

surgery-specific quality measures as well as patient case-load data to ensure equitable surgeon scoring.

7. 'INAPPROPRIATE' EMERGENCY TRANSFERS FOR EVALUATION BY PLASTIC SURGERY

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PURPOSE: So-called 'inappropriate' patient transfers in plastic surgery (PRS) are common and costly, yet lacking in any operational definitions. To address this, we investigated emergent, interfacility transfer requests for plastic surgery consultation at our institution in order to identify potential barriers and solutions for reducing rates of 'inappropriate' transfers.

METHODS: We identified all transfer requests for PRS consultation at our institution over a one-year period and collected and analyzed relevant data.

RESULTS: We identified 287 transfer requests, of which 239 (83.3%) were accepted by PRS. Transfer acceptance was significantly associated with the time of day ($p=0.034$), but not patient age, sex, insurance status, distance, injury mechanism, or region. Nearly 90% of transfers arrived via ambulance despite a median distance of 30.4 miles (range 1-293). 10.0% of transfers were taken for emergent operative intervention, whereas 68.1% underwent ED procedure only. This constituted definitive treatment (i.e. no subsequent outpatient or inpatient interventions) in 60.8% of cases, with low rates of return to the ED (6.3%) or complications (4.2%). 19.2% of transfers were discharged without a hospital admission or any interventions. Patients not accepted by PRS for transfer did not experience delays in-clinic follow-up (1.85 vs 4.7 days, $p=0.680$) or scheduling outpatient procedures (0.7 vs. 3.95 days, $p=0.698$).

CONCLUSION: In this study, we utilize reproducible, objective, and evidence-based criteria to better characterize so-called 'inappropriate' patient transfer in PRS. Our findings represent a blueprint for identifying patients for whom

emergent transfer for evaluation by a plastic surgeon may not increase the value of care.

8. LONGITUDINAL OUTCOMES IN MIDFACIAL GROWTH AND SPEECH FOLLOWING FURLOW DOUBLE-OPPOSING Z-PALATOPLASTY: A 30-YEAR RETROSPECTIVE

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PURPOSE: The purpose of this study was to evaluate the long-term outcomes of midfacial growth and speech following modified Furlow palatoplasty over a 15-year period.

METHODS: A retrospective review was performed of subjects undergoing modified Furlow palatoplasty between 1990 and 2005.

RESULTS: In total, 74 subjects met inclusion. The median age at palatoplasty was 11.0 months and age at follow-up was 18.0 years. Most subjects presented with Veau III (46.0) and IV (40.5%) clefts. Syndromic subjects accounted for 20.3% of subjects. Rates of ONF and VPD were 5.4% and 12.2%. Competent speech was noted in 93% following palatoplasty, 87.5% following orthodontic expansion, and 62.5% following orthognathic surgery. Secondary speech surgery following palatoplasty occurred in 12.2% of subjects. Steiner analysis at maturity noted a median SNA 77.4°, SNB 78.6°, ANB -2.3°, PNS – ANS 78.2 mm, and overjet -4.0 mm. At skeletal maturity, 52.7% of subjects (Veau III 44.1%, Veau IV 70%) demonstrated maxillary hypoplasia and 66.2% ultimately underwent orthognathic surgery (III 64.7%, IV 80.0%). Veau classification correlated with midface hypoplasia ($p<0.05$). Veau IV clefts demonstrated the highest rate of orthognathic surgery (80.0%, $p<0.02$). Orthognathic interventions included single stage movements (81.5%) and distraction osteogenesis (DO, 18.5%).