

# Improving Attendance and Flow of Outpatients in Speech Pathology Voice Clinic

## Background

- Voice disorders and chronic cough can severely affect communication, social interaction, and wellbeing
- Patients with these conditions are commonly referred to Speech Pathology for assessment and management
- At the Lyell McEwin Hospital in South Australia, a weekly outpatient voice clinic runs offering one new and four review appointments
- Staffing changes and COVID-related closures have contributed to long wait times
- High failure to attend (FTA) rates further reduce clinic efficiency and extend wait times, as many patients are offered another appointment post FTA



## Aim

To improve attendance rates and reduce long waitlists in this outpatient voice clinic.

## Methods

**Design:** This project adopted a quality improvement approach.

**Setting and participants:** clinic based at the Lyell McEwin Hospital providing treatment for adults with voice disorders and chronic cough

**Intervention:** Two key changes were implemented in 2019



### WAITLIST VERIFICATION

Every 6 months, patients who had been on the waitlist for >180 days were contacted to determine if they still required an appointment. Any that responded and advised appointment was no longer required or who did not respond within 21 days were discharged off the waitlist.

### PHONE CONSULTATIONS

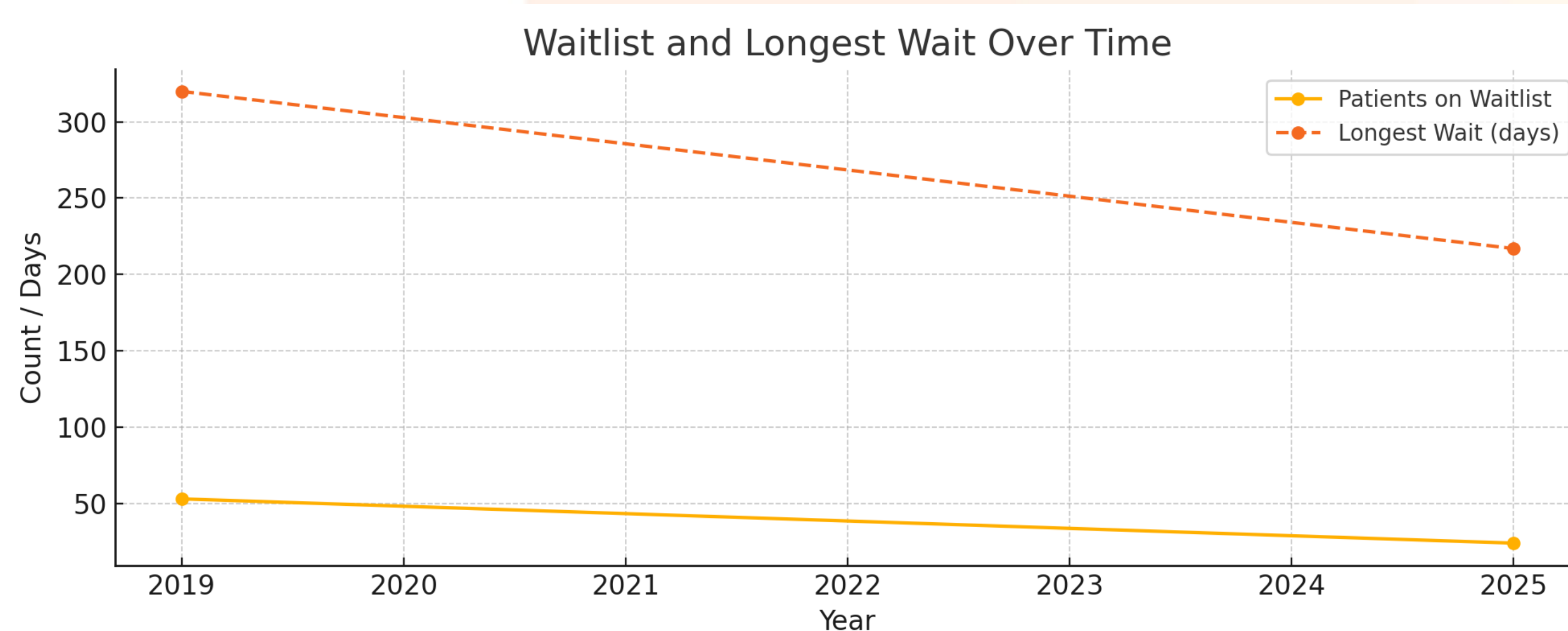
All initial consults were conducted by phone when possible. During the call, patients were informed of voice therapy expectations and attendance requirements. Those unable to proceed or whose symptoms had resolved were provided with education and advice and were discharged from the clinic.

## Results

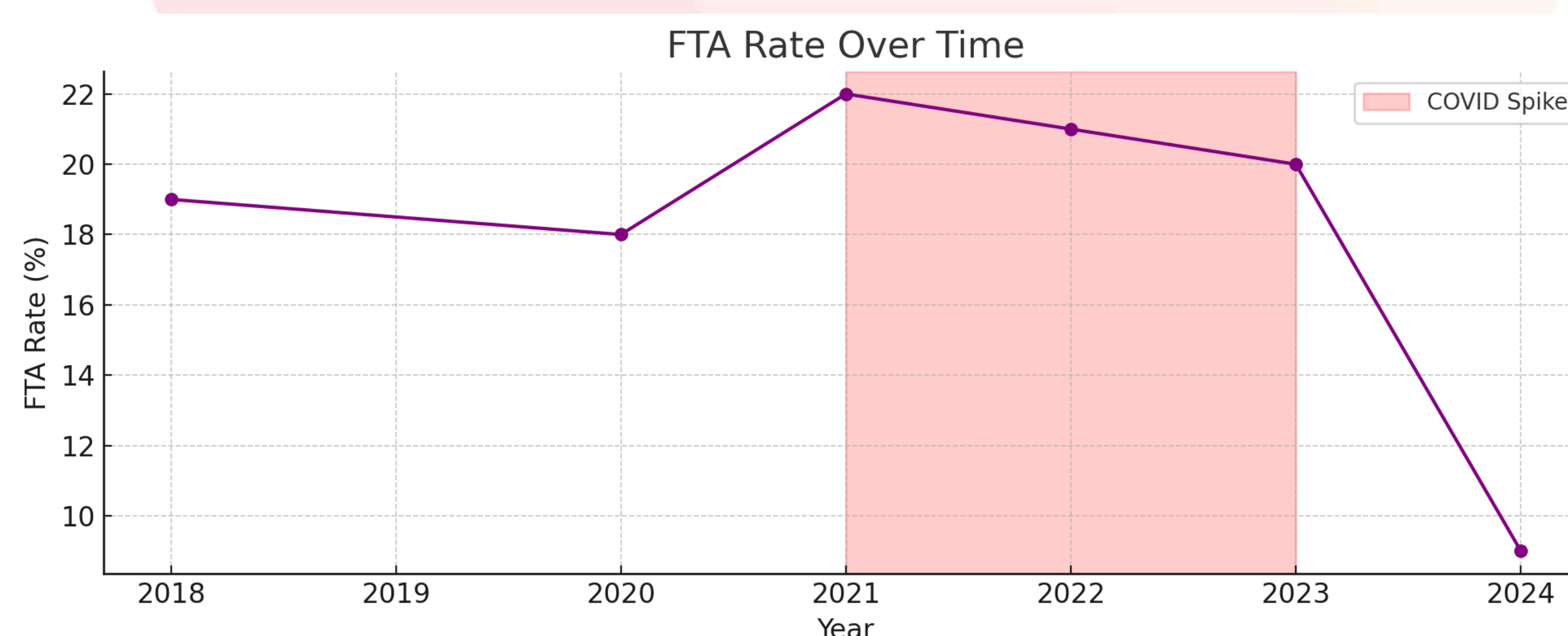
- ✓ Clinicians found phone consultations for the initial contact with the patient was suitable for information gathering and setting expectations for therapy, however it wasn't a suitable platform for completing assessments
- ✓ Some patients indicated that the phone consultation for initial contact was more convenient than an in-person visit and improved clinic attendance
- ✓ Many patient concerns were addressed through education and vocal hygiene advice and patients were able to be discharged, reducing the active caseload and increasing patient throughput



Waitlist data from this period shows a trend down, with the longest wait reducing from 320 days in 2019 to 217 days in 2025.



While there was an increase in FTA rates during peak COVID, there was also an overall reduction in FTA rate from 19% in 2018 to 9% in 2024.



## Outcomes

- Completing a waitlist verification is an effective way of reducing wait times and increases the likelihood that patients on the waitlist for >180 days will attend the clinic, thereby reducing FTA rates.
- Completing phone consultations for initial contact with the patient can reduce FTA rates and increase clinic throughput.

## Learnings/Future Adoption

- These initiatives implemented in 2019 have been maintained and are still actively being used as strategies in this clinic to support waitlist and FTA rate management.
- There are opportunities to consider these strategies for other outpatient clinics where waitlist timeframes and high FTA rates are an issue.