

Title: Time for change!

Developing a sustainable pathway to reduce patient waiting times within the balance service.

Category: Service improvement

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Introduction

A Fast-track clinic for the balance service was developed to achieve a coherent approach to the demand and capacity issues within the balance service in terms of patient waiting times.

We looked into waiting times for the current patient journey to be seen by Audiovestibular consultant, then by a vestibular audiologist for testing and implementation of a management plan and for subsequent follow-up with the consultant.

While tailoring and developing this protocol, we were mindful of limited professional resources, especially **specialist vestibular audiologists and balance therapists** and how effectively we could manage the demand and capacity issue without compromising the quality of the service.

Methodology:

Comparison and prediction methods were implemented to assess patient waiting times in a traditional vestibular test battery approach versus the fast-track vestibular testing clinic.

Firstly, we devised a new clearly communicated referral protocol and pathway. Secondly, liaison with consultant colleagues enabled effective triage.

Sample size: 67 patients

6 patients were seen in each session.

Clinicians required: One lead Vestibular Audiologist and one Senior Audiologist.

Reporting: Developed a vestibular testing fast-track clinical pro forma

Time: Total time spent with each patient is 1 hour, which covers two to three tests, split between 2 clinicians – 30 minutes each.

Contraindications: the same as a traditional vestibular testing clinic.

Tests and equipment available in the routine vestibular clinic:

1. Videonystagmography (VNG),
2. video head impulse testing (v-HIT),
3. vestibular evoked myogenic potentials (vemps),
4. mastoid vibrator to test vibration-induced nystagmus (VN),
5. balance board
6. Bithermal caloric testing.

Fast track format:

1. vng and vhit (all canals)
2. vng and vemps
3. vhit and balance board
4. vhit and vemps
5. vng and balance board.

If three tests were required, most commonly, it was balance board or vibration-induced nystagmus testing, as Audiovestibular consultants requested, which was added to the protocol accordingly. If there was any clinical doubt, further testing was arranged after discussing the fast-track results with the Audiovestibular consultant.

Patient waiting time and pathway:

The average predicted waiting time for routine vestibular testing, management plan and rehabilitation is typically between 16-18 weeks and sometimes up to 20 weeks.

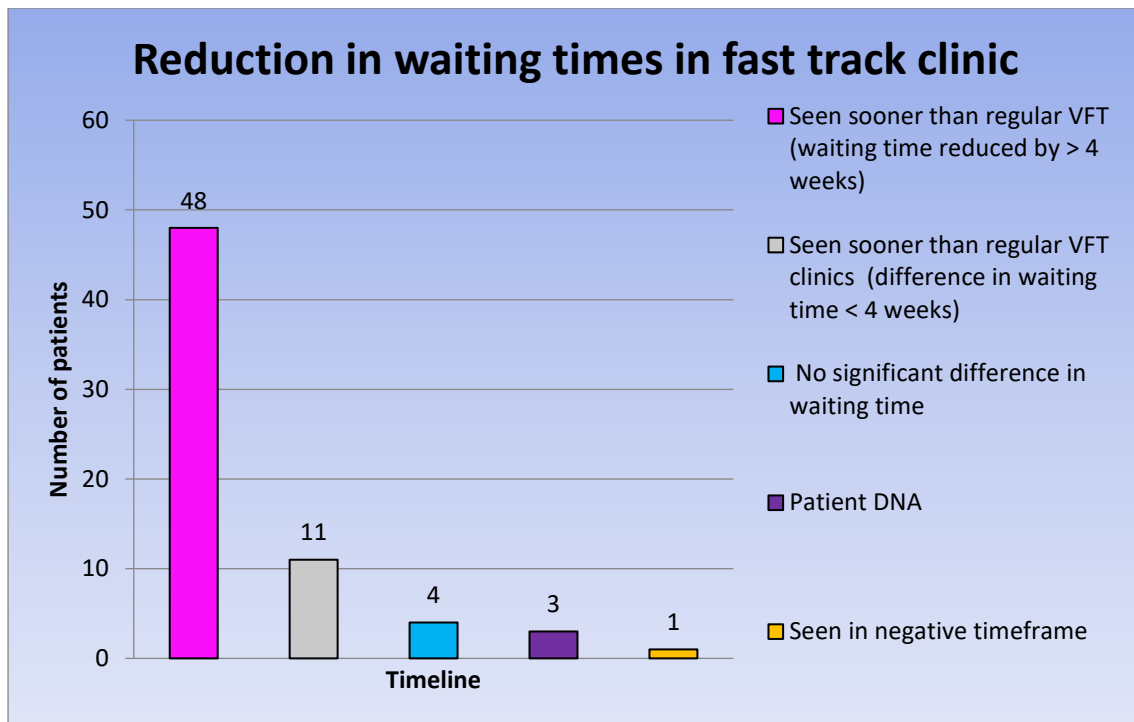


Figure 1

We piloted fast-track clinics for 67 patients.

Figure 1 shows the distribution of waiting times in the fast-track clinic. 48 patients were seen

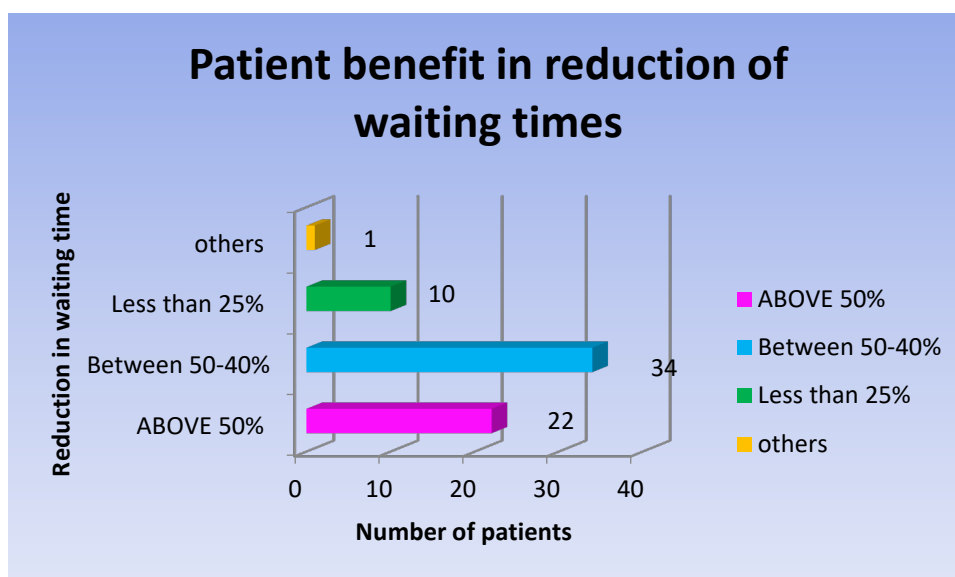


Figure 2

Figures 2 and 3 show the distribution of the reduction in waiting times in relevance to the benefit experienced by the number of patients.

34 patients, 51%, benefitted from a 40-50% reduction in waiting time for testing and further management because of the fast-track clinic compared to regular VFT.

22 patients, 33%, benefitted from a 50% -70% reduction in waiting time for testing and further management because of the fast-track clinic compared to regular VFT.

10 patients, indicating 15% of patients, only benefitted 25%- 30% reduction in waiting time for testing and further management because of fast track clinic compared to regular VFT.

1 patient, 1%, was included in the other category, with no significant difference in waiting time.

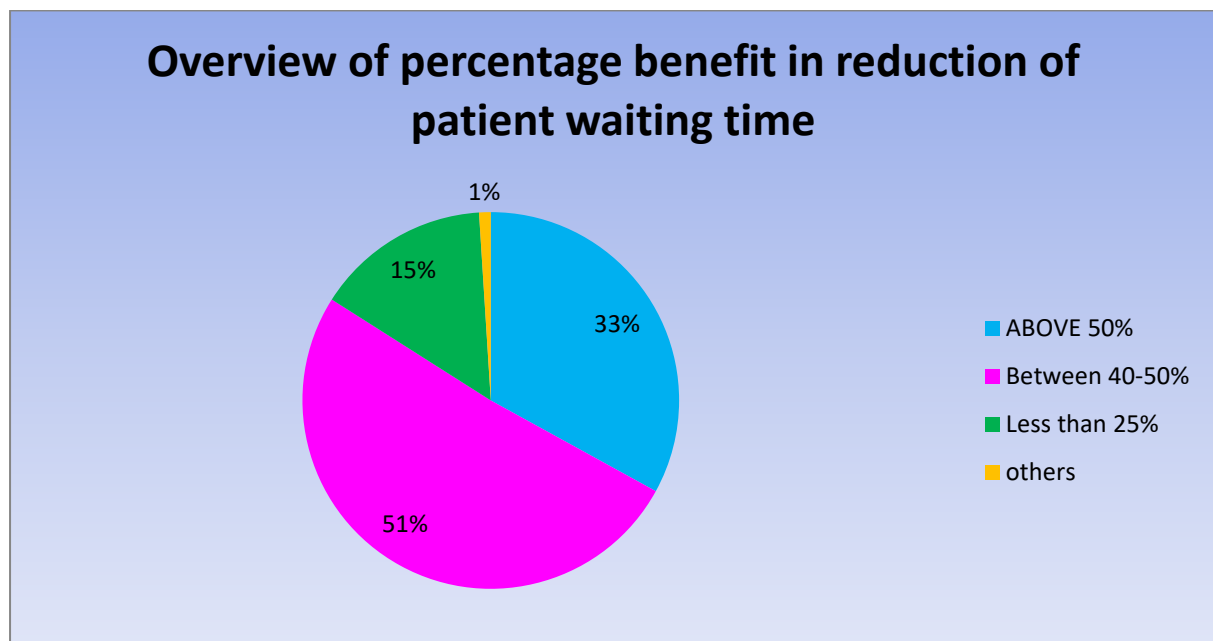


Figure 3

Outcome:

Overall, after implementing fast-track clinics we saw a 40-50% reduction in patient waiting times. Subsequently, we have implemented fast-track clinics routinely every month. We run 3 to 4 sessions which reduces 28 to 30 patients per month from our routine waiting list. This created more slots for more complex patients in a routine two-hour session.

This protocol and pathway enabled 50% of patients to access:

- their management plan sooner
- balance rehabilitation appointments
- onward referral if appropriate

Fast-track sessions also helped most of the migraine-oriented dizziness patients to start an appropriate management plan sooner.

An additional benefit was to create opportunities for in-house training for Audiologists.

(Routine training for vestibular Audiologists can take up to 18 months as it includes a complete test battery, the fast track approach allows us to concentrate on one specific test)

References:

Pushing the boundaries: Evidence to support the development and implementation of good practice in audiology

www.improvement.nhs.uk/audiology

Department of Health (2016). Commissioning Framework for Audiology 2016. Balance Working Group Document V1. Available at <http://www.thebsa.org.uk/wp-content/uploads/2014/04/Commissioning-Framework-Audiology-Balance-Working-Group-Documentation-Version-1.pdf>.

Friedland, D.R., Tarima, S., Erbe, C. & Miles, A. (2016). Development of a Statistical Model for the Prediction of Common Vestibular Diagnoses. *JAMA Otolaryngology – Head & Neck Surgery*. 142 (4) pp.351-356.

Kasbekar, A.V., Mullin, N., Morrow, C., Youssef, A.M., Kay, T., Lesser, T.H. (2014). Development of a physiotherapy-led balance clinic: the Aintree model. *Journal of Laryngology & Otology*. 128 pp. 966–71.

Britt, C.J., Ward, B.K., Owusu, Y., Friedland, D., Russell, J.O. & Weinreich, H.M. (2018). Assessment of a Statistical Algorithm for the Prediction of Benign Paroxysmal Positional Vertigo. *JAMA Otolaryngology – Head & Neck Surgery*. 144 (10), pp. 883-886.

Trinidad, A. & Yung, M.W. (2014). Consultant-led, multi-disciplinary balance clinic: process evaluation of a specialist model of care in a district general hospital. *Clinical Otolaryngology*. 39 pp. 95-101.

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