

ORG	Treatment Rooms	Work Space	Supplies	Additional Information
A	Private Each SLP has own room	Private Treatment room is office	We have a central area where we store materials for them but they also bring in their own material	
B	Mixed In most sites yes, a clinician works out of a particular therapy room. Some rooms are shared. Some clinicians do not have assigned clinical rooms but may use a particular room consistently on their clinic day (e.g. for clinicians who predominately do evaluations in multidisciplinary clinics, but then have a clinical day in the SLP clinic).	Shared Shared work space. In most sites, they may have an assigned work station. In only one clinic (our smallest and furthest), the clinician works and offices from their treatment room.	We have a large supply of therapy materials that are located in a large, centralized storage room. We also have each room stocked with some key materials/toys. That being said, some clinicians do have some of their own materials here as well. They do have some storage space available near their workstation for these items or they have them labeled and in their treatment room cupboard. We encourage staff to request materials they are interested in rather than bring in personal materials.	

C	<p>Private Our speech therapist has an office/treatment room that she does most of her treatment in. She does occasionally use the larger shared gym space(s) with other disciplines (OT/PT).</p>	<p>Shared The therapists are all in a shared office with cubicle-type set-up, conducive to collaboration, but often it does get loud and distracting and negativity can also breed there!</p>	<p>We have a toy closet for most therapy tools and there are other items stored in the other private treatment spaces.</p>	<p>Currently, we only have 1.0 FTE SLP and are looking for a .3 FTE. Our therapists all share a large gym, multi-purpose gym, 2 private treatment rooms, an OT splinting room, and speech room, in addition to 1 rehab space on the IPU and a therapeutic pool. Occasionally folks will reserve a room or put a “do not disturb” sign on the treatment room.</p>
D	<p>Mixed For most of our offices, staff have their own, individual speech offices that they utilize for treatment. However, they are able to utilize open treatment areas as well for their sessions.</p>	<p>Private Individual offices</p>	<p>All therapists have shared materials that any therapist can use. However, for common items or items that are frequently utilized, multiple copies exist and are stored in individual offices. There are common supply closets for all additional material. Expensive materials (iPads, VitalStim) would be stored there.</p>	

E	<p>Mixed Assigned treatment room/office, usually with a one way mirror, so parents can observe the session from an observation room.</p>	<p>Mixed The 12x12 ST treatment room serves as office as well. Our PT/OT's have a shared work area.</p>	<p>Yes, the ST's have the majority of their personal materials in their treatment rooms, but we also have storage closets for shared items, toys, games, testing material, etc.</p>	<p>PRN ST's may share a room, and PT's/OT's may use the ST rooms for quiet treatment if it isn't in use by the ST.</p>
F	<p>Shared Utilize based on availability. We have one therapist who helps with scheduling our SLPs for the day.</p>	<p>Shared We have a shared work space</p>	<p>We storage closets in our clinic that all disciplines are able to use. Therapists also have an overhead bin in the shared workspace area where they can store any personal materials. Most of our therapy rooms also have a small storage closet or desk with storage space.</p>	
G	<p>Shared The rooms are assigned in EPIC when the appointment is scheduled, and then there are some adjustments on the day of service based on therapist/patient need.</p>	<p>Shared Shared office for documentation with individual cubicles.</p>	<p>Due to storage reasons, these are all centrally stored in our office.</p>	<p>Our rooms are tightly scheduled due to space/patient volume, so our therapists are great at working together using flexibility which is key.</p>

H	<p>Shared rooms are based on availability, however, Clinicians typically use the same room for each treatment session in order to provide consistency for the patients. Some rooms with sinks are prioritized for Dysphagia therapy sessions.</p>	<p>Shared Therapists have a cabinet to store personal items. All desks are located in the same shared office. They also have the option to move Computers on Wheels into a treatment room and complete work there.</p>	<p>We have closets and cabinets filled with supplies in each room plus additional materials, supplies, tests, etc in common areas. all are welcome to use. Most therapists also bring some of their own therapy materials and keep them at their desks.</p>	
I	<p>Shared utilize rooms based on availability</p>	<p>Shared work in a shared work space</p>	<p>shared resources stored in a centralized location</p>	
J	<p>Shared there are assigned rooms for the therapist to treat with a schedule of the room assignments for the designated therapist on the door. The rehab techs assist in managing this</p>	<p>Shared Shared work space</p>	<p>All hospital purchased resources are stored in a centralized location. If staff members have personal materials (e.g. books, visual schedules, individually purchased activities) they keep them at their desk</p>	<p>Treatment and workspace is always a challenge</p>
K	<p>Shared Sign up for treatment space/room based on their schedule</p>	<p>Mixed Private offices and shared workspace</p>	<p>Central storage and personal items</p>	
L	<p>Shared We have four speech rooms. Nobody has an assigned room, but there is one that has the equipment for a VPI, so that room is blocked on clinic days</p>	<p>Shared Speech shares office space with OT and PT</p>	<p>Therapists do not have their own materials</p>	

<p>M</p>	<p>Private We are really lucky that we have a lot of space at our outpatient facility- we have 11 speech therapy rooms and just 7 full-time + 1 part-time SLP. Each of our therapists has an assigned therapy room. We also have one large room that can be used when you have larger families or kids with sensory needs (it is equipped with sensory activities). This room isn't used often so staff usually just ask around and make sure it is free before taking a family/patient in there.</p>	<p>Private We were able to design our space, so each room has an area with a built in desk for a laptop, phone, filing cabinets, etc. Each staff member also has a cubicle in another area in the building, but this area isn't utilized at all. Our staff prefers to treat and document all in their treatment space.</p>	<p>We have two materials closets in our facility, both equipped with toys, food, feeding supplies, oral motor supplies, activities, etc. for a wide range of ages. However, each therapist does have their own 'stash' of our most popular therapy toys/activities (potato head, certain books, race car track, etc). They also each have an iPad- they can load it with whatever activites/games/AAC apps they want- we have one universal account and they chose what they want to download from that account.</p>	
<p>N</p>	<p>Shared Based on availability shares with OT. Sign up for weekly use for essential rooms needed (e.g., feeding room/kitchen for feeding evaluation or low stimulation room for severe ASD)</p>	<p>Shared Shared work space.</p>	<p>Shared resources in a closet however each SLP has their own materials/games they keep at their desk and others borrow</p>	<p>we have a staff of 8 SLPs and see about 50-70 patients a day. We clear the door sign ups every 1-3 month depending on the school calendar to start fresh due to schedule changes.</p>

O	<p>Shared Primarily based on availability, but we do have two feeding rooms that are slotted for our feeding therapists. We use a 'surgical board' for scheduling which therapist will be in which room at any time during the day.</p>	<p>Shared Shared work space.</p>	<p>95% or more of supplies are clinic owned. Therapists will bring in a few things here and there.</p>	
P	<p>Mixed Most of our full time staff have a room, part time or peace rate staff may share space to maximize use during hours of operation</p>	<p>Private Private office</p>	<p>A bit of both</p>	
Q	<p>Shared Availability. If a specific room is need it can be reserved with a door hang that was created.</p>	<p>Shared Shared work space. In our department they are able to use various areas outside the workspace. The building has wireless internet and they have laptops.</p>	<p>Mostly clinic materials. Those that have personal items are labeled but can be used by others. They do have lockers and file cabinets that they're able to store personal items.</p>	
R	<p>Private Currently each therapist has an assigned room that is both their office and treatment space</p>	<p>Private Private offices</p>	<p>There are clinic materials that are stored centrally <u>and</u> many therapists have their own personal materials stored in their rooms</p>	<p>The PT and OT staff share offices and this leads to a lot of collaboration/teaming/camaraderie that speech misses out on by being in separate rooms. We are adding clinic space in a new area and plan to have a "gang office" for all the therapists and the individual treatment rooms will be shared by everyone. Currently assessing model for potential changes.</p>

S	<p>Shared open treatment rooms for all disciplines Rooms can be reserved for special issues, but for the most part it is first come first serve. We do have multiple rooms set up for similar groups of kids (infant rooms, preschool rooms). The SLPs are also encouraged to do some therapy in our shared spaces: therapy park, SI gyms, pretend grocery store, etc.</p>	<p>Shared shared workrooms for all therapists (PT/OT/ST/Audio)</p>	<p>Staff are discouraged from bringing their personal libraries / text books / treatment materials as it becomes too much to store and keep. We have a work room with protocols, testing materials and supplies. That is where the copier is. We also have closets throughout with specific materials that are cleaned and kept organized by support staff (beyond basic responsibility for orderliness by the therapist).</p>	<p>We can't afford the luxury of individual stuff. This was a really tough move for some of our staff about 7 years ago, but we have moved on. Our volumes are high and we can't afford underutilized spaces. Our volumes have dramatically increased over the last 4 or 5 years. So now we have taken it a step further. We assign workspaces to therapists based on hours worked. Full time get a work station, part time share a workstation and PRN share just a few work stations or perch at a desk when someone is out.</p>
T	<p>Shared What is avail and sign up</p>	<p>Shared Shared space</p>	<p>Both.</p>	
U	<p>Shared Scheduled in rooms, we have a printed schedule outside each room with therapists initials, and they have their schedule in EPIC that also has the rooms, it is on a laminated board that is changed every night for the next day. That way if they don't like the room, they can find an open one quickly.</p>	<p>Shared All shared work space, some in multidisciplinary offices</p>	<p>some of each</p>	<p>Everyone has an assigned lap top and desk phone too.</p>

V	<p>Mixed Our outpatient clinic consists mostly of private offices that outpatient SLPs (full time) see patients and complete documentation. Our part time/PRN folks find a spot available; some more consistent folks have more consistent workspaces they use, less consistent folks grab what is available. We do have a few multipurpose evaluation rooms that can be used for those without an office to see patients.</p>	<p>Mixed Both</p>	<p>All of our materials are in one centralized location for anyone to use. Full time folks tend to keep a few of their personal materials in their offices but storage space is limited in the offices.</p>	
W	<p>Private Therapists have their own office that they treat in and document</p>	<p>Private Private</p>	<p>Both personal and shared items</p>	
X	<p>Shared based on availability</p>	<p>Shared Shared work space; one large office space</p>	<p>Clinicians have limited personal storage space—so, if they have favorite materials, they are welcome to store them in their personal space—otherwise, materials are shared resources in centralized storage locations</p>	

<p>Y</p>	<p>Shared We did a ton of work on level loading to maximize the use of our space. Our SLP's are assigned a room based on their needs. Some stay in the same room all week, others move around.</p>	<p>Shared Shared work space. We currently have small work cubicles that are shared by 2 clinicians. I am attempted to have a reno project in 2019 that gets rid of the cubicles and puts in general work stations around the perimeter of the room, no personal space (except for a small locker for personal items/purses/lunches)</p>	<p>Again, a lot of work was done to provide the clinicians with the tools they need and we removed all personal items. I know some clinicians have some of their own materials, but they bring them in and out of work on a daily basis</p>	<p>It's all about the culture. We have worked extremely hard to break the "this is my room" culture. To a point we named all of the rooms a generic name and deliberately refer to those rooms by the name to break the personalization of the rooms</p>
<p>Z</p>	<p>Private Our staff have assigned treatment rooms.</p>	<p>Private They have private office that also serve as their treatment space.</p>	<p>We recently transitioned from personal items to all department purchased materials. We have a central location for many materials, but each treatment room/office also has a storage cabinet for more frequently used materials. We are developing a "standard" list of materials for each room.</p>	<p>In the future when/if we have the chance to re-configure our space, we will move to the shared office space model. We believe we'd be able to more effectively utilize the space and accommodate more clinicians/patients.</p>

AA	<p>Shared Scheduled into a room by scheduling team (after all rooms are scheduled, therapists can switch with one another if they need/want to)</p>	<p>Shared Shared work space, one of our clinics does not have designated desks- we instead have plug and go stations with cabinet storage for each therapist along a wall in the large room. Our other clinic does have designated desks but within a large shared room</p>	<p>We have both. Therapists are limited in how much space they have for “personal therapy materials”</p>	
BB	<p>Mixed We have 12 outpatient speech clinics and each is different. We have 3 with shared room spaces, and 9 where clinicians have an office space (though this too is usually shared based on days worked)</p>	<p>Mixed We have shared work spaces for inpatient and for the 3 shared room space clinics (work spaces are shared with OT/PT staff, in the other 9 clinics the clinicians use their treatment room as their office.</p>	<p>In all of our 12 clinics we have shared clinic materials/resources. We have a storage room for toys/games and speech materials. Most clinicians also have some of their own things either in their office or stored in their desk at their shared work area (we use big super duper bags to carry them around).</p>	<p>We have positives and negatives in all situations. The shared office spaces has increased our opportunity for a variety of spaces (gyms, sensory rooms, feeding rooms) and opportunity for co-treatment and working closely with our peers. As a trade off, there is increased stress with room scheduling and clean up, especially at our high volume locations.</p>
CC	<p>Mixed Our model is a little different at each of our 6 sites, but as a general rule, each clinician utilizes a consistent treatment room. Individuals who are part time share rooms, and we get creative to share space when clinics that we support in other areas of the hospital are cancelled.</p>	<p>Mixed At our hospital campus and 2 of our clinics, treatment rooms double as office space. At one clinic, clinicians have offices and separate assigned treatment rooms. At the remaining 2 clinics, there are treatment rooms and a shared work area with ENT and Audiology.</p>	<p>There is a mix of clinic resources and individual resources. We are trying to move to more of a shared model for many of the reasons mentioned above.</p>	<p>We are in the planning phases for a new building for our hospital clinic and looking to move to a model of more shared space. The plans are not firmly developed yet.</p>