



# Standard of Practice

## **1. Access**

1.1 Open referral will be retained.

1.2 Speech therapist will operate non-discriminatory practices.

1.3 Admission to and discharge from speech therapy will be at the discretion of qualified speech therapist.

1.4 All referrals will be acknowledged and the acknowledgment will indicate when the client can expect to be seen or an assessment.

1.5 For community or out-patient referral, the initial appointment should be within eight weeks of the receipt of the referral.

1.6 Access to the service will include the appropriate involvement of carers and/or family.

## **2. Admission to service**

2.1 The client will be offered a timed appointment of a specific duration, within normal circumstances, no less than one-week notice.

2.2 The speech therapist will be adequately prepared to receive the client with all relevant information available.

2.3 The client and /or carer will be informed that the purpose of the assessment is to establish a diagnosis and to form



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an opinion as to intervention and outcome. This may include an appropriate range of formal and/or informal assessments and observations, as well as a complete and relevant case history, which will be recorded and filed.

**2.4** Speech therapist will have access to range of assessment tools.

**2.5** The initial assessment procedure should be repeatable, to allow for measurement of change at a later stage.

**2.6** On the completion of the assessment procedure, which may take more than one appointment, the findings and implications for future management will be discussed with the client and /or carer.

**2.7** Following the assessment, the speech therapist will advise the referrer upon the consent of the patient or his/her carer in writing of the assessment findings.

**2.8** The assessment finding will include an opinion on the appropriate time to start intervention. Treatment should commence within a specified time following assessment. The period of time should not be a duration that renders the assessment out of date at the commencement of the treatment programme.

**2.9** Information of relevant voluntary agencies/organizations will be given to the client and/or carer by the speech therapist.

### **3. Acceptance for treatment**

The criteria of acceptance for treatment are based on:

**3.1** competence of the speech therapist.

**3.2** the agreement of the client to receive therapy

**3.3** the expected outcome of therapy



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#### **4. Programme of care**

**4.1** All episodes of care will be negotiated and agreed between the client and /or carer and the speech therapist.

**4.2** Achievable goals including expected outcomes and timescales should be identified and agreed between the speech therapist and the client and/or carer.

**4.3** There will be ongoing evaluation of the effectiveness of the program by both speech therapist and the client and/or carer. Modification of treatment program should be made if necessary.

**4.4** The repeatable assessment used at the initial contact will serve as a baseline to determine change.

**4.5** In the event of any concern regarding the effectiveness of the programme or its application, the client and/ or carer or the speech therapist may ask for a second opinion.

**4.6** Where a programme requires contact of the client and/or carer with a peer or volunteer in order to maximize the treatment outcome, this will be explained to the client and/or carer. In all cases, overall responsibility for the speech therapy management of the client remains with the speech therapist.

**4.7** Throughout the period of contact, the speech therapist will ensure that any other professionals or agencies involved with the client and/or carer will be kept informed of the progress, as appropriate. The speech therapist will be required to give specific advice and/or training to other professionals/carers in regular contact with the client.

**4.8** The speech therapy treatment may form part of a multi-disciplinary programme of care and may include joint aims and intervention.

**4.9** Any change in therapist should be communicated to the client and/or carer concerned and/or appropriate agencies in advance.



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## **5. Outcome**

**5.1** The outcomes of treatment and future management will be recorded and reported to the referrer or other relevant professionals/agencies.

**5.2** Clients who are between episodes of treatment should be given clear guidance to encourage consolidation of learned skill and/or maintain the momentum of progress.

**5.3** At final discharge, the client and/or carer may be given guidelines for maintenance of the treatment outcome.

**5.4** Information will be given by the therapist to the client and/or carer for the purpose of re-ferral.

## **6. Administration and liaison**

**6.1** Reports will be provided to the client and/or carer following assessment and on completion of treatment upon request.

**6.2** Clients' progress records will be kept up to date and will be concise and factual. All client and/or carer contacts will be recorded.

**6.3** The speech therapist will endeavor to attend any relevant case conferences or review meetings to discuss the client's progress. Report should be provided when attendance is not possible.

**6.4** Written consent will be obtained from all clients and/or carers for any recordings - video or audio - which may be used for teaching, publicity purpose or documenting clients' progress.

**6.5** Speech therapist will ensure that advice will be provided for individuals, professionals and voluntary agencies relevant to the client.



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**6.6** Time and resources must be allocated for speech therapist to maintain and develop appropriate clinical standard.

## **7. Supervision**

### **7.1 To base-grade therapist**

**7.11** Base-grade therapist will have access to supervising or senior speech therapist for supervision, guidance and support in the following areas:

Where a client requires specialist treatment such as neonatal and neurogenic feeding or swallowing and multiple handicap management etc.

Where responses to employing organization's policies are required such as setting up or re-designing of service, interpretation of government workplace policies and procedures including their implication.

Where education workshops are to be held, or where development of professional networks is indicated.

### **7.2 To speech therapist student**

**7.2.1** To provide a role model to student.

**7.2.2** To evaluate professional or personal strengths and weaknesses during course of training

**7.2.3** A minimum of 2 years of relevant clinical experience is recommended to conduct supervision to students.

**7.2.4** For each supervised clinical hour, at least 25% of the time should be observed by supervisor to students.

**7.2.5** As an Association member, he/she should assist in providing practicum training to student, graduate and therapist whenever possible.

(The above Standard of Practice was approved at AGM on 19 September 1997)