



Alberta College of
Speech-Language Pathologists
and Audiologists

Standards of Practice

Area 4.0 Practice Management



Standard Area 4.0

Practice Management



4.1 Safety and Risk Management

Standard

A **regulated member** of ACSLPA practices in compliance with occupational health, safety and **risk management** legislation and requirements in all practice settings.

Indicators

To demonstrate this standard, the regulated member will:

- Comply with occupational health and safety legislation and agency/employer policies/procedures related to safe work practices.
- Participate in appropriate training related to occupational health and workplace safety.
- Identify and manage potential risks that may impact safety in the work environment (e.g., working alone, environmental hazards).
- Respond to **adverse events** and emergency situations to minimize impact and participate in processes to document and prevent future occurrences.
- Ensure the safe handling and cleanliness of equipment/supplies and potentially infectious substances according to infection prevention and control standards.
- Use protective equipment/supplies as appropriate (e.g., goggles, gloves).
- Implement, document and maintain **records** regarding the regular calibration, inspection and maintenance of equipment according to manufacturers' standards.
- Comply with reporting procedures related to incidents involving workplace safety.

Expected Outcomes

Clients can expect that the regulated member practices in compliance with occupational health, safety and risk management legislation and requirements in all practice settings.

Resources

All ACSLPA documents and relevant Alberta Government legislation can be accessed from the ACSLPA website at www.acslpa.ca.

- ACSLPA. (2017). *Code of Ethics*. Edmonton: Author.
- ACSLPA. (2011). *Clinical Documentation and Record Keeping Guideline*. Edmonton: Author.
- ACSLPA. (2018). *Swallowing (Dysphagia) and Feeding Protocol*. Edmonton: Author.
- Canadian Patient Safety Institute. (2009). *The Safety Competencies: Enhancing Patient Safety Across the Health Professions*. Ottawa: Author.
- Government of Alberta. (2000). *Occupational Health and Safety Act*. Edmonton: Alberta Queen's Printer.
- Interorganizational Group for Speech-Language Pathology and Audiology. (2010). *Infection Prevention and Control Guidelines for Audiology*. Author.
- Interorganizational Group for Speech-Language Pathology and Audiology. (2010). *Infection Prevention and Control Guidelines for Speech-Language Pathology*. Author.

Adverse event refers to “an event that results in harm to the patient, and is related to the care and/or services provided to the patient rather than to the patient’s underlying medical condition”.

Client refers to “an individual, family, substitute decision maker, group, agency, government, employer, employee, business, organization or community who is the direct or indirect recipient(s) of the regulated member’s expertise”.

Record refers to “information in any form or medium, including notes, images, audio/visual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers and any other information that is written, photographed, recorded or stored in any manner”.

Regulated member refers to “an individual who is registered with ACSLPA in any of the categories of membership prescribed in Regulation and in the ACSLPA Bylaws”.

Risk management refers to “the identification, assessment, and prioritization of risks followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events”.

Standard Area 4.0

Practice Management



4.2 Quality Improvement

Standard

A **regulated member** of ACSLPA participates in continuous **quality improvement** activities to promote the effectiveness and safety of service delivery.

Indicators

To demonstrate this standard, the regulated member will:

- a) Initiate and/or participate in program evaluation activities (e.g., satisfaction questionnaires, data gathering, analysis) to evaluate the effectiveness of new and/or ongoing services.
- b) Use the feedback obtained from quality improvement initiatives to continually improve service effectiveness and safety.

Expected Outcomes

Clients can expect that the regulated member participates in continuous quality improvement activities to promote effective and safe services.

Resources

All ACSLPA documents and relevant Alberta Government legislation can be accessed from the ACSLPA website at www.acslpa.ca.

- ACSLPA. (2017). *Code of Ethics*. Edmonton: Author.
- Canadian Patient Safety Institute. (2009). *The Safety Competencies: Enhancing Patient Safety Across the Health Professions*. Ottawa: Author.
- Government of Alberta (2011). *Health Quality Council of Alberta Act*. Edmonton: Alberta Queen's Printer.

Client refers to “an individual, family, substitute decision maker, group, agency, government, employer, employee, business, organization or community who is the direct or indirect recipient(s) of the regulated member’s expertise”.

Quality improvement refers to “the combined and unceasing efforts ...to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development”.

Regulated member refers to “an individual who is registered with ACSLPA in any of the categories of membership prescribed in Regulation and in the ACSLPA Bylaws”.

Standard Area 4.0

Practice Management



4.3 Documentation and Information Management

Standard

A **regulated member** of ACSLPA prepares and maintains clear, accurate, **timely** and complete **records** to document the delivery of **professional services**.

Indicators

To demonstrate this standard, the regulated member will:

- Practice in compliance with employer policies, contractual agreement requirements, applicable legislation and key⁵ ACSLPA documents regarding documentation.
- Practice in compliance with employer policies, contractual agreement requirements, applicable legislation and key ACSLPA documents regarding management of information (e.g., retention, transfer, disposal).

Expected Outcomes

Clients can expect that processes are followed to ensure the appropriate preparation, maintenance and disposal of records.

Resources

All ACSLPA documents and relevant Alberta Government legislation can be accessed from the ACSLPA website at www.acslpa.ca.

- ACSLPA. (2017). *Code of Ethics*. Edmonton: Author.
- ACSLPA. (2011). *Clinical Documentation and Record Keeping Guideline*. Edmonton: Author.
- CAASPR. (2018). *Practice Competencies for Audiologists in Canada*. Ottawa: Author.
- CAASPR. (2018). *Practice Competencies for Speech-Language Pathologists in Canada*. Ottawa: Author.
- Government of Alberta. (2000). *Freedom of Information and Protection of Privacy Act (FOIP)*. Edmonton: Alberta Queen's Printer.
- Government of Alberta. (2000). *Health Information Act*. Edmonton: Alberta Queen's Printer.
- Government of Alberta. (2000). *Health Professions Act*. Edmonton: Alberta Queen's Printer.
- Government of Alberta. (2003). *Personal Information Protection Act (PIPA)*. Edmonton: Alberta Queen's Printer.
- Government of Alberta. (2013). *Alberta Netcare Electronic Health Record Information*. Edmonton: Alberta Queen's Printer.

Client refers to "an individual, family, substitute decision maker, group, agency, government, employer, employee, business, organization or community who is the direct or indirect recipient(s) of the regulated member's expertise".

Professional services refer to "all actions and activities of a regulated member in the context of professional practice".

Record refers to "information in any form or medium, including notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers and any other information that is written, photographed, recorded or stored in any manner".

Regulated member refers to "an individual who is registered with ACSLPA in any of the categories of membership prescribed in Regulation and in the ACSLPA Bylaws".

Timely refers to "coming early or at the right time; appropriate or adapted to the times of the occasion".

⁵Includes: Code of Ethics, Standards of Practice, Position Statements, Guidelines and Protocols.

Standard Area 4.0

Practice Management



4.4 Clinical Supervision

Standard

This standard specifically refers to the clinical supervision of support personnel and/or speech-language pathology and audiology students in training, and/or speech-language pathologists and audiologists who require a period of supervised practice to meet a condition on their practice permit. Support personnel, students or speech-language Pathologists and audiologists requiring supervised practice are named as appropriate in each indicator, and the term “supervisees” is used when an indicator addresses all three of these groups.

A **regulated member** of ACSLPA is responsible and accountable for **quality services** delivered by personnel under their direction and **supervision** (i.e., **support personnel**, speech-language pathology and audiology students in training, and speech-language pathologists and audiologists who require a period of supervised practice to meet a condition on their practice permit).

Indicators

To demonstrate this standard, the regulated member will:

- a) Provide pertinent information to the **client** regarding the supervisee's role and responsibilities and obtain client consent to receive services from the supervisee.
- b) Provide adequate on-the-job training and orientation to supervisees as it relates to the clinical and employment context.
- c) Optimize both client safety and outcomes by considering the following when assigning clinical activities to supervisees:
 - i. the **competence** and scope of practice of the supervisee,
 - ii. Resources available to provide guidance, as required (e.g., policies, procedures, availability of senior staff to answer questions),
 - iii. the client's individual needs, and
 - iv. factors unique to the practice environment.
- d) Except as permitted by indicator e), not assign activities to support personnel that involve clinical interpretation.
Activities that involve clinical interpretation include the following:
 - i. Interpretation of **assessment** findings,
 - ii. Initial discussion of clinical findings, treatment rationale, or prognosis with clients,
 - iii. Determination of treatment goals and procedures, including the independent planning, development, or modification of treatment plans,
 - iv. Completion and sign-off on formal clinical reports,
 - v. Selection of clients for referral to other professionals or agencies
 - vi. Discharging clients from service
 - vii. Approval of clinical content in public education materials

- e) Provide a clearly documented algorithm, flowchart, or protocol to be used by support personnel when activities that have a component of clinical interpretation are assigned to them. The regulated member will only develop algorithms, flowcharts, or protocols for use by support personnel when risk to clients regarding a particular activity has been adequately assessed and it has been determined that the risk can be adequately managed through use of a documented decision-making tool. The regulated member will instruct support personnel on the use of flowchart, algorithm, or protocol and will monitor their competence.
- f) Comply with applicable legislation and standards of practice regarding assignment and supervision of **restricted activities** to supervisees.
- g) Determine the amount of both **direct** and/or **indirect supervision** that is required for supervisees under one's direction and supervision. The regulated member should have sound rationale to support these decisions and should be able to articulate this rationale as required.
- h) Monitor the services provided by supervisees on a regular, consistent basis, including client outcomes, modifying and/or reassigning service delivery as determined by clients' needs.
- i) Be available for consultation through some mode of communication or develop a plan for when immediate consultation is required but cannot be obtained (e.g., the plan might include speaking to another regulated member to obtain direction, ceasing the activity, changing activities).
- j) Inform employers and clients within a reasonable timeframe of the need to discontinue services provided by the supervisee when the speech-language pathologist/audiologist is not available to provide required supervision and a coverage plan or replacement supervisor is not available (e.g., extended absence, resignation).
- k) Maintains responsibility and accountability for supervisees and for the support personnel to whom the supervisees assign activities.
- l) Inform the appropriate employer/manager/agency if there are supervisee performance or safety concerns.
- m) Refrain from entering into an employment agreement whereby they clinically supervise the person who employs them (whether in a paid or volunteer capacity).

Expected Outcomes

Speech-language and audiology services are delivered in a safe and competent manner by supervisees whose activities are assigned, monitored, and evaluated by a regulated ACSLPA member. Clients are informed of the roles and responsibilities of the personnel providing them with speech-language and audiology services.

continued on next page ...

Resources

All ACSLPA documents and relevant Alberta Government legislation can be accessed from the ACSLPA website at www.acslpa.ca.

- ACSLPA. (2017). *Code of Ethics*. Edmonton: Author.
- ACSLPA. (2021). *Clinical Documentation and Record Keeping Guideline*. Edmonton: Author.
- ACSLPA. (2021). *Speech-Language Pathologists' and Audiologists' Guideline for Working with Support Personnel*. Edmonton: Author.
- CAASPR. (2018). *Practice Competencies for Speech-Language Pathologists in Canada*. Ottawa: Author.
- CAASPR. (2018). *Practice Competencies for Audiologists in Canada*. Ottawa: Author.
- Government of Alberta. (2000). *Schedule 7.1 Health Services Restricted Activities in Government Organization Act*. Edmonton: Alberta Queen's Printer.
- Government of Alberta (2002). *Health Professions Act, Speech-Language Pathologists and Audiologists Profession Regulation*. Edmonton: Alberta Queen's Printer.

continued on next page ...

Standard Area 4.0

Practice Management



continued from previous page ...

Assessment refers to “the rehabilitation process for gathering in-depth information to identify the individual’s strengths and needs related to body function, body structure, activity and participation, to understand the individual’s goals and then to determine appropriate services and interventions based on these. It is initiated when there are questions about a client’s needs and how best to meet these needs. It includes both formal and informal measures ranging from administering standardized assessment tools to observing a client in a specific setting or listening to family concerns”.

****Current definition—Client** refers to “an individual, family, substitute decision maker, group, agency, government, employer, employee, business, organization or community who is the direct or indirect recipient(s) of the regulated member’s expertise”.

****Definition pending approval—Client(s)** refers to “a recipient of speech, language or audiology services, and may be an individual, family, group, community or population. Individual clients may also be referred to as patients”.

Competence/competent/competency refers to “the combined knowledge, skills, attitudes and judgment required to provide professional services”.

Quality services refers to “services in the health care system as measured by accessibility, acceptability, appropriateness, efficiency, effectiveness, and safety factors”.

Regulated member refers to “an individual who is registered with ACSLPA in any of the categories of membership prescribed in Regulation and in the ACSLPA Bylaws”.

Restricted activities refer to “procedures or services that pose significant risk and require a high level of professional competence to be performed safely. Restricted activities may only be performed by persons authorized by their regulatory College to do so”.

Restricted activities for SLPs include to:

- Insert air or gas under pressure into the ear canal,
- Insert or remove instruments or devices beyond the point in the nasal passages where they normally narrow,
- Insert or remove instruments or devices beyond the pharynx,
- Insert or remove instruments or devices into an artificial opening into the body, and
- Administer diagnostic imaging contrast agents.

Restricted activities for audiologists include to:

- Insert air or gas under pressure into the ear canal,
- Insert or remove instruments, devices, fingers or hands beyond the cartilaginous portion of the ear canal, and
- Insert a substance that subsequently solidifies into the ear canal.

Support Personnel (SP) refers to “individuals who, following academic and/or on-the-job training, perform activities that are assigned and supervised by a speech-language pathologist or audiologist registered with ACSLPA. Individuals functioning as SP may have a variety of working titles. This excludes teachers, volunteers, students training in speech-language pathology and audiology, and family members”.

Supervision refers to “a dynamic and evolving process involving the oversight of another’s work (e.g., support personnel, students training in speech-language pathology or audiology). Regardless of the relationship, the purpose of supervision is to help ensure the delivery of competent, safe, and ethical speech-language and audiology services. The SLP or audiologist is responsible and accountable for services delivered by supervisees under their direction and supervision. This involves ensuring that they are assigning tasks to unregulated support personnel and to speech-language pathology and audiology students appropriately and providing adequate supervision, as required. As part of the supervision process, the supervisee remains responsible and accountable for their own actions.

Direct supervision refers to “the supervising SLP or audiologist being physically present within the environment or virtually present via real-time videoconferencing. The SLP or audiologist observes the SP carry out the assigned activity and can provide immediate feedback, redirection, and modeling as necessary.

Indirect supervision refers to “the supervising SLP or audiologist not being physically or virtually present when an assigned activity is being carried out. The SLP or audiologist monitors and evaluates the supervisee’s performance of assigned activities by reviewing audio/video recordings, written records, and/or through discussions with the supervisee, clients, family, caregivers, team members, and/or employers.

Standard Area 4.0

Practice Management



4.5 Advertising and Promotional Communications

Standard

A **regulated member** of ACSLPA ensures that **advertising and promotional communications** are professional, ethical and accurate.

Indicators

To demonstrate this standard, the regulated member will:

- a) Limit him/herself to advertising and promotional communications that are relevant to the scope of practice of his/her profession.
- b) Ensure that his/her advertising and promotional communications are a factual and accurate description of the products/services offered.
- c) Refrain from guaranteeing the success or superiority of a product/service unless the claim is supported by evidence.

Expected Outcomes

Clients can expect that advertising and promotional communications are accurate and assist them in making informed choices.

Resources

All ACSLPA documents and relevant Alberta Government legislation can be accessed from the ACSLPA website at www.acslpa.ca.

- ACSLPA. (2017). *Code of Ethics*. Edmonton: Author.
- Government of Alberta. (2000). *Schedule 7.1 Health Services Restricted Activities in Government Organization Act*. Edmonton: Alberta Queen's Printer.

Advertising and promotional communications are intended for potential users of a product or service, with the intent of informing or influencing those who receive them.

Client refers to "an individual, family, substitute decision maker, group, agency, government, employer, employee, business, organization or community who is the direct or indirect recipient(s) of the regulated member's expertise".

Regulated member refers to "an individual who is registered with ACSLPA in any of the categories of membership prescribed in Regulation and in the ACSLPA Bylaws".

Standard Area 4.0

Practice Management



4.6 Human Resources Management

This standard is applicable to regulated members who are responsible for the management of employees.

Standard

A **regulated member** of ACSLPA, who is *responsible for the management of employees*, ensures the appropriate management of human resources to support **competent** and effective service delivery.

Indicators

To demonstrate this standard, the regulated member will:

- a) Recruit and employ staff with the appropriate background, education and registration to support competent service delivery.
- b) Ensure that appropriate administrative policies, procedures and documents are in place and implemented to support effective human resources management (e.g., job descriptions and contracts, orientation procedures, periodic performance review, human resources policies).
- c) Ensure clinical policies, procedures and training opportunities are in place and implemented to ensure competent and effective service delivery, within available resources.

Expected Outcomes

Clients can expect that the appropriate management of human resources is in place to support competent and effective service delivery.

Resources

All ACSLPA documents and relevant Alberta Government legislation can be accessed from the ACSLPA website at www.acslpa.ca.

- ACSLPA. (2011). *Clinical Documentation and Record Keeping Guideline*. Edmonton: Author.
- CAASPR. (2018). *Practice Competencies for Audiologists in Canada*. Ottawa: Author.
- CAASPR. (2018). *Practice Competencies for Speech-Language Pathologists in Canada*. Ottawa: Author.
- Government of Alberta. (2011). *Handbook of Occupational Hazards and Controls for Rehabilitation Professionals*. Edmonton: Alberta Queen's Printer.

Client refers to “an individual, family, substitute decision maker, group, agency, government, employer, employee, business, organization or community who is the direct or indirect recipient(s) of the regulated member’s expertise”.

Competence/competent/competency refers to “the combined knowledge, skills, attitudes and judgment required to provide professional services”.

Regulated member refers to “an individual who is registered with ACSLPA in any of the categories of membership prescribed in Regulation and in the ACSLPA Bylaws”.

Standard Area 4.0

Practice Management



4.7 Fees and Billing

This standard is applicable to regulated members working in a private practice environment.

Standard

A **regulated member** of ACSLPA, *working in a private practice environment*, ensures that fees for products/services are justifiable and that **clients** are informed of fee schedules prior to the delivery of services.

Indicators

To demonstrate this standard, the regulated member will:

- Ensure that the fees charged for products/services are justifiable.
- Fully disclose the fee schedules for products/services including fees for **assessment** and intervention; reports; equipment and any other associated costs.
- Obtain and document clients' consent for fees prior to service delivery.
- Provide clients with accurate, detailed invoices regarding fees in a **timely** manner.
- Maintain accurate financial **records** related to fees and services provided.
- Correct any fee or billing discrepancies in a timely manner.

Expected Outcomes

Clients can expect that the fees for products/services received are transparent and they are fully informed of fee schedules prior to the initiation of services.

Resources

All ACSLPA documents and relevant Alberta Government legislation can be accessed from the ACSLPA website at www.acslpa.ca.

- ACSLPA. (2017). *Code of Ethics*. Edmonton: Author.
- ACSLPA. (2011). *Clinical Documentation and Record Keeping Guideline*. Edmonton: Author.

Assessment refers to “the rehabilitation process for gathering in-depth information to identify the individual’s strengths and needs related to body function, body structure, activity and participation, to understand the individual’s goals and then to determine appropriate services and interventions based on these. It is initiated when there are questions about a client’s needs and how best to meet these needs. It includes both formal and informal measures ranging from administering standardized assessment tools to observing a client in a specific setting or listening to family concerns”.

Client refers to “an individual, family, substitute decision maker, group, agency, government, employer, employee, business, organization or community who is the direct or indirect recipient(s) of the regulated member’s expertise”.

Record refers to “information in any form or medium, including notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers and any other information that is written, photographed, recorded or stored in any manner”.

Regulated member refers to “an individual who is registered with ACSLPA in any of the categories of membership prescribed in Regulation and in the ACSLPA Bylaws”.

Timely refers to “coming early or at the right time; appropriate or adapted to the times of the occasion”.