

A guideline for planning STA services at all levels of health care

This guideline was developed to facilitate rehabilitation service planning and implementation at all levels of health care. It is contextualised within the framework of the National Department of Health's policies, programmes and priorities. Services are grounded within the principles of patient-centered care, which proposes a life-course perspective across the continuum of care with effective intersectoral collaboration. While this document provides guidelines it is important that services be planned according to the needs and profile of the community being served. A developmental and incremental approach should be adopted in order to account for current disparities in rehabilitation services. Interventions should be evidence-based, therefore making them more cost-effective. Efficient referral and data-capturing systems are important to ensure holistic and comprehensive care. It is proposed that access be expanded to include people with communication difficulties and vulnerabilities. The ultimate goal of intervention is to promote social integration and (re) entry into varied settings, including education and employment.

Indicator/s	РНС СНС		D	Н	RH		TH/Central	
multatorys	Out- patient	Out- patient	In- patient	Out- patient	In- patient	Out- patient	In- patient	Out- patient
Timely assessment of function within X (time) of admission / referral	1 week	1 week	24 hours	1 week	24 hours	1 week	24 hours	1 week
Timely establishment of a multi/inter/transdisciplinary rehabilitation care plan within X (time) of initial patient admission for rehabilitation	1 week	1 week	48 hours	1 week	48 hours	1 week	48 hours	1 week
Documented evidence of a functional re-assessment (based on evidence based protocol) at least X (time) prior to cessation of a rehabilitation program	24 hours	24 hours	72 hours	24 hours	72 hours	24 hours	72 hours	24 hours
Appropriate discharge plan available prior to patient discharge from specific level of care								
 Documented evidence of: 1. functional gain 2. activity & participation by patients who have completed a rehabilitation programme 	1 & 2	1 & 2	1 & 2	1 & 2	1	1&2	1	1&2
Programmes related to quadruple burden of disease 1. HIV / Aids and TB 1.1. Ototoxicity	 1.1. Percentage of patients that have a baseline audiogram upon initiation of ototoxic medication (within 24 hours) 1.2. Percentage of patients with ototoxic signs & symptoms: 1.2.1. Received medical intervention within 24hours. 			f ototoxic				
 1.2. HIV/Aids, Sexually Transmitted Diseases (HAST) Maternal, infant & child mortality 2.1.Early Hearing Detection & Intervention 2.2. Early Childhood Intervention 	 1.2.1. Audiological intervention at least 6 weeks post cessation of ototoxic medication-(audiological intervention 6 weeks -6months depending on the medication) 1.3. Inclusion of rehabilitation services in HAST 							
 Non-communicable Diseases 3.1. CVA 3.2. Cancer 3.3. Ear and hearing disease/disorder/pathology 	2.1. Fitted & in intervention by 6months2.2. Children with at- or established risk receiving intervention no later than 3 years of age							
 4. Injury & violence 4.1. Head Injury 4.2. Burns 	3.1. & 3.2. Inclusion of rehabilitation in prevention & promotion programmes3.3. Prevention & promotion programmes are in place			S				
	4.1. & 4.2	. Inclusion	of rehabilita	ation in pre	vention & p	promotion p	programme	S

Level of Service	Community Level / Primary Health Care Clinics (PHC)		
(Linked to ward		d based care)	
Discipline	Speech Therapy (ST) services	Audiology (A) services	
Health work force	1 ST Technician (STT) at each clinic 1 Speech Therapist (ST) on rotation per 5 clinics (0.2) 1 translator / interpreter for rehabilitation team	1 A Technician (AUT) at each clinic 1 Audiologist (AU) on rotation per 5 PHC (0.2) 1 translator / interpreter for rehabilitation team 1 sign language interpreter for rehabilitation team	
Considerations for rural / under serviced areas	Telerehabilitation "Intensive intervention (guidance & training of MLWs, assessment and management plans) blocks" Geographical range	 Mobile units Transport service for patients provided by health (collecting patients) Intensive blocks Telerehabilitation 	
Medical products & technology	 1 large STT room with storage & infection control space Access to room large enough for group therapy Multipurpose room for ST shared with other visiting professionals Telerehabilitation needs to be supported 	 1 large AUT room with storage & infection control space Access to room large enough for group therapy Multipurpose room for AU 	
Information	 Audits Compliance with national core standards Indicators Waiting times for: Screening within 24hours of referral Assessment within 1 week of screening Intervention Assistive devices Research Statistical profile of patients (e.g. in terms of burden of disease) and service delivery 	 Audits Compliance with national core standards Indicators Waiting times for: Screening within 24hours of referral Assessment within 1 week of screening Research Statistical profile of patients (e.g. in terms of burden of disease) and service delivery Assessment within 1 week of screening Statistical profile of patients (e.g. in terms of burden of disease) Assession of the service delivery Assession of the service delivery	
Service delivery Management should be done in teams	 ST will: Provide training, support & monitoring of Community Health Worker (CHW), STT at PHC Develop, monitor & evaluate screening programmes 	 AU will: Provide training, support & monitoring of CHW, AUT at PHC Develop, monitor & evaluate screening programmes (e.g. ototoxicity (TB, HIV/ Aids), Early Hearing Detection & Intervention (EDHI), ear & 	

	Access notionts	hearing care)
	• Assess patients	hearing care)
	• Develop, monitor & evaluate intervention programmes	 Develop, monitor & evaluate intervention programmes
	• Manage referrals	
		• Manage referrals
	• Liaise with:	• Liaise with:
	 all community structures and organizations including other 	 all community structures and organizations including other
	primary health care service providers (e.g. CHW, Community	primary health care service providers (e.g. CHW, CRW)
	Rehabilitation Worker [CRW], Health Promoters)	 other institutions
	 other institutions 	
	STT will:	AUT will:
	• Conduct promotion & prevention activities in line with profile of	 Conduct promotion & prevention activities (e.g. hearing
	community, burden of disease/s, chronic diseases & at risk populations	conservation programme, ear care)
	• Screen & identify clients at risk and with established risk for	• Screen (EHDI, ototoxicity, middle ear status) & identify clients at risk
	communication and swallowing difficulties	and with established risk for hearing & balance difficulties using
	 Implement intervention plan & monitor progress of patients with 	basic <u>screening</u> audiology equipment
	communication & swallowing difficulties arising from chronic &	 Otoscopic examination
	medically stable conditions	 Immittance measures
		 Pure Tone (air conduction)
	 Assist clients with (re-)integration (optimal participation and activity) into the community / return to work/ school 	
		Automated Auditory Brainstem Response
	• Liaise with:	• Cerumen management
	 all community structures and organizations including other 	• Implement intervention plan & monitor progress of patients with
	primary health care service providers (e.g. CHW, Community	hearing difficulties
	Rehabilitation Worker [CRW])	• Facilitate support services (e.g. caregiver support groups)
	 other institutions 	 Follow-up care post hearing aid fittings
		 Assist clients with (re-)integration (optimal participation and
		activity) into the community / return to work/ school
		 Liaise with:
		 all community structures and organizations including other
		primary health care service providers (e.g. CHW, CRW)
		 other institutions
Leadership &	 STT are supervised by ST 	• AUT are supervised by AU
governance	• ST report to PHC and District Health (DH) managers	 AU report to PHC and DH managers
Sovernance	• ST are responsible for managing & coordinating clinical (e.g. standards,	• AU are responsible for managing & coordinating clinical (e.g.
	compliance with policies) & information governance (e.g. record	standards, compliance with policies) & information governance (e.g.
	keeping)	record keeping)
	• Liaise with:	• Liaise with:
	 all community structures and organizations including other primary 	 all community structures and organizations including other
	health care service providers (e.g. CHW, CRW)	primary health care service providers (e.g. CHW, CRW)
	 other institutions 	 other institutions
	 Student training 	 Student training

Finances	Budget for:	Budget for:
	 screening services 	 screening services
	o early intervention	 early intervention
	 assistive devices 	 assistive devices
	 Information & Communication Technology (ICT) 	0 ICT
	 Equipment 	o Equipment
	 Training & development 	 Training & development
	• Research	• Research

Level of Service	Community Hea (Linked to district clinical specialized su	
Discipline	Speech Therapy (ST) services	Audiology (A) services
Health work force Considerations for rural / under serviced areas	1 ST per CHC 2 STT per ST 1 translator / interpreter for rehabilitation team	1 AU per CHC 2 AUT per A 1 translator / interpreter for rehabilitation team 1 sign language interpreter for rehabilitation team
Medical products & technology	 Shared office space 2 / 3 therapy rooms with storage & infection control space Access to room large enough for group therapy 	 Shared office space 1 audiology booth 2 / 3 therapy rooms with storage & infection control space Access to room large enough for group therapy
Information	Audits Compliance with national core standards Indicators Waiting times for: Screening within 24hours Assessment within 1 week Research Statistical profile of patients (e.g. in terms of burden of disease) and service delivery 	Audits Compliance with national core standards Indicators Waiting times for: Screening within 24hours Assessment within 1 week Research Statistical profile of patients (e.g. in terms of burden of disease) and service delivery
Service delivery Management should be done in teams	 ST will: Provide training, support & monitoring of CHW, STT at CHC and school health nurse Develop, monitor & evaluate screening programmes Assess patients Develop, monitor & evaluate intervention programmes Manage referrals Treatment of patients in post-acute phase and those without a medical diagnosis (e.g. language, literacy, speech, fluency) Recommend school / vocational placement following assessment &/ management Liaise with: all community structures and organizations including other primary health care service providers (e.g. CHW, CRW, School nurse) other institutions 	 AU will: Provide training, support & monitoring of CHW, AUT at CHC, school health nurse Develop, monitor & evaluate screening programmes (e.g. ototoxicity (TB, HIV/ Aids), EHDI, ear & hearing care, noise induced hearing loss Develop, implement and manage aural rehabilitation programmes Develop, monitor & evaluate intervention programmes Develop, monitor & evaluate intervention programmes Manage referrals Earmould modification & basic hearing aid trouble shooting Recommend school / vocational placement following assessment &/ management Liaise with:

	STT will	AUT will:
	 STT will: Conduct promotion & prevention activities in line with profile of community, burden of disease/s, chronic diseases & at risk populations Screen & identify clients at risk and with established risk for communication and swallowing difficulties Implement intervention plan (developed by ST) & monitor progress of patients with communication & swallowing difficulties arising from chronic & medically stable conditions Facilitate support services (e.g. caregiver support groups) Assist clients with (re-)integration (optimal participation and activity) into the community / return to work/ school Liaise with: all community structures and organizations including other primary health care service providers (e.g. CHW, CRW) other institutions 	 AUT will: Conduct promotion & prevention activities (e.g. hearing conservation programme, ear care) Screen (EHDI, ototoxicity, middle ear status) & identify clients at risk and with established risk for hearing & balance difficulties using basic <u>screening</u> audiology equipment Otoscopic examination Immittance measures Pure Tone (air conduction) Otoacoustic Emissions Automated Auditory Brainstem Response Cerumen management Implement intervention plan developed by Au & monitor progress of patients with hearing difficulties Facilitate support services (e.g. caregiver support groups) Follow-up care post hearing aid fittings Assist clients with (re-)integration (optimal participation and activity) into the community / return to work/ school Liaise with: all community structures and organizations including other primary health care service providers (e.g. CHW, CRW) other institutions
Leadership & governance	 STT are supervised by ST ST reports to CHC and DH managers ST is responsible for managing & coordinating clinical (e.g. standards, compliance with policies) & information governance (e.g. record keeping) Liaison with: all community structures and organizations including other primary health care service providers (e.g. CHW, CRW) other institutions Market & raise the profile of the profession (e.g. with colleagues) Student training 	 AUT are supervised by AU AU reports to CHC and DH managers AU is responsible for managing & coordinating clinical (e.g. standards, compliance with policies) & information governance (e.g. record keeping) Liaison with: all community structures and organizations including other primary health care service providers (e.g. CHW, CRW) other institutions Market & raise the profile of the profession (e.g. with colleagues) Student training
Finances	Budget for: • Screening services Early intervention • Assistive devices • ICT • Equipment (procurement, maintenance, repairs) • Training & development	Budget for: • Screening services • Early intervention • Assistive devices • ICT • Equipment (procurement, maintenance, repairs) • Training & development

	o Research	o Research
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Level of Service	District Hospital (Linked with specialist clinics)		
Discipline	Speech Therapy (ST) services	Audiology (A) services	
Health work force	1 ST: 300 Patient Day Equivalent (PDE) 2 STT? 1 Translator for rehabilitation team	1 AU: 300 PDE 1 AUT 1 Translator for rehabilitation team 1 sign language interpreter for rehabilitation team	
Considerations for rural / under resourced areas	1.5 ST :300 PDE	1.5 ST :300 PDE	
Medical products & technology	1 office space (6m2 per therapist)	At least 1 (2m x 2m) booth 1 office space	
Information	 Audits Compliance with national core standards Indicators Waiting times for: Dysphagia within 24hours In-patient communication within 48hours Out-patient communication within 2weeks Research Statistical profile of patients (e.g. in terms of burden of disease) and service delivery 	 Audits Compliance with national core standards Indicators Waiting times for: EDHI Screening within 1week Assessment within 2weeks Baseline (i.e. before commencement of treatment) ototoxicity assessment Hearing aid fitting within 1 month Paediatric aural rehabilitation within 1 month of diagnosis Research Statistical profile of patients (e.g. in terms of burden of disease) and service delivery 	
Service delivery Management should be done in teams	 ST will: Provide training, support & monitoring of STT Development, monitoring & evaluation of intervention plans for the STT Development, monitoring & evaluation of intervention programmes Management of referrals Identify neonates, paediatrics and adults at risk & with 	 AU will: Provide training, support & monitoring of AUT Development, monitoring & evaluation of intervention plans for the AUT Development, monitoring & evaluation of intervention programmes Management of referrals Cerumen management 	

	actablished risk for communication and swallowing differents -	a Identify propose prodictives and adults at visit 0 with
	established risk for communication and swallowing difficulties	• Identify neonates, paediatrics and adults at risk & with
	through screening in in-patient units and out-patient clinics as	established risk for hearing difficulties through screening in
	per clinical protocol	in-patient units and out-patient clinics as per clinical
0	5	guidelines
	 Clinical (subjective) 	o EHDI
	 Videofluoroscopy / Modified Barium Swallow 	 Ototoxic screening & monitoring
	 (dependent on availability of Radiology services at this 	• <u>Diagnostic</u> hearing assessments as per clinical guidelines
	level)	 Otoscopic Exam
	 Refer for further assessments at appropriate level 	 Immittance Measures
	institution which may include:	 Pure Tone Audiometry (air & bone conduction, un-
	 Consultative / specialist clinic 	& masked)
	 Milk scans 	 Visual Reinforcement Audiometry
	 pH probe monitoring 	 Speech Audiometry (un- & masked)
0	5 5 5	 Screening
	 Refer to appropriate levels for investigation & decision 	 Screening Otoacoustic Emissions
	making with regards to surgical management	 Screening/ Automated Auditory Brainstem
	 Develop, implement & review management plans 	Response
0	Communication assessments as per clinical guidelines	 Vestibular screening
	 Clinical (subjective) 	 Management of hearing difficulties
	 Spectrographic analysis 	 Refer for middle ear management
0	Refer to appropriate levels for further assessment or	 Hearing Aid Fittings (dependent on equipment
	investigation if needed	availability)
0	Management of communication difficulties & disorders in line	 Objective hearing aid verification
	with clinical guidelines which includes:	 Other assistive devices (tinnitus retrainers)
	 Develop, implement & review management plans 	 Aural rehabilitation
	 Maintenance of augmentative devices e.g. Voice 	 Tinnitus management
	Output Communication Aids (VOCAs), artificial larynx	• Recommendations & referrals to appropriate levels
	 Provision of low technology Alternative & 	where necessary for surgical intervention including:
	Augmentative Communication (AAC) systems	 Post cochlear implant management
	• Aural rehabilitation with paediatrics (except for	 bone anchored hearing aids
	hearing aid fittings)	• Refer for advanced diagnostic testing at appropriate level
0		(e.g. vestibular, electrophysiology)
	 in-patient units 	 Implement & review management plans as
	 out-patient clinics 	recommended by referring institution or
	 other institutions 	consultative / specialist clinics
	o clinics	 Collaborate with team members working within the:
	 district health teams (who will be conducting home 	 in-patient units
	visits)	 out-patient clinics
0		 other institutions
	assessment &/ management	o clinics
		 district health teams (who will be conducting home
		visits)
		 Recommend school/ vocational placement

	STT will:	AUT will:
	 Conduct promotion & prevention activities in line with profile of community, burden of disease/s, chronic diseases & at risk populations Screen & identify clients at risk and with established risk for communication and swallowing difficulties Implement intervention plan & monitor progress of patients with communication & swallowing difficulties arising from chronic & medically stable conditions Facilitate support services (e.g. caregiver support groups) Assist clients with (re-)integration (optimal participation and activity) into the community / return to work/ school Liaise with: all community structures and organizations including other health care service providers other institutions 	 Conduct promotion & prevention activities (e.g. hearing conservation programme, ear care) Screen (EHDI, ototoxicity, middle ear status) & identify clients at risk and with established risk for hearing & balance difficulties using basic screening audiology equipment Otoscopic examination Immittance measures Pure Tone (air conduction) Otoacoustic Emissions Automated Auditory Brainstem Response Cerumen management Implement intervention plan & monitor progress of patients with hearing difficulties Facilitate support services (e.g. caregiver support groups) Follow-up care post hearing aid fittings Assist clients with (re-)integration (optimal participation and activity) into the community / return to work/ school Liaise with: all community structures and organizations including other health care service providers other institutions
Leadership & governance	 STT are supervised by ST ST reports to hospital management ST responsible for managing & coordinating clinical (e.g. standards, compliance with policies) & information governance (e.g. record keeping) Liaise with other institutions (e.g. PHC, CHC, Hospitals) Market & raise the profile of the profession (e.g. with colleagues) Student training 	 AUT are supervised by AU AU reports to hospital management AU responsible for managing & coordinating clinical (e.g. standards, compliance with policies) & information governance (e.g. record keeping) Liaise with other institutions (e.g. PHC, CHC, Hospitals) Market & raise the profile of the profession (e.g. colleagues) Student training
Finances	Budget for: • Screening services • Early intervention • Assistive devices • ICT • Equipment • Training & development • Research	Budget for: • Screening services • Early intervention • Assistive devices • ICT • Equipment • Training & development • Research

Level of Service	Regional Hospital		
Discipline	Speech Therapy (ST) services	Audiology (A) services	
Health work force	1 ST :300 PDE 2 STT	1 AU : 300 PDE 1 AUT	
	1 Translator for rehabilitation team	1 Translator for rehabilitation team 1 sign language interpreter for rehabilitation team	
Considerations for rural / under resourced areas	1.5 ST : 300 PDE	1.5 AU : 300 PDE	
Medical products & technology	1 office space (6m2 per therapist)	At least 1 (2m x 2m) booth & 1 large booth for paediatrics 1 office space	
Information	 Audits Compliance with national core standards Indicators Waiting times for: Dysphagia within 24hours In-patient communication within 48hours Out-patient communication within 2weeks Research Statistical profile of patients (e.g. in terms of burden of disease) and service delivery 	 Audits Compliance with national core standards Indicators Waiting times for: EDHI Screening within 1week Assessment within 2weeks Baseline (i.e. before commencement of treatment) ototoxicity assessment Hearing aid fitting within 1 month Paediatric aural rehabilitation within 1 month of diagnosis Research Statistical profile of patients (e.g. in terms of burden of disease) and service delivery 	

Service delivery	ST will:	AU will:
Management should be done in teams	 Provide training, support & monitoring of STT 	 Provide training, support & monitoring of AUT
	• Development, monitoring & evaluation of intervention plans for	 Develop, monitor & evaluate intervention plans for the AUT
	the STT	 Develop, monitor & evaluate intervention programmes
	 Develop, monitor & evaluate intervention programmes 	 Manage referrals
	 Manage referrals 	 Cerumen management
	 Identify neonates, paediatrics and adults at risk & with 	 Identify neonates, paediatrics and adults at risk & with
	established risk for communication and swallowing difficulties	established risk for hearing difficulties through screening in in-
	through screening in in-patient units and out-patient clinics as	patient units and out-patient clinics as per clinical guidelines
	per clinical guidelines	o EHDI
	 Swallowing assessments as per clinical guidelines 	 Ototoxic screening & monitoring
	 Clinical (subjective) 	 Screening balance assessment
	 Objective which may include: 	 Diagnostic hearing assessments as per clinical guidelines
	 videofluoroscopy / Modified Barium Swallow 	 Otoscopic Exam
	 Fibre Optic Endoscopic Evaluation of 	 Immittance Measures
	Swallowing (FEES)	 Pure Tone Audiometry (air & bone conduction, un-&
	 Manage dysphagia & related swallowing difficulties as per 	masked)
	clinical guidelines	 Visual Reinforcement Audiometry
	• Refer to appropriate level for further assessments which may	 Speech Audiometry (un- & masked)
	include:	 Otoacoustic Emissions
	 Consultative / specialist clinic at a higher level 	 Advanced audiometry (i.e. Auditory Brainstem
	institution	Response (ABR) including bone conduction &
	 milk scans 	Auditory Steady State Response (ASSR) tests)
	 pH probe monitoring 	• Screening
	 Refer to appropriate level for surgical management 	 Screening Otoacoustic Emissions
	 Develop, implement & review management plans as 	 Screening/ Automated Auditory Brainstem Response
	recommended by consultative / specialist clinics	 Vestibular screening
	 Communication assessments as per clinical guidelines 	 Management of hearing difficulties
	 Clinical (subjective) 	• Refer for middle ear management
	 Diagnostic, e.g. multi-view videofluoroscopy 	 Management of balance disorders
	spectrographic analysis	 Hearing Aid Fitting
	• Manage communication disorders & difficulties as per clinical	 Objective hearing aid verification
	guidelines which includes:	 Other assistive devices (tinnitus retrainers)
	 Provision of low technology AAC systems 	 Aural rehabilitation
	• Provision of replacement:	 Tinnitus management
	 voice prosthesis 	• CAPD
	 speech valves for laryngectomised patients 	 Recommendations & referrals to appropriate levels where

	 Implement & review management plans as recommended by consultative / specialist clinics Collaborate with team members working within the: in-patient units out-patient clinics other institutions clinics district health teams (who will be conducting home visits) Refer to other institutions with recommended management plan/s Recommend school / vocational placement following assessment &/ management 	 necessary for surgical intervention including: cochlear implants bone anchored hearing aids Refer for advanced diagnostic testing at appropriate level (e.g. vestibular) Implement & review management plans as recommended by referring institution or consultative / specialist clinics Collaborate with team members working within the: in-patient units out-patient clinics other institutions clinics district health teams (who will be conducting home visits) Refer to other institutions with recommended management plan/s Recommend school/ vocational placement
	 STT will: Conduct promotion & prevention activities in line with profile of community, burden of disease/s, chronic diseases & at risk populations Screen & identify clients at risk and with established risk for communication and swallowing difficulties Implement intervention plan & monitor progress of patients with communication & swallowing difficulties arising from chronic & medically stable conditions Facilitate support services (e.g. caregiver support groups) Assist clients with (re-)integration (optimal participation and activity) into the community / return to work/ school Liaise with: all community structures and organizations including other health care service providers other institutions 	 AUT will: Conduct promotion & prevention activities (e.g. hearing conservation programme, ear care) Screen (EHDI, ototoxicity, middle ear status) & identify clients at risk and with established risk for hearing & balance difficulties using basic screening audiology equipment Otoscopic examination Immittance measures Pure Tone (air conduction) Otoacoustic Emissions Automated Auditory Brainstem Response Cerumen management Implement intervention plan & monitor progress of patients with hearing difficulties Facilitate support services (e.g. caregiver support groups) Follow-up care post hearing aid fittings Assist clients with (re-)integration (optimal participation and activity) into the community / return to work/ school Liaise with: all community structures and organizations including other health care service providers other institutions
Leadership & governance	 STT are supervised by ST ST reports to hospital management ST responsible for managing & coordinating clinical (e.g. 	 AUT are supervised by AU AU reports to hospital management AU responsible for managing & coordinating clinical (e.g.

	 standards, compliance with policies) & information governance (e.g. record keeping) Liaise with other institutions (e.g. PHC, CHC, Hospitals) Market & raise the profile of the profession (e.g. with colleagues) Student training 	 standards, compliance with policies) & information governance (e.g. record keeping) Liaise with other institutions (e.g. PHC, CHC, Hospitals) Market & raise the profile of the profession (e.g. colleagues) Student training 	
Finances	Budget for:	Budget for:	
	 Screening services 	 Screening services 	
	 Early intervention 	 Early intervention 	
	 Assistive devices 	• Assistive devices	
	o ICT	0 ICT	
	o Equipment	 Equipment 	
	 Training & development 	 Training & development 	
	o Research	o Research	

Level of Service	Tertiary / Central Hospital		
Discipline	Speech Therapy (ST) services	Audiology (A) services	
Health work force	1 ST :200 PDE 1 STT 3 Translators for rehabilitation team	1 AU : 200 PDE 1 AUT 3 Translators for rehabilitation team 1 sign language interpreter for rehabilitation team	
Considerations for rural / under serviced areas	1.5 ST :300 PDE	1.5 AU : 300 PDE	
Medical products & technology			
Information	 Audits Compliance with national core standards Indicators Waiting times for: Dysphagia within 24hours In-patient communication within 48hours Out-patient communication within 2weeks Research Statistical profile of patients (e.g. in terms of burden of disease) and service delivery 	Audits • Compliance with national core standards Indicators • Waiting times for: • EDHI Screening within 1week • Assessment within 2weeks • Baseline (i.e. before commencement of treatment) ototoxicity assessment • Hearing aid fitting within 1 month of assessment • Paediatric aural rehabilitation within 1 month of diagnosis Research • Statistical profile of patients (e.g. in terms of burden of	
Service delivery Management should be done in teams	 ST will: Provide training, support & monitoring of STT Development, monitoring & evaluation of intervention plans for the STT Develop, monitor & evaluate intervention programmes Manage referrals Identify neonates, paediatrics and adults at risk & with established risk for communication and swallowing difficulties through screening in in-patient units and out-patient clinics as per clinical guidelines Swallowing assessments as per clinical guidelines 	disease) and service delivery AU will: Provide training, support & monitoring of AUT Develop, monitor & evaluate intervention plans for the AUT Develop, monitor & evaluate intervention programmes Manage referrals Cerumen management Identify neonates, paediatrics and adults at risk & with established risk for hearing difficulties through screening in in- patient units and out-patient clinics as per clinical guidelines EHDI Ototoxic screening & monitoring	

• Clinical (subjective)	 Balance assessment
 Objective which may include: 	 <u>Diagnostic</u> hearing assessments as per clinical guidelines
 Objective which hay include. videofluoroscopy / Modified Barium Swall 	
• FEES	 Immittance Measures
o Milkscan	 Pure Tone Audiometry (air & bone conduction, un-&
 pH probe monitoring that is conducted wi 	
the Radiology Department	 Visual Reinforcement Audiometry
	 Speech Audiometry (un- & masked)
 Manage dysphagia & related swallowing difficulties as per clinical guidelines 	 Otoacoustic Emissions
Recommendations for surgical candidacy	
	 Advanced audiometry (i.e. electrophysiological tests) Screening
spectrographic analysis Manage communication disorders & difficulties as per clinic 	
 Manage communication disorders & difficulties as per clinic guidelines which includes: 	
 Provision of low and high technology AAC systems Provision of: 	-
	 Hearing Aid Fitting Objective hearing aid verification
Provide specialist consultative clinics which may be multidisciplinary:	. .
	managementTinnitus management
Multiple impairments Neurodevial opmontal	
Neurodevelopmental Complex dynabagia and related swallowing difficult	
Complex dysphagia and related swallowing difficult Head & neck conditions	
• Head & neck conditions	 bone anchored hearing aids vestibular disorders
• Voice disorders	 vestibular disorders alastrophysiology
• Collaborate with team members working within the	 electrophysiology complex disorders
o in-patient units	 complex disorders auditory nourcepathy spectrum disorder
o out-patient clinics	 auditory neuropathy spectrum disorder
• other institutions	 Collaborate with team members working within the:
• clinics	 in-patient units
 district health teams (who will be conducting home visite) 	·
visits)	• other institutions
 Refer to other institutions with recommended management 	
plan/s following assessment &/ management	 district health teams (who will be conducting home
Recommend school / vocational placement following	visits)
assessment &/ management	• Refer to other institutions with recommended management
	plan/s following assessment &/ management
	 Recommend school/ vocational placement following

		assessment &/ management
	 STT will: Conduct promotion & prevention activities in line with profile of community, burden of disease/s, chronic diseases & at risk populations Screen & identify clients at risk and with established risk for communication and swallowing difficulties Implement intervention plan & monitor progress of patients with communication & swallowing difficulties arising from chronic & medically stable conditions Facilitate support services (e.g. caregiver support groups) Assist clients with (re-)integration (optimal participation and activity) into the community / return to work/ school Liaise with: all community structures and organizations including other health care service providers other institutions 	assessment &/ management AUT will: Conduct promotion & prevention activities (e.g. hearing conservation programme, ear care) Screen (EHDI, ototoxicity, middle ear status) & identify clients at risk and with established risk for hearing & balance difficulties using basic screening audiology equipment Otoscopic examination Immittance measures Pure Tone (air conduction) Otoacoustic Emissions Automated Auditory Brainstem Response Cerumen management Implement intervention plan & monitor progress of patients with hearing difficulties Facilitate support services (e.g. caregiver support groups) Follow-up care post hearing aid fittings Assist clients with (re-)integration (optimal participation and activity) into the community / return to work/ school Liaise with: all community structures and organizations including other health care service providers other institutions
Leadership & governance	 STT are supervised by ST ST reports to hospital management ST is responsible for managing & coordinating clinical (e.g. standards, compliance with policies) & information governance (e.g. record keeping) Liaison with other institutions (e.g. PHC, CHC, Hospitals Market & raise the profile of the profession (e.g. with colleagues) Student training Develop capacity at all levels 	 AUT are supervised by AU AU reports to hospital management AU is responsible for managing & coordinating clinical (e.g. standards, compliance with policies) & information governance (e.g. record keeping) Liaise with other institutions (e.g. PHC, CHC, Hospitals) Market & raise the profile of the profession (e.g. with colleagues) Student training Develop capacity at all levels

Finances	Budget for:	Budget for:
	 Screening services 	 Screening services
	• Early intervention	 Early intervention
	• Assistive devices	 Assistive devices
	o ICT	0 ICT
	 Equipment 	 Equipment
	 Training & development 	 Training & development
	• Research	o Research

Specialised Hospitals

	Psychiatric Hospit	als	TB hospitals		Rehabilitation centers
	Speech therapy	Audiology	Speech therapy	Audiology	Speech therapy/Audiology
Service delivery Management should be done in teams	-multi-disciplinary inpatient and outpatient rehabilitation services. training site for -clinical teaching and training of therapists. -provision of assistive devices, to facilitate full reintegration of persons with communication & hearing disabilities back into the community. -networking with community based structures -facilitate support groups -education of family members	 Provide training, support & monitoring of AUT Develop, monitor & evaluate intervention plans for the AUT Develop, monitor & evaluate intervention programmes Manage referrals Cerumen management Identify paediatrics and adults at risk & with established risk for hearing difficulties through screening in in-patient units as per clinical guidelines Hearing Screening & monitoring Screening balance assessment Diagnostic hearing assessments as per clinical guidelines Otoscopic Exam Immittance Measures Pure Tone Audiometry (air & bone conduction, un-& masked) Visual Reinforcement Audiometry Speech Audiometry (un-& masked) Otoacoustic Emissions Advanced audiometry (i.e. Auditory Brainstem Response (ABR) including bone conduction & Auditory Steady State Response (ASSR) tests) Screening Otoacoustic Emissions Screening Automated Auditory Brainstem Response 	- Screen & identify clients at risk and with established risk for communication, and swallowing difficulties - Assessment -Implement intervention plan & monitor progress of patients with communication & swallowing difficulties	 Provide each patient commencing with aminoglycoside (ototoxic treatment) with a baseline audiogram prior to ototoxic treatment or at least within 24hours of commencement of treatment. AU will: Provide training, support & monitoring of AUT Develop, monitor & evaluate intervention plans for the AUT Develop, monitor & evaluate intervention programmes Manage referrals Cerumen management Identify paediatrics and adults at risk & with established risk for hearing difficulties through screening in in-patient units and out-patient clinics as per clinical guidelines Ototoxic screening & monitoring Balance assessment Diagnostic hearing assessments, specific to ototoxicity, as per clinical guidelines Otoscopic Exam Immittance Measures	-multi-disciplinary inpatient and outpatient rehabilitation services. training site for -clinical teaching and training of therapists. -provision of assistive devices, to facilitate full reintegration and inclusion of persons with communication & hearing disabilities back into the community. -networking with community based structures -facilitate support groups -education of family members

	 Vestibular screening 	 Otoacoustic Emissions
	 Management of hearing difficulties 	
	 Refer for middle ear 	- Ototoxic Threshold Shift Monitoring
	management	as per clinical guidelines
	 Management of balance 	 High frequency Air
	disorders	Conduction Pure-tone
	 Hearing Aid Fitting and/or 	audiometry
	other assistive devices	 Collaboration with doctors
	 Objective hearing aid 	administering treatment
	verification	
	 Aural rehabilitation 	- Screening
	 Tinnitus management 	 Screening Otoacoustic
	 Recommendations & referrals to 	Emissions
	appropriate levels where necessary for	 Vestibular screening
	medical and/or surgical intervention	
	including:	 Management of hearing difficulties
	○ ENT	as per clinical guidelines
	 cochlear implants 	• Refer for middle ear
	 bone anchored hearing aids 	management
	 Refer for advanced diagnostic testing 	 Management of balance
	at appropriate level (e.g. vestibular)	disorders
	 Implement & review management 	 Hearing Aid Fitting
	plans as recommended by referring	 Objective hearing aid
	institution or consultative / specialist	verification
	clinics	 Other assistive devices
	 Collaborate with team members 	(tinnitus retrainers)
	working within the:	 Aural rehabilitation
	 in-patient units 	including referral for
	 out-patient clinics 	cochlear implant
	 other institutions 	management
	○ clinics	 Tinnitus management
	 district health teams (who will 	
	be conducting home visits)	 Provide consultative clinics for:
	• Refer to other institutions with	 vestibular disorders
	recommended management plan/s	o Tinnitus
	 Recommend school/ vocational 	- Collaborate with MDT team
	placement post discharge	members (doctors, nurses,
		pharmacists, psychologists, speech
	AUT will:	therapists occupational therapists,
		physiotherapists and social workers)
	 Conduct promotion & prevention 	working within the:
	activities (e.g. hearing conservation	◦ in-patient units
	programme, ear care)	 out-patient clinics
L I		

 Screen & identify clients at risk and with established risk for hearing & balance difficulties using basic screening audiology equipment Otoscopic examination Immittance measures Pure Tone (air conduction) Otoacoustic Emissions Automated Auditory Brainstem Response Cerumen management Implement intervention plan & monitor progress of patients with hearing difficulties Facilitate support services (e.g. caregiver/family support groups) Follow-up care post hearing aid fittings (for in-patients fit with hearing aids) Assist clients with (re-)integration (optimal participation and activity) into the community / return to work/ school Liaise with: all community structures and organizations including other health care service providers Finance as well as Leadership remain consistent with those listed in the Regional 	 o other institutions Refer to other institutions with recommended management plan/s following assessment &/ management Recommend school/ vocational placement following assessment &/ management AUT will: Conduct promotion, prevention and awareness activities (e.g. presentations on ototoxic hearing loss for patients as well as for doctors) Screen (ototoxicity, middle ear status) & identify clients at risk and with established risk for hearing & balance difficulties using basic <u>screening</u> audiology equipment
 all community structures and organizations including other health care service providers other institutions Finance as well as Leadership remain 	 Otoscopic examination Immittance measures Pure Tone (air conduction) Otoacoustic Emissions Cerumen management Implement intervention plan & monitor progress of patients with hearing difficulties

		providers at other institutions - Budget as well as Leadership remain consistent with those listed in the 'Tertiary Section'	

This document was compiled by representatives from the National Speech Therapy & Audiology Public Sector Forum (Health) and the PBSLH (HPCSA):

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