Waiting list management in speech and language therapy services: Perspectives and innovations

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Waiting lists for speech and language therapy exist when supply does not meet demand. Waiting for services reduces service users' access to early intervention and poses practical and ethical challenges for professionals to manage. This presentation will provide an overview of an extensive programme of research that explored: (a) perspectives of service users and professionals regarding speech and language therapy waiting lists; (b) speech and language therapists' waiting list management practices throughout the world; (c) the design and development of an evidence-based website; and (d) the evaluation of the Waiting for Speech Pathology website in two community-based randomised controlled trials. Innovative management strategies will be presented.

This research about waiting for speech and language therapy was published in the inaugural issue of *Advances in Communication and Swallowing* (Waiting list management: Professionals' perspectives and innovations) and in other journals across the world. Free resources are available on the Waiting for Speech Pathology website: [https://wnswlhd.health.nsw.gov.au/our-services/speech-pathology/](https://wnswlhd.health.nsw.gov.au/our-services/speech-pathology/)

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Thesis

Resources


Journal articles


Care pathways in speech and language therapy services


### Summary of waiting list management strategies © Nicole McGill (2021)

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<th>Topic</th>
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<td><strong>1. SLP workforce actions</strong></td>
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<tr>
<td>1.1. Recruitment¹</td>
<td>• Creating more SLP positions &lt;br&gt;Arnold et al. (2003)¹; Davis, Bauer, &amp; Rohr (2017)¹; Harding et al. (2018)¹; Hutchins et al. (2010)¹; Keating et al. (1998)¹</td>
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<td></td>
<td>• Employing more SLPs</td>
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<td>1.2. SLP experience¹</td>
<td>• Training and upskilling SLPs &lt;br&gt;Gillham &amp; Ristevski (2007)¹; Hutchins et al. (2010)¹; Keane, Lincoln, &amp; Smith (2012)¹; Kenny, Lincoln, &amp; Balandin (2010)¹</td>
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<td>• Retaining experienced SLPs</td>
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<td>1.3. Flexibility¹</td>
<td>• Adopting flexible work hours &lt;br&gt;Davis, Bauer, &amp; Rohr (2017)¹; Kossek &amp; Nichol (1992)¹</td>
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<td>1.4. Time constraints¹</td>
<td>• Provision of more time &lt;br&gt;Davis, Bauer, &amp; Rohr (2017)¹</td>
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<td>1.5. SLP higher education¹</td>
<td>• Modifying SLP higher education courses &lt;br&gt;Lincoln, Adamson, &amp; Cant (2001)¹; Wylie et al. (2014)¹</td>
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<td>1.6. Students in the workplace¹</td>
<td>• Using students in the workplace &lt;br&gt;Allan et al. (2011)¹; Sales et al. (2015)¹</td>
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<td>1.7. Support from management/organisation¹</td>
<td>• Obtaining increased managerial or organisational support &lt;br&gt;Rachlis (2005)¹</td>
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<td>1.8. Professional efficiency²</td>
<td>(e.g., working harder/doing more) &lt;br&gt;Duckett, Breadon, &amp; Farmer (2014)¹; Naiker et al. (2018)¹; Nancarrow et al. (2013)¹; Rachlis (2005)¹</td>
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<td><strong>2. Organisational process and policy actions</strong></td>
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<td>2.1. Funding¹,²</td>
<td>• Utilising alternate funding models¹,² &lt;br&gt;Kreindler (2010)¹; Skeat et al. (2010)¹; Stute et al. (2018)¹</td>
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<td>• Obtaining increased public health funding¹ &lt;br&gt;Kreindler (2010)¹; Ruggero et al. (2012)¹</td>
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<td>• Lobbying the government¹ &lt;br&gt;(e.g., for more funding) &lt;br&gt;Allan et al. (2007)¹; Paige-Smith (2013)¹; Polikowski &amp; Santos-Eggimann (2002)¹</td>
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<td>2.2. Administrative strategies</td>
<td>• SLP caseload allocation¹ &lt;br&gt;o Professionals having autonomy over their waiting lists &lt;br&gt;Hughes &amp; Griffiths (1997)¹; Lincoln et al. (2014a)¹; Rachlis (2005)¹; Stute et al. (2018)¹ &lt;br&gt;o Allocating caseload based on client factors &lt;br&gt;Davidson &amp; Bressler (2010)¹</td>
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<td>o Implementing waiting list policies &lt;br&gt;o Conducting audits and reviews¹ &lt;br&gt;Little &amp; Grasselli (2013)¹; Shiraev &amp; McGarry (1996)¹ &lt;br&gt;Naiker et al. (2018)¹; Sammartin et al. (2000)¹; Sell &amp; Ma (1996)¹; Stute et al. (2018)¹ &lt;br&gt;Davis, Bauer, &amp; Rohr (2017)¹</td>
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<td>o Having separate waiting lists (e.g., weekend vs weekday appointments)¹ &lt;br&gt;Not keeping a waiting list² &lt;br&gt;Independent oversight of waiting lists² &lt;br&gt;Breton et al. (2018)¹; Kreindler (2010)¹; Naiker et al. (2018)¹; Rachlis (2005)¹; Sammartin et al. (2000)¹</td>
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<td>• Scheduling &lt;br&gt;o Using cancellation lists¹ &lt;br&gt;Davis, Bauer, &amp; Rohr (2017)¹</td>
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<td>o Offering flexible appointment times¹</td>
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<td>• Implementing administrative policies &lt;br&gt;o Implementing failure to attend/unable to contact policies¹ &lt;br&gt;Naiker et al. (2018)¹; Rachlis (2005)¹</td>
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<td>o Registration forms¹ &lt;br&gt;o Limiting advertising¹ &lt;br&gt;o Streamlining of documentation¹ or processes &lt;br&gt;Kreindler (2010)¹; Lodge &amp; Bamford (2008)¹; Rachlis (2005)¹</td>
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2.3. Referrals

- Referring clients on to other services
  - Referring clients to other services with shorter waiting lists
  - Access to other services while waiting
    - Clients waiting on more than one waiting list
    - Clients accessing community groups while waiting

- Organisational strategies
  - Standards
    - Developing waiting time benchmarks or maximum waiting times
    - Introducing key performance indicators regarding waiting times
    - Implementing quality improvement projects
    - Forcing SLPs into actions
  - Restrictions on services
    - Introducing prioritisation guidelines based on client factors
      - Functional impact
      - Severity
      - Prognosis
    - Complex cases
    - Intervention history
    - Error type
    - Urgency
    - Vulnerability of family (cultural identity, socioeconomic status)
    - Emotion-based advocacy
    - Prognosis, permanency, or chronicity
    - Expected duration of therapy
    - Location of client
    - Returning client
    - Sibling of known client
    - Introducing prioritisation guidelines based on service factors
      - Type of service
      - Role of service
      - Diagnostic purposes

2.4. Organisational strategies

- Standards
  - Developing waiting time benchmarks or maximum waiting times
  - Introducing key performance indicators regarding waiting times
  - Implementing quality improvement projects
  - Forcing SLPs into actions

- Restrictions on services
  - Introducing prioritisation guidelines based on client factors
    - Functional impact
    - Severity
    - Diagnosis/disorder type
    - Level of clinical need
    - Age
    - Complex cases
    - Intervention history
    - Error type
    - Urgency
    - Vulnerability of family (cultural identity, socioeconomic status)
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      - Diagnostic purposes
3. Collaboration

- Working in partnership with parents
  - Providing advice/training\(^1,2\)

3.2. Therapy

- Providing therapy blocks\(^1,2\)
- Providing group therapy\(^1,2\)
  - Whole class therapy\(^2\)
  - Paired therapy\(^2\)
  - Offering group therapy while waiting\(^2\)
- Offering intensive therapy programs\(^1,2\)
- Providing one-to-one sessions\(^1\)
- Offering weekend services\(^1\)

3.3. Evidence-based practice\(^1,2\)

- Balancing conflict/dilemmas regarding waiting list management strategies\(^1,2\)

3.4. SLP service delivery actions

- Implementing triage/intake models\(^1,2\)
- Screening\(^1,2\)
- Providing early/immediate assessment\(^1\)
- Providing consultative services\(^1,2\)
- Offering drop in assessments\(^1\)
- Providing group assessments\(^1\)
- Implementing a “first stop” service or primary contact clinic
- Monitoring\(^1,2\)
- Offering a single session model\(^1\)

## 3.1. Assessment

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- Providing consultative services\(^1,2\)
- Offering drop in assessments\(^1\)
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- Offering a single session model\(^1\)

- Providing home programs and information1,2
- Providing phone support1
- Offering support groups2

- Working in partnership with professionals
  - Providing multi-disciplinary services (e.g., key worker model, joint sessions)1,2
  - Providing advice/training1,2
  - Using non-SLPs (e.g., therapy assistants) to deliver services1,2
  - Providing preschool/school-based programs (universal access programs)1,2
  - Increasing capacity of primary care services2

3.4. Prevention-focused services
- Embedding services in universal services1,2
  - Detecting needs early
- Engaging in public health promotion1

3.5. Technology
- Providing support/education using technology1
  - Using devices (apps, websites, online support groups)1
- Using technology as a service delivery method1,2
  - Providing telehealth assessment or therapy sessions1,2

Note. SLP, speech-language pathology
Sources: a,McGill, McLeod, & Hopf (2021); b,McGill, Crowe, & McLeod (2020).
Reference discipline: a,Speech-language pathology, b,Allied health, c,Primary care, d,Business/insurance, e,Education.
Adapted from McGill (2020).
References


