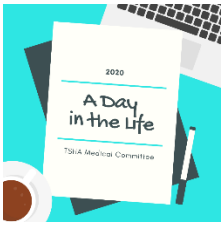
A Day in the Life of a Home Health Medical SLP



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The The Texas Speech-Language-Hearing Association (TSHA) Medical Committee continues to work hard to provide clinical practice resources for our speech-language pathologists (SLPs) who are working in, or interested in working in, medical settings. As a part of our efforts, the "Day in the Life" series continues this issue with a pediatric home health example.This information along with other resources can be found on the Medical Setting Resources page in the Practice Resources section of the TSHA website. Continue to keep an eye out for more in our "Day in the Life" series in future issues of the Communicologist.

7:30 a.m.: I check email, confirm my schedule for the day, and read/respond to text messages. I need to make sure none of my patients had Medicaid/insurance issues resulting in treatment being placed on hold and that none of my families have requested a cancellation/reschedule of our sessions today.

8:15 a.m.: I get in my company car and head to my first home. I work in a rural area, so I'll drive 45 minutes on two-lane highways to get to this house. This patient is a 14-year-old male with autism. He is high-functioning and attends his local high school. We are working on higher-level social/pragmatic communication to support the development and maintenance of friendships. He hasn't had speech therapy since he was five years old, and he didn't qualify for speech services at his school, so we are really starting at the bottom and working our way up with social/pragmatic skills. He was previously in foster care but has now been returned to his biological parents. He responds well to simple drawings utilizing speech and thought bubbles, so I just need a pen and a notepad to work with him. Before the session ends, I provide his mother with strategies and ideas so she can carry out the home education program (HEP) until our session next week.

8:45 a.m.: I'm back in my company car. Before I leave this house, I text my next family that I'm on my way. I also check email and accept a new patient, a two-year-old who lives in my treatment area and has been diagnosed with failure to thrive.

9:15 a.m.: I arrive at my second appointment of the day. This child is a 10-year-old male who lives with his paternal grandparents. Until the age of seven, this patient lived with his mother and her boyfriend (not the child's father) in a travel trailer. The child had never attended school or seen a doctor. When he was removed from that home by Child Protective Services (CPS), he was sent to live under the guardianship of his paternal grandparents because his biological father could not be located. When treatment was initiated, the patient was functionally nonverbal with an expressive vocabulary of approximately 10 words; he communicated with vocalizations and gestures. He is now within normal limits with regard to expressive/receptive language, and his speech is 75-percent intelligible to others. This is his last certification period, and we are currently addressing vocalic /r/. His grandparents are extremely supportive and always follow the home education program between visits. Since he loves Uno, I make sure to get that game from my car when I arrive at his home.

10 a.m.: The patient was having a great day, so our session ran a little long. I only have 15 minutes to get to my next house, so I head off. No time to check my phone or email!

10:15 a.m.: I arrive at my third appointment. This little guy is 26-months-old and lives in an apartment with his aunt, brother, sister, father, and mother, who is pregnant. The father works in the oil field in West Texas, so he is frequently not home. This patient has gastroesophageal reflux disease (GERD) as well as failure to thrive and has been in treatment for almost a year. Although the reflux is well-controlled via medication and the patient has transitioned from purees only to age-appropriate table food, he has gained only five pounds and remains severely underweight. I am awaiting a return call from his primary care provider (PCP), as I have requested a nutritional consult.

Today, we will work on strategies to add healthy fats/calories to his meals, and we'll address his rotary chew with meatballs. I will continue family training related to the importance of mealtime routines.

11:30 a.m.: Back to my car, where I have time to check email, voice mail, and text messages. I find that my next family has called and asked to reschedule today's appointment because the child has a rash and needs to go to the doctor. I call the family and then fill out an infection control form to document the reason for this missed visit. The family has agreed to a make-up visit next Friday. Now I have a few minutes for lunch and documentation!

11:45 a.m.: I eat at my favorite diner in one of the small towns in my service area. They have great food and free wi-fi! I can work for about an hour before I need to get back on the road. It's nice to be able to sit down to eat and work through lunchtime today. I usually bring a sandwich and fruit from home and eat in the car.

1 p.m.: I arrive at a new home to do an initial evaluation for an eight-year-old boy. I have the parent sign all the appropriate forms and share information with me about the child's birth and medical history, and then I administer four subtests of the standardized language test I selected as well as a standardized articulation assessment. I won't be able to score the tests until I get home, but based on the mother's concerns and the information gathered from both standardized testing and informal observation, I expect that we'll be working on consonant cluster reduction, following two- to three-step commands, and being able to tell a short narrative about daily events/experiences. The mother reported that the school is working on grammar and vocabulary, so I will place my focus on the skills that the mother told me are important in the home. It's key in home health to really identify the functional deficits the family has concerns about. I conclude the session by explaining that it will take approximately two weeks for me to obtain authorization to begin treatment and that I will call her to set up our sessions once that occurs.

2 p.m.: I have a few minutes to call the occupational therapist (OT) who is treating the child I just evaluated. She and I discuss scheduling, frequency of services, and our assessment findings. She tells me that she also will be able to work on following directions within the context of her self-care and dressing goals. To assist with the patient's OT goals, I tell her I can have the patient sit on the therapy ball during speech sessions. Coordination of care has already started for this patient!

2:30 p.m.: I arrive at my final session, where I'll see a 10-year-old boy with Down syndrome and childhood apraxia of speech. This patient communicates using an iPad with Proloquo2go. Although he always protests at the beginning of our sessions, he works well when provided with his mother's promise that he can have pizza for dinner. I use action photos of the patient that the mother previously provided to me to facilitate sentence-level communication with the child's augmentative and alternative communication (AAC) system. I tell the child he needs to complete 10 sentences today, and I have a chart on which I write each sentence. He is motivated to fill up the chart, so the time passes quickly! His mother observes the session from the nearby living room, and at the end of the session, we discuss how the patient can use his device while in the car.

3:30 p.m.: Since it is summer, I don't have to see any after-school patients. During the school year, I typically treat until 5:30 p.m. or 6 p.m. in order to see school-aged children. I do, however, have a conference call with my clinical manager and 19 other team members this afternoon. I sit in a shady spot at the county library and participate in the call from my car. We discuss a change in our discharge procedures, additions to our evaluation template, and the need to hire another therapist in my area.

4:30 p.m.: The call has finished, and I head for home for the day. I plan to complete today's visit notes documentation from my home office. I expect that writing today's visit notes will take about an hour. I will write the evaluation tomorrow morning before my first session at 10:30 a.m.. Also, tomorrow, I will be spending lunchtime with one of our marketers at a meeting with one of our

referring physicians to discuss our feeding/swallowing program. Every day provides its unique challenges and opportunities. I am never bored with this job!

**All patient information has been changed and/or edited to protect patient privacy.*

I hope you enjoyed the summary. If you have any questions for the Medical Speech Pathology Committee, please feel free to contact co-chairs **Suzanne Bonifert** (Suzanne.Bonifert@cookchildrens.org) or **Shannon Presley** (Shannon.Presley@unt.edu). The Medical Speech Committee is here to serve you!