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OS NOVOS DESAFIOS DA ENFERMAGEM NA CIRURGIA DE AMBULATÓRIO
THE NEW CHALLENGES FOR NURSING IN AMBULATORY SURGERY
NUEVOS DESAFÍOS DE ENFERMERÍA EN CIRUGÍA AMBULATORIA

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EDITORIAL

THE NEW CHALLENGES FOR NURSING IN AMBULATORY SURGERY

Ambulatory Surgery (AC) is defined as a “scheduled surgical intervention, performed under general, loco-regional or local anesthesia which, although usually performed in an inpatient setting, can be carried out in the patient's facilities, safely and in accordance with current *legis artis*, with admission and discharge in less than twenty-four hours” (Ministerial Order no. 132/2009 of January 30, article 3, point 1, p. 660). This surgical modality has multiple advantages, internationally recognized, both at an economic level due to the reduction in hospital costs and lower associated morbidity and at an organizational level, allowing for a reduction in waiting times for surgeries (Pinto et al., 2020).

The innovative vision of the AC, currently highlighted as an organizational model, has a multitude of advantages for all those involved, particularly users, as it allows them to convalesce in a familiar environment, as well as promoting faster socio-professional integration (Sarmiento et al., 2013).

At the beginning of the 21st century, the low operational efficiency and poor management of human and technical resources in public health organizations in Portugal were unmistakable. Health professionals were demotivated by their working conditions and careers, and users were dissatisfied with the services provided and the long waiting times for appointments, tests and surgeries (Major & Magalhães, 2014). These factors, coupled with the need to contain public spending, led to the corporatization of public hospitals in order to improve their management and performance. The adoption of business models in the management of public hospitals in Portugal allowed for the introduction of new management practices. Thus, management elements were introduced that were able to monitor and control the activity of hospitals that are Public Business Entities (EPE), focusing on a culture of management by objectives and accountability for results, improving quality and operational efficiency, promoting merit and personal development and improving communication (Campos, 2019).

In Portugal, the importance of adopting Integrated Responsibility Centres (IRCs) in healthcare organizations has been discussed, as instruments capable of promoting management that is better suited to their needs. In this context, decree no. 330/2017 of October 31 defined the model internal regulations for the services or functional units of the health units of the National Health Service (SNS), with the nature of an EPE endowed with legal personality, administrative, financial, and patrimonial autonomy. The creation of the CRI is thus a process of internal reorganization for the provision of care, “taking advantage of synergies and complementarity of functions and specialties, pursuing the greatest effectiveness and social utility of services” (Decreto-Lei nº 118/2023 de 20 de dezembro). The CRI in CA is based on the pillars of integration, standardization, and optimization of all the stages of the CA procedure. According to the experience gained with the approximately four dozen IRBs in operation across the country, this organizational model proves to be an important step towards improving the functioning of the SNS (Decreto-Lei nº 118/2023 de 20 de dezembro).

For this new organizational and care model to succeed, it is imperative to define the role of nursing in this mission, since the quality of care provided has a direct impact on clinical outcomes and user satisfaction, hence the importance of creating a profile of quality indicators sensitive to nursing interventions (IQSIE) in AC (Pinto et al, 2024). Evaluating the quality of care is absolutely essential and the contribution of nursing care should not be discriminated against in management decision-making (Aiken et al., 2002). However, despite the considerable influence of nursing interventions on the quality of healthcare, measuring the quality of their effects on patient outcomes and the healthcare system itself remains a challenge (Afaneh et al., 2021).

Nursing management in the ACU brings together all these challenges due to the complexity and specificity of the work resulting from the variety of surgical specialties. In the specific context of the ACU, the nurse manager must be a motivating force for organizational performance, with a discreet presence, actively putting their knowledge to work for the multidisciplinary team in accordance with Decree-Law no. 71/2019 of 27/05. The Order of Nurses, in the quality standards for specialized care in Medical-Surgical Nursing, in the area of the person in a perioperative situation, states that these statements should serve as a reference in the definition of indicators that make it possible to identify the contribution to health gains sensitive to Perioperative Nursing care (Ordem dos Enfermeiros, 2017). The correct application, monitoring and interpretation of quality indicators in CA, in line with the recommended nursing interventions, will help to raise the quality of care provided in this surgical modality to a higher level.

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