Improving patient waiting times in an acute ENT outpatient setting

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Introduction

- The John Radcliffe ENT department operates an emergency referral unit run by SHOs and supervised by registrars (GPRU)
- This was intended to facilitate assessment and management of ENT emergencies, including otitis externa (OE), epistaxis and tonsillitis.
- It was not intended to facilitate non-emergency (not same day) problems, which should be seen in the main outpatient department (OPD)
- Patients are triaged to be seen by SHOs. SHOs and registrars receive referrals from: A&E, inpatients, GP phone calls and GP referral letters
- The unit is very busy and it was noticed that patients were often waiting more than 4 hours to be seen
- This is a significant problem as patients may sometimes be septic but due to delays in seeing a doctor may not receive timely intervention
- Although no guidelines exist for waiting times in this sort of clinic, we will base our standards on A&E waiting times

Aims

- **To reduce patient waiting times aiming for less than 4 hours**

Methods

- The following data was collected prospectively by the ward sister and team: time of admission, time seen by SHO, time seen by registrar, time of discharge as well as presenting complaint
- Exclusion criteria: patients ultimately admitted, weekends and bank holidays
- We discussed results with all involved parties, including: nurses, consultants, registrars, SHOs

Results

- 3 issues were noticed resulting in prolonged waiting time for patients

Problem 1- Arrival time

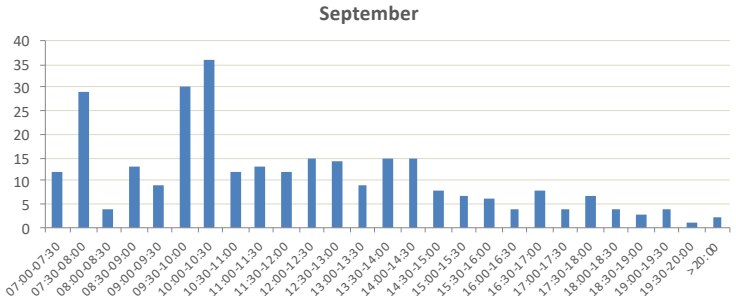
- The unit opens at 7am for ambulatory patients to start treatments by nurses
- Doctors arrive at 10am to see patients. Therefore when referrals were taken that were deemed suitable to be seen the next day these **patients were asked to arrive at 10am**
- As seen in Graph 1 this resulted in huge patient arrival spikes between 0900-1000 and a build up of patients

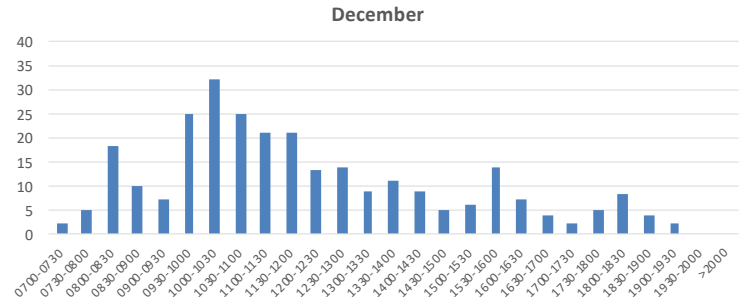
Intervention

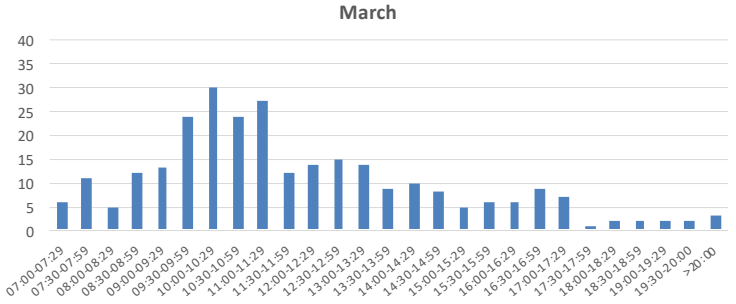
- Specific slot times were added to the patient booking calendar

Results

- Staggering patient arrival has spread patient load over the morning







Problem 2- Otitis Externa burden

- Nearly 300 patients are seen each month during weekdays
- The main burden of work is otitis externa (average 28%)
- We noticed that otitis externa patients were being brought back too soon for reviews. On discussion with SHOs, a possible reason is lack of confidence in management and decision making.

Interventions

- SHO education
- New protocol including: patient review intervals, patients self-removing ear wicks
- An additional otitis externa clinic was created

Results

- Overall the number of patients seen has stayed grossly the same
- The number of cases of otitis externa seen have remained the same

Problem	September	December	March
OE (incl pinna cellulitis, NOE)	71	85	80
Sore throat (quinsy, tonsillitis, supraglottitis, swallowing)	53	46	49
Epistaxis	18	24	31
Hearing loss	18	16	26
Foreign body throat	12	5	4
Foreign body ear	5	10	10
Other (pinna haematoma, OM, septal haematoma, parotid, scope, splint removal, IVs, unclear)	102	88	86
Total	279	274	287

Problem 3- Inappropriate email triage

- Whilst working on the unit it was clear that numerous pathologies did not merit emergency (same day) review

Interventions

- Registrars were no longer able to triage patients to the unit, rather they were encouraged to stream towards urgent OPD.
- A new streamlined protocol was suggested for SNHL such that when presenting to the unit patients had received steroids and had an audiology appointment booked

Results

- Overall the number of patients seen has stayed grossly the same
- The number of cases of otitis externa seen have remained the same

Overall Results

- **Patients were seen faster** by an SHO dropping from 1hr20 to to 48minutes
- **Patients were seen faster** by a registrar (SpR) dropping from 02hr44 to 01hr54
- Time from being seen by a doctor to discharge increased
- **Patients** overall **waiting times** were **reduced** each cycle from 03hr20 to 02hr 36 and finally 01hr54

Time in hours	Median time-September	Median time-December	Median time-March
Arrival to discharge	03:20	02:36	02:42
Arrival to SHO	01:20	01:00	00:48
Arrival to SpR	02:44	02:10	01:54
SHO to SpR	01:00	01:12	00:30
SHO to discharge	01:01	01:27	01:31
SpR to discharge	00:30	00:45	01:00

Discussion

- Overall our simple interventions have led to a **significant reduction in patient waiting times and time to discharge**
- The burden of otitis externa has not lessened and further SHO education is warranted particularly as the next cohort of SHOs is due to start
- It would be useful to differentiate between new cases of otitis externa and reviews. An additional audit is currently looking into this.
- A further otitis externa clinic may be needed to reduce number of patients seen.
- Time to discharge following being seen by a doctor increased. This is the time needed to give medication and therapy and was not something we were looking to change. The priority was to change the time to decision making as this is the crucial step in patients receiving appropriate treatment.