



## THE SASLPA GUIDELINES RESPECTING THE USE OF TELEPRACTICE

June 29, 2011

The Saskatchewan Association of Speech-Language Pathologists and Audiologists (SASLPA) has adopted the **Preferred Practice Guideline (PPG): Telepractice** of the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) as applicable to all SASLPA members. The ACSLPA Telepractice document is entitled "Use of Telepractice in the Provision of Clinical Services by Speech-Language Pathologists and Audiologists". This document was developed in 2009 and revised in 2011 by ACSLPA.

These guidelines are now in effect and applicable to the SASLPA membership.

### **Please Note:**

When referring to the Preferred Practice Guidelines, the membership will interpret any reference to "ACSLPA", "Alberta" and "the *Health Professions Act*" as "SASLPA", "Saskatchewan" and "*The Speech-Language Pathologists and Audiologists Act*", respectively.

SASLPA wishes to acknowledge and thank the ACSLPA for allowing SASLPA to use this document.

# **TELEPRACTICE**

# *Guideline*

**SEPTEMBER 2009  
(REV. FEBRUARY 2011)**

# USE OF TELEPRACTICE IN THE PROVISION OF CLINICAL SERVICES BY SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

*An ACSLPA Guideline is a statement that provides information, directions and recommendations designed to assist clinicians in providing best practice based on available evidence. While members are strongly encouraged to practice in compliance with guidelines, they are required to comply with the “must” statements within a guideline.*

## PREAMBLE

**Telepractice** refers to “the use of communications and information technologies to overcome geographic distances between health care practitioners or between practitioners and service users for the purposes of diagnosis, treatment, consultation, education and health information transfer.” (Pong & Hogenbirk, 1999). Telepractice may involve “live” or “store-and-forward” service. Live or real-time service may include but is not limited to telephone or videoconferencing. Store-and-forward involves the recording, storing and subsequent transmission of audio and/or visual images for later examination (e.g. email, fax, audiotape or videotape recordings).

**Telerehabilitation** is another term that has been used to refer to the delivery of rehabilitation services at a distance. These are services that ordinarily would otherwise be delivered in a face-to-face manner. Telerehabilitation typically falls into one of four broad categories (Winters, 2002):

1. teletherapy
2. teleconsultation
3. telehomecare
4. telemonitoring

This document is intended to inform the **clinical** practice of ACSLPA members as it relates to telepractice service delivery. The PPG outlines preferred methods of practice and, as such, incorporates both “*should*” and “*may*” statements.

In terms of the regulatory implications of telepractice service delivery, the following should be noted:

## BACKGROUND

ACSLPA has the mandate to protect the public of Alberta by regulating, supporting and ensuring competent, ethical practice of audiologists and speech-language pathologists in Alberta. Under the *Health Professions Act*, speech-language pathologists and audiologists who provide professional services in Alberta and/or to the public of Alberta must be registered with ACSLPA, and practice in compliance with the standards of practice and code of ethics of the College. Specifically, speech-language pathologists and audiologists who provide professional services to the Alberta public from both within and outside of Alberta must be registered with ACSLPA.

ACSLPA members who provide professional services to clients residing outside of Alberta are responsible for being informed of, and practicing in compliance with the legislated requirements of the applicable jurisdiction.

The professions of speech-language pathology and audiology continue to evolve by integrating use of new technologies to enhance services offered to clients. When telepractice is implemented appropriately, it has the potential to improve access to speech-language pathology and audiology services for rural and/or remote populations, as well as for individuals with limited mobility.

Benefits of the use of telepractice include:

- Improved client access to services in the home community;
- Potential increased frequency of contact;
- Reduced cost to clients to access services (e.g. travel expenses);
- Improved access to specialized services, including the services of interpreters to provide services to clients in their native language;
- Increased access to multiple practitioners or teams when client needs are complex (thereby simultaneously improving interdisciplinary collaboration);
- Increased clinician productivity/efficiency in both rural and urban settings (e.g. reduced travel time, increased efficiency of assistant supervision, enhanced flexibility of scheduling);
- Accessibility to supervising others who may include, but are not limited to, audiology and speech-language pathology assistants working in the client's home community;
- The ability to complete functional client assessments, including interviews with caregivers and/or communication partners, and the completion of informal probes in addition to more formal assessments;
- The option to observe shy or withdrawn clients when in-person observation may not be possible (e.g. selective mutism); and
- Reduced sense of isolation for remote service providers.

Challenges related to the use of telepractice include:

- Additional time, experience and support may be required for individuals (both professionals and clients) to build a comfort level with the use of technology and to troubleshoot challenging situations;
- A need for increased effort/heightened vigilance to protect client information;
- Risk of communication failures at critical points during interactions;
- An increased amount of time may be required to build relationships with clients and community partners (e.g. teachers, other health professionals);
- Access to equipment will be limited to areas that have high-speed internet and supernet connections; and
- Lack of accessibility to telepractice equipment in clinical locations (versus conference room and administrative areas).

Telepractice is increasingly being integrated into health care delivery systems. In speech-language pathology, telepractice applications have been developed in the areas of adult neurogenic speech and language disorders, stuttering, voice disorders, laryngectomy, swallowing, and also with pediatric populations, including articulation and language disorders (Theodoros, 2008).

Recent evaluations of three separate speech-language pathology telehealth pilot projects conducted by Alberta Health Services in 2008 (Bentz and Pruden, 2008; Weber and McKim, 2008a; Weber and McKim, 2008b) revealed an overall satisfaction by clients and other stakeholders with respect to services received via real-time videoconferencing.

Areas for improvement included:

- heightened attention to communication with all parties involved in each case (e.g. discussing and agreeing on expectations ahead of time, provision of a “marketing” package explaining the use of telehealth for parents, teachers, etc.);
- minimizing technical difficulties; and
- increasing staff comfort levels with technology, particularly during technical challenges.

None of these factors were felt to be an impediment to ongoing use of the technology. Improvements in children’s speech-language abilities were noted and the accessibility of services was an overwhelmingly positive factor to support ongoing use of the technology.

Articles have also been published discussing the benefits of North American audiology telepractice (Polovoy, 2008). Services have included diagnostic auditory brain stem response (ABR) testing, pediatric cochlear implant mapping, and secure store-and-forward telepractice to reduce wait times to visit an otolaryngologist (ENT specialist).

Supporting speech-language pathologists and audiologists, among other rehabilitation professionals, to develop telepractice knowledge and skills, and overcome anxieties related to the use of these technologies, will be required in order to ensure continued integration and sustainability of telepractice services into mainstream service delivery (May, Harrison, MacFarlane, Williams, Mair and Wallace, 2003).

Accreditation Canada (2009) has also recently published updated accreditation standards for organizations to follow specific to telehealth practice. These include standards related to the following elements of service delivery:

- investing in telehealth services;
- engaging prepared and proactive staff;
- purchasing and maintaining telehealth equipment and networks;
- providing safe and appropriate services;
- maintaining accessible and efficient clinical information systems;
- monitoring quality; and
- achieving positive outcomes.

## **ASSUMPTIONS**

In providing services to the public, ACSLPA members are required to act in the best interests of their clients. Members are bound by the *ACSLPA Code of Ethics* (2009) and ACSLPA’s *Standards of Practice* (2004).

As with any other form of clinical practice, members must obtain informed consent prior to the provision of telepractice services. They must also comply with all relevant safety laws, regulations and codes.

Confidentiality issues remain paramount when service or information is exchanged from a distance via telephone, email or other electronic means. Members must ensure that methods of documentation and all clinical services meet applicable privacy standards according to provincial legislation. This includes confidentiality of both electronically-transmitted information and records in audio and video format. The speech-language

pathologist or audiologist must ensure that the outgoing and incoming images are appropriately encrypted for security purposes. Encryption is the translation of data into a secret code. It is the most effective way to achieve data security. To read an encrypted file, you must have access to a secret key or password that enables you to decrypt it. Unencrypted data is called plain text; encrypted data is referred to as cipher text (Webopedia, 2004).

Audio and video records of telepractice are to be retained or destroyed in accordance with employer or agency standards and relevant privacy legislation.

Where applicable, members engaged in telepractice service delivery are encouraged to adhere to the Professional Practice Guideline (PPG) on *Speech-Language Pathologists' Guidelines on Working with Support Personnel (2011)*, ACSLPA's *Audiologists' Guidelines on Working with Support Personnel (2011)*, and the PPG *Concurrent Practice by ACSLPA Members (2009)*.

## **GUIDING PRINCIPLES**

Speech-language pathologists and audiologists should:

1. Ensure that the standards of service delivered via telepractice are equivalent to the standards expected in traditional delivery methods. Existing guidelines should be used to guide the provision of member services in telepractice, recognizing that some modifications may need to be made (for example, the lack of ability to complete tasks that may require physical cueing/contact).
2. Engage in best practices, or evidence-based practice. It is recognized that, as telepractice is an evolving method of service delivery, clinicians are encouraged to gather data and review current literature in this area. The clinician should have a reasonable expectation of comparable outcomes if the service was delivered in person. The clinician should have knowledge of the potential impact of service delivery mode on diagnostic procedures and intervention strategies, and should report assessment and intervention results accordingly.
3. Use evidence-based decision-making to choose the most appropriate delivery mode for a particular disorder and/or client. For example, while live, interactive videoconferencing is the preferred technology for many disorder areas and clients, the evidence base would suggest that specific types of interventions, such as fluency treatment for adults and parent administered fluency programs for children, can be effectively managed through use of alternative technologies including telephone and tape recordings (Lewis, Packman, Onslow, Simpson and Jones, 2008; O'Brian, Packman and Onslow, 2008).
4. Possess the necessary competencies, knowledge and skills to provide appropriate intervention via telepractice means. For example, members should ensure that they possess the necessary technological competencies to use the equipment or that the appropriate technological assistance is available to them. Members should make reasonable efforts to ensure that the quality of audio and video signals is appropriate for the intervention being provided. Application-specific quality standards are

necessary as the quality of audio and video signals required may vary according to the client's communication disorder.

5. Inform clients of the risks/benefits inherent in engaging in services via telepractice including, but not limited to:
  - the advantages and limitations of this delivery mode;
  - provisions to ensure confidentiality of information and that no technological communication can be guaranteed to be fully secure;
  - alternative service delivery options;
  - use and storage of transmitted signals;
  - plan of action in the event of technology failure; and
  - who is responsible for ongoing care.
6. Be aware of the influence of the client's traditions, customs, values and beliefs related to the success of service delivery via telepractice.
7. Offer access to any appropriate same-location services offered by the member when a client chooses not to accept telepractice services. If the member is not able to provide direct, same-location services, reasonable attempts should be made to suggest alternative services for the client should they be available.

## **CONCLUSION**

ACSLPA members offer intervention that is in the best interest of their clients. Telepractice is an evolving form of service delivery that has the potential to offer clients both assessment and intervention options that would otherwise not be available to them. Interventions offered via telepractice may also improve the efficiency of service provision for the client and/or the professional(s) involved.

As with any other service provision, ACSLPA members will adhere to the *Code of Ethics* and applicable standards of practice in the provision of telepractice services.

Confidentiality issues remain paramount when service or information is exchanged via telepractice means. Members must ensure that methods of documentation and all clinical services meet applicable privacy standards according to provincial legislation. ACSLPA members should use evidence-based decision-making to choose the most appropriate delivery modes, and should seek support and training by appropriate personnel in order to develop a comfort level with the use of telepractice technologies.

## **ACKNOWLEDGEMENTS**

ACSLPA would like to thank the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) for sharing their *Position Statement on Use of Telepractice Approaches in Providing Services to Patients/Clients* (June 2004). ACSLPA has used a portion of the contents and concepts of the CASLPO position statement in creating a document for our members.

ACSLPA would also like to thank the dedicated volunteers who shared their expertise by participating on the Telepractice Ad Hoc Committee that developed this document.

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## SUPPORTING LITERATURE

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