



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:

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

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

Client refers to “a recipient of speech-language pathology or audiology services, and may be an individual, family, group, community or population. An individual client may also be referred to as a patient”.

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 regulated categories of membership prescribed by *ACSLPA Bylaws*, the *Health Professions Act* and our *Regulations*.”

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.”

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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.

Client refers to “a recipient of speech-language pathology or audiology services, and may be an individual, family, group, community or population. An individual client may also be referred to as a patient.”

Quality improvement refers to “the combined and unceasing efforts ...to make the changes that will lead to better client 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 regulated categories of membership prescribed by *ACSLPA Bylaws*, the *Health Professions Act* and our *Regulations*.”

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4.3 Documentation and Information Management

Standard

A **regulated member** of ACSLPA maintains clear, confidential, accurate, legible, **timely** and complete **records**, in compliance with legislation and regulatory requirements.

The fundamental expectation of documentation is that anyone reviewing a **client** record must be able to determine what care was provided, to whom it was provided, by whom and when the care was provided, why the care was provided, and any evaluation of the care that was provided.

Indicators

To demonstrate this standard, the regulated member:

- a) Maintain and disclose all documentation, correspondence, and records (e.g., paper based and electronic) in compliance with applicable legislation and regulatory requirements including confidentiality and privacy standards.
- b) Documents using language that is free of **bias** which might imply prejudicial beliefs or perpetuate assumptions regarding the individual(s) being written about.
- c) Record events, decisions, outcomes, etc. in chronological order.
- d) Include in the record:
 - i. Name and professional designation of the person documenting the information.
 - ii. Name and professional designation of the person taking professional responsibility for the work (if not the person who created the record).
 - iii. Names and titles of assisting professional service providers and assisting unregulated **support personnel**.
 - iv. First and last name of the client that the record pertains to, and a tracking number (if one is used). Client identification in the form of either a name or a tracking number should be included on each page of the record.
 - v. Date that procedures and records were completed.
 - vi. Time that procedures were completed, if clinically relevant.
 - vii. Notation of any change in therapist or support personnel.
 - viii. Notation of chart closure.
 - ix. Evidence of **informed consent**, whether that be a signed consent form or documentation of a conversation with the client regarding consent, and the resulting outcome.
- e) Include as part of documentation requirements:
 - i. Relevant case history information, including health, family, and social history.
 - ii. Presenting concern.
 - iii. Dates and entries related to any communication to or with the client, family and/or decision-makers, including missed or cancelled appointments, telephone, or electronic contact.
 - iv. Notation of any **adverse or unusual events** during the course of assessment or intervention.
 - v. **Assessment** findings (including screenings).
 - vi. Plan of care outlining **intervention** goals and strategies.
 - vii. Communications with referring providers and/or care partners.
 - viii. Response to interventions and progress toward achieving goals documented in the plan of care.
 - ix. Recommendations.
 - x. Transition/discharge plans, including the reason for discharge.
 - xi. Referrals to other professionals, reports and correspondence from other professionals, equipment, and other services provided.
- f) Include sufficient detail in the record to allow the client to be managed by another speech-language pathologist or audiologist.
- g) For late entries, will include the current date and time, a notation that the entry is late, and the date and time of the events described in the late entry. Appropriate features of the electronic documentation system will be used, as required, to make corrections or late entries. In some situations, this may mean providing an additional entry that is dated for the day the correction is made, indicating which section of the record is being revised and why.
- h) Ensure that the software used for electronic documentation leaves an audit trail that can reveal who accessed the record, what changes were made, when, and by whom.
- i) Ensure that any abbreviations and acronyms used are written out in full, with the abbreviation in brackets the first time it is stated in any continuous document entry (i.e., a formal report would constitute one continuous document entry, as would daily chart notes). Subsequent use of the abbreviation in the continuous document is acceptable.
- j) Ensure that all correspondence (e.g., electronic communication, social media) and documentation is professionally written in compliance with applicable legislation and regulatory requirements.
- k) Avoid using social media as a means for communicating directly with clients due to privacy and confidentiality reasons.

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- l) Secure all personal and health information contained in paper or electronic records, during use, while in storage or during transfer, through the appropriate use of administrative, physical, and technical mechanisms (e.g., passwords, encryption, locked file cabinets, etc.) to protect the privacy of client information.
- m) Ensure the back-up of electronic records to ensure continuity of care in the event records are compromised.
- n) Access and disclose information only as needed and in compliance with relevant legislation.
- o) Make a reasonable effort to confirm that all professional correspondence is sent to the intended recipient.
- p) Retain or ensure access to copies of care pathways or protocols in addition to client records in circumstances where client care delivery and documentation is according to a protocol, or where charting by exception is employed.
- q) Maintain complete and accurate financial records for services rendered or products sold when working in private practice or non-publicly funded settings. Financial records must include:
 - i. Client name or identifier.
 - ii. Name and credentials of the professional, including the practice permit number.
 - iii. Date(s) on which the service was provided.
 - iv. Nature of the service provided (e.g., assessment, treatment, intervention, etc.).
 - v. Length of time required to provide the service.
 - vi. The actual fee charged and method of payment.
 - vii. Date payment was received and identity of the payer.
 - viii. Any balance owing.
- r) Amend records according to requirements outlined in the applicable privacy legislation.
 - i. If a correction is required, a separate notation in the record is made and the initial entry is left intact.
- s) Retain records according to the length of time specified by applicable legislation and regulatory requirements:
 - Adult records are retained for 11 years and 3 months since the date of last service.
 - Records for “**persons under disability**” are retained for three years and three months after the individual’s death.
 - Records for minors are retained for 11 years and 3 months after the client turns 18.
 - Equipment service records should be maintained for 10 years from the date of the last entry.
 - The retention period for financial records required to determine tax obligations and entitlements as per the Canada Revenue Agency is six years.

- t) Retain records in a manner that allows the record to be retrieved and copied upon request, regardless of the medium used to create the record.
- u) Provide a copy of the complete clinical and financial record to the client or their authorized representative upon request and appropriate consent.
- v) Take action to prevent abandonment of records (e.g., when closing a practice).
- w) Dispose of records in a manner that maintains security and confidentiality of personal information.
- x) Maintain a log of destroyed files (either paper or electronic), which is kept indefinitely, that includes the following information:
 - i. Name of each client
 - ii. File number (if available)
 - iii. Last date of treatment
 - iv. Date that the record or file was destroyed.
- y) Be aware and inform employers, support personnel, and others of their professional obligations regarding documentation and record keeping.

Expected Outcomes

Clients can expect that their speech-language pathology and/or audiology records are clear, confidential, accurate, legible, complete and comply with applicable legislation and regulatory requirements.

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

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.”

Bias refers to ‘an implied or irrelevant evaluation of (an) individual(s) which might imply prejudicial beliefs or perpetuate biased assumptions.

Client refers to “a recipient of speech-language pathology or audiology services, and may be an individual, family, group, community or population. An individual client may also be referred to as a patient.”

Informed consent refers to when “a client gives consent to receive a proposed service following a process of decision-making leading to an informed choice. Valid consent may be either verbal or written unless otherwise required by institutional or provincial/territorial regulation. The client is provided with sufficient information, including the benefits and risks, and the possible alternatives to the proposed service, and the client understands this information. The client can withdraw informed consent at any time.”

Intervention/intervention strategy refers to “an activity or set of activities aimed at modifying a process, course of action or sequence of events in order to change one or several of their characteristics, such as performance or expected outcome.” In speech-language pathology and audiology, intervention is a term used to describe the various services provided to clients, including but not limited to individual and group treatment, counselling, home programming, caregiver training, devices, discharge planning, etc.”

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 regulated categories of membership prescribed by ACSLPA Bylaws, the *Health Professions Act* and our Regulations.”

Support personnel 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 support personnel may have a variety of working titles. This excludes teachers, volunteers, students training in speech-language pathology and audiology, and family members.”

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

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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 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), refrain from assigning 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 or flowchart, 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 or flowcharts 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 or algorithm 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 to the supervisee through some mode of communication or develop a plan for supervision coverage when they are not available (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 SLP/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.

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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 “a recipient of speech-language pathology or audiology services, and may be an individual, family, group, community or population. An individual client may also be referred to as a patient.”

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 regulated categories of membership prescribed by *ACSLPA Bylaws*, the *Health Professions Act* and our *Regulations*.”

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

Restricted activities for audiologists include to:

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

Supervisee refers to “support personnel, students in speech-language pathology or audiology, or speech-language pathologists or audiologists requiring supervised practice to meet a condition on their practice permit whose clinical work is under the supervision of a regulated ACSLPA member.”

Support personnel 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 support personnel may have a variety of working titles. This excludes teachers, volunteers, students training in speech-language pathology and audiology, and family members.”

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4.5 Advertising and Promotional Communications

Standard

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

Indicators

To demonstrate this standard, the regulated member will:

- a) Limit themselves to advertising and promotional communications that are relevant to the scope of practice of their profession.
- b) Ensure that their 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.
- d) Refrain from discrediting or diminishing the skills of other providers or the services of other clinics or facilities.

Expected Outcomes

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

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 “a recipient of speech-language pathology or audiology services, and may be an individual, family, group, community or population. An individual client may also be referred to as a patient.”

Regulated member refers to “an individual who is registered with ACSLPA in any of the regulated categories of membership prescribed by *ACSLPA Bylaws*, the *Health Professions Act* and our Regulations.”

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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**, safe, **inclusive**, and effective service delivery.

Indicators

To demonstrate this standard, the regulated member will:

- a) Recruit and employ staff with the appropriate qualifications, 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 and an inclusive workplace (e.g., job descriptions and contracts, orientation procedures, periodic performance review, human resources policies).
- c) Demonstrate principles of inclusive supervision (i.e., recognizing that supervisees can contribute effectively regardless of differences from the dominant culture or their culturally and linguistically diverse status).
- d) Ensure clinical policies, procedures and training opportunities are in place and implemented to ensure competent, safe, inclusive, 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, safe, inclusive, and effective service delivery.

Client refers to “a recipient of speech-language pathology or audiology services, and may be an individual, family, group, community or population. An individual client may also be referred to as a patient”.

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

Inclusive care involves “creating an atmosphere in which all people feel valued and respected and where equal access to opportunities and resources are provided to people who might otherwise be excluded or marginalized.”

Regulated member refers to “an individual who is registered with ACSLPA in any of the regulated categories of membership prescribed by *ACSLPA Bylaws*, the *Health Professions Act* and our *Regulations*.”

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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.

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 “a recipient of speech-language pathology or audiology services, and may be an individual, family, group, community or population. An individual client may also be referred to as a patient.”

Intervention/intervention strategy refers to “an activity or set of activities aimed at modifying a process, course of action or sequence of events in order to change one or several of their characteristics, such as performance or expected outcome.” In speech-language pathology and audiology, intervention is a term used to describe the various services provided to clients, including but not limited to individual and group treatment, counselling, home programming, caregiver training, devices, discharge planning, etc.”

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 regulated categories of membership prescribed by ACSLPA Bylaws, the *Health Professions Act* and our Regulations.”

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