

## Elective Tonsillectomy as a Day Surgery Case is Cheaper

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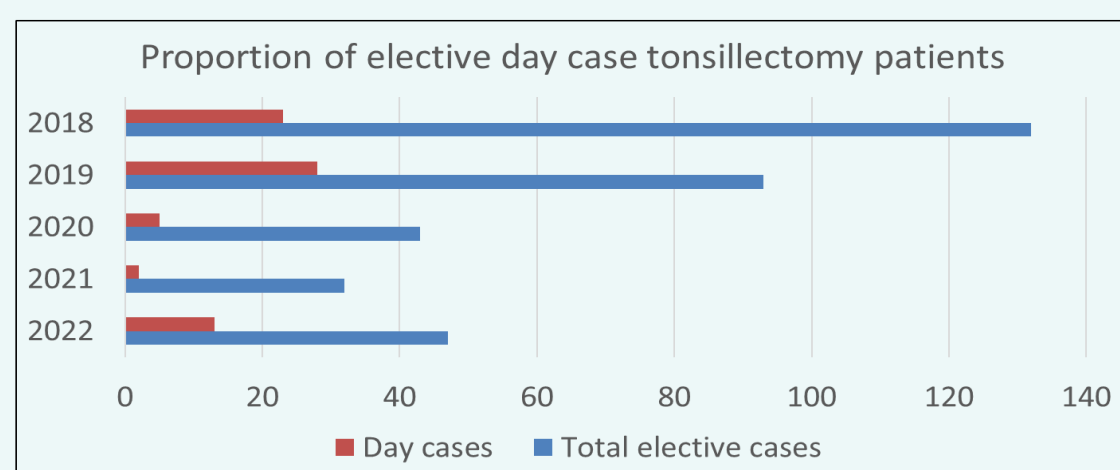


### Problem Statement

Locally, most restructured hospitals perform tonsillectomies as day cases.

**Problem 1:** With COVID-19, there was a significant reduction in the number of beds for elective surgeries. Some of these patients do not require overnight stay.

**Problem 2:** In KTPH, tonsillectomy, our patients are still admitted for overnight observation.



**Elective day cases**  
 2018: 23 of 132  
 2019: 28 of 93  
 2020: 5 of 42  
 2021: 2 of 32  
 2022: 13 of 47  
**Total: 71 of 346 (20.5%)**

### Project Aim

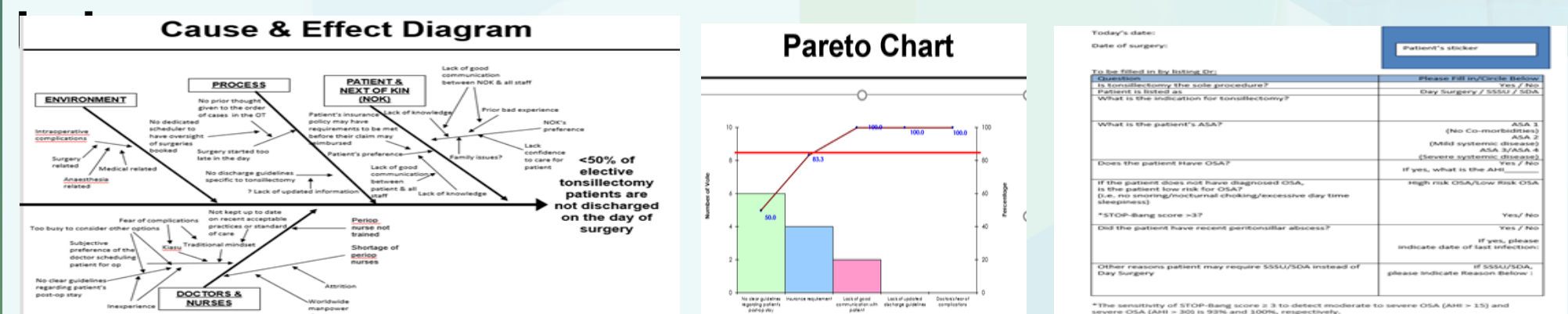
In KTPH, tonsillectomy is one of the most common surgeries performed. Between 2018 to 2022, we have done a total of 71 (20.5%) elective tonsillectomies as day cases, without adverse events. To reduce cost and improve efficiency, team aimed to increase proportion of ambulatory tonsillectomies from 20% to 80%

### Lessons Learnt

Important considerations & lessons learnt: Careful patient selection is crucial, thorough Preoperative assessment is essential, Patients & families fully understand expectations and potential complications, Minimize post-op discomfort and vigilant post-op observation and Patient education contributes to successful implementation and that it is safe, feasible and efficient in a selected group of patients Continuous refinement of the solutions is necessary to ensure challenges are continuously addressed to sustain the project.

### Potential Solutions

Team brainstormed and came up with the workflow for Tonsillectomy for better clarity; uses the cause & effect diagram to investigate the causes of not able to perform Tonsillectomy as day cases. Diagrams as shown



(Cause & Effect Diagram) (Top causal factor) (Checklist for listing doctor)

Team decided to tackle the **highest scored causal factor** – No clear guidelines regarding patient's post-op stay. The ASA score chart reference, form checklist for SOC doctor to countercheck the guidelines for listing.

(ASA score chart)

#### SOLUTION

- Inclusion Criteria:**
- Tonsillectomy is the sole procedure
  - ASA 1 or 2
  - OSA with optimized co-morbid conditions
  - Next of kin available to accompany home on discharge
  - No recent peritonsillar abscess in the last 2 months

### Outcomes & Impacts

The annual cost savings for per patient stay based (65 cases) on the above average workload (2018-2022), **subsidized patient group expects a cost-savings of S\$65,000; private patient group expects a cost-savings of S\$130,000.**

Patient Group	Cost
Subsidized patient (day surgery)	S\$3000
Subsidized patient (1-night stay)	S\$4000
<b>Cost Savings</b>	<b>S\$1000</b>
Private patient (day surgery)	S\$6000
Private patient (1-night stay)	S\$8000
<b>Cost Savings</b>	<b>S\$2000</b>

**After 6 months, we increased the day cases from 20% to 46%.**

#### Cheaper Care

- we are able to provide cheaper care without compromising patient's safety.

#### Practical and possible care

- The performed cases demonstrated a successful post-operative pain management protocol and post-surgery guidelines as there were no failed discharge rate and no readmissions for post-operative pain or inadequate oral intake

#### Free Up more beds for other needy patients

- This project also allows overnight beds in the hospital to be used for other patients which are not suitable for ambulatory surgery or for emergency department patients, therefore having a positive effect to the hospital.

With the ability to provide uncompromised care for more major cases, nurses professional skills and knowledge will also be upskilled. This increases overall nurses professional development in the long run.