

# SPEECH PATHOLOGY DEPARTMENT - ROYAL CHILDREN'S HOSPITAL

## CLINICAL SERVICE PRIORITY FRAMEWORK

### Preamble / Background

The Speech Pathology Department at the Royal Children's Hospital aims to deliver high quality tertiary level speech pathology services to infants, children and young people with a range of communication and swallowing disorders. Services are provided to both inpatients and selected outpatients of the Hospital. The department seeks to do this in conjunction with fulfilling its educational and research objectives as a speech pathology department committed to best practice and integration across these three domains.

Departmental planning and development is done as consistently as possible in alignment with RCH strategic priorities, including redevelopment principles and emerging models of care, government policy and direction and stakeholder expectations. Regular performance planning of the clinical service and evaluation of progress against plans are undertaken regularly in a cycle of continuous quality improvement.

The following clinical service priorities have been developed with current staff and in consideration of current and projected service demands outweighing the roles and capabilities of the service to be able to respond to all requests. These service priorities have been made with a set of underlying principles at their foundation including (list not exhaustive):

- 1) The Speech Pathology Department is committed to providing tertiary specialist speech pathology services.
- 2) The paucity of speech pathology services for children in the community and education sectors is recognized. The Speech Pathology Department is not resourced to respond to referrals that are most appropriately managed in the community. The Department aspires to work collaboratively with local agencies to provide an integrated service, but does not provide service substitution.
- 3) The Speech Pathology Department is committed to advocacy for children's health and well being. This includes supporting efforts both internal and external to the organization to enhance speech pathology care for children in the community.
- 4) The Speech Pathology Department is committed to delivering evidence based clinical care. The department aspires to develop a strategic research program that contributes knowledge regarding communication and swallowing disorders in children and provides evidence to ensure service delivery at RCH is underpinned by best practice.
- 5) The Speech Pathology Department is committed to multidisciplinary models of service delivery where this is considered best practice.
- 6) The Speech Pathology Department is committed to a departmental structure that ensures service priorities are addressed as efficiently as possible, that responds flexibly to changing demands and service priorities and to models of care that incorporate succession planning.
- 7) The Speech Pathology department is committed to family centred care and to working with both family and local services to ensure a seamless service.

## PRIORITIES

- 1) All referred **inpatients** to be seen within 24 hours of receipt of referral. Of inpatients referred, the following priority guidelines apply:
  - (a) Patients whose discharge decision is dependent on a speech pathology consult
  - (b) New referrals for feeding / swallowing disorders
  - (c) New referrals for cognition / communication disorders
- 2) All referred **outpatients** to specialist clinics requiring access to specialized speech pathology equipment and practices that is not available elsewhere i.e.

Velopharyngeal Incompetence Service  
Videofluoroscopy Service (Palatal Screening)  
Videofluoroscopy Service (Swallowing)  
Laryngology / Nasendoscopy Clinic  
Voice Service  
New paediatric swallowing / feeding outpatients - risk assessment applied in prioritizing these cases with a view to age, severity, comorbidities and social context of the case

- 3) Former inpatients who require therapy that relates to an inpatient episode where patient safety is only guaranteed by remaining a patient of the department (e.g. dysphagic child with vulnerable chest status). These are often patients whose overall and complex health needs are being managed at the hospital and for whom management by an external service provider is not deemed appropriate by the treating clinician or the rest of the team. The most common example of this is the management of complex feeding problems in infants with significant comorbidities

These children and adolescents under the age of 18 will often need “bursts” of therapy, and may be seen for ongoing review by the dept at developmentally critical points. Intervention services in these instances should be time-limited and explicit and service delivery underpinned by best evidence available. If there is no evidence of clinical value in seeing a patient for reviews whilst they await treatment through an external service, they should be discharged.

- 4) All referred **outpatients** referred to specialist unique multidisciplinary clinics i.e:

Craniofacial Clinic  
Cleft Clinic  
Saliva Control Clinic  
Laryngology Clinic  
Developmental Assessment Team 1 (CD&R)  
Developmental Assessment Team 2 (CD&R)  
Communication Clinic (centre for Community and Child Health)  
Retts Clinic  
Communication Clinic

Patients in category two and three may be seen for follow up sessions in the speech pathology department to complete assessments or provide specialist intervention if this is indicated.

5) **Outpatients** referred to the speech pathology department are accepted where:

- The case is deemed by the intake speech pathologist to be of sufficient complexity to warrant a specialist consultation with a speech pathologist for assessment (e.g. speech problem being seen in a community health centre unresponsive to therapy and for which the treating speech pathologist requires a second opinion) i.e:
  - Regression is noted
  - Referring problem is of a complex medical nature with significant the context of complex medical co morbidities e.g. oncology patients having recurrent inpatient admissions and deteriorating function
  - Referral for second opinion from treating professional regarding diagnosis and/or ongoing speech pathology management.
  
- Follow up for former inpatients where there are **no** services in the community and there is a critical window of therapy responsiveness that is *known* (e.g. child on transitional feeding program).
- The child has been referred with a voice disorder

Outpatient referrals that do not meet the stated criteria for intake at RCH will be redirected to an alternative service and subsequent referrals will be made.

From time to time reduction in resources in some clinical streams may dictate that all therapy services discontinue for a period of time e.g. children with cleft or craniofacial anomalies requiring speech pathology that is not provided elsewhere may need to have treatment suspended if there is no EFT (e.g. in the instance of annual leave not backfilled). This will be a management decision.

The department does not accept referrals for:

- Children with fluency disorders - the department will refer to agencies known to deliver evidence based fluency programs such as La Trobe and other independent agencies
- Myofunctional therapy e.g. for tongue thrust swallow (lack of conclusiveness of evidence to support speech pathology interventions and availability of practitioners in the community who offer this service)
- Learning Difficulties (considered non medically complex, this expertise currently sits outside of RCH - patients referred to department of Education, La Trobe Uni - e.g. for UQPAL, the multidisciplinary LD clinic at RCH, RMIT psychology clinic. and other private / independent agencies offer these services - e.g SPELD, THRASS programs)
- Speech and language problems where there has not been a preliminary assessment undertaken by a community based speech pathologist
- School-age speech and language problems other than second opinion and other than inpatient follow up
- Children who have had assessments and are on waiting lists for community based therapy services other than those with urgent swallowing and feeding issues

Children of RCH staff members are subject to the same prioritization schedule as the general public

All referrals to the speech pathology department are responded to and provided with an alternative service if they do not meet intake criteria.

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