

# Virtual Vestibular Rehabilitation (VR) clinic SOP

## Approval

Approval Group	Job Title, Chair of Committee	Date
Local clinical governance committee	Chair of clinical governance meeting (Rachel McCarthy, Consultant Clinical Scientist)	March 2020

## Change History

Version	Date	Author, job title	Reason
1	March 2020	Sean Lau, Senior Audiologist	Procedure of conducting virtual appointments during COVID-19
2	May 2020	Sean Lau, Senior Audiologist	Reference made to the recently published guide by the BAA regarding remote working. Suggested guidelines regarding management of VR patients with high anxiety also added.
3	June 2020	Rency Kalarickal, Senior Clinical Scientist	Further amendment detailing triaging process with recovery plan for face to face appointments

This document offers operational advice during COVID-19 and not does replace national guidance and therefore is subject to review and revision as appropriate.

Author:	Sean Lau BSc MSc	Date:	March 2020
Job Title:	Senior Audiologist	Review Date:	March 2022
Policy Lead:	Rachel McCarthy	Version:	Version 2
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### Other relevant corporate or procedural documents:

This document must be read in conjunction with:

- This document should be read in conjunction with COVID-19 Phone Rebook Guidance and Virtual Diagnostic Audio-Vestibular clinic SOP

### 1.0 Purpose

- This standard operating procedure has been devised to give advice on conducting virtual VR clinics referred from the Virtual Diagnostic Audio-vestibular clinic or other professional services during the COVID-19 outbreak in 2020. It also provides guidance on management of patients currently under the VR service.
- **Note:** As of 1<sup>st</sup> May 2020, the British Academy of Audiology (BAA) have published guidelines regarding remote working in NHS Audiology Services during COVID-19 and beyond (available online at: <https://www.baaudiology.org/professional-information/covid-19/remote-working-guidance/>). The published guide includes advice on virtual consultations for VR patients, which the procedures on this document are in line with, as well as providing a summary table of free remote vestibular and holistic resources that the clinician can direct patients to if deemed appropriate.

### 2.0 Scope

- This document is intended for all staff trained for conducting Vestibular rehabilitation clinics working within the Audiology Department. It covers patients who would normally be seen in clinic for face to face appointments.

### 3.0 Roles and responsibilities

- The Team Leaders have responsibility for their service reporting to the Head of Service. A designated lead (senior clinician) is identified for each service pillar with responsibility for absence cover held by the Team Leads.

### 4.0 Definitions

VR: vestibular rehabilitation

DAV: Diagnostic audio-vestibular clinic

SOP: standard operating procedure

FTF: Face to face

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## 5.0 Document content

### 5.1 Introduction

The current VR caseload exists of:

- 1) New referrals to the service from other professionals (eg. ENT, Neurology, etc.) made during COVID-19
- 2) Patients already attending the VR clinic
- 3) Patients identified to benefit from VR at their remote balance assessment appointment

### 5.2 Pre-appointment triage

All VR appointments are done remotely. Appointments can be done by telephone or using remote video on NHS attend anywhere.

- Following discussion between members of the VR team, it has been decided that **we will only be offering video VR and not telephone VR for new patients seen on the Virtual DAV Clinic** who are deemed appropriate for VR and have chosen to go down this route.
  - This decision was made due to the potential safety concerns regarding performing VR over the telephone for new patients as clinicians will be unable to visually assess whether the patient would be able to perform the exercises in a safe and appropriate way; clearly, video VR offers an advantage over telephone here, although still not without its limitations compared to a face-to-face appointment, and therefore would be much more preferable particularly for new patients from the virtual DAV clinic who have never been assessed for VR before.
  - It should be noted that VR patients with high anxiety components to their symptoms may be more appropriately managed by a referral to the department's hearing therapist (who has a special vestibular interest) to meet their holistic needs rather than on the virtual VR clinic. There will be option of virtual appointments with the hearing therapist. For useful resources see appendix, pg 14 and refer to BAA remote working guide (link in appendix)

#### PLEASE NOTE:

- All patients **are contacted** by telephone to ensure they have access to technology to allow them to participate in remote video appointments. Consent is sought at this time to arrange a remote video VR appointment. If there are any issues with accessibility (**only for NEW patients – see above**), then these patients are contacted by telephone and signposted to relevant resources (see Appendix, pg 14) and placed on a waiting list to review in clinic when face to face clinics resume.

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## 5.3 Suggested Appointment Pathway:

### 5.3.1 Video Appointment (For both new and follow-up VR patients):

Such appointments have an advantage over telephone appointments due to the fact that you are able to see the patient and can therefore visibly keep track of how they are managing with the exercises.

- Contact the patient:
  - Confirm the patient's identify by asking them provide their date of birth.
  - Also ask the patient to provide their telephone as a back-up method of contacting them in case the video call disconnects during the session and you are unable to re-establish the connection.
  - Provide introductory explanation as to the nature of the video appointment and ensure pt aware of the limitations of conducting a VR appointment in such a way. An example script, mainly for new VR patients, can be as follows:
 

“Under the current Covid-19 situation, you have consented to a video consultation. This going to be different compared to a standard appointment and obviously we won't be able to do everything that would normally be done during a face to face appointment. The main aim of today is for us remotely assess whether it would be appropriate to commence you on a trial of tailored vestibular rehabilitation balance exercises and whether you would likely receive any significant benefit from it”. Adjust wording as appropriate to reflect a follow-up VR appointment.
- Take VR history in usual manner, use existing VR hotkey 27 (but make sure journal reflects that this is a virtual VR appointment in the title)
  - In particular, enquire if there has been any update to the patient's symptoms since their last appointment (e.g. new symptoms or progression to existing ones especially useful in existing VR patients). Also enquire about patient's current neck status and mobility.
- Perform VR exercise assessment/review as you would on a face-to-face VR, demonstrating the relevant exercises over video to patient.
  - If there are concerns about the patient's current neck status, first demonstrate a quick neck screen and get patient to perform cautiously to determine their ability to perform VR without any significant neck discomfort.
  - **Ensure patient safety as much as possible by making sure they are performing the exercises shown in the corner of a room if possible with a steady chair in front for support if needed.**
- Once VR assessment/review completed, decide whether VR would be appropriate for patient.

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- For New VR patients:
  - **If VR deemed appropriate:** Counsel on the principles/theory of VR and offer trial of VR but stressing the need for realistic expectations, especially so since appointment being conducted remotely.
  - If pt consents to a trial then provide instructions on how the exercises are to be performed. Reassure patient that written instructions will be provided on the VR report that we will post to them. Alternatively, or additionally, consider handwriting the specific instructions on a hard copy of VR exercises leaflet, scan it, and then email or post to the patient.
  - Make virtual VR follow-up in typically 6-8 weeks to review patient’s progress. Place patient on “**COVID Video VR waiting list**” on Auditbase, providing a rough timescale in the comments of when they should be contacted (E.g. review in mid May).
  - **If VR not deemed appropriate:** Discuss reason why and either discharge if appropriate or determine whether any other relevant management or onward referral would need to be considered.

**5.3.2 Telephone VR Appointment (for VR follow-up patients only, not for new VR patients)**

- Contact the patient:
  - On calling the patient (preferably using speaker phone if available and hiding your number by using the prefix “141” if calling from a mobile), check patient’s date of birth to confirm identity. Check that patient can hear you sufficiently over the phone.
  - Provide introductory explanation (following similar example script as above for video) as to the nature of the call and particularly **make pt aware of the limitations of conducting a VR appointment via telephone.**
- Perform VR review by asking patient to perform their given exercises and to report in real-time to you over the phone how they are getting on with them.
  - **In light of the fact that you are unable to see the patient, extra care has to be considered when performing VR exercise review during such appointments.**
  - Again, if there are concerns about the patient’s current neck status, then consider asking them to perform a quick neck screen although you will have to rely on patient’s verbal response to judge whether it would be appropriate to proceed with VR /review. Obviously this will be much harder to gauge compared to video appointments so please encourage the patient to be as truthful as possible regarding their comfort levels during the neck screen.
  - Again, ensure you explain that they are to perform the exercises in the corner of a room with a steady chair in front for support if needed.

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- If the patient does not already have a physical copy or if they have forgotten and would like a reminder in written form, email a pdf/MS Word copy of the VR balance exercises leaflet to patient and see if they are able to open the file during the session to help refresh their memory.
- **It may be sensible to advise the patient not to perform certain exercises from their list (particularly Ex 9, walking with head movements) if you have concerns about their ability to perform it safely depending on what they have reported to you today, since you are unable to visibly judge how patient coping with that exercise.**
- Double check that patient has understood your instructions and encourage them to ask questions if needed.
- Once VR exercise review is completed, determine the following:
  - If patient still symptomatic with exercises and deemed to be still suitable for VR and would like to continue, modify exercises if appropriate and place on on **“COVID Video VR waiting list”** on Auditbase for review in typically 6-8 weeks (again comment on the timescale for review). Stress the advantages of video over telephone to the patient and encourage the patient to consider a video appointment for their next follow-up (check they have access to a smartphone/tablet/computer with webcam and mic).
  - If patient symptom-free or only mild residual symptoms reported with exercises, suggesting compensation has likely occurred, consider discharge.

### 5.3.3 DNA appointment

If on the scheduled day of the appointment, contact can not be made with the patient, a letter is sent to them advising them to contact the department should they require a further appointment as they **will not receive one** automatically. If they do not contact the department within 12 months of the appointment, they will be discharged from the department. They will then need to be re-referred to the department. (See Appendix, pg 13 for DNA letter)

### 5.3.4 Post appointment

Following the virtual appointment, all patients are sent a clinic report with a copy of vestibular exercises as discussed during the appointment; they are also signposted to any other relevant resources (Appendix: pg 14). The BAA website offers suitable resources available on the link <https://www.baaudiology.org/app/uploads/2020/05/6.-Remote-Working-Vestibular-Services.pdf>

A further plan for follow-up is discussed with them at the time of the appointment and they are placed on the appropriate waiting list for a review usually 6-8 weeks time. If they are suitable for future remote video appointments, they are placed on the **“COVID video VR waiting list”**. If there are safety concerns, and it is felt that they are better assessed and managed in face to face appointments, they are placed on the **“COVID VR Face to face waiting list”**.

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## 6. Recovery plan to triage VR patients when FTF clinics resume

Patients on the current '**COVID VR face to face waiting list**' will be triaged using the Dizziness Handicap Inventory (DHI) questionnaire to assess impact of their symptoms and perceived handicap.

There is a pre-rating checklist to understand whether patients would attend FTF appointments when clinical activity resumes (see Appendix, pgs 10-12)

Patients will be prioritised based on scores and FTF appointments offered if appropriate and in keeping with current best practice and national advice.

## 7.0. Monitoring and compliance

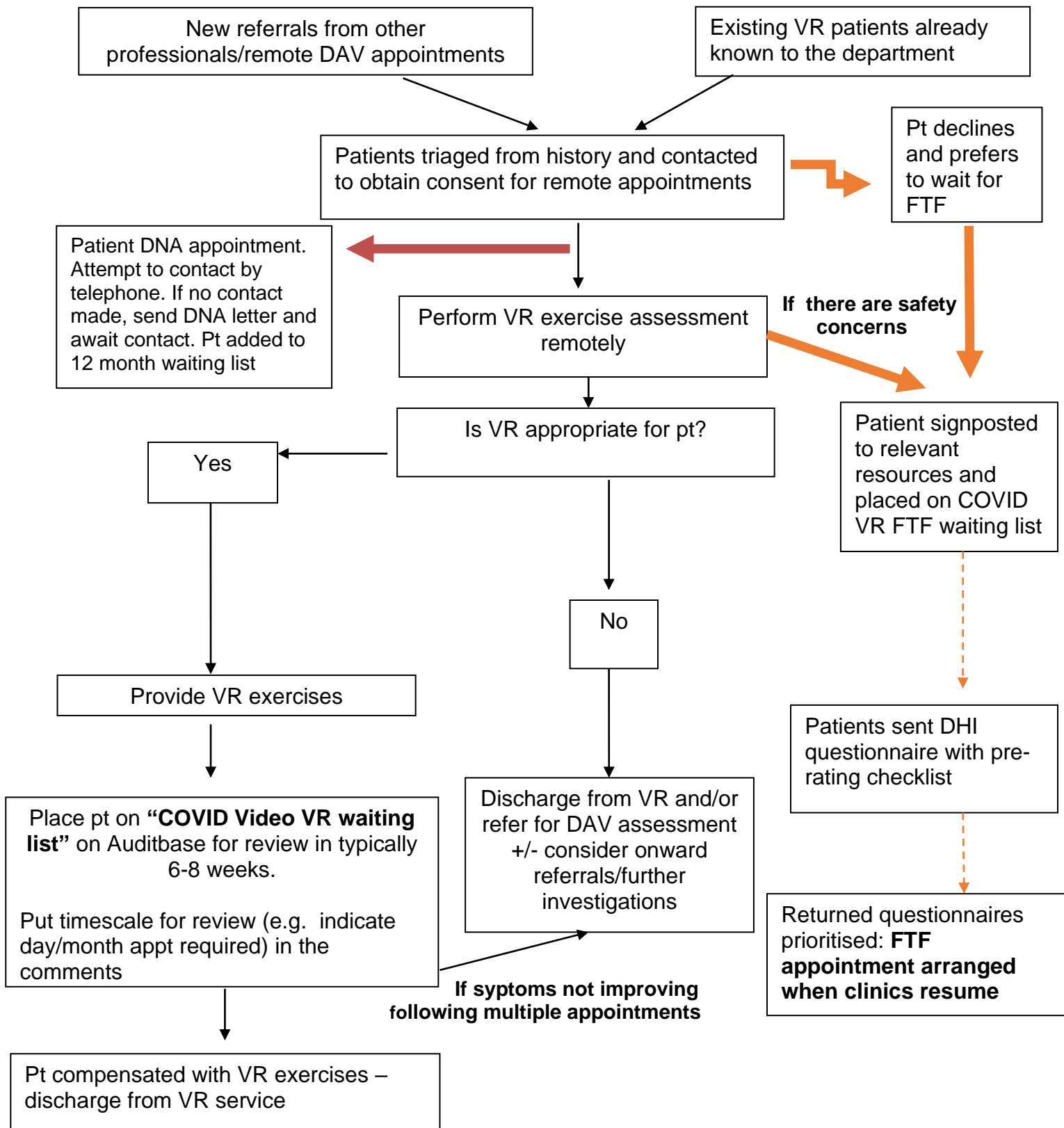
A sample of patients will be audited following the completion of the remote appointment process. Check whether management was correct.

A sample of patients will be audited for the whole pathway to establish whether management decisions were appropriate and what can be learned and applied in future.

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## 8. Appendices

### 8.1 Flowchart showing VR pathway during COVID19



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## 8.2- Appointment types

Please ensure in the comment section for each audit base COVID19 list you state the appointment type, with the time you want allocated for the appointment and the location in the following way using the exact spacing and text so that when alphabetised all the same appointment types for each location come up together.

For example DREF 30 RBH

### PRIORITY PATIENTS

If the patient is a priority due to reported asymmetry please put PRIORITY at the start then the appointment type and location.

Appointment type	Abbreviation
DREF or NREV (history taken)	DREF 30
DREF OR NREV (history <u>not</u> taken)	DREF 45
Fit 1	FIT 1
Fit 2	FIT 2
Assess and fit 1 (history taken)	A&F1 75
Assess and fit 1 (history <u>not</u> taken)	A&F1 90
Assess and fit 2	A&F2 75
Assess and fit 2 (history <u>not</u> taken)	A&F2 90
Follow up 30 mins	FU 30
Follow up 45 mins	FU 45
Balance	DAV
Vestibular Rehab	VR
Tinnitus	TIN or TIN senior
Hearing Therapy with Jen	HT Jen
Hearing Therapy with Lisa	HT Lisa
Over 3 30 mins	O3 30
Over 3 45 mins	O3 45
Under 3 30 mins	U3 30
Under 3 45 mins	U3 45
HARs (paeds)	HAR

### LOCATION OF APPOINTMENT

Reading = **RBH**

Bracknell = **BRK**

Henley = **TLDS**

Wokingham = **WOK**

Wallingford = **WAL**

West Berks = **WBCH**

Mobile unit Loddon vale = **MU-LV**

Mobile unit Pangbourne = **MU-P**

Mobile unit Wantage = **MU-W**

Domiciliary visit = **DOM**

Please add CROS, Senior, Profound, ALD at the END if required.

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### 8.3 Questionnaire sent to patients to triage VR face to face appointments



Royal Berkshire  
NHS Foundation Trust

Name:

Address:

MRN:

Date:

#### Pre-Rating Checklist

As we make arrangements and plan for future services, please can you assist us by completing this questionnaire to help us tailor the appointment as per your needs. Please put [X] in the appropriate column to indicate your choice.

	Yes	No
1. Are you currently shielding?		
2. Do you still require a future vestibular rehabilitation appointment?		
3. Would you attend face to face appointments when clinics resume?		

If you answered 'yes' to question 3, when would you feel comfortable attending face to face clinic appointments?  before September  after September

#### The Dizziness Handicap Inventory (DHI)

The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness. Please check 'yes', **or** 'sometimes', **or** 'no' to each question. Please answer each question **ONLY** as it pertains to your dizziness problem.

No.	Question	Yes	Sometimes	No
P1	Does looking up increase your problem?			
E2	Because of your problem, do you feel frustrated?			
F3	Because of your problem, do you restrict travel for business or recreation?			
P4	Does walking down the aisle of a supermarket increase your problems?			
F5	Because of your problem, do you have difficulty getting into or out of bed?			
F6	Does your problem significantly restrict your participation in social activities, such as going out to dinner, going to the movies, dancing, or going to parties?			
F7	Because of your problem, do you have difficulty reading?			

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F8	Does performing more ambitious activities such as sports, dancing, household chores (sweeping or putting dishes away) increase your problems?			
E9	Because of your problem, are you afraid to leave your home without having someone accompany you?			
E10	Because of your problem have you been embarrassed in front of others?			
P11	Do quick movements of your head increase your problem?			
F12	Because of your problem, do you avoid heights?			
P13	Does turning over in bed increase your problem?			
F14	Because of your problem, is it difficult for you to do strenuous homework or yard work?			
E15	Because of your problem, are you afraid people may think you are intoxicated?			
F16	Because of your problem, is it difficult for you to go for a walk by yourself?			
P17	Does walking down a sidewalk increase your problem?			
E18	Because of your problem, is it difficult for you to concentrate?			
F19	Because of your problem, is it difficult for you to walk around your house in the dark?			
E20	Because of your problem, are you afraid to stay home alone?			
E21	Because of your problem, do you feel handicapped?			
E22	Has the problem placed stress on your relationships with members of your family?			
E23	Because of your problem, are you depressed?			
F24	Does your problem interfere with your job or household responsibilities?			
P25	Does bending over increase your problem?			

Please can you return the questionnaire to the Audiology department, as soon as possible, using the Freepost provided (no stamp needed). On receiving the response we will offer you an appointment based on your needs when face to face clinics resume.

If you do not contact us within 12 months you will be discharged. We assume that by not responding to this letter, your symptoms have resolved and you no longer need an appointment.

Thank you for taking the time to complete this questionnaire.

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**Scoring sheet not included in questionnaire given to patient (for clinical use only)****DHI Scoring Instructions**

To each item, the following scores can be assigned:

Yes=4

Sometimes=2

No=0

**Scores:**

16-34 Points (mild handicap)

36-52 Points (moderate handicap)


54+ Points (severe handicap)

**Notes:**

- 1) This questionnaire is a subjective measure of the patient's perception of handicap due to the dizziness
- 2) The bottom score is 0 (no perceived disability) and the top score is 100 (maximum perceived difficulty)
- 3) The following 5 items can be useful in predicting BPPV
  - Does looking up increase your problem?
  - Because of your problem, do you have difficulty getting into or out of bed?
  - Do quick movements of your head increase your problem?
  - Does bending over increase your problems?
- 4) Subscale scores can be used to track change as well : Physical (P), Emotional (E), Functional (F)

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## 8.4 DNA Vestibular rehabilitation virtual appointment letter

<p>#Client full name# #Client address# #Client postcode#</p>	 <b>Royal Berkshire</b> NHS Foundation Trust  <b>Vestibular Assessment and Rehab Clinics</b> Audiology 2 and 3 Royal Berkshire Hospital London Road Reading RG1 5AN  Telephone: (0118) 322 7238 Email: <a href="mailto:audiology.royalberkshire@nhs.net">audiology.royalberkshire@nhs.net</a>  Date: #Current date#
<p><b>Name: #Client user title# #Client full name# Hospital Number: #Client primary identification code# DOB: #Client date of birth#</b></p>	
<p>Dear #Client title# #Client last name#,</p>	
<p><b>Re. Did Not Attend (DNA) Vestibular rehabilitation virtual appointment on #Current date#</b></p>	
<p>I am sorry that you were unable to attend your virtual appointment. We have attempted to contact you but have been unsuccessful.</p>	
<p>We will not be making another appointment automatically; please contact the department on 0118 3227238 should you want to organise this.</p>	
<p>Please be advised that if we have not heard from you within 12 months of today's appointment, we will assume that you no longer require an appointment and will be discharged from the service.</p>	
<p>Yours sincerely,</p>	
<p>Audiology Department</p>	
<p>CC: GP: #GP doctor full name# #GP doctor address# #GP doctor postcode#</p>	

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## 9. References and useful links

- **British Academy of Audiology: A guide to remote working in Audiology services during COVID-19 and beyond – available on**  
<https://www.baaudiology.org/app/uploads/2020/05/6.-Remote-Working-Vestibular-Services.pdf>
  
- **Free downloadable booklet:**
  1. **Balance retraining exercises**  
<http://www.menieres.org.uk/files/pdfs/balance-retraining-2012.pdf>
  
  2. **Controlling your symptoms:** booklet with suggestions to reduce stress/anxiety related to dizziness  
<http://www.menieres.org.uk/files/pdfs/controlling-your-symptoms.pdf>
  
- **Holistic resources:**  
**Mindfulness resources:**  
  
<https://www.breathworks-mindfulness.org.uk/mindful-self-care-for-trc-times>  
  
<https://mbct.co.uk/meditating-in-troubling-times/>
  
- **Dizziness Handicap Inventory Questionnaire (adapated from)**  
[http://www.rehab.msu.edu/files/docs/Dizziness\\_Handicap\\_Inventory.pdf](http://www.rehab.msu.edu/files/docs/Dizziness_Handicap_Inventory.pdf) **and from**  
  
<https://www.sralab.org/sites/default/files/2017-06/Dizziness%20Hanicap%20Inventory%20-%20English.pdf>

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