REMOTE TRIAGE APPOINTMENTS FOR VESTIBULAR PATIENTS DURING COVID AND BEYOND. STREAMLINING THE PATIENT PATHWAY TO FACILITATE BEST PRACTICE AND REDUCE CLINICAL VARIANCE

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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 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 if this project was to map and audit the patient pathway for remote triage vestibular appointments and assess it’s clinical relevance as services across NHS Scotland remobilise.

RESULTS
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 byaudiology. 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

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.

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.

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.