

Benchmark Wait Times for Speech Sound Disorders

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Background

The Pan Canadian Alliance of Speech-Language Pathology and Audiology Organizations has developed wait times benchmarks for diagnostic groupings relevant to speech-language pathology and audiology. This poster presents the outcome of this endeavor for the **Paediatric Speech Sound Disorder (SSD)** diagnosis as reported on the SAC website for members: <http://sac-oac.ca/sac-work/wait-times>.

The purpose of a **wait time benchmark** is to provide a credible evidence-based recommendation for a given service and to clarify the risk factors associated with waiting past the time when the patient's health is likely to be adversely affected according to clinical consensus and the best available scientific evidence.

SSDs are characterized by a high frequency of **speech sound errors** relative to the child's age peers, impacting the intelligibility of the child's speech. We reviewed the scientific literature regarding primary pediatric SSDs and recommended wait times for assessment and intervention with the most critical period for rapid service being the two year window prior to school entry.

Our report provides an example of a **collaborative enterprise** between academia and clinical practitioners that serves to benefit both consumers and providers of speech, language, and hearing services across the country.

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Recommended Wait Times

- **Time to assessment:** The maximum time children should wait for an initial response following the service provider's receipt of referral/self-request for service and accompanying intake information should be **2 months** regardless of age and risk status.
- **Time to intervention:** The maximum time children with SSD should wait for intervention following the service provider's assessment may vary with child's age and risk status as follows:

Risk Status	Birth to 3 Years	4 to 6 Years	School Age
High Risk	3 months	1 month	3 months
Low Risk	6 months	3 months	8 months

High Risk Factors

- Reported family history of speech-language delays/disorders and/or reading difficulties;
- Identified language impairments in conjunction with speech sound disorders at the time of assessment;
- Identified difficulties with phonological processing, including non-word repetition tasks and phonological awareness tasks at the time of assessment;
- Child is entering school in September of the coming school year.
- The speech difficulties noted at the time of assessment are impacting the client's ability to participate in activities and roles in his/her daily life.

Justification for the Benchmarks

- **Nature of SSD**
 - SSDs are a commonly occurring developmental impairment, arising from genetic and environmental factors
 - Co-occurrence with other neurodevelopmental impairments is common
- **Time course and long-term consequences**
 - Persistence of SSD past the point of school entry increases the risk of long-term consequences
 - Some children experience long-term difficulties in the social, emotional, academic and/or vocational domains
- **Efficacy of treatment for SSD**
 - Interventions that are provided at the appropriate time with sufficient cumulative intensity are usually effective
 - Intervention that is delayed until the prekindergarten year typically do not result in normalized speech outcomes prior to first grade entry

Application

It is expected that these recommendations will be applicable across Canada. It is recognized that differences in service context and resource availability will impact the way in which the recommendations are implemented and the nature of the services that are provided. However, **the benchmarks can be used as a standard against which achievement of evidence-based wait times are assessed across Canada by consumers and providers of speech-language services.**

The evidence on which the benchmarks are based suggests that patient outcomes may be improved by application of this needs-based framework because **the goal is to ensure that those children most at-risk receive services at the most critical developmental time points.**

Furthermore, **application of the benchmarks may contribute to parent satisfaction by improving consistency and perceived fairness in the provision of services** across Canada. Furthermore the benchmarks provide a basis for informing families about the rationale for the recommended wait-times, increasing acceptance of the needs-based model. Finally, the wait times that are recommended are within the boundaries of delays that have been reported to be acceptable by families waiting for speech and language services.

For more information about the evidence base for this report please consult: Rvachew, S. & Rafaat, S. (in press). Report on benchmark wait times for pediatric speech sound disorders. *Canadian Journal of Speech-Language Pathology and Audiology*.

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