Purpose
To describe how the development of a specialty Ear, Nose, and Throat (ENT) care unit staffed by experienced ENT nurses positively influences quality outcomes, patient experience, ICU admissions, and readmission and LOS rates in a large, urban, academic medical center.

Background
One population that relies heavily on expert nursing care is the ENT cancer population. Patients with head and neck cancer often have complex postoperative needs, which includes wound, airway and meticulous flap management (Arshad et al., 2014). These patients typically receive post-operative care on four different inpatient units, ranging anywhere from ICU to general floor, which oftentimes lead to poor care transitions.

Literature Review
The idea of specialty unit to improve practice and enhance outcomes is not a new concept. University Hospitals in Cleveland developed an Oto Care Specialty unit in 1998. The initiative came out of chart reviews that revealed over half of the patients undergoing otolaryngology surgery stayed in the ICU for 24 hours or less (Brown, Kresevic, Nosan, 1998). With specialty training and admission criteria for the unit, the team was able to provide this very specific patient population with continuity of care as well as improved outcomes. This study showed that over a 2 year period, only 1 patient required a higher level of care d/t surgical complications and the average savings per patient stay was around $7300 compared to ICU costs.

Implementation
Recent trends and changes in healthcare have seen the development of specialty units, which provide standardized and expert nursing care specific to a population. These specialty units provide continuity of care and strengthen care delivery systems by providing patient centered care. In early 2016, a 16 bed general unit specializing in ENT and Neurology was tasked with opening a new intermediate 11-bed ENT unit specializing in post-operative flap monitoring. This unit required nursing staff to expand and enhance their scope of practice through mandatory education, competencies, skills demonstrations, and ICU curriculums to supplement their existing knowledge and training. In November of 2016, the ENT Intermediate Care Unit opened, with the capability to care for post head and neck reconstructive surgery patients who historically had required post-operative management in four different units from admission to discharge

Evaluation/Outcomes
The development of an ENT Specialty Unit provides for a coordinated approach to post-surgical care, allowing expertly trained staff to care for patients from post op to discharge, all while providing for high quality care and decreased costs. Overall, ICU LOS for these patients significantly decreased from an average of 3.53 days in FY 2015-2016 (pre unit opening) to an average of 2.57 FY 2017-2018, with majority of ENT free flap patients bypassing the ICU.

References