

P57

ANALYSIS OF PAEDIATRIC TONSILLECTOMY IN QMC NOTTINGHAM, SPECIALIST PAEDIATRIC ENT CENTRE - GIRFT PROGRAMME TO IMPROVE ELECTIVE SERVICES

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The Getting it Right First Time (GIRFT)¹ programme is a national programme aimed at improving patient care by utilising in-depth reviews of systems and data to drive efficiency and improved patient experience. Day case paediatric tonsillectomy is a long-established procedure and has been widely practiced by many hospitals. A study by Gray et al² showed that there is no consistent evidence that day-case tonsillectomy is associated with poorer outcomes. We examine the rates of paediatric tonsillectomy in Nottingham University Hospital NHS Trust in comparison to the Model Hospital¹ data to identify avenues for improvement in our practice.

6-month data, from 1st June 2021 to 30th November 2021 was collected from Bluespier theatre management retrospectively. Operative procedure stating tonsillectomy, adenoidectomy, tonsillectomy and adenoidectomy were included in the sample. They were then collated and analysed on Excel.

132 cases were found within the 6 months period. 3 entries were excluded as 1 patient was entered twice due to return to theatre and 2 patients were inpatient. Among 129 cases, 83 cases (64.3%) were day cases and 46 cases (35.70%) were inpatient. 34.7% of patients are 3 years old and less at the time of operation. Indication for tonsillectomy during that period was mostly obstructive sleep apnoea (OSA) related. Most patients underwent sleep studies, with 8.7% showing mild OSA, 10.9% with moderate OSA, 39.1% with severe OSA, 26.1% with clinical diagnosis of OSA, 6.5% without OSA, 4.3% did not tolerate sleep studies and 4.3% with very unusual sleep result. We then looked further into the reason for inpatient stay for those with mild OSA, moderate OSA, no OSA, clinical diagnosis of OSA and no OSA. Among 24 cases, 10 cases were identified as possible alteration of practice that may facilitate on the day discharge. 4 cases were noted to have been stable post operative with ample analgesia and eating well. 4 cases did not have sleep study preoperatively and was admitted as per trust guidelines. 1 patient had post op nausea vomiting and 1 patient had unmanaged pain.

Appropriate case selection is crucial for day case surgery to strike a balance between risks and efficiency of service. The criteria are multifactorial, including patient's comorbidity, surgical complexity, post operative management, social circumstances, and parents' expectation. As a specialist centre, the percentage of complicated or complex patients is higher. Nevertheless, GIRFT¹ benchmark data has suggested we should have 70%-day case rate. A few areas that could improve our service includes pre-operative education and setting expectations for parents, anaesthetic perioperative clinic review for complex patients to strategize list order. Number of patients with sleep study has declined since waiting list has improved, hence post-operative review by surgeons would also improve same day discharge rate.

References

1. Getting it right first time. <https://gettingitrightfirsttime.co.uk/>
2. Safety of day-case paediatric tonsillectomy in England: an analysis of administrative data for the Getting It Right First Time programme. W. K. Gray, A. S. Takhar, A. V. Navaratnam, J. Day, M. Swart, C. Snowden, T. W. R. Briggs, A. Marshall. *Anaesthesia*, 2022; 77: 248–51.