



How Physician-Nurse Co-Leadership Made Ambulatory Transformation Possible ?

6th IAAS Webinar

**Advancing the frontiers of
AMBULATORY SURGERY
WORLDWIDE**

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Our French Experience

In 2013 just 47 % of patients entered on the same day as their procedure and :

- More and more interventional patients every month
- Growing ambulatory activity
- Increasing pressure on beds and nights teams



Our French Challenge

Need to improve patient experience

The question was simple :

“How can we safely remove unnecessary hospital nights?”

We quickly discovered that improving pathways required more than new procedures.

→ *It required a new leadership model.*



Our Vision

The transformation of ambulatory surgery was not primarily a technical challenge but a leadership challenge.

To Traditional model : Physicians decide and Nurses execute.

At a modern ambulatory model : Physicians and nurses co-design.

→ We shared objectives : quality/safety/efficiency/patient-centered care

Ambulatory surgery is not transformed by surgeons alone.

Success depends on :



Patient flow
coordinators



Optimize scheduling,
coordinate pathways
and ensure a seamless
patient journey.



Nurses and Nurse
managers and
Community nurses



Provide expert clinical
care, lead teams
and extend support
to patients in the
community.



Healthcare assistants
and Administrative
coordinators



Ensure smooth daily
operations, support
patients and teams,
and keep everything
on track.



Recovery room
nurses



Provide vigilant care
and compassion in
recovery—ensuring
safety, comfort and
readiness for discharge.



Many roles. One goal.

Outstanding care. Every patient. Every time.

The Power of Ambulatory Transformation



The Power of Ambulatory Transformation : "The Orchestra"

The role of co-leadership is to create harmony between all professionals involved in the patient pathway

The surgeon is not playing alone
The anesthetist is not playing alone.
The nurse manager is not playing alone.



The performance depends on everybody playing the same score.



The Co-Leadership Model

Every major project was co-led.
Physician leaders and nursing leaders
worked together to :

- redesign patient pathways
- coordinate flows
- align teams
- solve barriers in real time



Pre Karine NOUETTE GAULAIN and me
co-led AFCA



Transforming the Patient Pathway

We redesigned the journey around the patient.

Key innovations :

- pre-admission
- same-day admission
- arrival planning
- flow coordination
- organized discharge

→ *The objective was not only efficiency, it was: the right patient,
at the right time, in the right place.*



From Beds to Flows

Traditionally, hospitals manage beds.

Ambulatory surgery requires managing flows.

Together physician and nurse leaders created :

- Patient flow and disconnect Bed and Bed Room and Patient
- Committees weekly
- Coordination meetings
- Incident review
- Systems admission and discharge regulation
- Operating room and recovery room coordination



Ambulatory Surgery Does Not End at Hospital Discharge

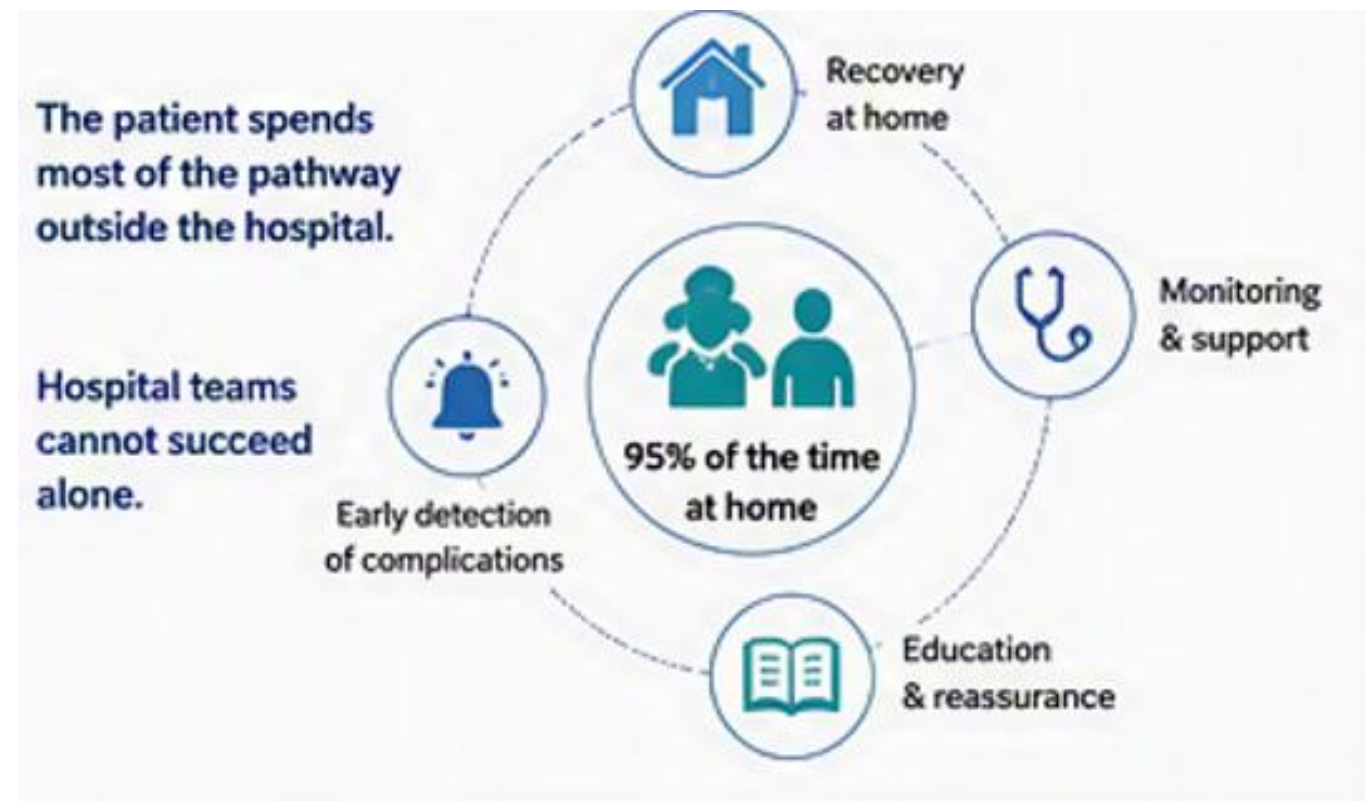
One of the most important French lessons :

- The success of ambulatory surgery depends on what happens at home.
 - The patient spends most of the pathway outside the hospital.
 - Hospital teams cannot succeed alone.
- This is where community nurses become essential partners.



Community Nurses: The Invisible Strength of Ambulatory Care

French independent nurses
They are a cornerstone of safe
ambulatory care.
→ Ambulatory transformation
requires a hospital-community
nursing partnership between
home/hospital





What We Learned from French National Ambulatory Surgery Days (JAB)

We observed a major evolution :

- Nurses became the largest professional group attending the congress, they request practical sessions about patient flow, discharge planning, pathway coordination and team cooperation.
- Nurse managers or director represent another significant proportion of attendees



What We Learned from French National Ambulatory Surgery Days (JAB)

What does that mean?

The transformation of ambulatory surgery is increasingly driven by frontline teams.

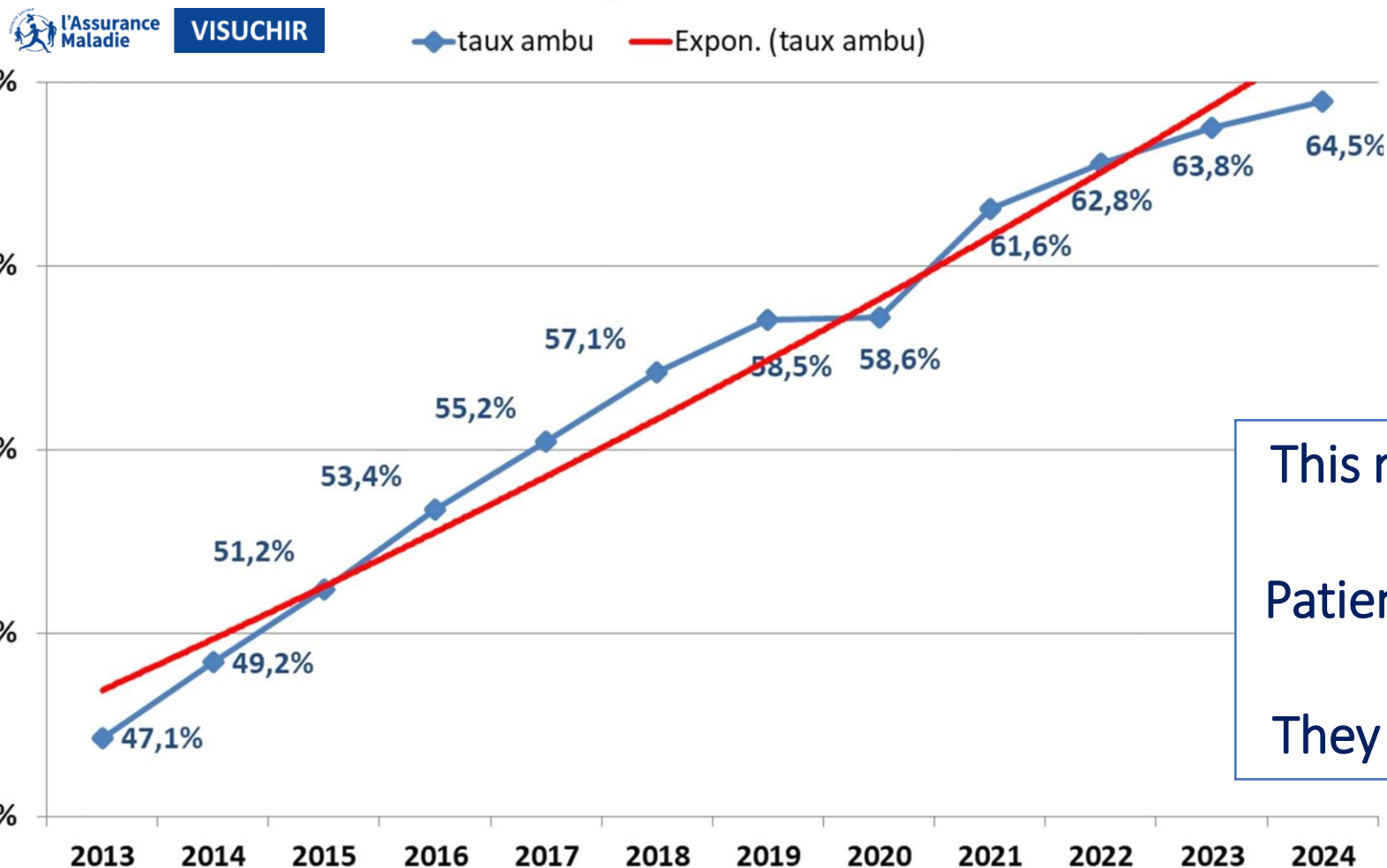
- Not only by physicians.
- Not only by managers.

But by the professionals who coordinate the patient journey every day



A Concrete Result in France

Evolution du taux de chirurgie ambulatoire entre 2013 et 2024



2024 : 64% of
patients entered on
the same day as their
procedure

This represented a profound cultural
transformation.
Patients no longer needed a hospital
night.
They needed an organized pathway.



PHYSICIAN–NURSE CO-LEADERSHIP TRANSFORMING AMBULATORY SURGERY TOGETHER

OUR SHARED VISION

Better experience for our patients, meaningful work for our teams, sustainable performance for our organization.



THE AMBULATORY PATHWAY



OUR TRANSFORMATION JOURNEY

Same-day admissions (%)



FROM BEDS TO FLOWS



THE POWER OF OUR TEAMS

Every professional plays an essential role



PATIENT IMPACT



KEY SUCCESS FACTORS



BEYOND THE HOSPITAL

Our community nurses ensure continuity of care at home.

KEY INDICATORS

Same-day admissions
Patient satisfaction
Unplanned readmissions
Turnover time in recovery
Team engagement



TOGETHER, WE MAKE AMBULATORY SURGERY BETTER FOR EVERYONE



What Does French Research Tell Us?

- *Research finding #1 : Co-leadership improves team engagement
Dual Hospital Management : The Cooperative Duality of the Physician-Head of Department and Nurse Manager as a Driver of Team. @Géraldine Damette*
- *Research finding #2 : Coordination is more important than authority
Shared understanding matters more than formal power @Souhayl Dahmani*
- *Research finding #3 : An exploration of the organizational performance of a care pathway applied to ambulatory surgery: a systems approach
Ambulatory surgery succeeds through coordination, not through isolated excellence
@Céline Mestres*



Final Message

Removing a hospital night is easy.
Building a safe ambulatory pathway is difficult.

Success requires :

Patient-centered coordination

Involvement and Shared governance

Physician and Nursing leadership

Community nursing Home/Hospital

The future of ambulatory surgery is not physician-led.

→ It is co-led, It's a orchestra



Take home message

We did not transform ambulatory surgery by removing beds.
We transformed it by connecting people.

Physicians, nurses, managers and community nurses learned to
lead together around one common objective

“Ensuring that patients can safely recover at home rather than
spending an unnecessary night in hospital”