Reducing preventable/unnecessary admissions of “SORE THROATS” into secondary care via the Emergency Department

Akbar S, Killick N, Aggarwal R. Salford Royal Foundation Trust

INTRODUCTION

- Efforts to reduce tonsillectomy rates are correlated with a significant rise in emergency admissions of “sore throats”¹.
- Over night admission for monitoring is not necessarily required nor practical – often increasing the demand for beds burden on the NHS⁵ when these admissions could potentially be avoided.
- There are no set guidelines or proforma for clerking patients presenting with a “sore throat” with wide variations in the treatment of acute tonsillitis²⁻⁴.
- The ENT department at Salford Royal Hospital aimed to review and redesign their protocol on assessment and treatment (Figure 1) of patients presenting with acute tonsillitis and paratonsillar abscesses in the Emergency Department.

Figure 1: Sore throat acute management bundle

AIMS (see Figure 2)

- To reduce preventable admissions by 50% - this should be achieved by carrying out a standardised high quality clerking and management plan and aiming to discharge patients from ED if no signs of sepsis or if managing to tolerate fluids.
- Patients to be discharged if stable and advice to return if no improvement
- Efforts adopted throughout the project to influence these changes are outlined in Figure 3.

Figure 2: “SMART Aims” for quality improvement project

REFERENCES

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METHOD/OUTCOME MEASURES

- Data collected from January to April 2018
- Inclusion criteria: PC – sore throat
- Outcome measures: management plan; length of stay in hospital (days).

Figure 3: Measures to influence change to “sore throat” clerking

Figure 4: Run chart showing length of stay in days for each patient admitted

RESULTS

- Significant reduction of length of stay by approximately 60%
- Management plans generally very accurately executed throughout time period
- Patients beginning to be sent home from ED following stat IV therapy with advice to return if no improvement

CONCLUSION

- Due to pressures on the National Health Service to reduce unnecessary, expensive and time-consuming admissions, there is scope to fine-tune the treatment of tonsillitis/paratonsillar abscess’ at the first point of contact.
- This communication shows a significant reduction (Figure 4) of length of stay of patients with “sore throats” within a 4 month period.
- The development of a universal standardised guideline will aid in a reliable reduction of avoidable admissions of “sore throats”.