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Patient safety issues in office-based surgery and anaesthesia in Switzerland: a qualitative study

Aspekte der Patientensicherheit bei Operationen und Anästhesien in Schweizer Arztpraxen

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ABSTRACT

Objectives: To identify the spectrum of patient safety issues in office-based surgery and anaesthesia in Switzerland.
Methods: Purposive sample of 23 experts in surgery and anaesthesia and quality and regulation in Switzerland. Data were collected via individual qualitative interviews using a researcher-developed semi-structured interview guide between March 2016 and September 2016. Interviews were transcribed and analysed using conventional content analysis. Issues were categorised under the headings “structure”, “process”, and “outcome”.
Results: Experts identified two key overarching patient safety and regulatory issues in relation to office-based surgery and anaesthesia in Switzerland. First, experts repeatedly raised the current lack of data and transparency of the setting. It is unknown how many surgeons are operating in offices, how many and what types of operations are being done, and what the outcomes are. Secondly, experts also noted the limited oversight and regulation of the setting. While some standards exists, most experts felt that more minimal safety standards are needed regarding the requirements that must be met to do office-based surgery and what can and cannot be done in the office-based setting are needed, but they advocated a self-regulatory approach.
Conclusion: There is a lack of empirical data regarding the quantity and quality office-based surgery and anaesthesia in Switzerland. Further research is needed to address these research gaps and inform health policy in relation to patient safety in office-based surgery and anaesthesia in Switzerland.

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ZUSAMMENFASSUNG

Ziel: Identifikation des Spektrums von Aspekten der Patientensicherheit bei Operationen und Anästhesien in Schweizer Arztpraxen.
Methoden: Zwischen März und September 2016 wurden 23 qualitative semistrukturierte Interviews mit Experten aus den Bereichen Chirurgie, Anästhesie sowie Qualität und Regulation in der Schweiz geführt. Die Interviews wurden transkribiert und mittels konventioneller Inhaltsanalyse analysiert. Die Aspekte der Patientensicherheit wurden unter den Überschriften „Struktur“, „Prozess“ und „Ergebnis“ kategorisiert.

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Patientensicherheit
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Ergebnisse: Experten identifizierten zwei wichtige überspannende Patientensicherheits- und Regulierungsthemen in Bezug auf Operationen und Anästhesien in Arztpraxen in der Schweiz. Erstens wurde der aktuelle Mangel an Daten und Transparenz berichtet. So ist etwa nicht bekannt, wie viele Chirurgen in Praxis-OPs arbeiten, wie viele und welche Arten von Operationen durchgeführt und welche Ergebnisse erzielt werden. Zweitens wurden Mängel in der behördlichen Aufsicht und Regulierung festgestellt. Obwohl es bereits einige Standards gibt, glaubten die meisten Experten, dass die derzeitige Situation nicht ausreichend sei und dass es mehr Regularien brauche. Experten befürworten einen selbstregulierenden Regulierungsansatz.

Schlussfolgerung: Derzeit gibt es einen Mangel an empirischen Daten zur Quantität und Qualität der Chirurgie und Anästhesie in Schweizer Arztpraxen. Weitere Forschungsarbeiten sind erforderlich, um diese Lücken zu schließen und die Gesundheitspolitik in Bezug auf die Patientensicherheit in der ambulanten Chirurgie und Anästhesie in der Schweiz zu informieren.

Introduction

With ageing populations and increasing rates of chronic diseases leading to a growing demand for healthcare, outpatient care is seen as a promising alternative to inpatient care [1]. One of the clearest examples of this move towards outpatient care has been the growth of outpatient surgery and anaesthesia. Outpatient surgery, however, has increasingly moved out of hospitals and ambulatory surgery centres and into physician's offices. Office-based surgery and anaesthesia has seen remarkable growth internationally in recent decades, particularly in the United States [2–4]. While it was initially seen to be best suited for a young healthy patient population, office-based surgical procedures have become increasingly complex (and as a result longer in duration) and conducted on older patients with more comorbidities [2,5]. A number of factors have been identified as being behind this growth of office-based surgery, including economic advantages, increased patient and surgeon convenience and satisfaction, consistent staffing, efficiency, patient privacy, increased autonomy of practice, decreased risk of infection, and an ageing population and increased demand for cosmetic surgery [2–4,6].

Leading patient safety advocates, however, have raised concerns that the growth of office-based surgery "has not been widely accompanied by adherence to the safety standards present in hospital settings or ambulatory surgical facilities" [7]. These concerns have been heightened by reports of tragic mishaps that have allegedly occurred due to a lack of resources that are usually available in a hospital or ambulatory surgical centres, or due to patients being discharged too early into the unmonitored home setting [2–5,7]. Nevertheless, there remains a general lack of regulation and oversight in this setting in many countries, which has given office-based surgery "a reputation for being the 'Wild West' of healthcare" [5].

In Switzerland, there have been a number of studies concerning various aspects of ambulatory care [8–11], and ambulatory surgery in general [12–14]. For instance, Vuilleumier and colleagues reported in 2011 that the utilization of a private surgical facility to perform outpatient abdominal surgery was successful, effective, safe, and cost-effective [12], while Gemayel and Christenson found in 2012 that bilateral varicose vein surgery could be safely performed as an outpatient procedure, without increased risk of postoperative complications [13]. However, we are not aware of any previous research specifically concerning office-based surgery and anaesthesia or the issue of patient safety in this setting. The Swiss Patient Safety Foundation is currently conducting a large scale quality improvement program regarding safe surgery in the inpatient setting (progress! Sichere Chirurgie) [15], but has concerns that the same efforts are not being undertaken in the office-based setting, particularly given the apparent diffusion of surgical care in this setting and the lack of regulation. It is currently unclear what the key patient safety issues are in relation to office-based surgery in Switzerland and in what areas research is needed. The aim of this research, therefore, is to identify the spectrum of patient safety issues in office-based surgery in Switzerland.

Methods

Study design and data collection did not require approval of an ethical committee in Switzerland referring to Articles 1 and 2 of the Federal Act on Research involving Human Beings (Human Research Act, HRA) [16]. The methods of the study are presented in accordance with the "Consolidated criteria for reporting qualitative research" (COREQ) [17].

Research team and reflexivity

Interviews were conducted by S.M., a male Post Doc in biomedical ethics, who had previous training and experience in qualitative research [18,19]. S.M. had already had contact with 8 of the 23 experts prior to the study. Otherwise, no relationship was established between S.M. and the other participants prior to the study and participants received limited information about S.M. There was no hierarchical relationship between SM and the study participants. Y.H. and S.S. have had limited previous experience in qualitative research, while D.S. and B.E. both have longstanding experience with qualitative studies.

Study design

The theoretical framework employed in this study was conventional content analysis [20]. We primarily selected experts through purposive sampling, in order to ensure sample diversity according to predetermined factors (e.g. field of expertise). Experts who were considered to be knowledgeable about the subject and capable of representing the views of his or her peers were identified through discussions within the research team and wider contacts. Experts were divided into two "subgroups": 1) Experts in surgery and anaesthesia, and 2) Experts in patient safety and regulation. Experts were contacted by email and suitable dates for an interview were found with those willing to participate. A total of 23 experts agreed to participate in the study. The 11 experts in surgery and anaesthesia were all practising surgeons and anaesthesiologists with a known interest in patient safety issues and hold leadership positions in their organisations or professional associations, this included 2 mobile anaesthesiologists, 2 office-based surgeons, and 2 anaesthesiologists and 5 surgeons who work primarily in the inpatient setting. The 12 experts in quality and regulation included representatives of the Swiss Federal Office of Public Health, the Swiss Patient Safety Foundation, the Swiss National Association for Quality Development in Hospitals and Clinics (ANQ), the Swiss

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