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# Logan Integrated Specialist ENT Service

Initiative Type

Model of Care

Status

Close

Added

27 July 2017

Last updated

16 September 2024

URL

<https://test.clinicalexcelsence.qld.gov.au/improvement-exchange/logan-ent>

## Summary

The Integrated Specialist ENT Service is a MSHHS wide strategy and specialist outpatient referrals for ENT services are processed by the Metro South Central Referral Hub. The Logan Hospital Integrated Specialist ENT Service is available to adult and paediatric clients, with all medical and allied health services involved in the assessment and clinical management of the patient collocated within the same geographical location. CPC in use: <https://cpc.health.qld.gov.au/Specialty/6/ent>

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Referral triage to urgency Category 1-3 is performed by the ENT consultant. Category 1 patients are seen by medical consultant staff. Category 2 and 3 referrals are streamed according to predetermined criteria, to ENT for medical review; for GP review; or for credentialed allied health practitioner review as the first point of contact. Clinical governance is provided by the ENT consultants through to patient discharge from the service, with ultimate oversight and direction provided by the Director of ENT.

### Key dates

Jan 2016

Jul 2017

### Implementation sites

Logan Hospital

## Key Contacts

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## **Aim**

To improve patient access to the most appropriate clinical care and streamline care pathways.

## **Benefits**

Integrating multidisciplinary health services into a clearly defined model of care with well-defined pathways of care:

- increased patient access to ENT services
- reduced patient waiting times
- released consultant capacity to see higher acuity/more complex patients and/or to perform more surgery
- increased patient and staff satisfaction

## **Background**

Since 2013 the Logan Hospital in the Metro South Hospital and Health Service (MSHHS) has experienced what was considered within MSHHS to be unsustainable growth in the numbers of patients being referred for an Ear, Nose and Throat (ENT) outpatient appointment. The existing model of specialist outpatient care required review and change if it was to have any chance of meeting emergent demand. Potential solutions to address the issues of demand for ENT services included utilising advanced allied health practitioners as primary contact practitioners working to their full and/or extended scope of practice, to improve timely patient access to appropriate and quality healthcare. By January 2016 following review of contemporary evidence and with additional funding, an Integrated Specialist ENT Service was implemented which incorporated ENT medical staff, the Advanced ENT allied health practitioner service including an audiologist, speech pathologist and vestibular physiotherapist; an allied health assistant; general practitioner (GP) trainees with a special interest in ENT, nursing and administration staff.

## **Solutions Implemented**

Integrated Specialist ENT Service.

## **Evaluation and Results**

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By mid-2016, patient access and service capacity had increased with all but 2.3% of patients waiting longer than clinically recommended for a specialist ENT outpatient appointment, and a 22% increase in patients being seen within clinically recommended times. Key success factors were:

- Strong clinical advocacy and leadership
- Dedicated geographical space with co-location of clinical service staff (communication)
- Appropriately qualified/credentialed staff to practice independently
- Availability of adequate specialised equipment/resources
- Succession planning

The Logan model would be best suited to larger facilities with substantial critical mass, but it could also lend itself to scaling (down) and spreading to other specialties.

## **Lessons Learnt**

- Executive support to trial alternative/innovative service delivery models is essential
- A strong clinical leader and advocate is the most effective factor in connecting the team and progressing a new way of working
- Operational leadership (per disciplines), dedicated geographical space and co-location of clinical service staff were key success factors in guiding behaviour and enhancing communication