Highlights from the Current Issue:  
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Sprig has arrived in all its glory! The month of May declares itself as the harbinger of the summer months about to explode. It was immortalized in the classic musical Camelot as the “Lusty Month of May.” May is fully the month that puts the cold of winter to rest once and for all and begins the planting of the summer’s vegetables in our backyard gardens and balcony planters. It’s also the month that we will feature patient safety/quality improvement papers in the journal. I have summarized 5 of those papers that we are featuring this month so that you can enjoy these longer, warmer days with some of our interesting content.

In our first paper, Morse and colleagues present a clinical care pathway designed to improve the quality of care in intensive care units (ICUs) for patients undergoing free flap reconstruction following head and neck cancer surgery. In this care pathway, specific patient-level indicators were used to assess appropriate intensity of care, with the goal of avoiding ICU admission where safe and practical. Using this care pathway, the authors were able to demonstrate that the mean length of hospital stay significantly decreased from 10 days to 7 days. In addition, readmission rates dropped from 16% to 0%-3% after institution of the care pathway. Through reducing the rate of ICU admission following head and neck cancer surgery and reconstruction, Morse and colleagues were able to demonstrate that appropriate ventilator management and selection of postoperative care site decreased overall length of stay and reduced readmission among these patients. The authors discuss the implications of their study for future approaches to patient care.

In our second paper, Ruda and colleagues discuss a quality improvement project designed to facilitate improved communication of sleep study results to patients and families in a consistent and timely manner. In this study, the authors performed a comprehensive assessment of the processes involved in the scheduling of pediatric sleep studies and the communication of their results. Using Institute for Healthcare Improvement methodology, they identified concerns at various points along the communication timeline and designed interventions to address them, with the goal of communicating all results within 3 business days. With these intervention strategies, the authors were able to demonstrate an improvement in results communicated from 31% to 93% within 3 business days. Ruda and associates discuss the implications of their communication strategy for future standardization of practice among children undergoing sleep studies.

In our third paper, Panuganti and associates examine the topic of unsolicited patient complaints (UPCs) in otolaryngology and review the efficacy of peer-comparative feedback in reducing the number of UPCs. The study involved a database of 548 otolaryngologists who had a variety of UPCs in their practice satisfaction monitoring surveys, including concerns with treatment (45%), communication (19%), accessibility (18%), concern for patients and families (10%), and billing (8%). The authors noted that a fraction of the sampled otolaryngologists (5.3%) had a disproportionate number of UPCs (23.2%), suggesting a pattern of behavior among these individuals. A performance improvement program was instituted for these 29 otolaryngologists, in which they were given feedback from peers regarding these UPCs. While not all 29 individuals showed sustained improvement following intervention, 20 did show long-term change in the number of UPCs over 2 years. Nassiri and colleagues demonstrate that respectfully sharing peer-comparative data reduces the incidence of UPCs among the majority of otolaryngologists with frequent patient

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complaints but that a minority of these individuals will require ongoing intervention over time to sustain improvement.

Finally, in our fifth manuscript, Itayem and colleagues assess whether the use of segmented 3-dimensional images in endoscopic surgery of the sinuses can improve identification of the anterior ethmoidal artery.\(^5\) Using an approach that provided partitioned and colored images from computed tomography guidance studies, the authors noted that subjects were able to identify the anterior ethmoidal artery more significantly, frequently, and accurately than they were without this segmented imaging. They noted that use of segmented imaging could be an important tool during image-guided surgery as well, although this question has yet to be studied. Nassiri and colleagues further discuss the implications of their study for clinical practice.

Once again, please enjoy the month of May and the heart of the spring! Thank you again for reading *Otolaryngology–Head and Neck Surgery.*

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**References**