - Bads Directory (UK)**
- ☞ **Statistiques - Statistics - Benchmarking**
- ☞ **Aide à la réglementation - Help for regulation**
- ☞ **Formation - Education**

Role of the IAAS

INTERNATIONAL ASSOCIATION FOR AMBULATORY SURGERY CLINICAL INDICATORS FOR AMBULATORY SURGERY

2/11/2002 - PARIS

The following Clinical Indicators have been derived from the Australian and French Clinical Indicators.

INDICATOR 1. CANCELLATION OF BOOKED PROCEDURES.

- 1.1 Failure to attend the day surgery centre/unit.
 - Acute medical condition.
 - Decision of the patient
 - Organisational reasons.
 - Other reason (explain...)
- 1.2 Cancellation of the booked procedure after arrival at the day surgery centre/unit.
 - Pre-existing medical condition.
 - Acute medical condition.
 - Organisational reasons.
 - Other reason (explain...)

INDICATOR 2. UNPLANNED RETURN TO THE OPERATING ROOM ON THE SAME DAY.

INDICATOR 3. UNPLANNED OVERNIGHT ADMISSION.

- Surgical reason(s)
- Anaesthetic/medical reason(s)
- Social / administrative reason(s)

INDICATOR 4. UNPLANNED RETURN OF THE PATIENT TO AN AMBULATORY SURGERY UNIT OR HOSPITAL.

- < 24 hours
- > 24 hours and < 28 days

INDICATOR 5. UNPLANNED READMISSION OF THE PATIENT TO AN AMBULATORY SURGERY UNIT OR HOSPITAL.

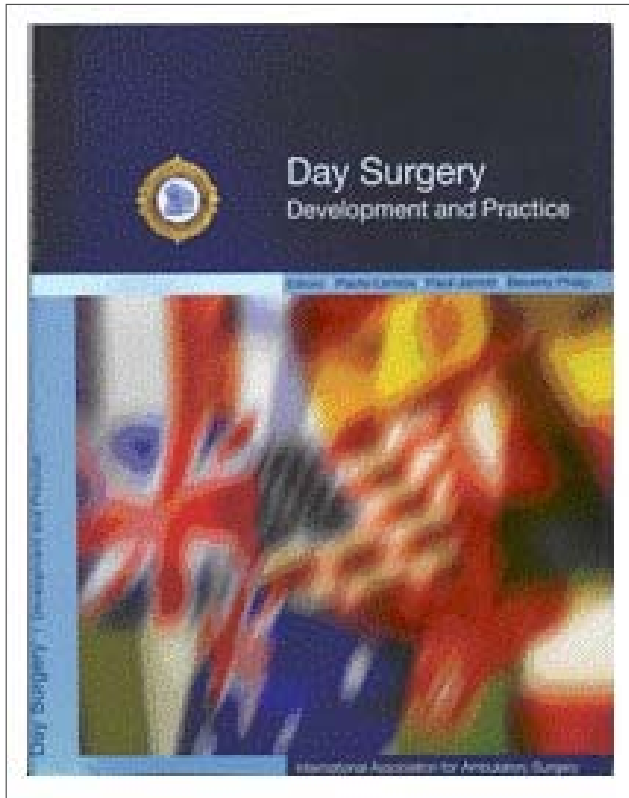
- < 24 hours
- > 24 hours and < 28 days

ADDITIONAL CLINICAL INDICATORS CONSIDERED INAPPROPRIATE.

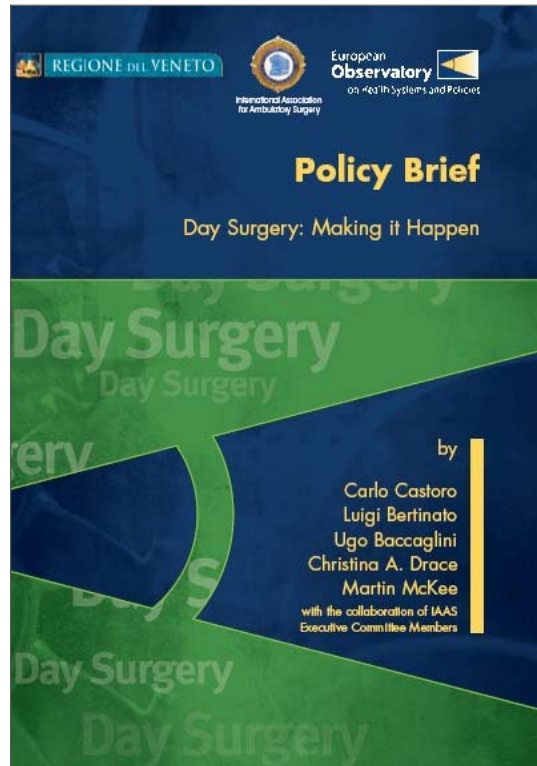
- Morbidity rate

Role of the IAAS

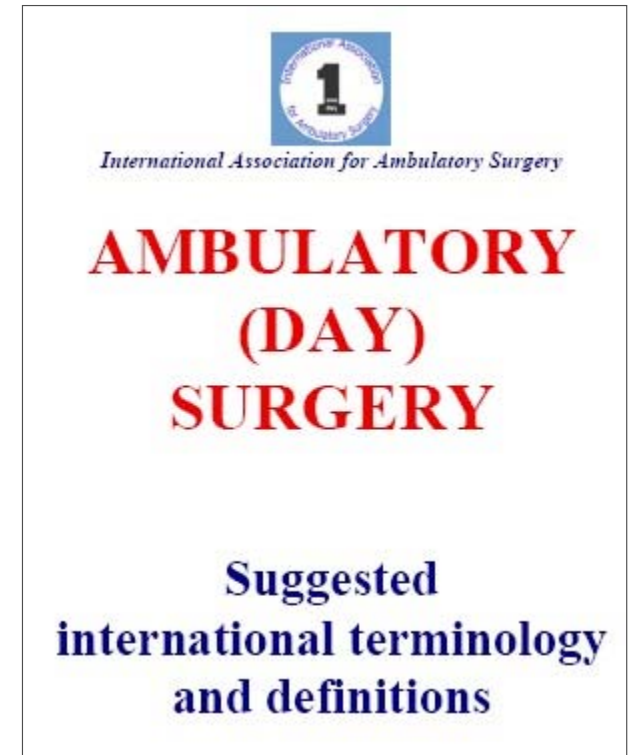
Publications



Contributions from leading experts in the field of ambulatory surgery all over the world



How to achieve the full potential of day surgery...



It is important that definitions are the same in the member countries.

WEBSITE

<http://www.iaas-med.com>

Day Surgery (DS) development represents a priority being an important opportunity for health systems reorganization.

Strong evidence suggests that DS is the best option for 80% of elective surgical operations providing a safe, high quality and cost-effective approach.

Visit the website for more details.

Role of the IAAS

9th International Congress on Ambulatory Surgery

State of the Art and Future Possibilities



IAAS
2011

Copenhagen
8-11 May 2011

Copenhagen 8 - 11 May 2011 - Bella Center




Click here
to enter site...

Role of the IAAS

<http://www.dsdp.eu/>










DSDP IS CO-FUNDED BY THE EUROPEAN COMMISSION UNDER THE PROGRAMME OF COMMUNITY ACTION IN THE FIELD OF PUBLIC HEALTH 2008-2013

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DSDP partners area 

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 Feel free to contact us by sending email to:
daysurg@unipd.it




What is the project about?

Day Surgery (DS) development represents a priority being an important opportunity for health systems reorganization. Strong evidence suggests that DS is the best option for 80% of elective surgical operations providing a safe, high quality and cost-effective approach. There is great potential for further expansion of DS in Europe.

...learn more

Partners

Main partner:

 **Agenzia Regionale Socio Sanitaria del Veneto ARSS**
Project Manager: Costantino Gallo
Project Leader: Ugo Baccaglioni

- **Associated Partners**
- **Collaborating Partners**

News&Events

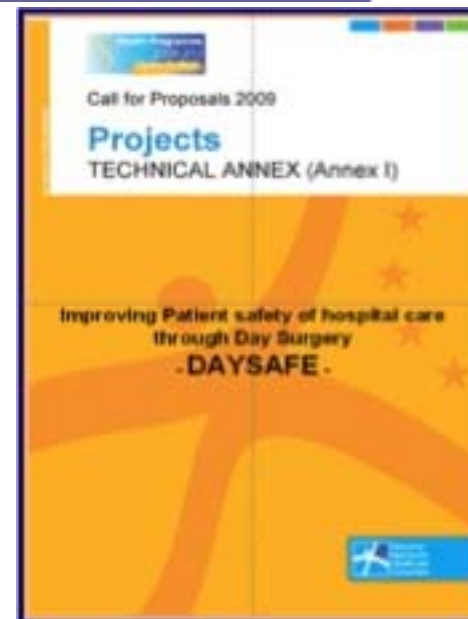
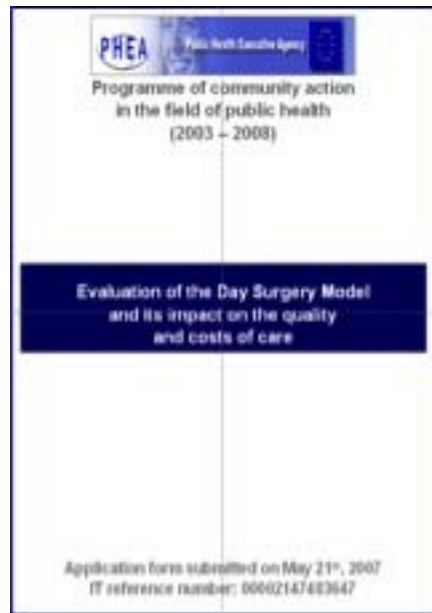
Final report WP4

DELIVERABLE N° 4

Report on the analysis of DS indicators available at International level – WP4

Period covered:	from September 2009 to April 2010
Due date of deliverable:	April 2010
Submission date:	April 2010

Role of the IAAS



Role of the IAAS



Agenzia Nazionale per i Servizi Sanitari Regionali
AGENAS

1. Belgium	National Institute Health and Disability insurance	
2. Belgium	Sint-Augustinus General Hospital	
4. Denmark	Association of Danish Regions	
6. France	Haute Autorité de Santé	
8. Hungary	Europ-Med	
10. Italy	Agenzia Regionale Socio Sanitaria del Veneto	
12. Italy	Azienda Ospedaliera di Padova	
14. Portugal	Administracao Regional de Saude Do Norte	
16. Portugal	Centro Hospitalar do Porto	
18. Romania	Clinical Emergency County Hospital	
20. Spain	Catalan Agency for Health Technology assessment	
22. Sweden	Universitets Sjukhuset i Orebro	
13. Norway	Martina Hansens Hospital	

**Fédérer
les énergies,
les savoir-faire
et les institutions
autour
d'objectifs communs
concernant la chirurgie
pour le bien
des patients
et de la société**