
Audiology 1st Contact Clinic

Initiative Type

Model of Care

Status

Close

Added

27 July 2017

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12 February 2024

URL

<https://clinicalexcellence.qld.gov.au/improvement-exchange/audiology-first>

Summary

In this model referrals to the Ear Nose and Throat (ENT) outpatient clinics are triaged by the consultant with Category 2 and 3 patients that meet the inclusion criteria, assessed by the audiologist as the first point of contact, and where necessary, continued on to see a Medical Officer. The audiologist performs a range of diagnostic tests and is supported by clinical guidelines and the authority (determined by the ENT consultant) to manage, escalate, discharge, or redirect the patient

back to the ENT consultant as necessary.

Key dates

Sep 2015

Dec 2015

Implementation sites

West Moreton Hospital and Health Services

Key Contacts

Christina Nipperess-Sims

0022

paul.blee.hiu

Audiologist

West Moreton Hospital and Health Services

(07) 3810 1385

Christina.Nipperess-Sims@health.qld.gov.au

Aim

To increase access to and provide a more efficient, timely Ear, Nose and Throat (ENT) outpatient service for patients referred with ear related conditions.

Benefits

- improved patient access and service capacity through the use of alternative pathways
- achieved within existing resources
- allied health practicing at top of their professional scope

Background

The Audiology 1st Contact Clinic model was developed by the audiologist in response to a request from the Ear Nose and Throat (ENT) consultant to trial a new process to reduce the increasing waiting times for Category 2 and 3 patients referred for ear related conditions. It was estimated that a large proportion of these patients could be managed by direct diagnostic audiology assessment.

Solutions Implemented

Audiology 1st Contact Clinic - allied health first point of contact model of care.

Evaluation and Results

ENT outpatient service capacity increased with additional appointments created and improvements in the volume of patients seen within clinically recommended time frames. The greatest impact in patient waiting times and seen in time performance was observed in Category 2 patients.

Lessons Learnt

Consultant support of the audiologist to work to scope of practice independently (assess and diagnostics) was critical. Degree of success is likely to be volume dependent and as such unlikely to suit sites without an existing audiologist (or willingness to employ) and/or a low volume of patients.

Resources

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