Improving referral-to-treatment times for children undergoing grommet insertion

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BACKGROUND
Grommet insertion for otitis media with effusion (OME) is one of the most commonly performed surgical procedures in children. Long waiting times for grommet insertion are not unusual in the UK, which may have a detrimental effect on speech development and educational milestones. This project aims to streamline the assessment process and avoid unnecessary waiting for children undergoing grommet insertion.

METHODS
A streamlined pathway has been introduced whereby audiologists can directly add children to the surgical waiting list for grommet insertion if they meet UK national guidelines (National Institute of Clinical Excellence Clinical Guideline CG60). After being added to the waiting list, patients have a further ENT outpatient appointment to confirm the indication and take consent for the procedure.

RESULTS
Prior to implementation of the streamlined pathway, median duration between initial audiological assessment and day of surgery was 310 days (n=62, IQR 266-343). Following implementation of the pathway, median duration between initial audiological assessment and day of surgery was 231 days (n=22, IQR 206-267; p=0.006).

CONCLUSIONS
Patients can be directly listed for grommet insertion by audiologists providing they are seen by ENT clinicians pre-operatively. The introduction of this pathway has improved referral-to-treatment times for uncomplicated patients who clearly meet national treatment guidelines for grommet insertion.

REFERENCES