



Structural Reform Support Service

Project

SRSS/S2019/021



**RECOMMENDATIONS ON THE DESIGN AND
IMPLEMENTATION OF A POLICY FRAMEWORK FOR
DEVELOPING AMBULATORY SURGERY IN HUNGARY**

**Kick-off meeting
Budapest
May 3rd, 2019**

**Location: Ministry Of Human Resources (Emberi Erőforrások Minisztériuma)
H-1051 Budapest, Akadémia u. 3. II. emelet, Klubterem**



Regulations and measures pertaining to ambulatory surgery in Hungary (1)



- **Ministerial Decree No 9/1993:** regulating ambulatory surgery in **inpatient** acute hospitals
- Ambulatory surgery is defined in rather general terms (e.g. it does not differentiate between same-day procedure with overnight stay, office-based surgery or emergency ambulatory surgery), and is not aligned with international standard definitions
- **Ministerial Decree No. 16/2002 (XII. 12.):** regulating the organisational, infrastructural and human resource requirements
- Further regulations to be observed by service providers are defined in a **rule-book** published by the NHIFA (OEP), the National Health Insurance Fund of Hungary



Regulations and measures pertaining to ambulatory surgery in Hungary (2)



- In 2003, a new Decree granted the opportunity to perform ambulatory surgery in private polyclinics, and the grant was opened in 2007 and 2009 (EU project!) again, resulting in a total number of 43 AS units..
- 2009 – 2011: the economic compulsion and the introduction of total volume limit of hospital funding (TVL- TVK). **Results:**
 - ✓ Economic restrictions
 - ✓ Closure of hospitals
 - ✓ Reduction of hospital beds
 - ✓ Long waiting lists



The Development Of Ambulatory Surgery In Hospitals



- The economic compulsion resulted in searching of other ways of treatment, like AS, which is safe and cost-effective
- Hospitals started performing AS, but they were lacking the ways of „good practice”, needing quality initiatives and guidelines
- They are missing the concept of „making AS really happen”



To Enhance The Rate Of Growth Of AS In Hospitals...



- In 2015: The government abolished the budget cap on the number of ambulatory surgeries that can be performed in hospitals (Government Decree No. 124/2015 (V.26.))
- From January 1, 2017, a 10% increase was introduced in the calculation of funding for ambulatory surgery procedures in hospitals (Government Decree No. 464/2016 (XII.23))
- Accordingly, between 2015 – 2017 the growth reached 58% in comparison with the previous period



Further Developments:

A project supported through **European Structural and Investment Funds** - HRDOP 2.2.0-162016

- **Replacement of active inpatient care treatments with the development of ambulatory surgery to improve quality of healthcare services provided to the population and improve efficiency of the operation of the healthcare system by the replacement of active in-patient care services with ambulatory surgery**



European Structural and Investment Funds - HRDOP 2.2.0-162016 (2018-2020)



- This project involves 18 hospitals in the countryside **(excluding Central Hungary)**. The key project activities are:
- Analysis of the situation, site assessments of infrastructure improvements - **done**
- Purchase of equipment – **more than 60% delivered!**
- Organizing independent ambulatory surgery units in the campus of the hospitals – **promising!**
- Write a text book for ambulatory surgery (including guidelines) – **achieved!**
- Establish 12 TtT courses on ambulatory surgery in six cities in different regions of Hungary – **10 courses already organized!**



The Region Of Central Hungary

- The strongest barriers to the development of ambulatory surgery are in the Budapest region (part of Central Hungary), due to:
 - significant resistance to change from some medical professionals,
 - lack of infrastructural capacities and quality management issues,
 - **absence of independent ambulatory surgery units in the campus of the hospitals, and limited knowledge for operational initiatives of such units etc.**
- **the HRDOP and our SRSS Project will help the MOHC to build up a unified policy for the expansion of ambulatory surgery**



The SRSS Project

- The mission of the Structural Reform Support Service (SRSS) of the European Commission is to provide support for the preparation and implementation of growth-enhancing administrative and structural reforms by mobilising EU funds and technical expertise.
- **The European Commission has agreed to provide technical support to Hungary in the area of healthcare, with the purpose of developing ambulatory surgery.**
- **The SRSS has invited the International Association for Ambulatory Surgery (IAAS) to submit a proposal for a grant in order to assist Hungary with such work.**

Purpose Of The Agreement Between EU Commission (SRSS) & IAAS



- **Action: Recommendations on the design and implementation of a policy framework for developing ambulatory surgery in Hungary .**
- **IAAS is the beneficiary of the Grant who will provide the recommendations and deliverables to the MOHC.**
- **The action runs for 20 months starting on the first day following the date when the last party signs the Agreement.**
- **The official language of the Project is English.**
- **The Hungarian Association For Ambulatory Surgery is the main subcontractor**



Aims & Objectives Of The Project (1)

1. To establish a Strategic Project Board (SPB) and Scientific Committee (SC) for the steering of the Project
2. To identify barriers and obstacles for further expansion of AS at national and facility level (economic, regulatory, educational, professional and motivational) using questionnaires and use the basic results for further Project purposes
3. Revision of the Hungarian ambulatory surgery Rulebook and the clinical indicators enrolled, then select relevant IAAS clinical indicators (at facility, and national level) that can be adapted.
4. To give recommendations for the revision of the Hungarian Basket for AS, cancel out-dated interventions, add and recommend new evidence-based interventions that are internationally acknowledged
5. To benchmark the Hungarian standards of excellence, revise the AS levels of treatment and requirements for a day surgery unit to be accredited as a centre of excellence
6. The IAAS will visit the target hospitals and provide hands-on advice tailored to the needs of each facility on topics such as strategy, planning and problem solving

Aims & Objectives Of The Project (2)



7. Support to peer exchanges between the hospital working groups to another hospital with experience in performing AS to gain experience. Key topics for discussion will be facility structure, general management, organisational and process management.

8. Provide a train-the-trainers session for the selected facilities. The TtT course will mainly deal with the organisation of ambulatory surgery, the selected patient pathways, managing patient safety during the course of hospital stay, issues of costeffectiveness, quality issues, management and legal aspects, and how to overcome the barriers to developing ambulatory surgery (round table discussion).



Aims & Objectives of The Project

- Upon the relevant results, IAAS is to draft recommendations and a report for the development of a strategic policy framework for ambulatory surgery in Hungary, based on the findings from all previous activities (how to build a sustainable model for expanding ambulatory surgery at national and facility level)

The SRSS Project



Impact and outcomes

Outputs

Activities

deliverables

Outcome A: set up of a SPB & SC

(Strategic framework for the development of ambulatory surgery and roadmap for implementation)



- A Strategic Project Board (SPB) is set up. The SPB will ensure overall follow-up, validation of the project's outputs and discuss and approve the recommendations of the Scientific Committee (IAAS and HAAS)
- The SPB will work under the auspices of the MOHC and will meet (directly or through video-conferencing) every four months.



Outcome A

The SPB is composed of representatives from:

The Ministry of Human Capacities,

The International Association For Ambulatory Surgery

European Commission (Strategic Reform Support Service)

The National Healthcare Services Centre (contact with hospitals)

National Health Insurance Fund of Hungary (NHIFA) (Data provision)

The Hungarian Association For Ambulatory Surgery (Scientific work, organisation)

Board Of Ambulatory Surgery, Hungarian College Of Health care (Scientific work)

Semmelweis University - Clinical Department of Anaesthesiology and Intensive Therapy (Scientific work)

Hungarian Hospital Association (contact with hospitals)

University of Pécs - Institute of Health Insurance (data analysis)

Medicina 2000 Hungarian Association of Polyclinic and Outpatient Health Services (basket of interventions, levels of treatment)



Outcome A

Scientific Committee:

- 1. IAAS:** Douglas McWhinnie, Ian Jackson, Jan Eshuis, Beverly Philip, Luc Van Outryve, Gamal Eldin Mohamed
 - 2. HAAS & Board:** Janecskó Mária, Mészáros János, Göböl Zsolt
Semmelweis University: Iványi Zsolt
 - 3. Others partners for consultation:** Pécs University, Medicina 2000
- The SC will be a technical working group composed of international and national experts in the ambulatory surgery field. The SC includes both members of the project team (IAAS, HAAS) and other organisations that will be involved in project activities as key stakeholders (Semmelweis University, Hungarian College of Healthcare, Board of Ambulatory Surgery etc.)

Operational (Steering) Committee



MOHC Contact: Pál Gabriella

SRSS Representative: Florin Popa

Project Leader: Gamal Eldin Mohamed

Scientific Committee President: Douglas McWhinnie (IAAS President)

IAAS Project Manager: Christophe Maes

Local Project Manager: Vámos Katalin, Convention Ltd

IAAS Treasurer: Luc Van Outryve



Outcome A

1. Along with the today's kick-off meeting, first SPB and SC meeting is organised, and it will establish the working terms of these working groups and present an overview of the project.
 2. On this occasion, the description of the actions, timetable and draft agendas of future project meetings (including provisional topics) will be agreed
 3. Additionally, one SPB/SC meetings will be held quarterly either on the ground in Budapest or on exceptional basis by video-conference (one full working day for the SPB and SC meetings combined).
- The IAAS will send to the SPB members all relevant draft project reports and deliverables at least 3 weeks in advance of the next SPB meeting. The draft reports coming from the SC will go for discussion and approval to the SBP.
 - The approved SBP reports and deliverables will be the input for the final recommendations on the strategic framework for ambulatory surgery.

Outcome C (1)

Building strategic framework for the expansion Of ambulatory surgery In Hungary



Based on the Project activities and outputs, the IAAS will propose options for revising the strategic framework for ambulatory surgery.

- **Concrete proposals to be presented:**
- how to build a **sustainable model** for expanding ambulatory surgery in Hungary, taking into consideration international good practice and the characteristics of the Hungarian health services delivery model,
 - National level: regulatory and legislative
 - Facility level: process management and infrastructure

Outcome C (2)

Project results presented and follow-up activities discussed with key stakeholders in a national conference.



- **The HAAS will organise, under the auspices of the Ministry of Human Resources and with IAAS support, a one-day national conference in Budapest (SPB and partners, hospital representatives, patient associations etc.)**
- experts from the IAAS and HAAS will present and discuss with participants the project findings, the proposed strategic framework and the next steps to set up different possibilities of implementation of the proposed strategic framework on ambulatory surgery.
- The conference will be held in the format of a policy dialogue. The policy dialogue constitutes a particular type of sharing knowledge and bringing evidence to practice.
- Conference report including the agenda, presentations, findings and conclusions to be forwarded to SPB and MOHC.



Outcome A

National and facility-level barriers To Be defined

- **Barriers at national level:**
 - 1) **Regulatory**
 - 2) **Economic**
 - 3) **Educational**

- **Barriers at facility level**
 1. **Institutional and infrastructural**
 2. **Professional**
 3. **Funding issues**
 4. **Motivational**



Hospital In Budapest To Be Involved

1. Szent János Hospital
 2. Szent István Hospital
 3. Szent Imre Hospital
 4. Délpesti Hospital
 5. Uzsoki Utcai Hospital
 6. Bajcsy Zsiliniszky Hospital
 7. Péterfy Sándor Hospital
 8. Hungarian National Institute for Oncology
- Working groups will be nominated by the hospitals' administrations to cooperate and work with

Outcome A

National and facility-level barriers To Be defined



Tasks:

- The SC (IAAS & HAAS) will **develop and apply two specific questionnaires** focused on each type of barriers. Prior to the distribution, the questionnaires will be discussed and amended, if needed, at a meeting with the SC.
- The IAAS will analyse the results of the two questionnaires and will **draft a report** on the identified barriers to the development of ambulatory surgery, which will be discussed in the SC and endorsed by the SPB.
- The results will constitute the basis of the further outputs to be developed



Outcome A

To identify and Select Proper International AS Clinical Indicators

- The SC will receive the Hungarian ambulatory surgery clinical indicators enrolled in the Hungarian ambulatory surgery Rulebook, revise them and then select relevant IAAS clinical indicators (at facility, and national level) to be included in a questionnaire addressed to the 8 selected facilities **(most probably jointly with the questionnaire)**.
- The aim of the questionnaires is to identify a set of priority clinical indicators that are currently used and/or considered necessary in those facilities.
- The IAAS will analyse and summarise the results of the questionnaires, and will use them as input for drafting the recommendations as a report to SPB on the proper clinical quality indicators.

Outcome A

Revision & Benchmarking Of The Hungarian Basket Of Ambulatory Surgery Procedures & recommendations for improvement



- IAAS will carry out a gap analysis of the Hungarian AS basket of procedures and benchmark it versus the international basket of interventions.
- The IAAS, HAAS and partners in the SPB will revise the Hungarian basket and formulate recommendations for improving the basket of ambulatory surgery procedures and interventions and give a report with the methods and analytical results



Outcome A

Benchmarking Of Hungarian Standards Of Excellence In Ambulatory Surgery



- The IAAS will organise a half-day seminar with the members of the SC and SPB, plus representatives of ambulatory surgery facilities and international experts on the initiatives of accreditation of day surgery and issues of patient safety through the pathway of AS.
- Benchmarking of Hungarian standards of excellence in ambulatory surgery units, including recommendations on clinical indicators and quality assurance mechanisms will be reported



Outcome B

Aim:

To prepare the selected hospitals for the implementation of a service delivery model that utilizes the full potential of ambulatory surgery in modern health care systems



Selected Hospitals To work with

1. Szent János Hospital
 2. Szent István Hospital
 3. Szent Imre Hospital
 4. Délpesti Hospital
 5. Uzsoki Utcai Hospital
 6. Bajcsy Zsilinszky Hospital
 7. Péterfy Sándor Hospital
 8. Hungarian National Institute for Oncology
- **Working groups will be nominated by the hospitals' administrations to cooperate and work with.**

Outcome B (Initial Visits)

Facility-specific diagnoses and recommendations on developing ambulatory surgery (1)



1. The IAAS with the help of HAAS **will initially visit each hospital** and will discuss the report on clinical indicators and the identified barriers with the hospital working groups
2. The IAAS will also assess the ambulatory surgery processes and infrastructure in each facility, and discuss the findings with the hospital working groups
3. The IAAS will then prepare an operational plan for the expansion of ambulatory surgery in each facility, jointly with the local working groups
4. In each facility, the IAAS will provide hands-on advice tailored on topics such as strategy, planning and problem solving, as well as helping the facilities to develop the organisational skills and knowledge relevant for the operation of ambulatory surgery units

Outcome B (Follow Up Visits)

Facility-specific diagnoses and recommendations on developing ambulatory surgery (2)

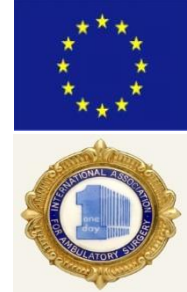


- After the initial visits to the selected hospitals, the IAAS will perform **follow-up visits** to the 8 hospitals (timetable to be agreed at the kick-off meeting).
- The purpose of the follow-up visits is to assess if, and to what degree, the hospitals have started the implementation of the recommended measures

And,

- to provide feedback on how to optimize implementation and deal with problems
- The overall findings of the initial and the follow-up visit reports will be centralized in one report

Outcome B



Support to peer exchanges between the hospital working groups and closing workshop

1. Representatives of the hospital working groups will perform a **one-day visit to another hospital**. **HAAS** will organize and carry out these 8 visits (agenda setting, discussion facilitation). The aim of this activity is knowledge exchange and peer learning (Key topics for discussion will be facility structure, general management, organizational and process management)
2. The findings of each visit will be reported to and discussed with all selected hospitals during a **half-day closing workshop on knowledge exchange**. This meeting will be organized by **HAAS** in Budapest



Outcome B

Provide a Train the Trainers (TtT) Session for the selected facilities

1. The TtT course is devoted to training the 8 hospital working groups and the managing directors of ambulatory surgery from the selected hospitals (approx. 50 people in total)
2. The IAAS will deploy 2 - 3 international experts to lead the course
3. The TtT course will mainly deal with the organisation of ambulatory surgery, the selected patient pathways, managing patient safety during the course of hospital stay, issues of costeffectiveness, quality issues, management and legal aspects, and how to overcome the barriers to developing ambulatory surgery (round table discussion)
4. **The aim of the training is to turn the participants into active supporters of local capacity building for ambulatory surgery**