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Improving the appropriateness and necessity of GP referrals to ENT outpatient clinic

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General practitioners (GPs) are taxed with the important position of deciding when to accurately refer patients to a specialist care. There is currently a great deal of disparity and lack of necessary information in referrals directed to the otolaryngology (ENT) department of a large urban hospital. This quality improvement (QI) project plan centres on improving the necessity and quality of GP referrals to ENT specialist care. The intent is to educate GPs with a clear consensus on how, why and when to refer patients, eventually decreasing long outpatient appointment waitlists. Using the DMAIC (define, measure, analyse, improve and control) model for QI this dissertation explores the appropriateness of referrals. Adopting a number of QI tools, including a fishbone diagram, stakeholder analysis, process flow maps and data collection the factors of inappropriate referrals were identified. The results and on-going data collection highlight the 5 most commonly referred ENT conditions: sinusitis, tonsillitis, tinnitus, hearing loss and swallow. Drawing from this the QI plan focuses on designing and implementing a concise GP guideline titled 'The Top 5' outlining how, why and when to refer patients with these conditions. In addition to this the promotion of the electronic referral pathway is a strong recommendation. The expected result is that patients will no longer be unnecessarily referred creating better quality of care and better utilization of resources.

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