

00261 Inter-professional Collaboration to Optimize Cochlear Implant Rehabilitation Service Outcomes.

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Aims: To evaluate the progress and interim outcomes of Cochlear Implant (CI) rehabilitation services as a result of Inter-Professional Collaboration (IPC). This allows for extensive counselling of CI candidates as a team to encourage the use of CI as soon as two weeks after surgery, and to provide a one-stop service for aural rehabilitation.

Methodology: Through retrospective analysis of the outpatient administrative system (OAS); looking at the time taken to CI switch on after implantation of CI recipients, the time taken to be referred for aural rehabilitation, cancellation rates, and total number of the Audiologist-Speech therapist-Doctor outpatient visits of the 52 recipients from 2010-2017.

Result: The annual average of time taken for CI switch on dropped from 45 days in 2013 to 15 days in 2017. The wait time for aural rehabilitation referral also dropped from an annual average of 484 days in 2014 to 10 days in 2017. There were less no shows as the cancellation rate dropped from 29% in 2013 to about 13% in 2017. Hence, there may be a positive relationship between early switch on and a less no shows as patients may be more motivated to use their CI due to earlier hearing enabled by IPC. In addition, more efficient sessions resulted in less combined visits required as the median number of outpatient visits reduced from 60 in 2010 to 20 in 2017.

Conclusion: A close-knit IPC provides patients with an early opportunity to address their concerns; be extrinsically motivated by the CI rehabilitation team; gain better knowledge and understanding of the rehabilitation journey, and manage their own CI. This tightened workflow and service may help to optimize the chances of good CI rehabilitation outcomes by allowing close monitoring of the patients' progress. Finally, IPC also helped in establishing greater doctor-allied health professionals-patients relationships to the benefit of patients.