**Sensitive: Medical**

**Speech Pathology management plan**

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| This management plan is intended to be a tool for you to review and discuss the progress of your treatment with your patient. This can be completed every 10 treatment sessions, or as requested by the case manager, and may be charged for using the E0MP code. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient details** | | | | | | | | |
| Name: |  | | | Claim number: |  | | | |
| Working diagnosis/ symptoms: | |  | | EML | | GB | | EnABLE Unit |
| Date of initial treatment: | | |  | No. of treatments to date: | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EVALUATION** | **Evaluation outcome** | | | | | | | | | | | | | | | | |
| **Key measurement tool(s) used** | | | | **Previous or initial presentation** | | | | | | | **Current presentation** | | | | **Progress** | |
| Date | | | | Score | | | Date | | Score | |
|  | | | |  | | | |  | | |  | |  | | Yes  No | |
|  | | | |  | | | |  | | |  | |  | | Yes  No | |
| **PLANNING** | **SMART goals** | | | | | | | | | | | | | | | | |
| **Functional and work goals** | | | **Intervention strategies** | | | | | | | | | **Measure of progress** | | **No. of sessions required** | | **Estimated date of achievement** |
| 1. | | |  | | | | | | | | |  | |  | |  |
| 2. | | |  | | | | | | | | |  | |  | |  |
| 3. | | |  | | | | | | | | |  | |  | |  |
| **Estimated discharge date:** | | | | | | | | | | | | | | | | |
| **ISSUES** | **Issues/Risks identified that may impact recovery and return to work** | | | | | | | | | | | | | | | | |
| Recommendations: | | | | | | | | | | | | | | | | |
| **YOUR DETAILS** | **Treating speech pathologist’s details** | | | | | | | | | | | | | | | | |
| Print name: |  | | | | Practice name: | | | |  | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | |
| Phone: |  | | | | | | Email: | | |  | | | | | | |
| Signed: | |  | | | | Date: | | | |  | | | | | | |
| *Clinical Framework for the Delivery of Health Services* (2012) details best practice in achieving optimal outcomes for your patients.  The signing speech pathologist agrees that the patient has been involved in completing this form and a copy provided to the patient, case manager and doctor.  Plans can be submitted via Provider Online Services at [www.rtwsa.com](http://www.rtwsa.com) and select the ‘Login’ button, or via email to the relevant claims agent:   |  |  |  |  | | --- | --- | --- | --- | |  | **EML** | **Gallagher Bassett** | **EnABLE Unit** | | **Email** | [faxes@eml.rtwsa.com](mailto:faxes@eml.rtwsa.com) | [AHPlans@gb.rtwsa.com](mailto:AHPlans@gb.rtwsa.com) | [EnABLE@rtwsa.com](mailto:EnABLE@rtwsa.com) | | | | | | | | | | | | | | | | | | |

**Speech Pathology management plan – explanatory guide**

The Speech Pathology management plan should be completed where requested by the claims manager. The management plan can be initiated by the treating speech pathologist every **10 treatments** where this supports and facilitates treatment review and discussion with the worker and/or treatment team.

It is important that the patient is actively involved in the development of the management plan and copies are provided to the patient, treating doctor, and case manager. The management plan should be invoiced using item number E0MP.

**Please note: Speech Pathology management plans are practice-specific for individual patients (i.e. relevant to the treatment occurring at your practice).**

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| **Patient details** | * Your working diagnosis may differ from the certifying doctor’s injury description on the Work Capacity Certificate. This information will assist the claims management process by highlighting the need to obtain clarity around the diagnosis. * If your working diagnosis differs from that of the certifying doctor, it may be appropriate to have a verbal conversation in which the diagnosis or appropriative management can be clarified for consistency. * If treatment has been provided prior to this management plan, confirm the date of initial consultation and the total number of treatments provided to date. |
| **Evaluation** | * The evaluation process is an important part of the Clinical Framework for the Delivery of Health Services. * Measurement and review of treatment effectiveness helps to inform the treating team, patient and case manager on the direction and rate of change and to provide useful information to target treatment and enhance outcomes. * The speech pathologist management should be condition-specific and occupation-specific. * If Speech Pathology management has not achieved an improvement in function, it is anticipated that the speech pathologist will reassess the treatment approach and consider other strategies, which may include referral for second opinion or ceasing treatment.   **Psychosocial screening** (Principle 2 of Clinical framework)   * Poor or delayed recovery can sometimes be explained by biological factors such as serious injuries or conditions, however psychosocial (non-injury) factors often contribute to poor recovery and return to work outcomes for patients. * Psychosocial risk factors may include severe pain and disability reporting, low patient expectations about return to work, greater perceived treatment requirements, low job satisfaction, low self-efficacy, fears and anxieties or workplace matters. * Identification of risk factors early in the assessment phase should be communicated to the treating team including the case manager and doctor. * If the speech pathologist has identified issues that require further assessment or might impede a workers recovery or return to work, the suggested actions include communicating your findings and recommendations to the case manager, doctor and/or relevant health provider to address these barriers.   **Outcome measures** (Principle 1 of Clinical framework)   * The outcome measure(s) used should be reliable, valid and sensitive to change. * They should relate to the patient’s injury and whenever relevant to the functional goals of treatment and the functional demands of the pre-injury duties. * Baseline measurement of the patient’s functional capacity should be performed at the commencement of treatment and then serially re-measured to assess and demonstrate the benefit of treatment in improving functional capacity. |
| **Planning** | **SMART Goals** (Principle 4 of the Clinical framework)   * Early and collaborative goal setting ensures that the patient and speech pathologist are focused on similar objectives to achieve recovery and return to work. * It is expected that the speech pathologist will gain an understanding of the patient’s pre-injury role to ensure that the delivery of Speech Pathology management is focused on early return to work and restoration to usual functional activities. * Goals should be specific, measurable, appropriate, relevant and timed (SMART). * In the intervention strategy, explain the strategy that will be undertaken to achieve the goal. Your treatment should be based on the best available evidence (Principle 5 of the Clinical Framework). * Example of a SMART Speech Pathology goal: |
| **Estimated discharge date** | * This date is your estimation of when the patient will be ready for discharge and confident in their self-management, according to your current assessment and clinical reasoning. * It is understood that this date is not absolute and may move earlier or later depending on unforeseen circumstances. |
| **Issues/Risks identified**  that may impact recovery and return to work | * If the patient has not made the expected progress, briefly outline why this might be the situation and recommended actions to address issues and overcome barriers. * Poor or delayed recovery can sometimes be explained by biological factors such as serious injuries or conditions, however psychosocial (non-injury) factors often contribute to poor recovery and return to work outcomes for patients. * Psychosocial risk factors may include severe pain and disability reporting, low patient expectations about return to work, greater perceived treatment requirements, low job satisfaction, low self-efficacy, fears and anxieties or workplace matters. * If the speech pathologist has identified barriers or issues that might impede a workers recovery or return to work and require further assessment, the suggested actions include communicating your findings and recommendations to the case manager, doctor and/or relevant health provider to address these barriers. * The patient should be actively involved in a discussion of any factors that may increase the risk of non-recovery. The patient should be encouraged to raise any issues with the relevant parties to overcome any challenges to recovery and return to work. * If the speech pathologist’s professional opinion is that the patient may not be able to return to their pre-injury duties, please indicate in this section and detail the factors that lead to this opinion. The speech pathologist’s early identification and communication of such matters is very important to ensure that the end goal of rehabilitation is appropriate for the patient. |



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