EFFICACY OF A DEDICATED BOOKING VISIT PROTOCOL IN IMPROVING OUTCOMES IN THE ACUTE HEADACHE CENTRE

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BACKGROUND

Patients with headache rarely refer to a neurologic visit, in particular to the Headache Centre, waiting time for visits are often long, and the reason of visits is sometimes improper. In 2006, we created an Acute Headache Centre (AHC) dedicated to patients discharged from Emergency Department (ED) or to patients addressed from General Practitioner because of chronic headache. In 2010, a new booking visit protocol to regulate AHC accessing was planned.

OBJECTIVE

To evaluate the efficacy of a dedicated booking visit protocol in reducing time for visits and improper visits, and in optimizing selection of patients and therapies.

METHODS

AHC visits were booked from Regional Call Centre till December 2010. An experienced headache ward figure (EHF) dedicated to booking visits was trained in identifying patients discharged from ED and patients with chronic headache, and, from January 2011, EHF was dedicated to the new booking visit protocol in order to regulate AHC accessing. A six-month retrospective analysis (01.01.2015 – 31.05.2015) of all consecutive patients presenting in AHC with EHF booking was performed. Demographic and clinical characteristics, AHC diagnoses (ICHD-3 beta criteria), waiting time for visits, number of improper visits, disability (MIDAS scores) were analysed using SPSS 21.0. Data were compared with a six-month control period (01.01.2009 – 31.05.2009), when visits were still booked by the Regional Call Centre.

RESULTS

247 patients (111 patients from January to May 2015, and 136 patients from January to May 2009) (72.3% F, 27.7% M, mean age 42±14 years) were enrolled. Most frequent AHC diagnoses were primary headache (79.8%). After the beginning of the new AHC booking visit protocol, compared with the six-month control period, we found a reduction of waiting time for visits and number of improper visits (figure 1), and an increase of number of patients needing prophylaxis and with high disability (MIDAS) (figure 2).

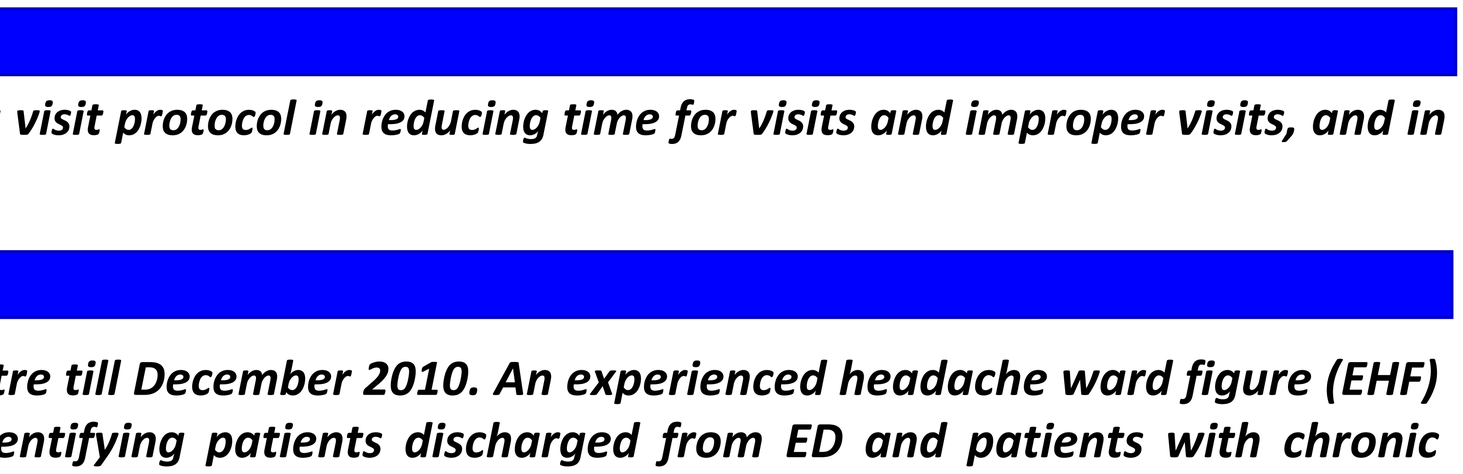

Figure 1

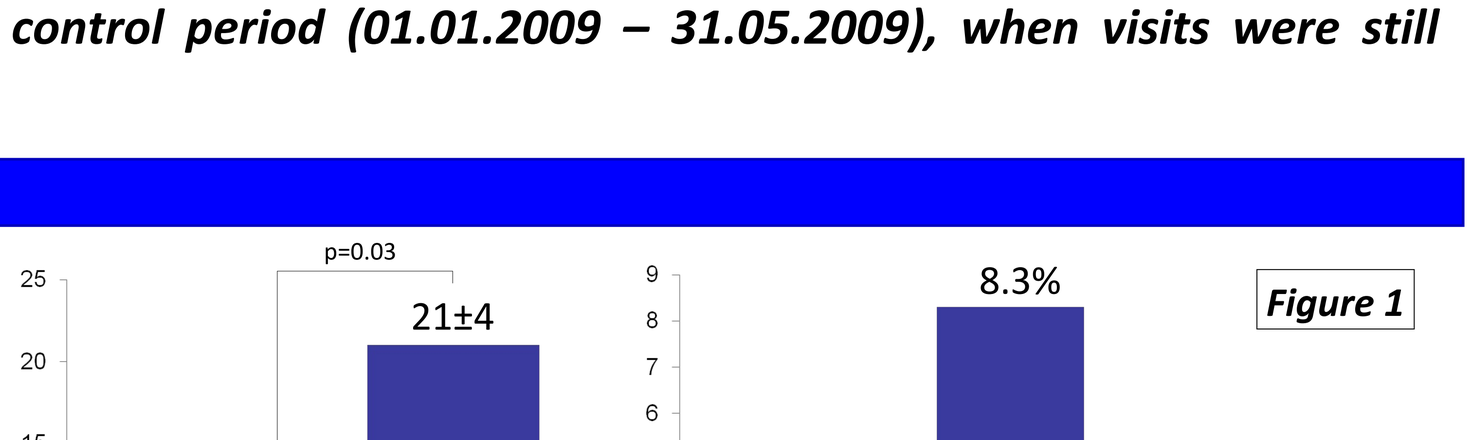

Figure 2

CONCLUSION

A dedicated booking visit protocol is efficient in reducing waiting time for visits and improper visits in AHC

The correct selection of patients accessing AHC allowed to treat patients with high disability who needed proper and prompt therapy