

REMOTE TRIAGE APPOINTMENTS FOR VESTIBULAR PATIENTS DURING COVID AND BEYOND.

STREAMLINING THE PATIENT PATHWAY TO FACILITATE BEST PRACTICE AND REDUCE CLINICAL VARIANCE

Caroline Rae - Vestibular Team Lead, NHS Tayside. Joanna Forrest - Specialist Audiologist, NHS Tayside

INTRODUCTION

The COVID 19 Pandemic has changed the way that outpatient departments are run across NHS Scotland. Initially this was due to physical distancing regulations and enhanced infection control measures, but as remobilisation continues it is evident that the waiting list challenges are going to be a major focus going ahead for all outpatient clinics including ENT and Audiology.

In 2020 the pathway for those presenting with vestibular dysfunction (vertigo and dizziness) was redesigned and a remote triage appointment carried out by vestibular audiologist was introduced. All patients referred to ENT for vertigo/dizziness attended and initial remote Near Me or telephone triage appointment. This reduced face to face appointments at a time when outpatient appointments were cancelled for those with vestibular dysfunction and also reduced clinical variance for these patients, making sure that they were seen in the most suitable clinic for assessment and treatment.

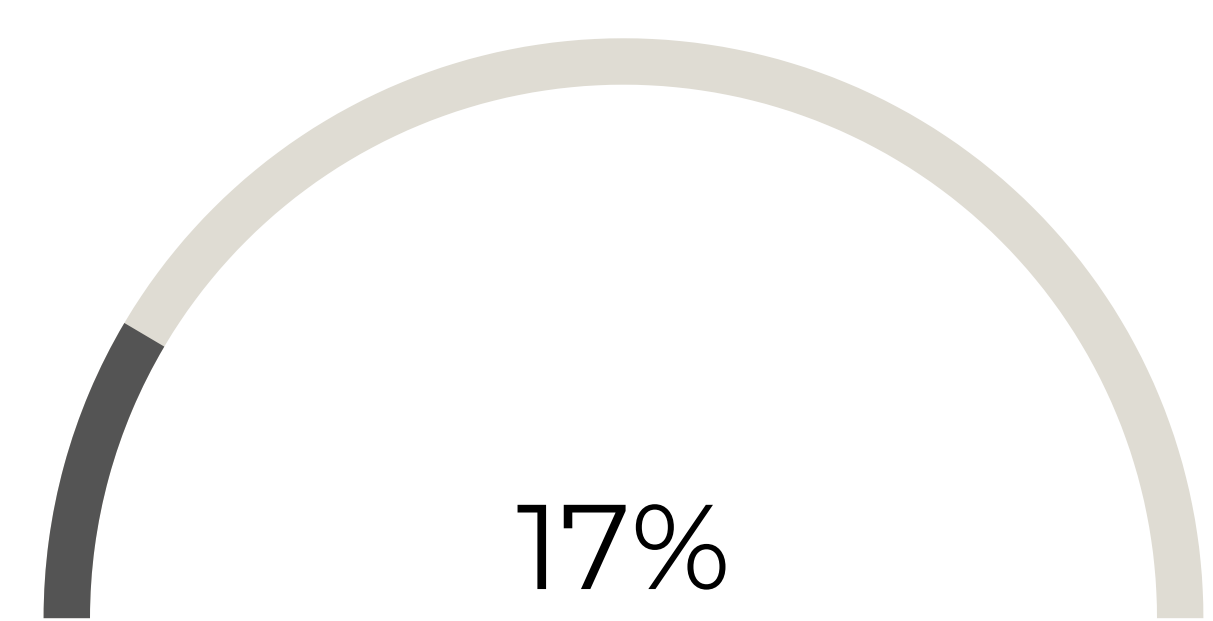
AIMS

The aim of this project was to map and audit the patient pathway for remote triage vestibular appointments and assess its clinical relevance as services across NHS Scotland remobilise

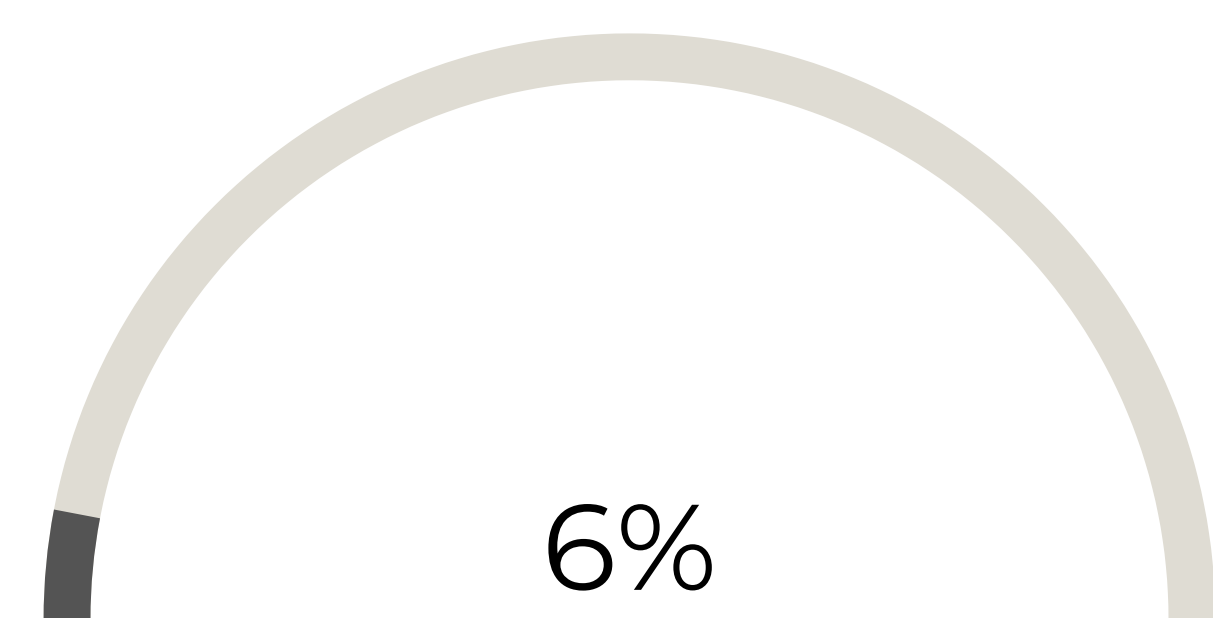
RESULTS



82% OF PATIENTS MANAGED BY VESTIBULAR AUDIOLOGISTS WITHOUT THE NEED FOR ONWARD REFERRAL



17% OF PATIENTS DISCHARGED ON ADVICE, WITHOUT REQUIRING A FACE TO FACE APPOINTMENT



6% OF PATIENTS DID NOT ATTEND THEIR TRIAGE APPOINTMENT

Since August 2020 500 vestibular patients were remotely triaged by audiology. 88 (18%) of these patients were referred on to ENT and 412 (82%) were managed by vestibular audiologists. 84 (17%) patients were discharged without requiring a face-to-face appointment. The average wait for an initial appointment was 67 days which is within RTT guidelines for this patient demographic, especially at a time when waiting lists in most specialities are climbing.

ENT vertigo appointments are 30 minutes. 412 patients managed by vestibular audiologists over 18 months is the equivalent of 59 ENT clinics or an average of 3 clinics a month freed up for ENT consultants.

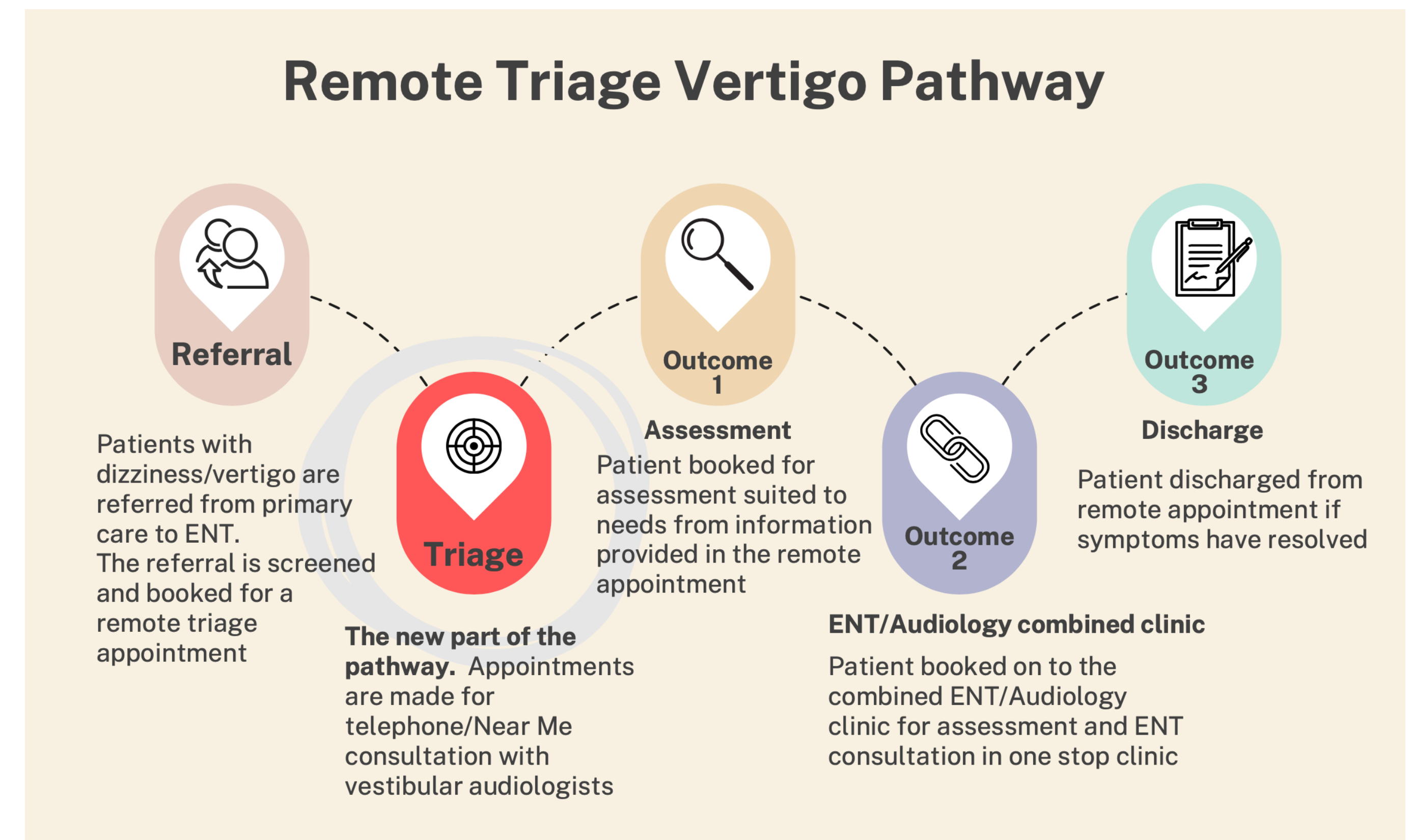
2019 ISD figures show total direct cost per attendance of a new patient for an ENT consultant as £153 vs an Audiologist cost per attendance for a new patient is £59. This amounts to a £94 saving per new patient appointment managed by audiology. In total this is a 38,728 saving over the 18 month span that this new pathway has been running.

DISCUSSION

The introduction of a remote triage appointment has been beneficial. This was introduced due to pandemic requirements but will now be a routine part of the patient pathway. This pathway utilised the skills mix available. It is shown to be timely and effective. Further audits would be beneficial to see the re-referral rate and discharge rate following vestibular rehabilitation and these will be carried out looking at this demographic over a wider time frame.

REFERENCES

- ISD Scotland (2019) – Cost book by speciality. Online. Available from isds.scot.nhs.uk/health-topics/finance/costs
- Hunter, B, Segrott, J (2008) Re-mapping client journeys and professional identities: A review of the literature on clinical pathways, International Journal of Nursing Studies, Volume 45, Issue 4, Pages 608-625
- Aspland E, Gartner, D & Harper, P (2021) Clinical pathway modelling: a literature review, Health Systems, 10:1, 1-23
- Swanepoel de W, Clark JL, Koekemoer D, Hall JW 3rd, Krumm M, Ferrari DV, McPherson B, Olusanya BO, Mars M, Russo I, Barajas JJ. (2010) Telehealth in audiology: the need and potential to reach underserved communities. Int J Audiol. Mar;49(3):195-2022
- D'Onofrio Kristen L., Zeng Fan-Gang (2022) Tele-Audiology: Current State and Future Directions Frontiers in Digital Health: VOLUME=3



METHODS

The new remote triage appointment pathway was mapped and a retrospective audit carried out using the AuditBase and TRAKcare patient management systems to see if there was the prospect of longterm benefit in the new pathway.

Retrospective data from 500 patients who have attended a remote triage appointments since August 2020 was audited and analysed.

Referral to treatment, onward referral, discharge and DNA rates were investigated to ascertain if a remote triage pathway was beneficial for this patient cohort where early intervention and treatment often produces better long term outcomes.

AVERAGE RTT 67 DAYS FOR THIS PATIENT DEMOGRAPHIC

£38,728

SAVINGS OVER THE 18 MONTH PERIOD. COST OF AUDIOLOGIST TIME VS ENT TIME

CONCLUSION

Mapping the remote triage patient pathway has shown that vestibular audiologists are well placed to manage this patient demographic. The remote triage appointment reduced patient handovers and the need for an initial face to face appointment, this reduced clinical variance and ensured that patients were seen in the correct clinic for the correct assessment and management.