The effect of an outpatient ENT service on admissions, theatre cancellations and the Emergency Department

Bola S¹, Abdul-Hamid A²

1.Royal Berkshire Hospital, 2.John Radcliffe Hospital

Aims and Objectives:

The John Radcliffe Hospital is a busy Tertiary Unit with 1300 inpatient beds and 89,500 emergency admissions. The ENT department takes approximately 15 referrals per day and prior to this project, these patients were reviewed in the Emergency Department (ED) or in a sub-section of the ward. The referrals include tonsillitis, epistaxis, foreign bodies, otitis externa and many more. In 2014, CQC report concluded that bed occupancy was having an impact on Quality of Care and that theatre cancellations were down to inefficient planning. There was also a recommendation that specialist departments should work more co-operatively with ED to improve waiting times for treatment. The goals of this project were to:

1. Help ED reduce their four-hour target breaches for ENT patients.
2. Reduce acute ENT admissions by treating patients appropriately earlier in the day.
3. Reduce theatre cancellations with increase bed occupancy.

Methods:

A six-bed referral unit for was formed for outpatient management of acute ENT patients. The unit would be:

- Open 0800-1900 from January 1st 2016.
- Staffed by a two senior nurses.
- A place to manage ENT patients from ED and Primary Care.
- A place to cauterise and observe epistaxis patient.
- A place for observation after treatment for tonsillitis.

Unstable patients and paediatric patients were not accepted to the unit. A prospective evaluation was done of adult ENT patients treated in the new unit and admitted to the ward in 2016 and compared to retrospective data on ward lists and acute ENT referral lists in 2015.

The following information was collected:

1. Number of acute patients reviewed per month
2. Number of acute patients admitted per month.
3. Number of elective surgical patients admitted to the ward.
4. Number of theatre cancellations in 2015 vs 2016.
5. Proportion of ED four-hour breaches that were ENT.

Results

Numbers relative to 12months	No outpatient unit	Outpatient Unit
Total admissions	1860	2123
Number of patient reviewed acutely outside ED	2229 (Admitted 20.1%)	2950 Admitted (9.8%)
Theatre cancellations	18	6
ED 4 hour breaches	120	74

Key Points:

1. Having an outpatient unit can reduce acute adult emergency admissions by 10%.
2. Acute treatment can be delivered outside the Emergency Department and this increases compliance to the four-hour rule.
3. Theatre cancellations reduce when there is a temporary bed space outside the ward.

Conclusion:

Creating a surgical outpatient unit requires a great deal of work and planning but it reduces acute ENT admissions relative to overall increase in hospital admissions across all specialties. It improves the care given to patients as they are treated in a timely manner and frees up inpatient beds. We still witness the winter stretches but overall there are more elective patients on the ward as the team have a waiting space to treat acute patients who can potentially go home after treatment. As the space was available and the staff already employed for the older ENT referral system, this was done at little extra cost.