Priorities for Speech-Language Pathology Face to Face Service
COVID-19 Relaunch Period

Relaunch of Community Rehabilitation (including outpatient) services will be impacted by program staffing, caseload, clinic space, and infection prevention and control considerations. Please refer to the COVID-19 Relaunch Playbook for general guidelines.

Speech-language pathologists (SLPs) will continue to offer virtual services as the preferred mode of delivery to all Community Rehabilitation clients for whom it is appropriate. Where face to face visits are deemed necessary, virtual services may also be provided (i.e., following the face to face visit). See Virtual Health on Insite and on the Allied Health COVID-19 SharePoint for resources. The following chart provides criteria for prioritizing face-to face visits. SLPs must also consider the client's history, client and family perspective and readiness; impact on function, prognosis; and collaborative practice.

Communication (Pediatric & Adult)			
Target Timeline	**1-3 Days**	**Within 14 Days**	**Within 30 days**

AHS Urgency Criteria
 	
Level of urgency relates to timely access to care
	Urgent
	
	Unable to meet needs virtually AND
	• **Significant and immediate** risk or impact on safety or psychosocial consequences; AND/OR
	• Progressive condition with **rapid deterioration**/change in functional status; AND/OR
	• **Capacity discussion** or assessment for client decision making; AND/OR
	• **End of life** communication need; AND/OR
	• **Reduce need for a higher level of care** (e.g., communication access to prevent need for emergent care or hospital admission)
		Semi-Urgent
		
		Unable to meet needs virtually AND
		• **At risk for adverse**, safety, psychosocial, neurodevelopmental or functional consequences; AND/OR
		• **Time-sensitive**
		  ○ change in functional status or risk for change in functional status based on prognostic factors, clinical judgement
		  ○ prerequisite for other necessary medical interventions
		AND/OR
		• **Critical period of recovery or new learning** to advance care, client progress and function; AND/OR
		• Potential to **reduce adverse** outcomes and need for a higher or more urgent level of care
			Routine
			
			Unable to meet needs virtually AND
			• **Potential to address functional needs and** reduce risk of adverse outcomes
			
			Considerations:
			• Identified, but undetermined areas of need (i.e., face to face is needed to provide **further understanding of need** & facilitate referral, transition and wayfinding)
			• **Waiting for service** or has not received a therapeutic dosage of service prior to the discontinuation of services
			• Clients who are **English Language learners** and require interpretation services
			• Client and family readiness, time sensitivity, impact on function, prognostic factors and need for collaboration with other providers

Alberta Health Services

Priorities for Speech-Language Pathology Face to Face Service

COVID-19 Relaunch Period

Feeding and Swallowing (Pediatric & Adult)

Note: Instrumental Procedures meeting the criterion below require face to face visits

Timeline	1-3 Days	Within 14 Days	Within 30 days
AHS Urgency Criteria ***Level of urgency relates to timely access to care***	**Urgent** **Unable to meet needs virtually AND** • **Significant and immediate risk or impact on safety;** AND/OR • **Immediate** potential for pulmonary and/or nutrition complications due to oropharyngeal dysphagia; AND/OR • Progressive conditions with **rapid deterioration** or change in function; AND/OR • High potential to reduce need of an urgent care, ER visit or EMS call **Considerations:** • Symptoms of oral pharyngeal dysphagia not managed by modifications compensatory strategies, and/or cannot adequately tolerate tube feeding (in last 6 months) • Aspiration pneumonia with hospital admission • Recurrent pneumonia due to dysphagia • Deterioration in respiration status • Progressive deterioration in health status likely attributed to dysphagia • Recent choking event	**Semi-Urgent** **Unable to meet needs virtually AND** • **At risk for adverse safety, or functional consequences;** AND/OR • **Significant or Emerging potential** for pulmonary and/or nutrition complications due to oropharyngeal dysphagia; AND/OR • **Time-sensitive** change in functional status or risk for change in functional status based on prognostic factors, clinical judgement and prerequisite for other medical interventions; AND/OR • **Critical period** of recovery or new learning to advance care, client progress and function; AND/OR • If not assessed *may* present to an urgent care or ER or result in an EMS call **Considerations:** • Need to rule out oropharyngeal dysphagia as a cause for recurrent pneumonia /respiratory complications • Review for assessment of swallowing physiology for the possible removal of a feeding tube • Patients not meeting their nutrition/hydration requirements	**Routine** **Unable to meet needs virtually AND** • **Potential to address functional needs and** reduce risk of adverse outcomes; AND/OR • **Signs symptoms of oropharyngeal dysphagia present** that may create or change risk for pulmonary or nutritional complications; AND/OR • Ability to support **management by community or other stakeholders**, AND/OR • Potential to **reduce adverse outcomes** and need for a higher or more urgent level of care **Considerations:** • Routine assessments for general dysphagia symptoms, globus sensation or baseline assessment. • Assessment for the purpose of differential diagnosis/ruling out aspiration – not flagged as urgent • Assessment to determine candidacy for surgery (i.e. pre-pallidotomy, pre-Botox injection)

Alberta Health Services

	• Severely compromised hydration/nutrition status • Recommendations for enteral feeding • Palliative care Additional Pediatric indicator: • Flat growth curve or decreased of more than 2 percentile	• Opportunity for advancing care and independence including the progression of the mode of intake to avoid adverse consequences (e.g. ween from enteral feeds)	• Inpatient discharge prior to swallowing assessment and not flagged as urgent • Assessment with oral intake with gastroscopy tube present • Request to upgrade diet or advance diet textures. • Patients that have been managed by community stakeholders (i.e. Home Care, Integrative Supportive and Facility Living etc.)