

## Appendix 1: All data in tabulated form

<b>Total number of patients discussed</b>	162
<b>Total number of cases discussed</b>	180
<b>Morbidity</b>	170
<b>Mortality</b>	10
<b>Male</b>	78 (48%)
<b>Female</b>	84 (52%)
<b>Age range (years)</b>	3 – 90 years
<b>Average age (years)</b>	42.7 years

Table 1: Basic demographic data

Procedure	August	September	October	November	December	January	Total
<b>Head and neck</b>							
Tonsillectomy	8	12	8	19	10	5	<b>62</b>
Thyroidectomy	7	4	3	1	2	2	<b>19</b>
Parotidectomy	2	3	1	1	1	0	<b>8</b>
Laryngectomy	2	0	1	1	0	0	<b>4</b>
Neck node excision	0	0	0	1	0	2	<b>3</b>
Scopes	1	1	1	0	0	0	<b>3</b>
Pharyngolaryngectomy	0	0	2	0	0	0	<b>2</b>
Parathyroid	1	0	0	0	0	0	<b>1</b>
TOF device insertion	0	1	0	0	0	0	<b>1</b>
Pinnectomy	0	0	1	0	0	0	<b>1</b>
TOF Valve change	0	0	0	1	0	0	<b>1</b>
Neck dissection	0	0	0	1	0	0	<b>1</b>
PEG insertion	0	0	0	0	1	0	<b>1</b>
<b>Airway</b>							
Tracheostomy	2	0	1	1	0	0	<b>4</b>
DLTB	0	0	0	1	0	0	<b>1</b>
Tracheal reconstruction	0	0	0	1	0	0	<b>1</b>
<b>Rhinology</b>							
Septoplasty	1	1	2	1	0	0	<b>5</b>
FESS	0	2	1	0	0	0	<b>3</b>
Septorhinoplasty	0	2	0	1	0	0	<b>3</b>
SPA ligation	0	1	0	0	0	2	<b>3</b>
Skull base biopsy	0	0	0	2	0	0	<b>2</b>
Endonasal DCR	0	1	0	0	0	0	<b>1</b>
<b>Otology</b>							
Myringoplasty	0	0	0	1	0	0	<b>1</b>
Cochlear implant	0	0	1	0	0	0	<b>1</b>
Pinnaplasty	0	0	0	0	1	0	<b>1</b>
<b>Totals</b>	<b>24</b>	<b>28</b>	<b>22</b>	<b>33</b>	<b>15</b>	<b>11</b>	<b>133</b>

Table 2: Case discussion numbers by procedure performed each month

Admission	August	September	October	November	December	January	Total
Epistaxis	0	1	2	8	1	3	15
Dysphagia	0	2	0	0	3	4	9
Quinsy	0	1	1	1	0	2	5
RIGG insertion	0	0	0	0	1	2	3
Otitis externa	0	0	1	0	0	1	2
Malignant otitis externa	1	0	0	0	0	1	2
Tonsillitis	0	1	0	0	1	0	2
Pinna haematoma	1	0	1	0	0	0	2
AOM meningitis	0	0	0	0	1	1	2
Laryngectomy	0	0	1	0	0	0	1
Temporal bone fracture	1	0	0	0	0	0	1
Pharyngeal abscess	1	0	0	0	0	0	1
Trauma to neck	0	1	0	0	0	0	1
Periorbital cellulitis	0	0	0	0	1	0	1
<b>Totals</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>9</b>	<b>8</b>	<b>14</b>	<b>47</b>

**Table 3:** Case discussion numbers by admission reason each month

Patient group	Total number of cases	Grade 1/2	Grade 3	Grade 4	Grade 5
Major head and neck surgery (inc neck dissection, parotidectomy, laryngectomy, RIG insertions, elective admission in known H+N Cancer patients)	41	25	8	1	7
Airway surgery (inc non cancer tracheostomy, benign airway)	4	1	1	2	0
Thyroidectomy	19	15	4	0	0
Remaining (Benign ENT)	116	79	33	1	3
<b>Totals</b>	<b>180</b>	<b>120</b>	<b>46</b>	<b>4</b>	<b>10</b>

**Table 4:** Separation of cases into patient type and Clavien Dindo grading. (Grade 1/2: Medical management, Grade 3: Management under local or general anaesthetic, Grade 4: Escalation of care, Grade 5: Mortality)

Action plans		
Instigation of formal audit	N=5	
Formulation of new or review of current policy	N=7	Review of antibiotic prescribing n = 4 Development of epistaxis guideline n = 1 Development of post total thyroidectomy hypocalcaemia policy n=2
Individual counselling	N=2	
Educational offering	N=1	
Outcome outstanding	N=4	

**Table 5:** Action plans created

## Appendix 2: Questionnaire

- 1: strongly disagree
- 2: disagree
- 3: neither agree or disagree
- 4: agree
- 5: strongly agree

### **Questions for site leads:**

1. The ENT QIP was easy to introduce locally
2. The ENT QIP is easy to use
3. The ENT QIP is quick to use
4. I have had no problems with data storage/ data protection
5. The ENT QIP has improved the quality of data collected and presented at our M+M meeting
6. The ENT QIP has enabled the team to think more critically about our complications
7. The ENT QIP has resulted in changes/improvements in practice
8. The ENT QIP has highlighted areas where teaching is required
9. I will recommend/promote the use of the ENT QIP in my next placement

### **Questions for consultants:**

10. The ENT QIP has improved the quality of data collected and presented at our M+M meeting
11. The ENT QIP has enabled the team to think more critically about our complications
12. The ENT QIP has resulted in changes/improvements in practice
13. The ENT QIP has highlighted areas where teaching is required
14. Our department will continue to use the tool after the data collection period has ended to collect our morbidity and mortality data