
Dial-a-Dizzy

Initiative Type

Model of Care

Status

Deliver

Added

04 March 2022

Last updated

12 July 2024

URL

<https://clinicalexcellence.qld.gov.au/improvement-exchange/dial-dizzy>

Summary

The Dial-a-Dizzy project partners the Integrated Ear Nose and Throat (ENT) vestibular team based at Logan hospital with rural and remote emergency departments and aims to function as a telehealth diagnostic advisory hotline to guide clinicians through the management of emergent vertigo. Vesticam infra-red video goggles have been trialed in five remote emergency departments, Weipa, Cooktown, Mt Isa, Longreach and Goondiwindi hospitals. These facilities have access to an e-consult platform to

request advice and upload video images captured with the Vesticam goggles. This has been funded by the Healthcare Improvement Unit. Dial-a-Dizzy is a Statewide Telehealth Diagnostic Advisory Hotline to guide management of emergent dizziness or vertigo. Dial-a-Dizzy enables the local emergency doctor (and eventually GP) to contact the Consultant/Advanced Vestibular Physiotherapist and the Specialist ENT Consultant at Logan Hospital. Using the infra-red goggles, clinicians will be able to observe the eye movements to more clearly investigate the cause of dizziness. Once a cause is suspected/identified, the Dial-a-Dizzy team will recommend the appropriate treatment plan. **Workflow**

1. Patient presents to remote ED with dizziness.
2. Remote ED clinician calls 1300 4 Dizzy or submits online referral to alert Logan Hospital Vestibular Physiotherapist.
3. Logan Hospital Advanced Vestibular Physiotherapist reviews 'vesticam' videos and conducts video conference with remote clinician and patient.
4. Logan Physiotherapist and ENT Consultant interpret video and provide report and recommendation to remote clinician.

Key dates

Jul 2020

Dec 2021

Implementation sites

Weipa, Cooktown, Mt Isa, Longreach and Goondiwindi hospitals

Partnerships

participating rural HHSs, Healthcare Improvement Unit – Telehealth Team; Healthcare Improvement Unit – Surgical and Outpatient Reform Team; Statewide GPLO and BPIO group

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Aim

- to ensure patients who present with dizzy symptoms at rural or remote emergency departments are streamed to the most appropriate care pathway to treat vestibular conditions from initial diagnosis aiming to reduce the number of representations in Queensland emergency departments
- to reduce unnecessary patient medevac transport for patients with benign conditions, whilst ensuring early intervention and transport for those patients displaying serious neurological symptoms
- to improve the differential diagnosis of serious causes of vertigo.

Benefits

ENT patients in rural and remote areas are receiving the most appropriate care in the management of emergent vertigo.

Background

Dizziness accounts for approximately four per cent of chief complaints to the emergency departments in Queensland's public hospitals. Patients who present with dizziness usually require specialist tests to determine if caused by the inner ear, (not dangerous) or a stroke, (very dangerous). When the cause is unclear patients living in rural or remote regions of Queensland may need to travel long

distances to a tertiary hospital for further testing, taking patients away from family and support networks and increasing costs on the public health system. Although significant progress in primary prevention and urgent care has improved stroke incidence and survival, there is scope to achieve more and to reduce costs for both ischaemic and haemorrhagic stroke e.g. through better stroke prevention. Substantial costs of stroke prevalence underline gaps in evidence-based cost-effective rehabilitation interventions [[23]], which could improve functioning and quality of life, reduce stroke recurrence and reduce need for longer-term care.

Solutions Implemented

Establishment of the Dial-a-Dizzy e-consult platform, Dial-a-Dizzy phone number, and increased advanced vestibular physiotherapists at Logan Hospital to support timely evaluations.

Evaluation and Results

Evaluation will include:

- number of patients seen via the Dial-a-Dizzy service
- number of patients identified with a serious neurological condition
- number of medivac retrievals for dizzy conditions, benign and serious (inappropriate and appropriate)
- number of representations to emergency departments with dizzy conditions
- identification of any enhancements in the upskilling of regional, rural, and remote clinicians, including General practitioners, Allied Health professionals, and community services.

Preliminary results show:

- improve differential diagnosis of serious causes of vertigo
- improve patient access to the right care in their own local health facility
- reduce the costs of non-life threatening admissions and medevacs from regional health services