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Top quality: Improvement of the ENT emergency clinic service

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Abstract

Introduction: The Covid-19 pandemic and associated need for admission avoidance highlights the importance of an effective ENT emergency (EMENT) service1,2. This quality improvement project provided a holistic review of the Addenbrooke's EMENT clinicand had the following aims:

To reduce inappropriate referrals.

To streamline referral pathways.

To increase capacity for new referrals.

To improve training of junior doctors.

Methods: A baseline audit of the EMENT clinic was conducted over 3 weeks from October-November 2020. A department wide staff survey covering clinic logistics, referrals, teaching, equipment, follow-upand sustainability was conducted.

Baseline results were presented at a departmental meeting. Agreed interventions introduced included:

An online GP referral proforma.

A registrar clinic supervision rota.

Guidance for follow-up of epistaxis and otitis externa.

Availability of a teaching microscope.

A second 3-week audit was conducted in June-July 2021.

Results: Following the interventions:

The proportion of inappropriate GP referrals was reduced from 32% to 17%.

The mean time till appointment was 6.5days when the proforma was used and 11.5days when it was not.

The mean number of new patients seen per clinic increased from 3.5 to 5.3

The proportion of patients booked for follow-up into the EMENT clinic decreased from 38% to 22%.

The proportion of patients offered patient-initiated-follow-up increased from 3% to 6%.

Junior doctors reported greater satisfaction.



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Discussion: Online referrals systems increase quality of referral requests3; our simplified primary-care referral proforma led to reduced inappropriate referrals. More complex patients that required emergency outpatient review could be accommodated due to dedicated registrar supervision which also helped to increase capacity of the clinic, to provide training experiences for juniors and to rationalise follow-up plans. Together these improvements support Addenbrooke's Covid-19 efforts by diverting patients from elective clinics and aiding admission avoidance..



Biography

Henry Dunne, BMMS, BA(Oxon) PGCert (Med Ed) led this quality improvement project. He is an ENT themed core surgical trainee at cambridge university hospital trust and worked as an anatomy demonstrator at the university of cambridge in 2020/21. He has a passion for leadership in quality improvement as well as sustainability in surgery.

References:

Hardman JC, INTEGRATE (The UK ENT Trainee Research Network), Smith ME, Swords C, Rocke JP, Walker A, Bryan JE, Milinis K, Mathew RG, Jones GH, McLaren O. Admission avoidance in acute epistaxis: A prospective national audit during the initial peak of the COVID-19 pandemic. Clinical Otolaryngology. 2021 May;46(3):577-86.

INTEGRATE, The UK ENT Trainee Research Collaborative, Hardman JC, Swords C, Rocke JP, Walker A, Bryan JE, Milinis K, Mathew RG, Jones GH, McLaren O, Smith ME. Admission avoidance in tonsillitis and peritonsillar abscess: A prospective national audit during the initial peak of the COVID-19 pandemic. Clinical Otolaryngology. 2021Mar;46(2):363-72.

Hendrickson CD, Lacourciere SL, Zanetti CA, Donaldson PC, Larson RJ. Interventions to improve the quality of outpatient specialty referral requests: a systematic review. American Journal of Medical Quality. 2016 Sep;31(5):454-62.

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