Clinical effectiveness

TILT TABLE TEST REFERRALS: HAVE WE IMPROVED THE QUALITY OF CARE?

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Evidence-base: The role of Tilt Table Test (TTT) in practice is specific. We have observed inappropriate referrals in our practice. NICE guideline published in 2010 on transient loss of consciousness (T-LoC) (CG 109) suggested suspected neuro-cardiogenic syncope and unexplained recurrent syncope as indications for TTT.

Change strategies: We have conducted a retrospective case note based audit loop of Tilt Table referrals at Neville Hall Hospital, Abergavenny. The initial audit was presented at the local audit meeting and a new referral form was introduced. We looked at indications and compared the number of TTT requested, compliance with necessary initial investigations (ECG & orthostatic BP measurement), waiting period and proportion of abnormal TTT.

Change effects: On re-auditing, we noticed reduction in number of referrals from mean of 5.4/month (27 in 5 months) to 3/month (35 in 12 months) and reduction in the number of tests done from a mean of 7.3/month (22 in 3 months) to 4.7/month (32 in 7 months). There were improvements in the waiting period from a mean of 138 days to 121 days and compliance with mandatory investigations like ECG (from 91% to 94%) and lying-standing BP measurements (from 54% to 74%). There was a modest increase in the abnormal TTT results (41% vs. 32%) between two audits. In the re-audit, we found a poor adherence to referral forms especially among the consultants and the referrals done through the new referral forms found more likely to give abnormal results (44.44% vs. 33.33%).

Conclusion: Our re-audit has shown an encouraging improvement in compliance with NICE CG 109 while referring patients to TTT though there was further scope for improvements. We also noticed a reduced number of referrals resulting in shorter waiting time and reduced monthly TTT load. Interestingly, we found that senior clinicians were less likely two adhere to the referral pathway.