

IMPROVING PATIENT ACCESS TO CARE: SINGLE-USE RHINOLARYGNOSCOPES IMPLEMENTED IN SLP PRACTICE

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INTRODUCTION AND OBJECTIVE

Flexible reusable (RU) rhinolaryngoscopes used for flexible endoscopic evaluation of swallowing (FEES) require multiple pieces of equipment¹ which may be stationary and unable to be easily transported. FEES and rhinolaryngoscopy can be ordered at any time across a hospital,² meaning this equipment needs to be readily available and mobile. The Ambu aScope 4 RhinoLaryngo is a disposable flexible rhinolaryngoscope with a portable monitor, able to be easily transported between locations. This study sought to evaluate the performance of a SU rhinolaryngoscope system for FEES exams and how it impacts the workflow and delivery of patient care in the inpatient setting.

METHODS

A survey was distributed to speech language pathologists (SLPs) at a large community-based hospital that introduced a hybrid endoscope model utilizing the Ambu aScope 4 RhinoLaryngo platform into their speech rehabilitation department in December of 2022.

RESULTS

A total of 14 certified SLPs from this single-center, community-based hospital completed the survey. Full results can be found in the figures below.

- **Most respondents (79%) encounter scope availability issues with RU rhinolaryngoscopes.**
- **71% of respondents indicated they can spend more time on direct patient care or billable tasks** following the introduction of SU rhinolaryngoscopes.
- More than half of respondents (57%) indicated **SU scopes made the time to determine appropriate medication route to be faster than with RU scopes.**
- All SLP respondents noted **SU rhinolaryngoscope utilization has made the time to treatment ‘faster’ or ‘much faster’.**
- When considering all rhinolaryngoscopy procedure types (not only FEES), the SU scope and RU scope were rated similarly (SU=3.9/5, RU=4.1/5, where 3=satisfactory, 5=excellent).

Figure 1. Percent of respondents experiencing scope availability issues with RU Rhinolaryngoscopes

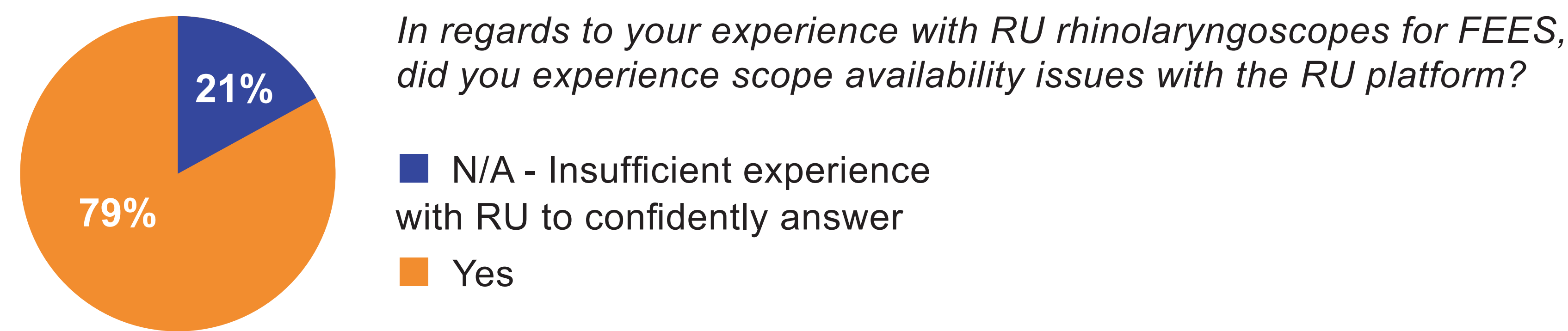


Figure 2. Frequency of delayed, cancelled, or incomplete FEES exams with RU rhinolaryngoscopes

If yes, how often would ordered FEES exams be delayed, cancelled or unable to be completed due to these availability issues?

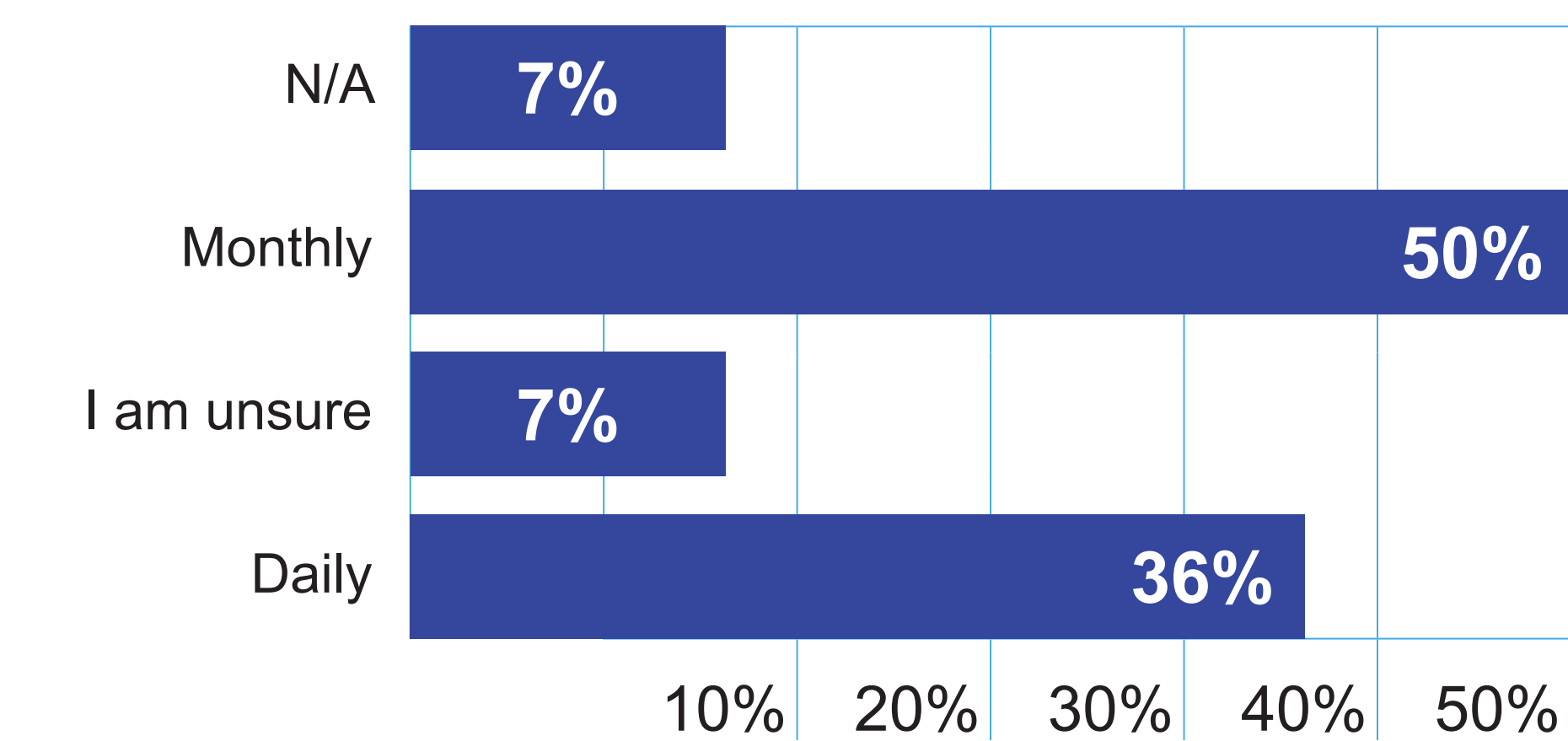


Figure 3. Percent of respondents noting increased time on direct patient care

Has the conversion to single-use scopes allowed you to dedicate more time on other direct patient care/billable tasks (cognitive communication tasks, apraxia of speech, etc.)?

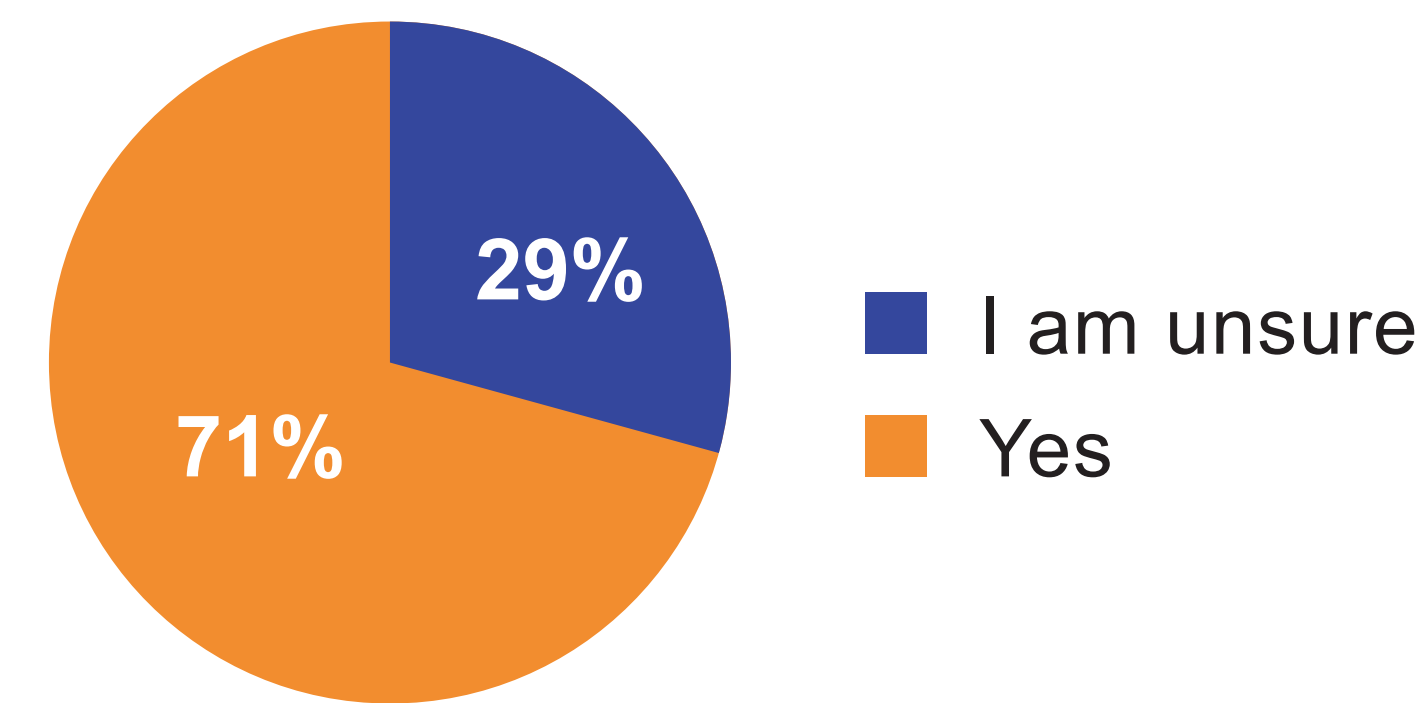


Figure 4. Time to patient treatment following FEES with SU rhinolaryngoscopes

How has the introduction of single-use rhinolaryngoscopes affected the time to treatment for patients following a FEES procedure?

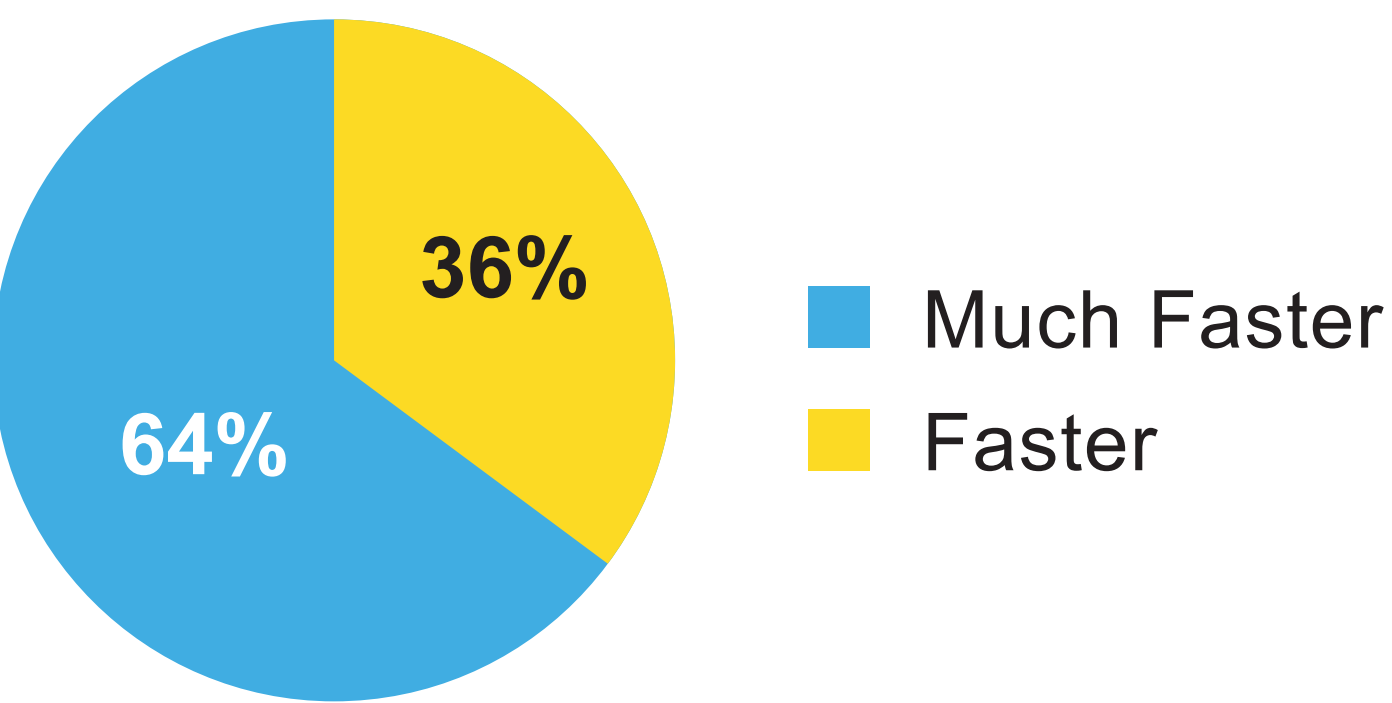
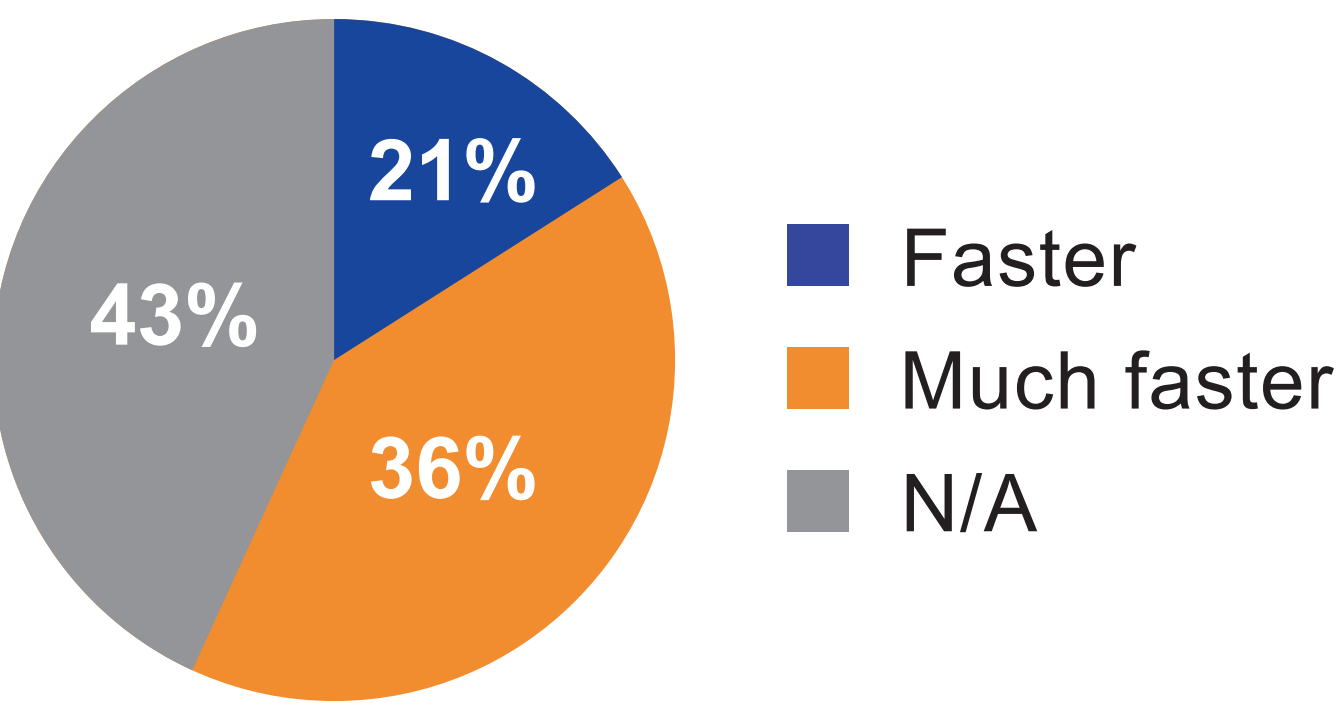


Figure 5. Time to appropriate medication route following FEES with SU rhinolaryngoscopes

Compared to reusable rhinolaryngoscopes, how has the introduction and utilization of single-use for FEES impacted the time to determine an appropriate medication route for a patient?



DISCUSSION

- Following the adoption of the Ambu aScope 4 Rhinolaryngoscope in a hybrid model with RU rhinolaryngoscopes, SLPs indicated an improved efficiency in the delivery of care, with a majority of respondents noting faster time to treatment, faster time to determine appropriate medication route and more time spent on direct patient care or billable tasks.
- The results align with previous research that showed SLPs who did not currently utilize SU rhinolaryngoscopes for FEES, felt that they could spend more time on direct patient care with a SU platform.³ Additionally, SU endoscopes eliminate availability concerns due to damaged scopes and reprocessing turnaround, which can take more than an hour to complete.⁴ This allows SLPs to readily perform an exam when ordered and return to other direct patient care.
- In terms of the frequency in which SLPs at this community-based hospital experienced availability issues with RU rhinolaryngoscopes, half of the respondents indicated they experienced these issues monthly, with 36% of respondents noting these issues occurred daily.
- SU rhinolaryngoscopes provide a sterile, portable alternative to RU scopes, and may allow SLPs to perform more FEES exams when they are ordered without delay, which can allow important results to be shared with physicians in a timely manner and move patients through their care more efficiently.

CONCLUSION

SU rhinolaryngoscopes eliminate availability concerns caused by repairs and reprocessing turnaround with RU scopes. Utilizing SU rhinolaryngoscopes for FEES exams enabled SLPs at this single-center study to dedicate more time to direct patient care.

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