

RECOMMENDED WAIT TIMES

BACKGROUND

The Pan-Canadian Alliance of Speech-Language Pathology and Audiology Organizations (the Alliance) is an equal, strong, collaborative, cohesive partnership among its member organizations which adds value when addressing the priority issues facing Canadian speech-language pathologists and audiologists and their professional organizations beyond what provincial/territorial organizations and CASLPA can accomplish working independently or jointly through existing structures and processes.

There are currently twelve members in the Alliance. They include:

- Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA)
- British Columbia Association of Speech-Language Pathologists and Audiologists (BCASLPA)
- Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA)
- Saskatchewan Association of Speech-Language Pathologists and Audiologists (SASLPA)
- Manitoba Speech and Hearing Association (MSHA)
- Ontario Association of Speech-Language Pathologists and Audiologists (OSLA)
- New Brunswick Association of Speech-Language Pathologists and Audiologists (NBASLPA)
- Speech and Hearing Association of Nova Scotia (SHANS)
- Prince Edward Island Speech and Hearing Association (PEISHA)
- Newfoundland and Labrador Association of Speech-Language Pathologists and Audiologists (NLASLPA)
- Yukon Speech-Language Pathology and Audiology Association (YSLPAA)
- Association of Northwest Territorial Speech-Language Pathologists and Audiologists (ANTSLPA)

In 2005, the Alliance discussed wait lists and decided to establish a task force to discuss wait times.

The Wait List Task Force identified 25 different diagnostic groups for speech, language and hearing disorders. Benchmark data for wait times was developed in each of these diagnostic groups, and many of the diagnostic groups are further broken down by life stage (birth to 5 years, school-aged and adult).

The definitions the Alliance approved for wait times are:

Date referral received until date of first offered appointment.

and

Date of initial assessment to date of offered treatment.

Fifty surveys were sent out (25 in English and 25 in French) for each of the diagnostic groupings. Surveys were sent to CASLPA members who identified particular areas of interest, and to Pan-Canadian Alliance provinces for further circulation. The diagnostic areas were prioritized and for each of the identified diagnostic groups, an expert working group and a chair were selected. The

Expert Committees reviewed the survey results, plus any available research and developed recommended wait times benchmarks. The completed benchmarks were approved by the Pan-Canadian Alliance.

The following 16 wait times benchmarks have been completed and approved by the Alliance:

Diagnostic Area	Responsible	Chair	Date approved
Infant Hearing Screening	BCASLPA	Ann Marie Newroth	April 18, 2008
Adult Audiology	MSHA	Bonnie Hosea	April 18, 2008
Central Auditory Processing Disorders	CASLPA	Charlotte Douglas	April 18, 2008
Complex Developmental Behavioural Conditions	NLASLPA	Claudette Butland	April 18, 2008
Cochlear Implants	ACSLPA	Tanis Howarth	April 18, 2008
Fluency	ACSLPA	Deborah Kully	April 18, 2008
Paediatric Audiology	SHANS	Christine Santilli	June 10, 2008
Traumatic Brain Injury	CASLPA	Susan Wozniak	June 10, 2008
Childhood Language	CASLPA	Melanie Osmond	October 7, 2008
Stroke	BCASLPA	Rosemary Martino Jennifer Moll	January 20, 2009
Paediatric Speech Sound Disorders	ACSLPA	Susan Rafaat	May 1, 2009
Voice	BCASLPA	Linda Rammage	May 1, 2009
Dementia (swallowing/communication)	MSHA	Kelly Tye Vallis	October 6, 2009
Sudden Onset Hearing Loss	SHANS	Mark Gulliver Duncan Floyd	October 6, 2009
Adult Tinnitus	MSHA	Bonnie Hosea	January 27, 2010
Swallowing	MSHA	Lindsey Lorteau	January 27, 2010

It is recognized that this document does not capture every possible speech/language/hearing/swallowing condition. Individual clinicians are encouraged to use their experience, best judgement and evidence-based research in their decision-making.

little evidence is available but the recommendations are a starting point

Wait Time Benchmarks can be found at <http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations>.

AUDIOLOGY SERVICES

Diagnostic Group – All Ages	Benchmark – date referral received until date of first offered appointment	Benchmark – from initial assessment to offered treatment
Central Auditory Processing Disorders http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=7	less than 3 months	1 month ¹

Diagnostic Group – Birth to 5 Years	Benchmark – date referral received until date of first offered appointment	Benchmark – from initial assessment to offered treatment
Cochlear Implants ² http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=10	2 months	3 months
❖ with sensorineural hearing loss after meningitis		6 weeks
Infant Hearing Screening ³ http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=5	screened before 1 month of age	screened before 3 months of age
Paediatric Audiology ⁴ http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=3	2 weeks	1 month
Sudden Onset Hearing Loss ⁵ http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=14		
❖ Sudden Sensorineural Hearing Loss	same day, within 24 hours	same day, within 24 hours
❖ Conductive Hearing Loss	same day, within 24 hours	1-3 weeks

Diagnostic Group – School Aged	Benchmark – date referral received until date of first offered appointment	Benchmark – from initial assessment to offered treatment
Paediatric Audiology ⁴ http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=3	1 month	6 weeks
Sudden Onset Hearing Loss ⁵ http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=14	same day, within 24 hours	
❖ Sudden Sensorineural Hearing Loss		same day, within 24 hours
❖ Conductive Hearing Loss		1-3 weeks

Diagnostic Group - Adult	Benchmark – date referral received until date of first offered appointment	Benchmark – from initial assessment to offered treatment
Adult Audiology http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=6	4-6 weeks	2-3 weeks
Adult Tinnitus http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=15		
Cochlear Implants² http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=10	3 months	6 months
Sudden Onset Hearing Loss⁵ http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=14	same day, within 24 hours	
❖ Sudden Sensorineural Hearing Loss		same day, within 24 hours
❖ Conductive Hearing Loss		1-3 weeks

SPEECH-LANGUAGE PATHOLOGY SERVICES

Diagnostic Group – Birth to 5 Years	Benchmark – date referral received until date of first offered appointment	Benchmark – from initial assessment to offered treatment
Child Language ⁶ http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=2	3 months	1 month
Complex Developmental Behavioural Conditions http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=8	no longer than one month	no longer than one month ⁷
Fluency http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=9		
❖ high priority	1 month	2 weeks
❖ regular priority	2 months	1 month
Paediatric Speech Sound Disorders http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=12		
❖ high risk		
• birth to 3 years	2 months	3 months
• 4-6 years	2 months	1 month
❖ low risk		
• birth to 3 years	2 months	6 months
• 4-6 years	2 months	3 months
Traumatic Brain Injury ⁸ http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=4		
❖ acute care facility	24-72 hours	48-72 hours
❖ inpatient rehabilitation facility	48-72 hours	48-72 hours
❖ outpatient in the community	1 month	2 weeks
Voice http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=11		
❖ complex medical voice disorder	2 weeks	2 weeks
❖ vocal misuse related voice disorders	4 weeks	2 weeks

Diagnostic Group – School-Aged	Benchmark – date referral received until date of first offered appointment	Benchmark – from initial assessment to offered treatment
Child Language ⁶ http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=2	3 months	1 month
Complex Developmental Behavioural Conditions http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=8	no longer than one month	no longer than one month ⁷

Diagnostic Group – School-Aged	Benchmark – date referral received until date of first offered appointment	Benchmark – from initial assessment to offered treatment
Fluency http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=9		
❖ high priority	1 month	2 weeks ⁹
❖ regular priority	2 months	1 month ⁹
Paediatric Speech Sound Disorders http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=12		
❖ high risk	2 months	3 months
❖ low risk	2 months	8 months
Traumatic Brain Injury⁸ http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=4		
❖ acute care facility	24-72 hours	48-72 hours
❖ inpatient rehabilitation facility	48-72 hours	48-72 hours
❖ outpatient in the community	2-4 weeks	2 weeks
Voice http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=11	4 weeks	2 weeks

Diagnostic Group – Adult	Benchmark – date referral received until date of first offered appointment	Benchmark – from initial assessment to offered treatment
Dementia http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=13		
❖ Communication	2-4 weeks	1-2 weeks
❖ Dysphagia		
<i>post-choking incident</i>	1-2 days	1-2 weeks
<i>post-onset of pneumonia</i>	3-5 days	1-2 weeks
<i>new dysphagia symptoms</i>	1-2 weeks	1-2 weeks
<i>chronic dysphagia</i>	2-4 weeks	1-2 weeks
Fluency http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=9		
❖ high priority	1 month	2 weeks ⁹
❖ regular priority	3 months	1 month ⁹
Stroke http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=1		
❖ Communication		
<i>acute</i> ¹⁰	24 hours	48 hours
<i>rehab</i> ¹¹	28 hours	1 week
<i>long-term</i> ¹²	1 week	1 week
❖ Dysphagia		
<i>acute</i> ¹⁰	24 hours	0 hours ¹³
<i>rehab</i> ¹¹	24 hours	0 hours ¹²

Diagnostic Group – Adult	Benchmark – date referral received until date of first offered appointment	Benchmark – from initial assessment to offered treatment
<i>long-term</i> ¹²	24 hours	0 hours ¹²
Traumatic Brain Injury ⁸ http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=4		
❖ acute care facility	24-72 hours	48-72 hours
❖ inpatient rehabilitation facility	48-72 hours	48-72 hours
❖ outpatient in the community	1 month	2 weeks
Voice http://www.speechandhearing.ca/en/find-a-professional/wait-time-recommendations?start=11	4 weeks ¹⁴	2 weeks

END NOTES

1. This will vary in cases where a school change occurs or where an assessment is completed during the summer months.
2. The group of cochlear implant experts that met agreed that setting a wait time between the time of initial assessment until implantation is highly variable, and that there are justifiable reasons for this (e.g., complexity of the case or need for a trial with appropriately fit amplification). Consequently making a recommendation for a wait time between when an assessment begins and when an individual is implanted is not a particularly useful marker. It was felt that a better wait time marker, particularly of surgical wait time is the time between determination of candidacy and surgical implantation.

During the meeting it was identified that there is a Canadian Surgeon Committee that has been formed that is also addressing the issue of cochlear implant wait times. This group recommends that this Committee be contacted for input and that the two groups work together to ensure continuity on recommendations regarding cochlear implant surgical wait times.

3. 1, 3, 6 Rule: Screen by no later than 1 month of age. Confirm hearing loss by no later than age three months of age. Fit amplification within one month of confirmation of hearing loss. All infants with confirmed permanent hearing loss should receive access to a single point of entry interdisciplinary intervention by no later than six months of age.
4. Considerations:
 - Children under 6 months of age and those marked urgent on referral forms should be seen as soon as possible.
 - Referral information is essential to prioritize based on degree of suspicion and type of hearing loss.
 - Delays in diagnosis may occur if the child requires appointments coordinated with other clinics or if a remote visit is required by professional personnel.
 - Delays in treatment may occur if the client has not already seen an ENT and requires clearance for hearing aid fitting.
5. Definition - Sudden Onset Hearing Loss - Acute rapid-onset loss of hearing that is often idiopathic, unilateral, and substantial and that may or may not spontaneously resolve (suspected sudden sensorineural hearing loss (SSNHL)). Taken from Brad Stach, Comprehensive Dictionary of Audiology, 1997, Williams and Wilkins

The overwhelming recommendation for anyone with a suspected sudden sensorineural hearing loss is that they need to be seen as soon as possible for medical treatment, more specifically the same day or within 24 hours. This is considered a medical emergency so if the audiologist cannot accommodate the client they should be instructed to go to the nearest emergency department or see their family doctor the same day. If a conductive hearing loss is found after audiological testing, the urgency for medical treatment is decreased unless a serious problem is suspected.

6. We acknowledge that across the country, speech and language services are provided by a wide variety of organizations and individuals. In many cases, there are numerous barriers, such as caseload sizes and geographical areas, which get in the way of clients accessing these services. However, we also recognize that lifelong skills, such as access to literacy and social success, are highly dependent on speech and language skills acquired in childhood. Therefore, it is in the best interest of Canadians with communication difficulties to receive the support they need in a timely manner.
7. This may include caregiver training in small or large groups or intensive individual or group treatment.
8. Given the nature of this etiology, the group of experts involved in this waitlist discussion chose to (in all but one circumstance) suggest identical assessment and identical treatment wait times for all three age groups. Wait times across the continuum of care were addressed to meet the needs of this particular etiology. The group of experts (who had experience providing services in rural and urban communities as well as in acute, rehabilitation and community settings) felt strongly that "wait times" are the result of a variety of critical issues, some of which include:
 - failure to identify a need for speech-language pathology services early post- injury
 - limited access to these specialized speech-language pathology services
 - minimal community reintegration resources
 The following information regarding wait times pertains to individuals who present with cognitive-communication issues only; it does not pertain to individuals who present with dysphagia.
9. Enrolment in an intensive or semi-intensive treatment program or speech camp may require scheduling considerations on the part of both the family and the service provider so that time to treatment may be somewhat longer.
10. Acute is defined as the period of time immediately following the onset of an acute stroke.
11. Rehab is defined as the period of time immediately after discharge from acute care when the patient has achieved medical stability and the focus of care becomes rehabilitation.
12. Long-term is defined as the period of time after discharge from rehabilitation services or more than 90 days after the stroke.
13. Treatment in this context refers to either ‘compensatory’ management strategies or active ‘treatment’ to address the physiology of swallow as deemed appropriate by the SLP. Compensatory management strategies might include postural changes, increased oral sensory awareness, controlled intake, texture changes, oral hygiene, and swallowing maneuvers. Active treatment might include oral exercises or sensory stimulation.
14. Assuming pre-screening completed by laryngologist.