



Team Name: Rehabilitation Services Team Lead: Director - Rehabilitation Approved by: Regional Lead - Community and Continuing Care	Reference Number: CLI.6310.SG.002 Program Area: Rehabilitation Services Policy Section: General
Issue Date: December 9, 2016 Review Date: October 19, 2022 Revision Date: November 2, 2022	Subject: Referral Prioritization for Outpatient Speech-Language Pathology Adult Services

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

STANDARD GUIDELINE SUBJECT:

Referral Prioritization for Outpatient Speech-Language Pathology Adult Services

PURPOSE:

The Speech-Language Pathologist (SLP) will review referral information to determine referral priority status based upon the following guidelines.

PROCEDURE:

1. The SLP will document assigned priority status as Priority 1, Priority 2, Priority 3 or Priority 4 on the Rehab Services Outpatient Referral Form (CLI.6310.SG.002.FORM.01).
2. The SLP will then return the referral to the rehab clerk to complete referral intake process.
3. The SLP may reprioritize the referral based on information obtained during initial contact.

Priority 1 Referrals

Based upon referral information, Priority 1 status will be assigned to referrals requiring more urgent assessment/intervention. Priority 1 referrals will be contacted for initial appointment before Priority 2, Priority 3 or Priority 4 referrals.

Priority 1 clients, with feeding/swallowing difficulties (dysphagia), should be seen within two weeks from receipt of referral. Appointments will be booked based off the following hierarchy:

- Priority 1 - Urgent
 - acute event with no previous SLP involvement
 - recent history of aspiration pneumonia
 - newly nothing by mouth (NPO)
 - potential to prevent hospital admission

➤ Priority 1

- 'choking' incidents
- on modified diet texture
- dysphagia symptoms associated with a progressing neurological disorder
- respiratory disorder (e.g. chronic obstructive pulmonary disease, pulmonary fibrosis)
- new percutaneous endoscopic gastrostomy (PEG)
- multiple relevant comorbidities
- 85 + years old
- significant unintended weight loss
- intermittent difficulties with present diet texture
- difficulty with certain food items or pills
- signs of reflux
- chronic PEG

Priority 2, Priority 3 & Priority 4 Referrals

Based upon referral information, Priority 2, Priority 3 or Priority 4 status will be assigned to referrals requiring less urgent assessment/intervention. Priority 2, Priority 3, and Priority 4 referrals will be seen as appointment spaces become available and may wait for extended periods. Priority 2, Priority 3, and Priority 4 referrals will be informed of approximate wait time.

Priority 2

Priority 2 clients, with the following needs, should be seen within four weeks from receipt of referral:

- Cerebrovascular accident (CVA) with aphasia and/or apraxia when the CVA has occurred within the last 6 months
- Head injury with communication difficulty when injury has occurred within the last 6 months
- Degenerative neurological disorders such as multiple sclerosis, Parkinson's, amyotrophic lateral sclerosis (ALS), etc. requiring support/intervention for communication

Timeline for booking appointments may be impacted by the following criteria:

- Clients may be prioritized who have not received or are not eligible for SLP services elsewhere (e.g. through inpatient rehabilitation, at an SLP specialty clinic such as Motor Neuron Disorders Clinic or Movement Disorders Clinic, or through Manitoba Public Insurance)

Priority 3

Priority 3 referrals should be seen within three months of receipt of referral:

- Voice impairments
- Communication difficulties (e.g. aphasia, apraxia, cognitive-communication deficits) resulting from brain injury or CVA more than seven months ago
- Assistive augmentative communication

Priority 4

Priority 4 referrals may wait for extended periods:

- Fluency/stuttering
- Speech sound errors (articulation/phonology)
- Voice amplification
- Dysarthria with no neurological cause

SUPPORTING DOCUMENTS:

[CLI.6310.SG.002.FORM.01](#) Rehab Services Outpatient Referral Form