Telephone Clinic Outcomes during the COVID-19 pandemic in an Ear, Nose and Throat Department

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Abstract

Background & Aim The COVID-19 pandemic led to interesting challenges, when delivering outpatient care during the national lockdown. This was especially pertinent in Otolaryngology, which is not only very heavily outpatient based but also very highly procedural focused. It also presented difficulties for patients shielding due to being deemed high risk. Following advice given by both the NHS and ENT UK, all routine clinics were cancelled and telephone consultations introduced to maintain an ENT service for patients. This study looks at the impact of telephone clinics in a district general hospital on patient outcomes and what benefits can be gained from this method of service delivery. Study Design A retrospective study was undertaken examining telephone clinic consultations of newly referred patients over seven days during a nationwide lockdown. This included all adult and paediatric patients referred routinely. Follow-up patients and 2 week wait referrals were excluded. Higher risk patients were identified using guidelines listed by the NHS and the hospital electronic patient database was used to collect patient information. Clinic outcomes were collected and collated on Microsoft Excel. Patients were followed up to 8 months. Results Data was collected from 104 patients. The age ranged from 1 to 91; with 74 patients being seen by consultants, 18 by registrars and 12 by associate specialists. Outcomes of these consultations showed that 17 patients were discharged, 15 had outpatient imaging requested, 11 referred to another specialty, 11 had further telephone clinic follow up, 31 were given patient initiated follow up and 19 were brought back for face-to-face appointments. Overall, 57% of patients avoided a hospital visit and only 17% needed a face-to-face appointment. Of the patients who were higher risk, 49% were managed remotely. After 8 months there was no significant morbidity or mortality. Conclusions Almost half of all higher risk patients avoided coming in to hospital. The majority of patients were managed remotely and thus reduced the risk and spread of infection to patients and staff. This shows that telemedicine has been a significantly useful mode of service delivery during the pandemic and has further scope in routine ENT outpatient care.

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