A Prospective Audit of Acute ENT Activity in a Teaching Hospital.

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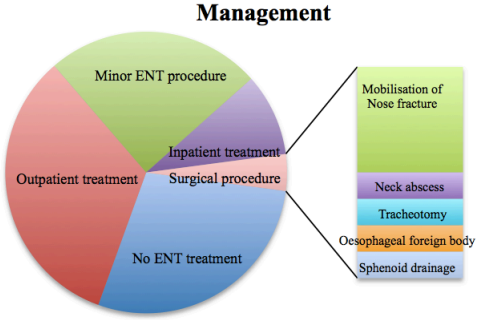
Introduction and Aim

Acute ENT coverage is available out-of-hours in most hospitals. However, increasing pressure to reduce healthcare cost threatens this service provision round the clock. Our goal was to audit the emergency ENT activity in our institution over a one-month period.

Results

- 190 patients (109 ♂ / 81 ♀, mean 6.1 cases /day). Mean age: 47.9 (±23.6) year (range 1-95).
- 75.8% ambulatory patients, mostly from the area. Mean distance to hospital: 23.8 (±26.0)Km (range 1.8-172.0Km).
- 62.0% patients admitted by self reference. Most referrals were made by other specialist (21.2%) and ENT from our hospital (4.3%). The others by general practitioners (8.7%), specialists from another hospital (2.7%), and from ENT surgeons from another hospital (1.1%) (*Figure 1*).
- 76.4% admissions during normal working hours. 10.7% admission during daytime on weekend. 10.1% during the night (*Figure 2*). Self reference patients were more likely to present themselves at night and on weekend.
- Mean complaint duration before admission: 7.6 (±13.7) days (range 0-92 days). 20% patients with rhinologic complaint, 36.8% with otological or neuro-vestibular and 43.2% with laryngologic or head and neck complaints (*Figure 3*). 11.1% patients with a diagnosis of head and neck cancer prior to admission.
- Management: 28.4% patients required no specific ENT treatment. 33.2% required ambulatory treatment. 24.7% underwent a minor ENT procedure. (tracheotomy care, ear aspiration, foreign body removal, nasogastric tube insertion, nose packing or cauterisation). 9.5% patients required admission to the ward (mostly for intravenous antibiotic). 4.2% required surgical treatment (4 mobilisation of nose fracture, 1 neck abscess drainage, 1 tracheotomy, 1 oesophageal foreign body removal, 1 sphenoid drainage) (*Figure 4*).
- Specific ENT management more likely at night and weekend.
- No difference in diagnosis severity or management between patients referred by physician and patients presenting spontaneously.
- 106 (55.8%) patients benefited from a follow' up in our ENT outpatient consultation, 65 (34.2%) were referred to another physician (GP or specialist), 16 were lost to follow' up (8.4%) and 3 (1.6%) died (one of ENT cancer, two of unrelated causes).

Figure 4



Material and methods

A prospective audit for all ENT referrals from the emergency department was carried out from May 1st to May 31th 2017. Descriptive statistics were produced for age, sex, origin, time of arrival, diagnosis and patient outcome.

Figure 1

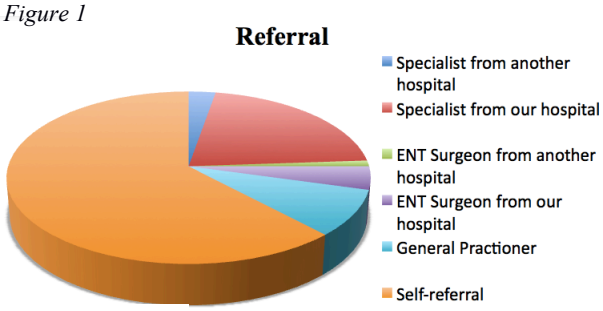


Figure 2

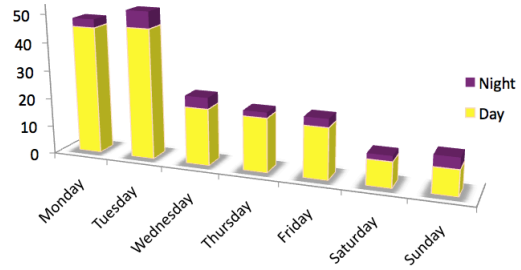
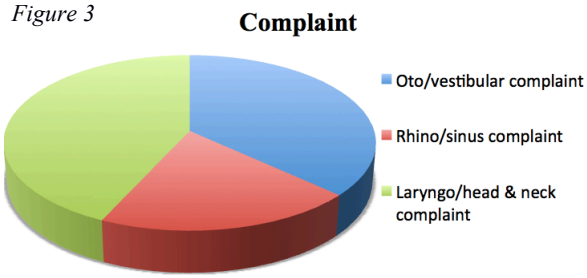


Figure 3



Conclusion

The workload suggests that emergency ENT activity is justified in our hospital. Restricting emergency ENT cover to patients referred by a GP or another physician would not allow for a better patient selection. Restricting ENT referral to normal working hours would not allow for a better patient selection and would impair the management of ENT patients. Emergency restriction would limit essential training opportunities for ENT trainees, increases length of stay and delay treatment of ENT emergencies.