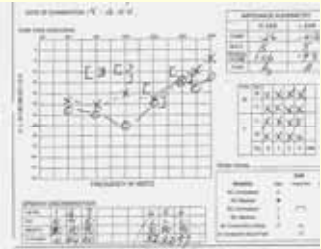


Have you Heard? Complimentary Care in Audiology

Helping to reduce the E.N.T.
out-patient waiting list



Role of the Audiologist

- Diagnostic audiologist
 - Diagnose type of hearing loss but not cause
 - Provide a range of tests to assess the status of the hearing system
 - Includes hearing tests of the outer, middle & inner ear, 8th N., brainstem, vestibular system & cortical portion of brain
 - Implantable hearing aids
 - Work closely with ENT
- Rehabilitation Audiologist
 - Fit hearing aids

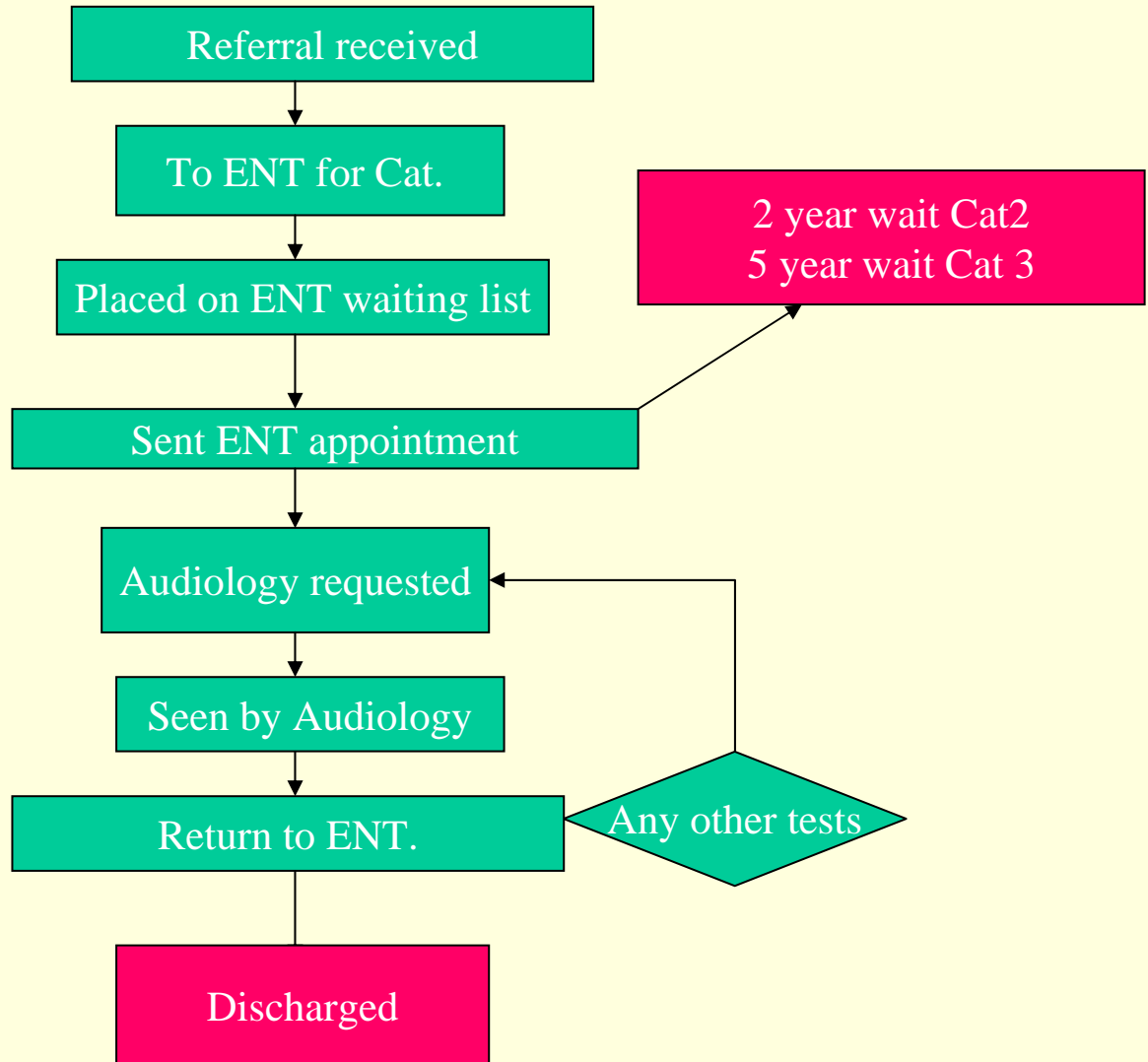
The Problem

- Any referrals to ENT involving auditory system are categorized by ENT based on referral
- Usually no hearing assessment done prior to referral
- No hearing assessment requested by ENT
- Therefore no clear indication of the true problem
- Policy that all hearing referrals go through ENT



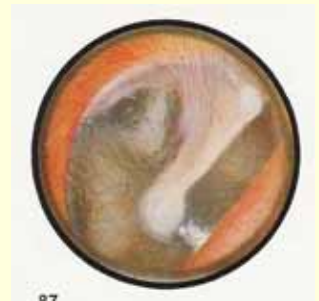
Problems

- W/L for cat 2 was ~ 1,000
- Cat 3 was ~ 2,000
- Of that total 1,000 required hearing assessment
- When finally seen by ENT
 - Sent ENT appointment
 - Seen by ENT
 - Audiology tests ordered
 - Rebooked for ENT
- Time consuming & wasting time, lengthens clinic waiting times



Issues

- Patients with serious problems not seen in a timely manner because of inaccurate categorization due to lack of good clinical information
- Patients with minor problems which are easily dealt with & can be discharged, sit on the W/L for years
- Many need clearance for hearing aids - no medical treatment required (can be done by GP but not by audiologist)



Solution

- Following discussions with ENT, it was decided that:
 - Audiology would go through the Cat 2 & 3 lists & pull any requiring hearing assessment
 - They would be tested & then reassessed by the ENT Registrars
 - Over 1,000 people on the waiting list with ear problems

Note: this does not address nose & throat problems on the ENT LIST

Obstacles

- Some consultants opposed the idea
- Felt that Audiology was overstepping the mark
- Felt that we would miss some more serious cases
 - Despite the fact that if sitting on ENT waiting list would not be seen anyway
 - This at least would enable Registrars to more accurately categorize patients
- Felt that may be medico-legal issues by accepting referral & leaving on W/L
 - But referral has been accepted thus clinic responsible
 - Less likely if patient has had better assessment of problem

NOTE: Audiologists do not diagnose, we test so we DON'T miss the pathology

Procedure

- Patients were contacted by phone
- It was explained that they would not be seeing the Doctor but that they would have audiological assessment
- They would be re-categorized following the test
- Patients from a long distance were given the opportunity to be seen immediately or wait for ENT

Results

- Data was kept for the first 716 patients (lack of clerical support made it difficult to maintain a data base)
- 308 cat 2
- 408 cat 3
- Cat 2:
 - 60 upgraded to cat 1
 - 18 upgraded to be seen within 3-6 months

Results (cont)

- Cat 3
 - 61 Upgraded to Cat 2 to be seen within 3-6 months
 - 29 upgraded to Cat 1
- Others
 - 3 discharged to other hospitals
 - 1 went private
 - 1 downgraded

Summary

- CAT 2
 - 25% of upgraded
- CAT 3
 - 22% of upgraded
- Overall total
 - 23% re-categorized
 - 12% of total upgraded to cat 1
- 132 (32%) of Cat 3 could be discharged after one visit to ENT

What Next?

- Discharge clinic
- Change referral flow process
- Regular review of both cat 2 & 3 patients remaining on the waiting lists

Discharge Clinic

- Funding given for a discharge clinic for 6 months (possible ongoing funding for future)
- The audiologist pulled all cases that felt could be discharged after one visit
- Data to be kept on all patients seen – how many were discharged, when, reviews etc
- Audiologist also kept data on the suitability of the cases chosen

Discharge Clinic Preliminary Results

Changing the Classification Process

- Redesign the form
- Train the Registrars

NEW CASE REFERRALS
EAR, NOSE & THROAT OUTPATIENT DEPARTMENT

UR Number _____ Name: _____

Dr: _____

Urgent: Appointment desirable with 30 days
(Appointment within 30 days desirable for condition that has the potential to require increased complex care if delayed or have significant impact on quality of life)

Semi Urgent: Appointment desirable with 90 days
(Appointment within 90 days desirable for a condition that is not likely to deteriorate quickly or require increased complex care if delayed)

Routine: Appointment not required within 90 days
(Appointment not required within 90 days for a condition that will not deteriorate quickly or require increased complex care if delayed)

Audiology Appointment required to complete categorisation

Doctors initials: _____ Assessment/Catchment Screen Completed

Date: _____ Accepted
OR
 Not Accepted

POST AUDIOLOGY APPOINTMENT FOR POTENTIAL RE-CATEGORISATION

Urgent: Appointment desirable with 30 days
(Appointment within 30 days desirable for condition that has the potential to require increased complex care if delayed or have significant impact on quality of life)

Semi Urgent: Appointment desirable with 90 days
(Appointment within 90 days desirable for a condition that is not likely to deteriorate quickly or require increased complex care if delayed)

Routine: Appointment not required within 90 days
(Appointment not required within 90 days for a condition that will not deteriorate quickly or require increased complex care if delayed)

Doctors initials: _____

Date: _____

