OSLA AOOA

The Ontario Association of Speech-Language Pathologists and Audiologists

Association ontarienne des orthophonistes et audiologistes

RE: Recommended care for the swallowing, hearing and communication needs of residents in Long-Term Care from the Ontario Association of Speech-Language Pathologists and Audiologists (OSLA).

Background:
Through OSLA's previous submissions to the government and the Long-Term Care Commission, it has been well established that there is a significant **gap in the need** for **and the provision of Speech-Language Pathology and Audiology services** within Long-Term Care (LTC). Based on the alignment of these submissions with the staffing plans of the Ministry of Long-Term Care, OSLA was asked to provide recommendations for care. The following summarized recommendations are based on the latest research. The full reports also include "considerations from experts" to reflect the emerging practical applications of these evidence-informed recommendations.

Summarized Recommendations for Speech-Language Pathology (S-LP):

1. Establish a formal dysphagia screening protocol (including oral health) during routine health check ups.
2. Establish clear clinical pathways/guidelines for referral to S-LP for formal assessments, as well as direct and consultative interventions.
3. Facilitate collaboration of Nurses and S-LPs to create individualized communication plans that are based on formal language assessments, general communication assessments, cognitive assessments and unique resident factors.
4. Provide theoretical and experiential-based training and education to LTC staff, families and caregivers on dysphagia management and communication impairments.
5. Provide standards of care to care teams and administration regarding feeding, swallowing and communication, and referrals to other services (e.g. Audiology, other professionals, assistive technology clinics).
6. Maintain detailed documentation of care to ensure resident health needs are accessible to all care team members and provide a clear pathway for team collaboration.
7. Consider outcome measures in relation to communication and swallowing impairments.
8. Create a LTC environment that enables residents to communicate and carry out tasks as safely and independently as possible (e.g., communicatively accessible documents such as menus and signage, accessible common areas including assistive listening devices).

Summarized Recommendations for Audiology:

1. Establish a formal contract with a partnering Audiologist to ensure residents have access. Contract should include policies and procedures, description of services and costs and be reviewed and revised annually.
2. Establish a formal hearing loss screening protocol and clear clinical guidelines for referral to an audiologist for formal assessment.
3. Establish clear pathways for collaboration among professional teams. For example vision problems may interfere with hearing aid usage.
4. Provide relevant staff (nurses, OTs, PTs, CDAs) with training for: routine hearing loss screens, hearing loss identification and communication strategies, impacted cerumen utilizing otoscopes , how to use and maintain technology apps and portable devices including hearing aids.
5. Implement training programs for families and caregivers on hearing health and treatment options including assistive technologies, communication programs, and support groups.
6. Establish Tele-Audiology and Auditory Rehabilitation Programs.