

 **Alberta Health Services**

Journey to Success:
An Innovative Speech Language Service Model

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Problems

Staff view

- Too many clients, not enough time

Client view


- Long wait, not enough service

System view

- Low satisfaction, sustainability

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What we tried . . .

- Wait lists
- Blocks of service
- Caps
- Assistants
- Contracting private S-LPs
- Tele-health
- Government policy changes
- Provincial service review
- Group services


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 **Our team**

- Local and provincial steering committees included school systems, Teacher's associations, university, college, professional college, clients, S-LPs, S-LP Asst., physicians, other health staff,
- 3 health regions
- Consultant

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 **Our Process**


Define the problem

- Surveys (110 or 66%), Focus Groups (248 people), Interviews
- Consult with stakeholders

Vision and Strategic Directions

- Literature review, validation meetings
- Consult with stakeholders

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 **Our Process**

Change Process

- Visioning Day (define problem)
- Pilot Projects (engage early adopters)
- Communication (clear, often, 2 way)
- Consult with stakeholders

Implementation


- Training, capacity building, universal messaging, support, celebration
- Consult with stakeholders

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 **We believe . . .**


- Communication is fundamental to quality of life and participation.
- People have the right to be valued, accepted and to participate equally in society.
- People learn best in natural environments
- People have assets, goals, strengths and aspirations
- We are partners who build capacity
- We have collective responsibility and collective benefit

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 **Principles**


- Build capacity
- Collaborate
- Context
- Diversity
- Equitable
- Evidence

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 **Goal**

- Create a comprehensive, innovative service delivery model that will improve:
 - Service **access across the continuum of health**
 - Client & stakeholder satisfaction
 - Caseload management
 - Staff recruitment & retention

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 **CRAFT**

- Capacity building
Collaboration
- Right person
Right job
- Access across the continuum
- Functional
- Three service levels




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 **Capacity Building**


<p>Then...</p> <ul style="list-style-type: none"> • Expert • Closet • Rescuer 	<p>Now...</p> <ul style="list-style-type: none"> • Partner • Community • Coach
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 **Right Person**

<p>Then...</p> <ul style="list-style-type: none"> • Minimized scope • S-LPs only 	<p>Now...</p> <ul style="list-style-type: none"> • Full scope • Anybody and every body
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ACCESS

Then...

- Gate keeping
- Hard to refer
- Caps and blocks

Now...

- Gateway
- Optional referral
- Service continuum

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Functional

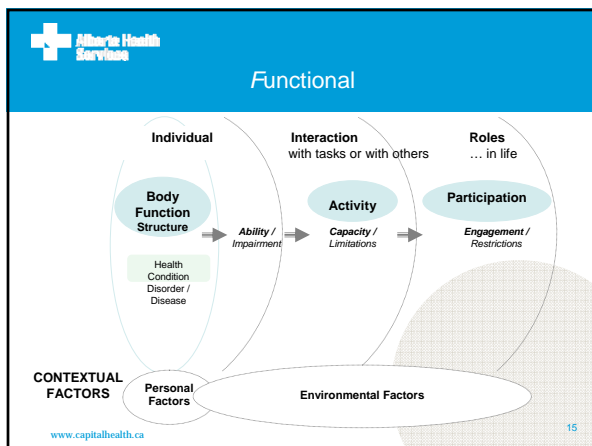
Then...

- Standardized assessment
- Expert reports
- Diagnosis based
- Target weakness

Now...

- Functional assessment
- Friendly reports
- Needs based
- Target participation

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Three Service Levels

Then...

- One service

Now...

- Many services

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Three Service Levels

Universal

- Public Messages
- Health Fairs
- Handouts
- Web resources
- Email Signatures

Targeted

- Workshops
- Inservices
- Meetings
- In-class
- Collaboration
- Presentations

Clinical

- Education
- Coach/consult
- Home program
- In-class
- Group
- Individual

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Three Service Levels

Staff time, service intensity


Universal Services
E.g., Public messages

Targeted Services
E.g., workshops about learning disabilities

Clinical
E.g., coaching, consultation, direct

Number of clients served


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***What lies behind us,
and what lies before us...
is nothing compared to what
lies within us!***

Adapted from: Ralph Waldo Emerson

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