

# A retrospective evaluation of non-clinical limitations to day case urology at a district general hospital.

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## Aim:

- Service evaluation defining the rate of >24 hour stay, following planned daycase urological procedures, within our district general hospital main theatre.
- Of particular interest was the non-clinical reasons patients were admitted for longer than 24 hours.

## Patients and Methods:

- Retrospective review of theatre schedule and eCare documentation, during January and February 2023.
- Excluding TURP and Nephrectomy, all other cases were included as potentially daycase.
- Patients with a clinical reason to remain in hospital were not analysed further.
- All other hospital stays > 24 hours were investigated.

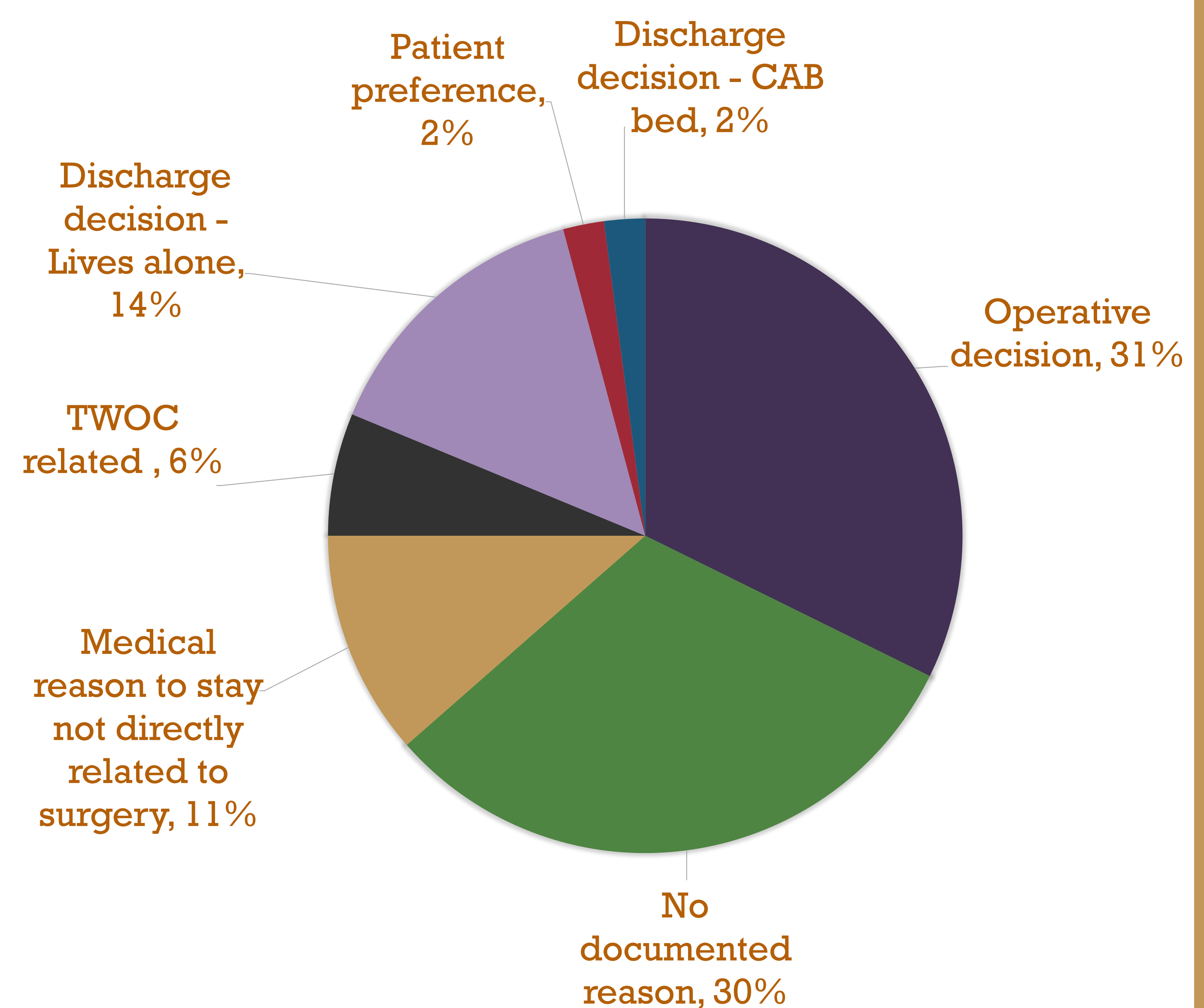
## Results:

- 87 patients had a planned daycase urological procedure.
- 44 remained in hospital overnight.

## Conclusions:

- Half of the patients were still in hospital at >24 hours.
- This limits the bed availability for the following morning's operating, leading to delays, cancellations and poor patient satisfaction.
- The majority of these were for non-clinical reasons.

## REASONS PATIENTS WERE NOT DISCHARGED ON DAY OF SURGERY.



## Suggested improvements ahead of re-audit include:

- Promote daycase procedure in clinic, preoperative assessment and update patient information leaflets so that this becomes the expectation.
- Introduction of nurse-led discharge into the evening.
- Standardised procedure-specific discharge criteria and written advice.
- Avoidance of same day TWOC.



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