SERVICE STANDARD 17D: ALLIED HEALTH PROFESSIONAL SERVICES - SPEECH - LANGUAGE THERAPY SERVICES

PREAMBLE

Speech-Language Therapy Services form an integral part of rehabilitation services. Specific speech-language therapy services address normal and disorders in the following areas: language (comprehension and expression), speech sound production, resonance, voice, fluency and swallowing. These activities are conducted in a manner that takes into consideration the impact of culture and linguistic exposure/acquisition and uses the best available evidence for practice to ensure optimum outcomes for persons with language, voice, speech, sound, fluency, communication and swallowing disorders or differences.

The practice encompasses clinical services of screening, assessment/evaluation, diagnosis, treatment, intervention, consultation, prevention, education, collaboration, documentation and referral to the relevant services.

These services are provided individually, institutionally, or in groups through social support systems.

TOPIC 17D.1
ORGANISATION AND MANAGEMENT

STANDARD 17D.1.1

The Speech-Language Therapy Services shall be organised and administered to meet the needs of the patient population being served in accordance with accepted standards of practices of the profession. In some instances these services may be provided from sources external to the Facility.

CRITERION NO.	CRITERIA FOR COMPLIANCE		SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17D.1.1.1	Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Speech-Language Therapy Services are clearly documented and measurable that indicates safety, quality and patient centred care. These reflect the roles and aspirations of the service and the needs of the community. These statements are monitored, reviewed and revised as required accordingly and communicated to all staff.		NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	Vision, Mission and values statements of the Facility are available, endorsed and dated by the Governing Body.	NA				
	2.	Goals and objectives of the Speech-Language Therapy Services in line with the Facility statements are available, endorsed and dated.	NA				
	3.	Evidence of planned reviews of the above statements.	NA				
	4.	These statements are communicated to all staff (orientation programme, minutes of meeting, etc)	NA				
	5.	Achievement of goals and objectives are monitored, reviewed and revised accordingly.	NA				

17D.1.1.2 CORE	There is an organisation chart which: a) provides a clear representation of the structure, functions and reporting relationships between the Person In Charge (PIC), Head of Speech-Language Therapy Services, consultants, medical practitioners and staff of Speech-Language Therapy Services; b) is accessible to all staff and clients; c) includes off-site services if applicable; d) is revised when there is a major change in any of the following: i) organisation; ii) functions; iii) reporting relationships; iv) staffing patterns. **EVIDENCE OF COMPLIANCE** 1. Clearly delineated current organisation chart with line of functions and reporting relationships between the Person In Charge (PIC), Head of Speech-Language Therapy Services, consultants, medical practitioners and staff of Speech- Language Therapy Services. — NA 2. Organisation chart of the serviceis endorsed, dated and accessible. — NA 3. The organisation chart is revised when there is a major change in any of the items (d)(i) to (iv). — NA	NA			NA	
17D.1.1.3	The Governing Body shall ensure that Speech-Language Therapy Services are organised in such a way as to: a) facilitate the provision of speech-language therapy services to patients in the Facility in a safe, efficient, effective and caring manner and with due regards for the needs, dignity and privacy of patients and confidentiality of their personal information; b) assure continuity of care; c) address the professional needs of speech-language therapy staff; d) ensure the relevant staff are involved in the formulation of policies and procedures concerning speech and language care appropriate to the scope of services of the Facility. **EVIDENCE OF COMPLIANCE** 1. The Speech – Language Therapy Services is organised to cover activities but not limited to items (a) to (d) through: a) work assignment schedule to ensure service provision; — NA b) competent staffing level to provide the necessary service; — NA	NA			NA	

	c)	privileging for extended clinical role, if any;	NA				
	d)	record on continuity of care in patient's medical treatment record;	NA				
	e)	Professional Development Plan.	NA				
17D.1.1.4	Regular staff meetings are held between the Head of Service and staff with sufficient regularity to discuss issues and matters pertaining to the operations of the Speech-Language Therapy Services. Minutes are kept; decisions and resolutions made during meetings shall be accessible, communicated to all staff of the service and implemented.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Minutes are accessible, disseminated and acknowledged by the staff.	NA				
	2.	Attendance list of members with adequate representatives of the service.	NA				
	3.	Frequency of meetings as scheduled.	NA				
	4.	Discussion and resolutions are implemented (Problems not solved to be brought forward in the next meeting until resolved).	NA				
17D.1.1.5	The Head of Speech-Language Therapy Services is involved in the planning, justification and management of the budget and resource utilisation of the services.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Minutes of Facility-wide management meeting	NA				
	2.	Documented evidence on request for allocation of budget and resources (staffing, equipment, etc) for the service.	NA				
	3.	Approved budget and resources.	NA				
17D.1.1.6	The Head of Speech-Language Therapy Services is involved in the appointment and/OR assignment of the staff.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Records on staff interview (if applicable)	NA				
	2.	Appointment/assignment letter of Head of Service	NA				
	3.	Job description of Head of Service	NA				
	4.	Records on staff deployment	NA				
	5.	Duty roster	NA				

17D.1.1.7	Appropriate statistics and records shall be maintained in relation to the provision of Speech-Language Therapy Services and used for managing the services and patient care purposes. EVIDENCE OF COMPLIANCE 1. Records are available but not limited to the following: a) workload/census; NA b) annual report; NA c) accident/incident reports NA d) staffing number and staff profile; NA e) staff training records; NA f) data on performance improvement activities, including performance indicators. NA		NA			NA	

TOPIC 17D.2
HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

STANDARD 17D.2.1
Speech-Language Therapy Services shall be directed and adequately staffed by qualified and experienced staff to achieve the goals and objectives of the Speech-Language Therapy Services, and ensure continuing education and development.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17D.2.1.1 CORE	The Head and staff of the Speech-Language Therapy Services shall be individuals qualified by education, training, experience and certification to commensurate with the requirements of the various positions. All speech-language therapists shall be registered following the requirements of the Allied Health Professions Act **EVIDENCE OF COMPLIANCE** 1. Records on credentials of Head of Service and staff required to fill up the posts within the service (to match the complexity of the Facility and services) and registration. — NA 2. Appointment/assignment letters — NA 3. Certification — NA 4. Training and competency records including privileging — NA	NA			NA	
17D.2.1.2	The authority, responsibilities and accountabilities of the Head of Speech-Language Therapy Services are clearly delineated and documented. **EVIDENCE OF COMPLIANCE** 1. Appointment/assignment letter for Head of Service. — NA 2. Description of duties and responsibilities — NA	NA			NA	
17D.2.1.3	Sufficient numbers of personnel and support staff with appropriate qualifications are employed to meet the need of the services. Relevant support staff shall work only under supervision of a qualified speech-language therapist. **EVIDENCE OF COMPLIANCE** 1. Number of staff and qualification should commensurate with workload. — NA	NA			NA	

	2.	Current Practising Certificate.	NA				
	3.	Staffing pattern	NA				
	4.	Duty roster	NA				
	5.	Census and statistics	NA				
17D.2.1.4	There are written and dated specific job descriptions for all categories of staff that include: a) qualifications, training, experience and certification required for the position; b) lines of authority; c) accountability, functions and responsibilities, d) reviewed when required and when there is a major change in any of the following: i) nature and scope of work; ii) duties and responsibilities; iii) general and specific accountabilities; iv) qualifications required and privileges granted; v) staffing patterns; vi) Statutory Regulations. e) administrative and clinical functions			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (e).	NA				
	2.	Job description includes specialisation skills	NA				
	3.	Relevant privileges granted where applicable	NA				
	4.	The job description is acknowledged by the staff and signed by the Head of Service and dated.	NA				
17D.2.1.5	Personnel records on training, staff development, leave and others are maintained for every staff. Note: Staff personal record may be kept in Human Resource Department as per Facility policy.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Staff personal records include:					
	a)	staff biodata;	NA				
	b)	qualification and experience;	NA				

	c)	training record;	NA				
	d)	competency record and privileging;	NA				
	e)	leave record;	NA				
	f)	confidentiality agreement.	NA				
17D.2.1.6	There is a structured orientation programme where new staff are briefed on their services operational policies and relevant aspects of the Facility to prepare them for their roles and responsibilities.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Policy requiring all new staff to attend a structured orientation programme.	NA				
	2.	Records on structured orientation programme	NA				
	3.	Orientation Brief	NA				
	4.	List of attendance	NA				
17D.2.1.7	There is evidence of training needs assessment and staff development plan which provides the knowledge and skills required for staff to maintain competency in their current positions and future advancement.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Training needs assessment is carried out and gaps identified.	NA				
	2.	A staff development plan based on training needs assessment is available.	NA				
	3.	Training schedule/calendar is in place.	NA				
	4.	Training module	NA				
17D.2.1.8	There are continuing education activities for staff to pursue professional interests and to prepare for current and future changes in practice.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Continuing education activities and schedule	NA				
	2.	Contents of training programme	NA				
	3.	Training records on continuing education activities are kept and maintained for each staff.	NA				
	4.	Certificate of attendance/degree/post basic training.	NA				

17D.2.1.9	Staff receive evaluation of their performance at the completion of the probationary period and annually thereafter, or as defined by the Facility. EVIDENCE OF COMPLIANCE 1. Performance appraisal for staff is completed upon probationary period and as an annual exercise. — NA	NA			NA	
17D.2.1.10	In a Facility where education programmes are conducted, the Facility shall ensure that there are sufficient skilled trained staff to provide clinical supervision of students. EVIDENCE OF COMPLIANCE 1. Letter of appointment – Local Preceptor/ Clinical Instructor. — NA 2. Memorandum of Understanding with training institution — NA 3. Adequate number of clinical instructor to students — NA 4. Qualification and training records of local preceptor — NA	NA			NA	

TOPIC 17D.3
POLICIES AND PROCEDURES

STANDARD 17D.3.1
There are written and dated policies and procedures for all activities of the Speech-Language Therapy Services. These policies and procedures reflect current standards of speech-language therapy services and practice, relevant regulations, statutory requirements, and the goals and objectives of the Speech-Language Therapy Services.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17D.3.1.1 CORE	There are written policies and procedures for the Speech-Language Therapy Services which are consistent with the overall policies of the Facility, regulatory requirements, and current standard practices. These policies and procedures are signed, authorized, and dated. There is a mechanism for and evidence of a periodic review at least once in every three years.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Documented policies and procedures for the service. This shall include, but not limited to:						
	a)	source of referral;	NA					
	b)	clinical management guidelines;	NA					
	c)	discharge care plan;	NA					
	d)	prevention and control of infection;	NA					
	e)	referral guidelines.	NA					
	2.	Policies and procedures are consistent with regulatory requirements and current standard practices.	NA					
	3.	Evidence of periodic review of policies and procedures.	NA					
	4.	The policies and procedures are endorsed and dated.	NA					
17D.3.1.2 CORE	Policies and procedures are developed in collaboration with staff and where appropriate with other external services which include: a) care plan for each patient to achieve appropriate outcomes; b) monitoring of the patient to assess the outcome of the care; c) modifying the care when necessary; d) completing the care; e) discharge care plan and follow up; f) cross-referral within the team; g) referral guidelines;			NA			NA	

	h) communication – within and outside the Speech-Language Therapy Services. Cross-departmental collaboration is practiced in developing relevant policies and procedures where applicable.						
	EVIDENCE OF COMPLIANCE						
	1.	Minutes of committee meetings on development and revision on policies and procedures.	NA				
	2.	Minutes of meeting with evidence of cross reference with other departments	NA				
	3.	Documented cross departmental policies	NA				
	4.	Policies, Procedures, Protocols, Manuals and Guidelines are customised to meet the relevant needs and level of services.	NA				
	5.	Clinical documentation cover the following:					
	a)	assessment leading to problem list and appropriate plan of treatment;	NA				
	b)	evidence of reviewing outcomes of intervention;	NA				
	c)	evidence of modification of treatment plan (as necessary);	NA				
	d)	evidence of discharge/transfer plan;	NA				
	e)	documentation of transfer of care;	NA				
	f)	original referral forms.	NA				
	6.	Care plan and discharge plan	NA				
17D.3.1.3	There shall be a policy to address emergency resuscitation in the event of any life threatening situations and the Emergency Resuscitation Team can be alerted immediately, e.g. Code Blue.			NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	Policy for Code Blue within the service area	NA				
	2.	Flow chart and contact number of Code Blue made available and accessible.	NA				
17D.3.1.4	Current policies and procedures are communicated to all staff.			NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	Training and briefing on the current policies and procedures/Minutes of meetings	NA				
	2.	Circulation list and acknowledgement	NA				

17D.3.1.5 CORE	There is evidence of compliance with relevant policies and procedures and standards of practice. EVIDENCE OF COMPLIANCE 1. Compliance with policies and procedures through: a) record of care in patient's medical treatment record; NA b) interview of staff on practices; NA c) verify with observation on practices; NA d) practices in line with established policies and procedures. NA e) compliance records and /or compliance audit reports NA	NA			NA	
17D.3.1.6	All outpatients seeking consultation/treatment to the Speech-Language Therapy Services shall be referred by a medical practitioner. EVIDENCE OF COMPLIANCE 1. Facility policy on referral to allied health services by medical practitioner NA 2. Referral letter/referral form written by medical practitioner NA 3. All patients/clients are registered in the manual register book or electronic system. NA 4. Patient's medical records NA	NA			NA	
17D.3.1.7	Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible to staff. EVIDENCE OF COMPLIANCE 1. Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible on-site for staff reference. NA	NA			NA	

TOPIC 17D.4
FACILITIES AND EQUIPMENT

STANDARD 17D.4.1
Safe and adequate facilities and equipment are available for the delivery of effective Speech-Language Therapy Services and ensuring patient safety.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17D.4.1.1	There is appropriate access to the facility, adequate facilities and equipment with proper utilization of space to enable staff to carry out their professional, teaching, and administrative functions. **EVIDENCE OF COMPLIANCE** 1. Adequate and proper utilisation of space. — NA 2. Appropriate type of equipment to match the complexity of services/modalities of care. — NA 3. Adequate facilities and equipment at patient care area for safe care (e.g. access to emergency cart, hand washing facilities, etc). — NA 4. Easy access and clear exit routes — NA 5. Absence of overcrowding — NA	NA			NA	
17D.4.1.2	There is documented evidence that equipment complies with relevant national/international standards and current statutory requirements. **EVIDENCE OF COMPLIANCE** 1. Testing, commissioning and calibration records (certificates or stickers) — NA 2. Certification of equipment from certified bodies, e.g. Standards and Industrial Research Institute of Malaysia (SIRIM), etc as EVIDENCE OF COMPLIANCE to the relevant standards and Acts. — NA	NA			NA	
17D.4.1.3 CORE	There is evidence that the facility has a comprehensive maintenance programme such as predictive maintenance, planned preventive maintenance, and calibration activities, to ensure the facilities and equipment are in good working order. **EVIDENCE OF COMPLIANCE**	NA			NA	

	1.	Planned Preventive Maintenance records such as schedule, stickers, etc.	NA				
	2.	Planned Replacement Programme where applicable	NA				
	3.	Complaint records	NA				
	4.	Asset inventory	NA				
17D.4.1.4	Where specialised equipment is used, there is evidence that only staff who are trained and authorised by the Facility operate such equipment.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	User training records	NA					
	2.	Competency assessment record	NA					
	3.	Letter of authorisation	NA					
	4.	List of staff trained and authorised to operate specialised equipment	NA					
17D.4.1.5	Alarm system for emergencies appropriate to client needs shall be made available.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Emergency alert alarm system is available, i.e. mechanical and Code Blue is in place.	NA					

TOPIC 17D.5
SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES

STANDARD 17D.5.1
The Head of Speech-Language Therapy Services shall ensure the provision of quality performance with staff involvement in the continuous safety and performance improvement activities of the Speech-Language Therapy Services.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17D.5.1.1	There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Speech-Language Therapy Services. The process includes: a) Planned activities b) Data collection c) Monitoring and evaluation of the performance d) Action plan for improvement e) Implementation of action plan f) Re-evaluation for improvement Innovation is advocated.	NA			NA	
	EVIDENCE OF COMPLIANCE					
	1. Planned performance improvement activities include (a) to	NA				
	2. Records on performance improvement activities.	NA				
	3. Minutes of performance improvement meetings	NA				
	4. Performance improvement studies	NA				
	5. Records on innovation if available	NA				
17D.5.1.2	The Head of Speech-Language Therapy Services has assigned the responsibilities for planning, monitoring, and managing safety and performance improvement to appropriate individual/personnel within the respective services.	NA			NA	
	EVIDENCE OF COMPLIANCE					
	1. Minutes of meetings	NA				
	2. Letter of assignment of responsibilities	NA				
	3. Job description	NA				

17D.5.1.3	The Head of the Speech-Language Therapy Services shall ensure that the staff are trained and complete incident reports which are promptly reported, investigated, discussed by the staff with learning objectives, and forwarded to the Person In Charge (PIC) of the Facility. Incidents reported have had Root Cause Analysis done and action taken within the agreed time frame to prevent recurrence. EVIDENCE OF COMPLIANCE 1. System for incident reporting is in place, which include: a) Training of staff — NA b) Policy on incident reporting — NA c) Methodology of incident reporting — NA d) Register/records of incidents — NA 2. Completed incident reports — NA 3. Root Cause Analysis — NA 4. Corrective and preventive action plans — NA 5. Remedial measure — NA 6. Minutes of meetings — NA 7. Acknowledgment by Head of Service and PIC/Hospital Director — NA 8. Feedback given to staff regarding incident reporting. — NA	NA			NA	
17D.5.1.4 CORE	There is tracking and trending of specific performance indicators not limited to but at least two (2) of the following: a) percentage of new cases outpatient referrals given appointment within 90 days (waiting time between the date patient presents to request for appointment and the initial appointment given within 90 days). (Target: ≥85%) b) percentage of inpatient referrals of swallowing and feeding difficulties responded within 3 working days. (Target: ≥85%) c) percentage of patient satisfaction towards patient education in therapy (Target: ≥80%) EVIDENCE OF COMPLIANCE 1. Specific performance indicators monitored. — NA 2. Records on tracking and trending analysis. — NA 3. Remedial measures taken where appropriate. — NA	NA			NA	
17D.5.1.5	Feedback on results of safety and performance improvement activities are regularly communicated to the staff.	NA			NA	

	EVIDENCE OF COMPLIANCE						
	1.	Results on safety and performance improvement activities are accessible in the service/unit	NA				
	2.	Evidence of feedback via communication on results of performance improvement activities through continuing education activities/meetings.	NA				
	3.	Minutes of service/unit meetings	NA				
17D.5.1.6	Appropriate documentation of safety and performance improvement activities is kept and confidentiality of medical practitioners, staff and patients is preserved.		NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	Documentation on performance improvement activities and performance indicators.	NA				
	2.	Policy statement on anonymity on patients and providers involved in performance improvement activities.	NA				

SERVICE SUMMARY	
-	
OVERALL RATING :	NA
OVERALL RISK :	-