Implementation of an ENT Allied Health Practitioner Service
Logan Hospital

Sally-Ann Schilt
(BSpPath, MAuST, CCP)
Advanced Audiologist
Logan Hospital
Queensland, Australia
sally-ann.schilt@health.qld.gov.au
PROJECT TEAMS / ACKNOWLEDGEMENTS

• Project Sponsor
  • Gail Gordon – Executive Director of Allied Health- Logan Hospital

• Audiology Service Project Team
  • Michelle Pokorny – Project Officer
  • Cheryl Mills – Project Officer
  • Sally-Ann Schilt – Advanced Audiologist
  • Dr Bernard Whitfield, Director of ENT, Logan Hospital
  • Prof Liz Ward, Centre for Functioning and Health Research

• Speech Pathology Project Team
  • Marnie Seabrook – Project Officer and Advanced Speech Pathologist
  • Dr Bernard Whitfield, Director of ENT, Logan Hospital
  • Prof Liz Ward, Centre for Functioning and Health Research
ENT Allied Health Practitioner Service (ENT AHP)

- Advanced Audiologists and Advanced Speech Pathologists seeing and managing patients referred to the ENT Outpatient Department
- Adult Audiology – Vestibular, Retrocochlear
- Adult Speech Pathology – Dysphagia, Dysphonia
- Paediatric Audiology – Pre ENT, Post-grommets
- Aims;
  - Improve patient journeys
  - Conservative management options
  - Reduce waiting times
  - Reduce the ENT OPD wait list
OUTLINE

• Introduction to the Problem and Background
• Suggested Solution and Aims
• Process of Development
• Current Pathways and Protocols
• Training and Credentialing
• Results to Date
• Challenges
• Conclusions and Future Directions
BACKGROUND
Metro South – Logan City
BACKGROUND

- Demographic information for Logan City suggests a significant ongoing demand for public ENT services given:
  - Total residents 305,110
  - 31% under 20 years of age
  - 12% population of Logan are from non-English speaking background
  - Population growth expected between 2.5 -3.1% over the next 13 years.
  - 2.8% population identify as Aboriginal or Torres-Strait Islander
  - Low scoring on Socio-Economic Indexes for Areas (SEIFA)

- Limited ability for the local community to source, seek or afford private ENT services.

- Extensive waiting lists at other Tertiary Hospitals providing ENT services
BACKGROUND

ADULT ENT WAITLIST (LOGAN HOSPITAL)
BACKGROUND

- PAEDIATRIC ENT WAITLIST (LOGAN HOSPITAL)
BACKGROUND

• Managing Existing ENT Waiting List

• Managing Incoming ENT referral demand;
  - Average of 317 referrals per month

• Meeting Outpatient Targets
  - September 2014;
  - 82% Cat 2 ENT patients exceeded recommended wait times
  - 74% of Cat 3 ENT patients exceeded recommended wait times
SUMMARY OF PROBLEM

• Current ENT Service Challenges;
  - Extensive Waitlist
  - Managing incoming referral demand
  - Absence of a paediatric ENT service with significant demand

• Current Model of Service Delivery is **Not Working**
  - Patients unable to access services in a timely manner
  - ENT unable to meet current Outpatient Targets (Cat 2 & Cat 3)

• Patient Flow
  - Number of Review Appointments
  - Unnecessary repetition of assessments/procedures
SOLUTION

• Strategic Influence – Re-visit Feasibility Project (2010)

• Ministerial Taskforce on Health Practitioner Expanded Scope of Practice (2013)

• Allied Health Professionals Office of Queensland (AHPOQ)

• Funding ENT AHP MOC Project (2013)
AIMS

• To develop an Advanced ENT Allied Health Practitioner (AHP) Service to address the ENT waiting list at Logan Hospital

• Improve access and develop streamlined patient care pathways

• To determine the processes and challenges involved in implementing an innovative service and alternative model of care
PROCESS OF DEVELOPMENT

• Project Officers
• Feasibility Re-visited and Scoped
  – Literature Review
  – Benchmarking
  – Waiting List Audits
  – Stakeholder Engagement
  – Reference Group Established
  – Developed and Proposed Models, Clinical Pathways and Protocols and Work Instructions for Trial
  – Equipment and Resource Requirements
  – *Clinical Pilot Trials*
  – *Training and Competency Requirements*
  – *Credentialing*
CLINICAL PILOT TRIALS

• Analysis and Information Gathering
• Identified Risks & Develop Risk Mitigation Strategies
• Evaluation and Modification of Processes and Pathways
• Database Establishment (Operational and Research)
• Report with Recommendations
ADULT VESTIBULAR PATHWAY

- ENT WAITLIST
  - REMAIN ON ENT WAITLIST
  - ENT AHP SERVICE ASSESSMENT
    - VESTIBULAR ASSESSMENT
    - VESTIBULAR REHABILITATION
    - REFER MRI
    - DISCHARGE
  - ENT MANAGEMENT
    - DISCHARGE
ADULT RETROCOCHLEAR PATHWAY

ENT WAITLIST

REMAIN ON ENT WAITLIST

ENT AHP ASSESSMENT

REFER FOR MRI

ABNORMAL MRI

ENT MANAGEMENT

NORMAL MRI

DISCHARGE

DISCHARGE
PAEDIATRIC GLUE EAR PATHWAY

TRADITIONAL ENT MODEL

- ENT WAITLIST
  - ENT ASSESSMENT
  - ENT PRE-ADMIT CLINIC
  - GROMMET SURGERY
  - ENT POST GROMMET REVIEW
  - ENT POST GROMMET REVIEW
  - ENT POST GROMMET REVIEW
  - ENT POST GROMMET REVIEW
  - ROUTINE CASES DISCHARGED TO GP

NEW ENT AHP MODEL

- ENT WAITLIST
  - PRE-ENT AHP ASSESSMENT
  - ENT PRE-ADMIT CLINIC
  - GROMMET SURGERY
  - POST GROMMET AHP REVIEW
  - ROUTINE CASES DISCHARGED TO GP
## PAEDIATRIC PRE-ENT

- **REFERRAL TRIAGE:**

<table>
<thead>
<tr>
<th>Service inclusion criteria:</th>
<th>Service exclusion criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Routine middle ear disease: glue ear, recurrent Acute Otitis media, Otitis Media with Effusion.</td>
<td>• Syndromes or other significant medical conditions</td>
</tr>
<tr>
<td>• Hearing loss / difficulties listening</td>
<td>• Otitis Externa</td>
</tr>
<tr>
<td>• Speech and language delays</td>
<td>• Otorrhoea</td>
</tr>
<tr>
<td>• Academic difficulties</td>
<td>• Current tympanic membrane perforations</td>
</tr>
<tr>
<td></td>
<td>• Chronic Supportive Otitis Media (CSOM)</td>
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<td></td>
<td>• Pre-existing SNHL</td>
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<td></td>
<td>• Wax impaction</td>
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<td></td>
<td>• Cholesteatoma</td>
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<td></td>
<td>• Retraction pockets</td>
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<td></td>
<td>• Other ENT symptoms</td>
</tr>
</tbody>
</table>
PAEDIATRIC PRE-ENT

ASSESSMENT BATTERY:

- Extensive *Case History*

- *Video otoscopy and/or macroview otoscopy* to be used with electronic images of tympanic membrane taken to be stored in electronic chart (with consent)

- *Pure Tone Audiometry* using insert earphones relevant to the child’s age and developmental status.

- *Tympanometry* including measurement of Tympanometric Width as required.

- *Acoustic Reflex*: Ipsilateral using BBN or 1kHz stimulus.

- *DPOAEs or TEOAEs* using diagnostic protocols.

- *Speech Audiometry* may be used as a crosscheck if OAEs unable to be obtained
## PAEDIATRIC PRE-ENT

- **CASE MANAGEMENT**;

<table>
<thead>
<tr>
<th>Clinical Presentation</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal clinical results and no significant history of ME disease</td>
<td>Discharged back to the GP and removed from the ENT waiting list</td>
</tr>
<tr>
<td>Normal clinical results but a significant history of middle ear disease</td>
<td>Watchful wait protocol (review in the pre ENT clinic 6-12 weeks)</td>
</tr>
<tr>
<td>Conductive hearing loss or clinical indications of ME disease</td>
<td>Either;</td>
</tr>
<tr>
<td></td>
<td>1) Watchful wait protocol if the symptoms are thought to be recent / acute</td>
</tr>
<tr>
<td></td>
<td>2) Referred for pre-op ENT appointment to discuss surgical interventions if symptoms appear chronic</td>
</tr>
<tr>
<td>Moderate or greater conductive hearing loss, or are at risk for speech and language, or educational delays</td>
<td>• Referred for pre-op ENT appointment to discuss surgical interventions</td>
</tr>
<tr>
<td></td>
<td>• Advanced Audiologist will discuss the possibility of grommet insertion with the parents/carers prior to referring any patients for pre-op ENT appointment</td>
</tr>
</tbody>
</table>
PAEDIATRIC PRE-ENT CASE EXAMPLE

• **PATIENT DETAILS:**
  – 7 Year old male

• **REFERRAL INFORMATION:**
  – Referred by GP
  – On ENT waiting list for 5 months
  – ‘Please see this child for bilateral Middle ear Dysfunction’.

• **CASE HISTORY (of note):**
  – Ongoing parental concern regarding hearing due to ++ repetitions
  – Normal Speech / Language development
  – Recurrent Otitis Media requiring Antibiotics to treat (bilateral)
  – Nil previous ear Surgery but previous Adenotonsillectomy
## PAEDIATRIC PRE-ENT CASE EXAMPLE

### Video-Otoscopy RIGHT EAR

![Otoscopy Image]

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**Table:**

<table>
<thead>
<tr>
<th>EAR</th>
<th>TYMPANOMETRY</th>
<th>ACOUSTIC REFLEX (Ipsilateral BBN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIGHT</td>
<td>TYPE B</td>
<td>ABSENT</td>
</tr>
<tr>
<td>LEFT</td>
<td>TYPE C</td>
<td>ABSENT</td>
</tr>
</tbody>
</table>
PAEDIATRIC PRE-ENT CASE EXAMPLE

• CASE MANAGEMENT;
  – Patient referred directly to ENT OPD for further management
  – ENT OPD appointment within 12 days of ENT AHP appointment
  – ENT diagnosed as *unilateral bloody effusion v ME mass (polyp v glomus)*
  – ENT plan *EUA R) ear + myringotomy +/- grommmets*
  – Nil further information as yet regarding outcomes
# PAEDIATRIC POST-GROMMETS

<table>
<thead>
<tr>
<th>Service inclusion criteria:</th>
<th>Service exclusion criteria:</th>
</tr>
</thead>
</table>
| All children undergoing grommet insertion will receive post operative review by the Advanced Audiologist with the exception of children with the following conditions/complications | • Peri or Post-operative complications  
• T-tube insertions  
• Previous history of granuloma  
• Previous history of multiple grommet insertions and/or rapid grommet extrusion  
• Syndromes or other medically complex children |
PAEDIATRIC POST-GROMMETS

ASSESSMENT BATTERY:

- Extensive *Case History*

- *Video otoscopy and/or macroview otoscopy* to be used with electronic images of tympanic membrane taken to be stored in electronic chart (with consent)

- *Pure Tone Audiometry* using insert earphones relevant to the child’s age and developmental status.

- *Tympanometry* including measurement of Tympanometric Width as required.
PAEDIATRIC POST-GROMMETS

- **MANAGEMENT:**

<table>
<thead>
<tr>
<th>Clinical Presentation</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal clinical results and patent grommets</td>
<td>Discharged from the clinic and ENT OPD and referred to the GP for ongoing management</td>
</tr>
</tbody>
</table>
| Abnormal clinical results: SNHL, conductive hearing loss in the presence of patent grommets | • Referred to Audiology OPD for diagnostic assessment  
• Referred for an ENT review appointment. |
| Complications with the grommet: extrusion, obstruction, otorrhoea, granuloma formation | Reviewed by the ENT registrar/consultant and managed                       |
| Discharged from the clinic with normal results                                         | Given advice regarding appropriate water precautions, GP monitoring of grommet extrusion and otorrhoea, and potential complications |
POST-GROMMETS CASE EXAMPLE

• **PATIENT DETAILS:**
  – 9 Year old female

• **REFERRAL INFORMATION:**
  – Referred by ENT
  – Bilateral grommets insertion 6 weeks prior

• **CASE HISTORY (of note):**
  – Noted improvement in hearing post-surgery
  – Nil complications (Otitis Media, discharge)
  – Adhering to water precautions at home
POST-GROMMETS CASE EXAMPLE

Right Grommet

Left Grommet

<table>
<thead>
<tr>
<th>EAR</th>
<th>TYMPANOMETRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIGHT</td>
<td>TYPE B (high)</td>
</tr>
<tr>
<td>LEFT</td>
<td>TYPE B (high)</td>
</tr>
</tbody>
</table>
POST-GROMMETS CASE EXAMPLE

• CASE MANAGEMENT;
  
  – *Discharged to GP* for ongoing care
  
  – *Letter* to GP
  
  – *Removed from ENT and ENT AHP* services
  
  – Pamphlets given on *‘Water precautions after ear surgery’* and discussed
  
  – Information provided on *further management and information* for GP should Otorrhoea occur
TRAINING AND COMPETENCY

• Individual training packages and competency framework for each clinical pathway

• Including;
  - Learning Materials/Resources
  - Direct/Indirect Supervision requirements
  - Whole Patient Management
  - ENT Observation and Competency Sign Off
TRAINING PACKAGES

• Development of a Paediatric Glue-Ear Training package working with AHPOQ

• Now published for succession planning and training of other staff and use across other sites interested in implementing a similar service in Queensland

• Adult streams have training packages which have been developed, however not yet formatted in this same way for publishing
CREDENTIALING

• Defining Full Scope, Advanced and Extended Scope
  - Professional bodies & organisations

• Service Credentialing;
  - Proposal for New Intervention or New Services (AHPOQ)
  - Metro South Medical Credentialing Committee

• Individual AHP Credentialing Requirements
  - Guidelines for Credentialing and Defining Scope of Clinical Practice (AHPOQ)
  - Metro South Guidelines / Procedure
  - Interim Credentialing
  - Indemnity Concerns
CREDENTIALING

- Implementation
  - Audiology September 2013
  - Speech Pathology December 2013

- Credentialing
  - Service (May 2014)
  - Individual Allied Health Practitioners
OUTCOMES

• ENT AHP Service Implementation (September 2013)
• Evidence to Support Advanced and Extended Scope of Practice Services
  – Improved access to service – clients happy to attend ENT AHP led clinic
  – Improved Patient Journey
  – Reduced Waiting times
  – Reduced ENT Waiting List
  – Reduction in number of asymptomatic patients attending ENT appointment
  – ENT Consultants time freed up to enable them to focus on complex case management (ie Cat 1)
  – Reduction in number of Review ENT appointments due to alternative pathways for management
  – Cost Effective
  – Improved clinical skills and job satisfaction for Speech Pathologists and Audiologists involved in the advanced scope service.
  – Improved Patient Satisfaction – demonstrated by ‘Patient Satisfaction Surveys’
• ENT AHP Service Credentialed (May 2014)
• Training Packages Developed and Standardised
• Preliminary Data
## Impact of ENT AHP Service on the ENT Waiting List

**Results June 2013-April 2015**

<table>
<thead>
<tr>
<th></th>
<th>Total number of patients transferred to ENT AHP Service from ENT waitlist</th>
<th>Total number of patients discharged without requiring ENT</th>
<th>Number of patients re-categorised to be seen by ENT</th>
<th>Percentage of transferred patients discharged without requiring ENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audiology</strong></td>
<td>567</td>
<td>470</td>
<td>163</td>
<td>82%</td>
</tr>
<tr>
<td><strong>Speech Pathology</strong></td>
<td>104</td>
<td>96</td>
<td>23</td>
<td>92%</td>
</tr>
<tr>
<td><strong>AHP ENT Service Total</strong></td>
<td>671</td>
<td>566</td>
<td>186</td>
<td><strong>84%</strong></td>
</tr>
</tbody>
</table>
## Impact of ENT AHP Service on the Paediatric ENT Waiting List (As at June 2015)

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total transferred from ENT waitlist to AHP service</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>Total patients seen in AHP clinic</td>
<td>227</td>
<td>76%</td>
</tr>
<tr>
<td>Total discharged after initial AHP appointment</td>
<td>71</td>
<td>31%</td>
</tr>
<tr>
<td>Total referred to ENT for management</td>
<td>93</td>
<td>40%</td>
</tr>
<tr>
<td>Total review in AHP clinic</td>
<td>57</td>
<td>25%</td>
</tr>
<tr>
<td>Total discharged from ENT waitlist without requiring ENT appointment</td>
<td>144</td>
<td>48%</td>
</tr>
</tbody>
</table>

**including self discharge, DNA, UTC, normal clinical findings**
PATIENTS SEEN IN PRE-ENT AHP CLINIC AND REFERRED TO ENT
(As at June 2015)

Paediatric Glue-Ear (Pre-ENT)

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number Patients referred from AHP to ENT</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>Patients referred to ENT with surgical intervention booked and consented</td>
<td>70</td>
<td>75%</td>
</tr>
<tr>
<td>Patients referred to ENT who require review ENT appointment/s</td>
<td>15</td>
<td>16%</td>
</tr>
<tr>
<td>Patients discharged from ENT with nil further action/intervention required.</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>Other (referred elsewhere for treatment etc)</td>
<td>3</td>
<td>3%</td>
</tr>
</tbody>
</table>

Require ENT Intervention: 91%
# Paediatric Post-Grommets Clinic

(As at June 2015)

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients attended AHP appointment</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>Patients discharged to GP with nil ENT appointment required</td>
<td>42</td>
<td>88%</td>
</tr>
<tr>
<td>Patients referred back to ENT for management</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td>Patients to be reviewed in AHP clinic</td>
<td>3</td>
<td>6%</td>
</tr>
</tbody>
</table>
## Operational Database

### ENT AHP Service

#### Throughput and Volumes

<table>
<thead>
<tr>
<th>Speech</th>
<th>Jun-13</th>
<th>Jul-13</th>
<th>Aug-13</th>
<th>Sep-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swallow</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NP</td>
<td>OOS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNA</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>RV</td>
<td>OOS</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>DNA</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Phone consult</td>
<td>OOS</td>
<td></td>
<td></td>
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<tr>
<td>Voice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NP</td>
<td>OOS</td>
<td></td>
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<td>DNA</td>
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<td>RV</td>
<td>OOS</td>
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<tr>
<td>DNA</td>
<td></td>
<td></td>
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<tr>
<td>Phone consult</td>
<td>OOS</td>
<td></td>
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</tr>
</tbody>
</table>

#### Gender and Age of Patients Transferred into ENT AHP (Swallow & Voice)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Jun-13</th>
<th>Jul-13</th>
<th>Aug-13</th>
<th>Sep-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Male</td>
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</tbody>
</table>

#### Total Number of Patients Seen per Month

<table>
<thead>
<tr>
<th>Total number of Patients seen per month</th>
<th>Jun-13</th>
<th>Jul-13</th>
<th>Aug-13</th>
<th>Sep-13</th>
<th>Oct-13</th>
<th>Nov-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swallow</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Voice</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

#### Discharges

- A. Patient no longer requires ENT intervention and discharged from ENT AHP Service and removed from the ENT Wait List
- B. Patient required ENT intervention and discharged from ENT AHP Service and referred to ENT service waitlist
- C. Patient required ENT intervention and discharged from ENT AHP Service and referred to ENT for upgrade
- D. Patient self discharged from ENT AHP Service and removed from the ENT Wait List
- E. Patient non-attendance and discharged from ENT AHP Service and removed from the ENT Wait List
- F. Patient closed due to inability to contact - 2 x letters sent and nil updated details with referring agent
- G. Patient declined ENT AHP and remains on ENT Wait List
- H. Patient no longer requires ENT & ENT AHP intervention, referred onto other service

#### Total Number Removed from ENT WL

<table>
<thead>
<tr>
<th>Total number removed from ENT WL</th>
<th>Jun-13</th>
<th>Jul-13</th>
<th>Aug-13</th>
<th>Sep-13</th>
<th>Oct-13</th>
<th>Nov-13</th>
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#### Discharges by Clinic Type

<table>
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<tbody>
<tr>
<td>Swallow</td>
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<tr>
<td>Voice</td>
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<tr>
<td>TOTAL</td>
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</tbody>
</table>
## Research Database

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Month of Referral Received</th>
<th>Name</th>
<th>DOB</th>
<th>UR</th>
<th>Referral Reason</th>
<th>Category</th>
<th>Date of Referral Written</th>
<th>Referral Source</th>
<th>Date of Referral Received in ENT AHP Service</th>
<th>Date of NP Ax</th>
<th>Month Seen for NP Ax</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>23</td>
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<th>Outcome</th>
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<th>Date of MRI Scan</th>
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<th>Results conveyed to patient</th>
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<th>Date of Discharge</th>
<th>12 month final closure Post Discharge</th>
<th>Comments</th>
<th>Month of Discharge</th>
<th>Referral Outcome - Tracking for Stats</th>
<th>New ENT Category</th>
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**MRI Screening clinic**
CHALLENGES

• Stakeholder Engagement and Maintaining Communication
• Accommodation and Timetabling
• Altered Pathways and New Models of Care
• Professional Challenges
  – Medical
  – Professional Boundaries
  – Within Profession
• Governance and Credentialing
  – Advanced and Extended Scope
  – Initial Benchmarking
  – Training and Competency
  – Supervision and Mentoring
• Succession Planning
• Risk Management
• Evaluation
• Unrealistic Timeframes/Expectations from HHS to Implement Successfully
CONCLUSIONS & FUTURE DIRECTIONS

• Successful Implementation of ENT AHP Service

• Identified Improvements to Current Models
  - Improving access to GP case history information prior to appointment
  - Improving the issue of patients arriving without relevant reports or assessment results
  - Improving managing patients who attend having their condition resolved

• Service Expansion

• Logan Hospital Lead Site Queensland Health rollout
RESEARCH

Speech Pathology – Marnie Seabrook
Evaluating Outcomes of a Speech Pathology-led ENT Allied Health Practitioner (AHP) Dysphagia and Dysphonia Clinical Service

Paediatric Audiology – Michelle Pokorny and Sally Schilt
An Outpatient ENT Service Redesign: Investigation of an Advanced Audiologist-led Paediatric Glue Ear Care Pathway on Improving Patient Care

Adult Vestibular – Ian Parker and Sally Schilt
A comparison of clinical and cost effectiveness between the Physiotherapist-led Royal Brisbane and Women's Hospital (RBWH) Vestibular Screening and Rehabilitation Service and the Audiologist-led Logan-Mater Hospitals Vestibular Dysfunction Screening Service
Advanced Audiologist (Paediatric Glue-Ear) Training Program

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CONTACT DETAILS

Email address;

sally-ann.schilt@health.qld.gov.au