

Improvement of the ENT emergency clinic service

Henry Dunne

Cambridge University Hospital Trust, UK

Abstract

Introduction: The Covid-19 pandemic and associated need for admission avoidance highlights the importance of an effective ENT emergency (EMENT) service^{1,2}. This quality improvement project provided a holistic review of the Addenbrooke's EMENT clinic and 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-up and 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 6.5 days when the proforma was used and 11.5 days 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.

Received: September 04, 2022; **Accepted:** September 10, 2022; **Published:** September 20, 2022

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.