

Day surgery in Romania



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AIM: Well known in USA, Australia and then in western European countries, day surgery is still at the beginning in Romania and eastern European countries. In this paper we want to analyze the evolution and actual situation of day surgery in Romania and in County Emergency Hospital Timișoara (CEHT).

MATERIAL AND METHODS: In the implementation of day surgery in our country there were two distinct periods. Between 2007- 2013 the CEHT negotiated its own day surgery baskets with Local Health Insurance Company (LHIC). Starting from 2014 until now, the National Health Insurance Company has established new day surgery baskets which can be negotiated between CEHT and LHIC.

RESULTS: Our study shows that day surgery in CEHT has had an undulating evolution – after a rising development at the beginning it stopped for a few years and now it has an ascendant evolution.

DISCUSSION: In this context, International Association for Ambulatory Surgery (IAAS) has initiated a series of actions to support implementation and development of day surgery in Romania and Eastern European countries. The first action was the support that the International Association for Ambulatory Surgery gave to the Romanian Society of Ambulatory Surgery in organizing on 15-16 September 2013 in Timișoara the course "Day Surgery - Making it Happen Overcoming Obstacles and Barriers". Discussions after the presentation of local realities in Eastern and Western Europe were particularly creative, being the stand in the accelerated development of day surgery in Romania.

CONCLUSIONS: Day surgery and ambulatory surgery have many advantages for patients (increased comfort, lower surgical risk, minimal stress and low anxiety, high satisfaction rate), for hospital (reducing congestion in hospital, enabling it to have a better capacity to deal with serious cases), and for healthcare (increased economic efficiency, cost / patient / surgery is lower than for continuous admissions).

Known in our country from 2000, the implementation of day surgery still faces many hardships.

KEY WORDS: Day surgery, ambulatory surgery, Short hospitalization.

Introduction

Before 2000 in Romania there were only state hospitals with ambulatory in the same building and state ambulatory localized in other building.

At the end of 1999 in Romania began the privatization of sanitary system by application of Government Emergency Ordinance (OUG) 124/1998 ¹. National Health Insurance Agency and County Health Insurance Agency was founded. State ambulatories localized somewhere other than the hospital, in other building, were transformed in Private Ambulatories.

Now in Romania there are state Hospitals with ambulatory, private ambulatory after OUG 124/1998 and new Private Units.

In public hospitals, beginning from 2007, the surgical activities developed in 3 directions:

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– the patients hospitalized more than 12 hours as continued hospitalization are hospitalized in a regular department and registered using the Diagnosis Related Groups system (DRG) with International Classification of Diseases (ICD 10) of World Health Organization and payment by DRG;

– the patients hospitalized less than 12 hours as day hospitalization and registered using pay services system and payment by negotiation with Health Insurance;

– the patients registered as ambulatory outpatients and payment fixed by Health Insurance.

The first private units were founded after 2000 in Romania^{2,3}.

The evolution of activity in these private units began in 2000 with ambulatory surgery (phlebological, esthetic...). In 2002 private hospitals were founded with patient continued hospitalization, ambulatory outpatients and day hospitalization (from the last two years).

The private ambulatory after OUG 123/1998 can perform ambulatory outpatients, without the opportunity to negotiate day surgery.

However for clinical application of legislation more than 5 years were necessary.

Material of Study

In 2003 the Romanian Health Ministerial order accepts the day hospitalization till 12 hours with a special registration – for diagnosis and treatment (medical or surgical) in the public hospital, but for the clinical application of this order, more than 4 years were necessary⁴.

Regarding day surgery, we had two situations:

– for some day surgery basket the record is separated from continued hospitalization and the payment is negotiated by each hospital with local health insurance, being different from the normal registrations in public hospital.

The Emergency Clinic County Hospital Timisoara had negotiated two day surgery baskets for surgical treatment:

– Hemorrhoides 382,58 lei/90 euro
– Diabetic foot 410 lei/95 euro

other day surgery baskets are registered using the DRG system with ICD 10 World Health Organization and payment is fixed, determined by health insurance, being a percentage from the DRG payment. This surgery basket was not performed because the payment was very low.

The fixed baskets for surgical treatment determined by the National Health Insurance Company:

– Phlebectomy 92,09 lei/20 euro
– Resection of tumor 128,66 lei/30 euro
– Treatment of abscess 128,66 lei/30 euro
– Local anesthesia 16,63 lei/5 euro
– Loco-regional anesthesia 114,99 lei/25 euro
– General anesthesia 300 lei/75 euro

Results

The County Emergency Hospital Timisoara is one of the first Romanian public hospitals where day surgery and ambulatory surgery were performed.

Between 2007-2013 The County Emergency Hospital Timisoara has negotiated with Local Health Insurance Company some surgical baskets for day surgery. These baskets included surgical procedures like: resection of small soft tissue tumors, vein surgery, proctologic surgery as well as some laboratory tests. For each of these surgical baskets the hospital received from Local Health Insurance Company around 200 lei (50 euro).

Because day surgery brought more money for the hospital we performed an increasing number of these procedures, as shown in Fig. 1.

In 2010 the Local Health Insurance Company checked the paper work for day surgery performed in our hospital until that moment. As a result the Health Insurance Company canceled a significant number of day surgery baskets, as some procedures or laboratory tests included

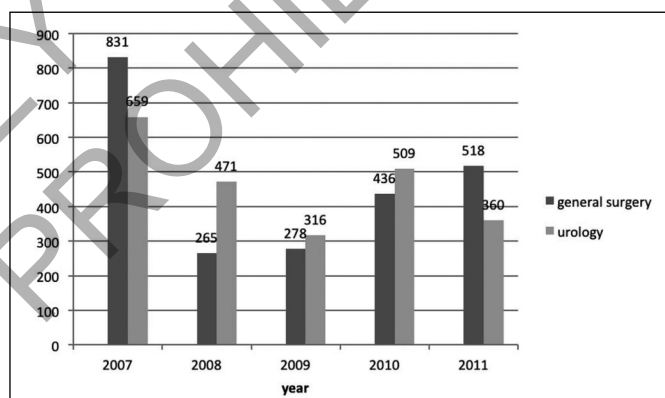


Fig. 1

Table I

Day surgery procedure	Value
1 Local excision of breast lesions	400lei (90 euro)
2 Hemorrhoidectomy	630lei (140 euro)
3 Varicose vein surgery - sclerotherapy	790lei (175 euro)
4 Varicose vein surgery - phlebectomy	800lei (177 euro)
5 Excisional debridement of soft tissue	640lei (142 euro)
6 Excisional debridement of skin and subcutaneous tissue	620lei (137 euro)
7 Skin and subcutaneous tissue biopsy	600lei (133 euro)
8 Incision and drainage of skin and subcutaneous tissue abscess	470lei (105 euro)
9 Excision of skin and subcutaneous lesions	550lei (122 euro)
10 Removal of foreign body-skin and subcutaneous tissue incision	445lei (99 euro)
11 Electrotherapy of skin lesions (single)	270lei (60 euro)
12 Skin and subcutaneous tissue wound repair	550lei (122 euro)

in those baskets were not performed. After this moment, the number of day surgery significantly decreased in the following years.

In 2014 The National Health Insurance Company established new day surgery baskets and the maximal payment for them. This time the payment is more realistic and substantial, as shown in Table I.

Discussion

Now in Romania there are:

- public hospitals with ambulatory, continued hospitalization, ambulatory outpatients, day hospitalization;
- private ambulatory after OUG with ambulatory outpatients, without the opportunity to negotiate day surgery;
- private units with continued hospitalization, ambulatory outpatients, day hospitalization.

Regarding the physician payment we have 3 situations:

- hospital surgeons-state fixed salary;
- surgeons in private units - paid by Health Insurance and patient fees;
- surgeons in private ambulatory OUG 124/1998 - paid by Health Insurance (very low) without negotiation, and until this year they had no right to require payment from patients.

This situation is favorable for private units.

SPECIFIC ASPECTS OF DAY SURGERY IN ROMANIA

Our last year work in the ambulatory service leads to contouring a few specific aspects:

- Ambulatory services need to develop very clear protocols, with specifications as to the extension of the ambulatory interventions, in total safety for the patient⁵⁻⁸.
- A good collaboration between the surgeons from ambulatory and hospital is an essential condition to avoid the medical legal problems in ambulatory surgery^{9,10}.
- This should impose the legality of the contract of medical assistance of the ambulatory surgeons by the surgical clinic of the hospital¹¹. This protocol allows the patient hospitalisation in case of necessity due to a complication or urgent treatment.
- Besides an adequate professional competence of the staff, the basic surgical material endowment should be the one corresponding to the standards required by Health Insurance and Health Ministry⁴.
- The particularities of the ambulatory surgical treatment do not exclude the principle of the informed consent regarding the “minor surgical intervention”¹².
- It is recommendable that the informed consent procedures be completed in writing. At present the information regarding the risks, the anesthetics and the possible complications is given verbally and the patient's consent is given in writing; the signature is given in the presence of the doctor.

– We consider that the present situation does not offer real protection to the surgeon in legal medicine matters. It is necessary to create a “surgical risk card”, with all the incidents, accidents, adverse reactions and complications that can occur during or after surgery¹³⁻¹⁵.

– The patient should also be informed about the duration of the ambulatory treatment, the evolution of some disorders, (frequent chronic ones), which requires multiple visits in the ambulatory service – sometimes reason for the patient's discontent^{16,17}.

– The “surgical risk cards” should be drawn corresponding to each surgical procedure by a team of surgeons, anesthesiologists, in cooperation with the College of Physicians^{18,19}.

After taking note of the content of the card, the patient will (or not) give his written consent.

A correct interpretation of the surgical cases, diagnosis and therapeutic indications, combined with an appropriate technical and material resources, high level of professional knowledge and great experience of the surgeons offer the real limits of the surgical procedures in ambulatory²⁰⁻²².

Conclusions

Implementation and development of day surgery in our country have in this moment some favorable conditions, but also there are still certain difficulties.

We have identified like difficulties for day surgery development:

- The inexistence of standard medical basket at national level (so, for same surgical procedure the health insurance pay different to the hospitals, in same case different to units of same hospital);
- In postoperative care after day surgery we have the following problems:
- The medical staff, the general practitioners are not paid and not trained for this kind of medical care;
- An efficient system for home medical care does not exist;
- Health insurance paid only few procedures;
- Under-funding of the health system;

The ambulatory surgical treatment has not passed “the time test” – some of them are made for profit and the results in unsure for patients in the future.

We consider the following conditions to be favorable, in this moment for day surgery development:

- The existence of the law that permits the practice of day surgery and ambulatory surgery,
- The present Health Ministry works on a new sanitary law and the introduction of Private Health Insurance Companies, because now in Romania there is only State Health Insurance Company,
- The existence of Romanian Society of Ambulatory Surgery (SRCA) founded in 01.04.2003. The founder president is Prof. Dr. Avram Jecu and the founder secretary is Dr. Florentina C dăriu. SRCA is recognized by

IAAS as partner, and is affiliated and recognized by The Romanian Society of Surgery;

- The theoretical and informational support of IAAS;
- The Romanian Society of Ambulatory Surgery projects, to obtaining national programs in day surgery for diabetic foot, diagnostic and treatment of peripheral artery disease, treatment of superficial and deep vein thrombosis, elaboration of guidelines in day surgery and initiation of Day Surgery Pilot Center in Emergency Clinic County Hospital Timisoara.

We consider the following things to be urgent for Romania - to enlarge our basket for Day Surgery, to accept the European basket for Day Surgery and to increase the level of payment.

The evolution of the Romanian surgical treatment both in the ambulatory and in the daily hospitalization systems is making quick progress following the footsteps of the Western European countries on its schedule to align itself to the European Union medical standards.

Riassunto

La Day Surgery, ben nota negli USA, in Australia e in Europa occidentale è ancora ai primi passi in Romania e nei paesi dell'Europa orientale. Con questo document si intende analizzare l'evoluzione e la attuale situazione in Romania della Day Surgery e in particolare nel "County Emergency Hospital Timisoara" (CEHT).

Per l'attivazione della day surgery nel nostro paese si distinguono due diversi periodi. Tra il 2007 ed il 2013 vi sono state contrattazioni tra CEHT per i propri "panieri" per la day surgery con la locale Compagnia di Assicurazione per la salute (LHIC). Con l'inizio del 2014 e attualmente la National Health Insurance Company ha stabilito nuovi panieri da negoziare tra CEHT e LHIC. Il nostro studio ha evidenziato un andamento ondulatorio della day surgery nel CEHT – dopo l'inizio in ascesa si è avuto un arresto per pochi anni, per riprendere attualmente nuovamente a crescere.

In questo contesto la International Association for Ambulatory Surgery (IAAS) ha iniziato una serie di iniziative finalizzate a realizzare e sviluppare la day surgery in Romania e nei paesi dell'Europa orientale.

La prima azione è stato il sostegno che la International Association for Ambulatory Surgery ha dato alla Società Rumena per la Chirurgia Ambulatoriale per organizzare in Timisoara il corso del 15-16 Settembre 2013 di "Day Surgery – Superamento degli ostacoli e delle barriere". Le discussioni dopo le relazioni sulle realtà locali in Europa Orientale ed Occidentale sono state particolarmente creative, a supporto di una accelerazione dello sviluppo della day surgery in Romania.

La day surgery, così come la chirurgia ambulatoriale presentano molti vantaggi per i pazienti (accresciuto comfort, minori rischi chirurgici, minimo stress e ridotta ansia, elevato grado di soddisfazione) e per la strut-

tura ospedaliera (ridotta congestione riservando le risorse per i casi maggiormente impegnativi) e per l'economia del sistema sanitario (maggiore efficienza economica, minori costi rispetto ai ricoveri).

Nota fin dal 2000 nel nostro paese, lo sviluppo della day surgery incontra ancora numerosi disagi.

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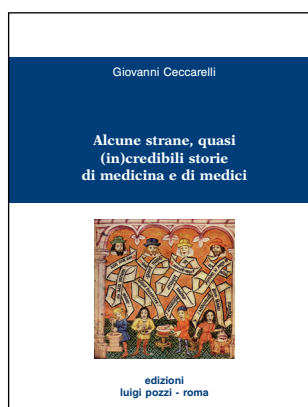
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Nicola Picardi è stato professore ordinario di Chirurgia generale e direttore del Laboratorio di Chirurgia Sperimentale presso la Sapienza – Università di Roma; da circa trenta anni è Chief Editor della rivista di chirurgia «Annali Italiani di Chirurgia». Appassionato di cultura classica, ha dedicato nell'ultimo decennio particolare attenzione alla storia artistica e alla bellezza delle fontane monumentali di Roma.

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