

An Assessment of the Management of Dizzy Patients in a Specialist Multi-Disciplinary Clinic; The Impact of Effective Telephone Triage

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Abstract

Objectives Dizziness has a lifetime prevalence of 17 – 30%. These symptoms have multiple aetiologies and can be difficult to diagnose in a routine ENT clinic. Several units have established multi-disciplinary ‘Dizzy Clinics’ to standardise the management of complex patients. We have developed a multi-disciplinary ‘Dizzy Clinic’ comprising clinicians and allied healthcare professionals, which incorporates a telephone triage service. Our service has been radically changed to triage patients to either a rapid access 30-minute BPPV clinic, or a 1-hour complex balance clinic and this study assesses the efficacy of our new model. Methods We conducted a retrospective audit of 124 patients referred to ‘generic’ ENT clinics for dizziness in 2019. This data was used to implement a new service where patients would receive a telephone triage before progressing to a multi-disciplinary clinic comprising audiologists, physiotherapists, and ENT surgeons. We prospectively re-audited 151 patients referred to this service in 2021. Results 40% of patients referred with dizziness in 2019 did not require a face-to-face appointment for an assessment of their dizziness. A telephone triage introduced to our ‘Dizzy Clinic’ streamed only 35.8% of referrals to a face-to-face appointment. 90% of face-to-face appointments from the ‘Dizzy Clinic’ were performed by a non-ENT surgeon. The ‘Dizzy Clinic’ showed more thorough and improved examinations compared to the previous cycle, and 60% were discharged from the ‘Dizzy Clinic’ after their first assessment, compared to 61% in the previous cycle. Conclusions Our ‘Dizzy Clinic’ effectively triages patients and enables a multi-disciplinary team to contribute to the management of dizzy patients.

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