

Space Allocations for Outpatient SLP

Original Question:

At your facility, do SLPs share offices so have their own office? Do they see patients in their office or in a consult room? How many rooms per SLP are there?

Organization	Space Utilization
ORG A	In ORG A our Speech Pathologists desks are in the large therapy offices with PT and OT. We have 12 locations. In some departments we have “counter desks” with a file cabinet or overhead storage. In other departments we have cubicles. The therapy rooms are not designated to each therapist. They are booked on a daily basis depending who is working that day.
ORG B	<ol style="list-style-type: none"> 1. At our “A” hospital campus, we just moved into a new building in November. In that space, there are treatment rooms that no one “owns,” however the team members who use each room are pretty consistent. There is also a shared workspace that is shared with Audiology, ENT, Surgery, and GI that can be used between patients. The SLPs do have offices in our old clinic space which were their old treatment rooms. Given that these rooms are massive and they are only utilized for a small portion of the day, this is likely to be condensed to a smaller shared office space sometime in the next couple of years. On most days there is one room per SLP, however, this building was built using a continuous rooming plan, so there is the potential that there could be more SLPs than rooms with schedule templates strategically developed to make everything fit. Speech and Voice/VPD have separate rooms from Feeding, which is housed with GI and Feeding Team. 2. At all of our satellite clinic locations, there are designated Speech treatment rooms, and each SLP or a combo of SLPs tends to utilize those rooms as sort of a “home base.” The SLPs do interchange rooms as appropriate for patient needs based on the therapy materials in each room. There is also a shared workspace in those locations with any combination of the providers in #1 as well as possibly PT/OT at all of our sites, however as all disciplines have grown, the SLPs have tended to use the Speech treatment rooms as their workspaces during the day due to crowding in those spaces. There is one room per SLP. 3. Our “B” outpatient clinic uses model #2 in their current clinic space, however, we are building a new clinic set to open in Q1 2023, and that will have a model where PT, OT, and Speech are in a shared gym and treatment area. There will be enough treatment rooms for each SLP to utilize a room, however, they could also utilize gym space, and OTs could utilize Speech rooms if needed for their sessions.
ORG C	At our clinic we have staff offices (4-5 SLPs in each office), and we have treatment rooms. We have 8 speech treatment rooms with 9-10 staff scheduled each day.
ORG D	At each of our locations, an SLP uses an office for the day. That room doubles as an office and a treatment space. Our inpatient team shares office space (along with OT and PT), and on the occasion that they see an outpatient, they do so in a consult room.
ORG E	At ORG E, each of our full time SLP’s has their own office which is also their treatment room. Staff who work a part time schedule share office/treatment space and PRN

	staff backfill into the offices when schedules allow. We are continually looking for ways to maximize room utilization.
ORG F	Most of our SLP's are assigned to their own rooms, but we changed the schedules to 4/10s so that we have entire days open instead of a few hours per day open and then have someone float between rooms. To make this work, we have 5 SLP's for every 4 rooms. In our bigger clinics it doesn't always come out so clean, but this works in our satellites well. We do try to always have a designated space for each person.
ORG G	We have a large therapist office with modular desks, and smaller consult rooms for speech eval/treatments. Treatment rooms are shared between therapists, but only one patient/therapist is in each treatment room at a time. Supplies are mostly stored outside of the treatment rooms so that they can be shared after cleaning. There is a small area of storage in each room as well.
ORG H	We have shared office spaces for clinicians- mixed between SLP, PT, OT, and Audio. Our treatment rooms are shared by all, according to the needs of the patient. With space being limited- we found the need to be more flexible and "neutral" with our treatment rooms so everyone can utilize them to their max potential. We do try to have one treatment room per clinician available-but they are not assigned specifically to individuals.
ORG I	At ORG I children's this differs per site/location: Site 1: 7 rooms with desk and treatment space combined per room (4 SLPs typically scheduled plus potential students/aide – 2-3 inpt SLPs also use this space) Site 2: 5 treatment rooms and a separate workroom with 5 cubicles (3-4 SLPs typically scheduled plus potential students/aide) Site 3: 3 treatment rooms and a separate workroom with 4 cubicles (2 SLPs typically scheduled plus potential students/aide)
ORG J	We have outgrown the space in our pediatric clinic and just submitted a space request. We utilized the Department of Defense guidelines for healthcare facilities as a benchmark. Hope this helps. It is certainly pie in the sky in some ways, but has been a useful tool for us in the justification of space needs in relation to a government standard. https://www.wbdg.org/ffc/dha/mhs-space-planning-criteria-health-facilities
ORG K	We have an outpatient facility where the SLPs practice in their own space. At the main hospital, we have 4 therapy rooms in an outpatient clinic with touchdowns in each room, but these spaces are shared between a team of 7 inpatient therapist and 2 outpatient floaters.