

An Audit of Ear, Nose and Throat Procedures Performed as Daycase

Surgery in a Large Teaching Unit

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1. Background

Daycase elective surgery has increased dramatically in the UK in recent years as a result of much research into its validity and the setting of national targets^{1,2}.

Otolaryngology is particularly suitable to achieve a very high conversion of inpatient to daycase surgery for elective procedures^{3,4}.

Despite previous audit, monitoring figures suggested a significant decline in daycase surgery in the unit under question. To determine the proportion of elective cases completed as a daycase and establish the reasons why a higher percentage was not achieved, an audit of ENT services was commissioned.

2. Standard

75% of elective surgical procedures in ENT surgery should be completed as a daycase procedure.

3. Methods

Location:

Royal Hallamshire Hospital, Sheffield.

Time period audited:

1st October 2009 to 30th November 2009.

Method:

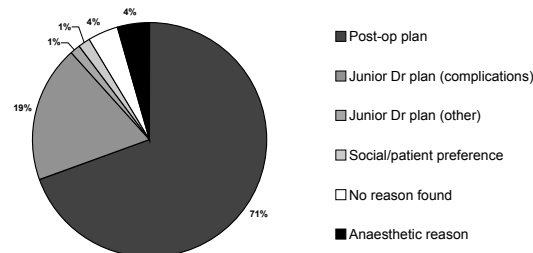
- Retrospective review of all procedures carried out by the ENT department with procedure name, admission date and discharge date noted.
- Of those cases noted to be possible daycases that did not achieve same day discharge, random collection of 70 patient notes to determine reasons for failure of discharge.

4. Results

Table: Numbers of possible daycases performed at the RHH during the months of October and November 2009 split into those whose final outcome was discharge on the same day (daycase) or later (inpatient).

| Procedure | Daycase | Inpatient |
|---------------------------------------|------------|------------|
| Examination of Ear under anaesthetic | 8 | 0 |
| Bone Anchored Hearing Aid Fitting | 6 | 3 |
| Grommet | 12 | 3 |
| Mastoidectomy | 1 | 3 |
| Myringoplasty | 13 | 2 |
| Tympanoplasty | 0 | 5 |
| Other – Ear | 14 | 3 |
| Examination of Nose under anaesthetic | 4 | 0 |
| Fibroendoscopic Sinus Surgery | 4 | 14 |
| Endoscopic Nasal Polypectomy | 6 | 9 |
| Septoplasty | 15 | 12 |
| Septorhinoplasty/Rhinoplasty | 2 | 15 |
| Submucous Diathermy | 5 | 1 |
| Other – Nose | 8 | 13 |
| EUA Throat | 2 | 0 |
| Scope (1) | 24 | 4 |
| Tonsillectomy | 0 | 27 |
| Uvulopalatopharyngoplasty | 0 | 8 |
| Other - Throat/Neck | 17 | 14 |
| TOTAL | 141 | 136 |
| | 51% | 49% |

From analysis of the notes, reasons for patients failing to be discharged were categorized as follows:



5. Conclusions

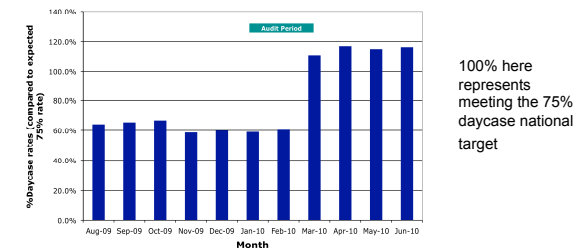
- National targets for daycase procedures were not being met during the time period.
- The main reason was decision made by surgeon in the post-operative plan.
- Underlying this were difficulties in arranging for same day discharge due to the complexity of organising elective surgery (see 'process map' below).



Decision was made to focus minds by aiming for same day discharge for every elective case unless a valid medical reason for not doing so was present.

6. Effect on practice

Departmental figures show a large sustained increase in daycase surgery rate, immediately following audit. Formal re-audit is necessary in 1 year.



7. References

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- P. M. Brown, S. Fowler, R. Ryan, R. Rivron, *J Laryngol Otol* **112**, 161 (Feb, 1998).