RCSLT Outcomes Project

RCSLT Conference
27th September 2017

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Sussex Community NHS Foundation Trust
Session aims

For RCSLT members to have an opportunity to hear about how outcomes data can support with:

- reflective practice for individual practitioners
- demonstrating the value of speech and language therapy to key stakeholders, including service users, budget-holders and decision-makers
- the delivery of quality speech and language therapy services
Why outcomes?
Challenges for the profession and beyond

Outcome measures
The RCSLT Outcomes Project

- Initiated in 2013 to respond to drivers internal and external to the profession
- Comprises three key workstreams:
  - Influencing national (UK wide) developments
  - Phase 1: Identifying an existing outcome measure using ‘best fit’ criteria and proof of concept pilot
  - Phase 2: Identifying the gaps, how to fill them and look at other work to be undertaken
### RCSLT members’ ‘best fit’ criteria

**Table one: The 11 criteria agreed for existing outcome measures at the October 2013 and subsequent RCSLT Hub meetings**

1. Is it reliable?
2. Is it valid?
3. Is it suitable across key client groups?
4. Is training available?
5. Is it easy to access?
6. Is it easy and quick to use?
7. Is it compatible with existing tools?
8. Can it work with the main areas of SLT practice and current priorities?
9. Can it capture long term/ultimate outcomes?
10. Can it take account of different stakeholders' priorities for outcomes?
11. Can it capture the range of service elements provided: interventions, training, adaptations to the environment, universal level etc?
Identifying an existing outcome measure

- Therapy Outcomes Measure (TOMs) (Enderby, John and Petheram, 2006)\(^1\) was identified as the measure most fit for purpose

- It was acknowledged that:
  - The adoption of TOMs was a starting point for the profession’s journey on outcome measurement
  - TOMs would not be used as a ‘stand-alone’ option but employed alongside other outcome measures and other tools/frameworks
  - TOMs is not applicable across all clinical areas and settings (e.g. universal services/Public Health) and parallel RCSLT work-streams would be established to consider how to fill these gaps in Phase 2

\(^1\) Third edition now available (Enderby and John, 2015)
Therapy Outcome Measures
Enderby and John (2015)

- TOMs scales address four dimensions of an individual in line with the International Classification of Functioning, Disability and Health (WHO, 2007):
  - Impairment - the severity of the presenting difficulty/condition
  - Activity - the impact of the difficulty on the individual’s level of independence
  - Participation – impact on levels of social engagement and autonomy
  - Wellbeing – impact on mental and emotional wellbeing

- Each dimension is measured on an 11-point ordinal scale with six defined descriptors, ranging from 0 (worst case scenario), to 5 (best possible presentation).
Phase 1 pilot sites

Key
- Adult
- Paediatric
- Adult and Paediatric
The RCSLT Online Outcome Tool

The RCSLT Online Outcome Tool (ROOT) is being developed to support practitioners with:

- Collecting and collating outcomes data using two methods:
  - Direct data entry
    - Data is entered directly into the ROOT
  - Data upload
    - Data collected in local electronic systems is exported and uploaded to the ROOT

- Evaluating and reporting outcomes
Individual service user

TOMs Scores Chart

Start of Episode - 01 Sep 2016
- Impairment
- Activity
- Participation
- Well-being
- Caregiver Well-Being

Interim - 20 Sep 2016

Graph showing changes in scores between Start of Episode and Interim.
Groups of service users
Applications of the reports

**Individual clinicians**

“Easy to see patterns and where we are actually having an impact on our clients’ lives”

“It all makes doing TOMs more worthwhile for everyone”

**SLT teams/services**

“enabled quicker analysis and a greater range of information and detail”

“We are starting to look at how/what area therapy benefits the clients”

“able to demonstrate to directorates and management more detail regarding clinical outcomes and value of SLT”
Case study: Brighton and Hove’s journey with outcome measures
Case study: Sample report

Figure 1: Report showing the direction of change in TOMs between initial and final ratings across each domain of TOMs (Impairment, Activity, Participation, and Well-being) for children with language disorder accessing speech and language therapy between July 2009 and July 2017.
<table>
<thead>
<tr>
<th>Age Band</th>
<th>Total Completed Episodes Of Care</th>
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<tbody>
<tr>
<td>0 to 4</td>
<td>126</td>
</tr>
<tr>
<td>5 to 10</td>
<td>109</td>
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<tr>
<td>11 to 16</td>
<td>27</td>
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<tr>
<td>17 to 18</td>
<td>21</td>
</tr>
<tr>
<td><strong>Under 18</strong></td>
<td><strong>283</strong></td>
</tr>
<tr>
<td>19 to 30</td>
<td>230</td>
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<tr>
<td>31 to 40</td>
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<td>41 to 50</td>
<td>591</td>
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<tr>
<td>51 to 60</td>
<td>1054</td>
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<tr>
<td>61 to 70</td>
<td>1702</td>
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<tr>
<td>71 to 80</td>
<td>2700</td>
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<td>81 to 90</td>
<td>3139</td>
</tr>
<tr>
<td>90 plus</td>
<td>1087</td>
</tr>
<tr>
<td><strong>Over 18</strong></td>
<td><strong>10742</strong></td>
</tr>
<tr>
<td>Unknown</td>
<td>2677</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13702</strong></td>
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<tr>
<td>TOMs Scale</td>
<td>Total Completed Episodes Of Care</td>
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<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>7773</td>
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<tr>
<td>Core Scale</td>
<td>1602</td>
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<tr>
<td>Dysphonia</td>
<td>943</td>
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<td>Dysphasia</td>
<td>841</td>
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<td>Dysarthria</td>
<td>516</td>
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<td>Child Language Impairment</td>
<td>77</td>
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<td>Learning Disability – Communication</td>
<td>76</td>
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<tr>
<td>Phonological Disorder</td>
<td>57</td>
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<tr>
<td>Cognition</td>
<td>52</td>
</tr>
<tr>
<td>Hearing Therapy/ Aural Rehabilitation</td>
<td>46</td>
</tr>
<tr>
<td>Autistic Spectrum Disorder</td>
<td>46</td>
</tr>
<tr>
<td>Dysfluency</td>
<td>43</td>
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<tr>
<td>Laryngectomy</td>
<td>37</td>
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<td>Tracheostomy</td>
<td>32</td>
</tr>
<tr>
<td>Challenging Behaviour and Forensic Mental Health</td>
<td>10</td>
</tr>
<tr>
<td>Augmentative and Alternative Communication (AAC)</td>
<td>4</td>
</tr>
<tr>
<td>Dyspraxia – Developmental Coordination Difficulties</td>
<td>1</td>
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<tr>
<td>Head Injury</td>
<td>1</td>
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</table>
Phase 1 Evaluation Findings

- Using the ROOT to record and report on TOMs data is easy and efficient.

- The data reports generated by the ROOT offer added value at a number of levels, including:
  - Monitoring outcomes for individual service users and across specific clinical groups.
  - Evidencing the impact of SLT interventions.
  - Supporting service planning and quality improvement.
  - Providing intelligence to and influencing key stakeholders.

- The ROOT has the potential to support with benchmarking.
Phase 1 Evaluation Findings

- The pilot sites identified additional areas for development of the ROOT (e.g. additional core data fields in the ROOT to record data related to activity)

- Involvement with the pilot has had wider benefits for those taking part, including:
  - a greater focus on outcomes from the start of the patient journey
  - a greater appreciation of the value of data collection
  - facilitating a shift away from the historical focus on inputs and outputs
What else have we learnt?
Where next?
Phased approach to implementation
What are the gaps?
Opportunities to get involved

Contact [kathryn.moyse@rcslt.org](mailto:kathryn.moyse@rcslt.org) - RCSLT Outcomes Project Officer to:

- Find out more about the phased roll-out of the RCSLT Online Outcomes Tool and what you will need to do to be “ROOT-ready”
- Receive RCSLT Outcomes Project updates for more information and future opportunities to get involved
- Share your experiences of using outcome measures and local projects on outcomes and outcome measurement
ANY QUESTIONS?
For more information, please contact:
Kathryn Moyse
RCSLT Outcomes Project Officer
kathryn.moyse@rcslt.org

https://www.rcslt.org/members/outcomes/RCSLT_outcomes_project
FOR REFERENCE
Context

- Challenges across healthcare, education and social care with regard to outcome measurement
  - Use of terminology and consistency of definitions
  - Historical focus on inputs, processes and outputs
  - Outcome measurement not embedded - variable use of outcome measures, PROMS and PREMs
  - Few validated outcome measures available to AHPs

- Shift to outcomes-based commissioning in some parts of the UK

- Focus on national policies and frameworks promoting improvement based on outcomes
Drivers internal to the profession

Speech and language therapy services have a lack of robust evidence and outcomes data to:

- demonstrate the impact and contribution of SLT to changes in individuals’ real life functioning
- support research and development of innovative practice and the evidence base
- identify what may be best treatment options for service users, and inform local care offers
- support service evaluation (including internal and external benchmarking)
- support business case development and to argue against cuts, putting pressure on SLTs to dilute services beyond the point which they are no longer effective
- demonstrate how SLT interventions are associated with impact on local, regional and national level outcomes
**RCSLT work on developing an approach**

- **2011** – RCSLT scoping of resources but no active work
- **2012** – developing consensus on the use of terminology within the profession
  - Choosing the Right Fabric (National Audit Office)
  - RCSLT Study Day presentation “Evidence: what are commissioners and funders looking for?”
  - Adopting the Theory of Change framework to articulate the contribution of SLT interventions to ultimate outcomes
    - [https://www.youtube.com/watch?v=wKcxkUBrDkY](https://www.youtube.com/watch?v=wKcxkUBrDkY)
RCSLT work on developing an approach

- **2013** - Formal approach to outcomes initiated by Council to respond to internal and external drivers
- **2013 – 2014** - Scoping of approaches by others to develop RCSLT bespoke approach

Identified two possible approaches:

1. Build National data repository from scratch (e.g. National Outcome Measures methodology, American Speech-Language-Hearing Association)
2. Find existing valid & reliable measure & build specialty/setting specific indicators/parameters in time
Initiation of formal approach

RCSLT Board of Trustees opted for a pragmatic approach: identifying an existing outcome measure to begin to gather consistent data for the SLT profession

- **Phase 1**: find an existing outcome measurement tool that will meet ‘best fit’ criteria agreed by members
- **Phase 2**: identify how to fill gaps and look at other approaches (not defined in detail)
PHASE 1
Selecting the approach

May 2014 – December 2014

- Commissioned a review of outcome measures used by SLTs to identify an existing tool for the data collection
- Developed criteria for appraisal of outcome measure tools, as suggested by members (see next slide)
- Appraised 60+ outcome measures, systems and frameworks against the criteria
## RCSLT members’ ‘best fit’ criteria

### Table One: The 11 criteria agreed for existing outcome measures at the October 2013 and subsequent RCSLT Hub meetings

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>Is it reliable?</td>
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<tr>
<td>2</td>
<td>Is it valid?</td>
</tr>
<tr>
<td>3</td>
<td>Is it suitable across key client groups?</td>
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<tr>
<td>4</td>
<td>Is training available?</td>
</tr>
<tr>
<td>5</td>
<td>Is it easy to access?</td>
</tr>
<tr>
<td>6</td>
<td>Is it easy and quick to use?</td>
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<td>7</td>
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Identifying an existing outcome measure

December 2014

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Identifying an existing outcome measure

January 2015 – March 2015

- Communicated to RCSLT members that TOMs had been identified as the ‘best fit’ outcome measure for the recording of reliable, comparable outcomes data across the profession
- SLT services invited to ‘opt in’
- Scoped options for national data collection system
- RCSLT Board of Trustees decided on a stand alone model for data collection. A ‘Proof of Concept’ pilot was approved to develop an online tool using TOMs
The RCSLT Online Outcome Tool

- The RCSLT Online Outcome Tool (ROOT) is being developed to support practitioners with:
  - Collecting and collating outcomes data using two methods:
    - Direct data entry
      - Data is entered directly into the ROOT
    - Data upload
      - Data collected in local electronic systems is exported and uploaded to the ROOT
  - Evaluating and reporting outcomes
‘Proof of Concept’ Pilot Aims

1. To improve the **collection of outcome data** in order to identify the impact of therapy for individuals with speech, language, communication and swallowing needs

2. To **investigate and minimise the burden** of data collection, collation and analysis on speech and language therapy service leaders and practitioners

3. To investigate the **practical challenges and benefits of benchmarking** for quality assurance and identifying variation in outcomes associated with different services
‘Proof of Concept’ Pilot Aims

4. To investigate the **value of TOMs data reports** in supporting service evaluation, quality assurance and business case development for individual services

5. To evaluate the **usability and value of a stand-alone TOMs web-based application** for SLT services (via direct data input or data transfer from an existing system) compared to data collection and reporting systems currently in use

6. To develop SLT service leader and practitioner **skills and knowledge** in collecting, analysing and using outcomes data
# RCSLT Online Outcome Tool

## Communication and Swallowing Diagnosis

**Communication and Swallowing Disorder (Primary):**
- [R13] Dysphagia
- [ ] Progressive Condition

**Communication and Swallowing Disorder (Secondary - optional):**
- [R47.0] Dysphasia and aphasia

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Progressive Condition</th>
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<tr>
<td>[R47.0] Dysphasia and aphasia</td>
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## Additional Medical Diagnosis

**Medical Diagnosis (Additional):**

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<th>Diagnosis</th>
<th>Progressive Condition</th>
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<tbody>
<tr>
<td>[I64] Stroke, not specified as haemorrhage or</td>
<td>[ ]</td>
</tr>
<tr>
<td>infarction</td>
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</tbody>
</table>

## TOMs Scale(s)

**Scale 1:**
- Dysphagia

**Scale 2:**
- Dysphasia/Aphasia

[Save Episode Details]
RCSLT Online Outcome Tool

<table>
<thead>
<tr>
<th>Scale 1: Dysphagia</th>
<th>Scale 2: Dysphagia</th>
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<tbody>
<tr>
<td>Date of rating:</td>
<td>08 Jun 2016</td>
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<tr>
<td>Appointment Type:</td>
<td>Admission</td>
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<table>
<thead>
<tr>
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<th>0</th>
<th>0.5</th>
<th>1</th>
<th>1.5</th>
<th>2</th>
<th>2.5</th>
<th>3</th>
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<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Severe dysphagia. Weak oral movements / no bolus control / inadequate or inconsistent swallow reflex. High and constant risk of aspiration.</td>
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<tr>
<td>2</td>
<td>Severe / moderate dysphagia. Cough / swallow reflexes evident but abnormal or delayed. Uncoordinated oral movements. At regular risk of aspiration.</td>
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<td>3</td>
<td>Moderate dysphagia: Swallow and cough reflex present. May have poor oral control. At occasional risk of aspiration.</td>
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<td>4</td>
<td>Mild oral / pharyngeal dysphagia. Incoordination but no clinical risk or evidence of aspiration</td>
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<tr>
<td>5</td>
<td>No evidence of dysphagia.</td>
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<table>
<thead>
<tr>
<th>Impairment (Dysphagia):</th>
<th>N/A</th>
<th>0</th>
<th>0.5</th>
<th>1</th>
<th>1.5</th>
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<table>
<thead>
<tr>
<th>Activity (Dysphagia):</th>
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<th>1</th>
<th>1.5</th>
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<table>
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<th>1</th>
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<thead>
<tr>
<th>Wellbeing (Dysphagia):</th>
<th>N/A</th>
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<th>1</th>
<th>1.5</th>
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<th>2.5</th>
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<th>Carer Well Being:</th>
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<th>2.5</th>
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Charts showing patient’s TOMs scores across an episode of care
RCSLT Online Outcome Tool

The graph illustrates the outcomes for Dysphagia Impairment, Dysphagia Activity, Dysphagia Participation, and Dysphagia Wellbeing over the course of an episode. The x-axis represents the timeline from Start of Episode to End of Episode, while the y-axis shows the score range from 0 to 4.

- **Dysphagia Impairment**: Shows a slight increase from the start to the end of the episode.
- **Dysphagia Activity**: Consists of a moderate increase from the start to the end of the episode.
- **Dysphagia Participation**: Features a steady increase over the entire episode.
- **Dysphagia Wellbeing**: Displays a significant increase from the start to the end of the episode.

These trends indicate improvements in well-being and participation over the course of the episode.
RCSLT Online Outcome Tool - reports

R01 Distribution By Domain
Distribution in TOMs scales across all scores for start and end.

R02 Change Across Domains
Distribution in changes across TOMs scale domains from zero to all four

R03 Distribution By Domain Pie
Distribution in TOMs scales across all scores for start and end. Shown as a pie chart.

R04 Distribution of Change by Domain
Distribution of change in TOMs scales across all scores for start and end. Shown as a bar chart.

R05 Central Tendency and Change by Domain
A look at the central tendency of start and end TOMS ratings and the change between them
RCSLT Online Outcome Tool – report parameters

Age Range High: 150
Toms Scale: Autistic Spectrum Disorder (1), Cleft L
Interims: With or without interims
Impairment Score Low: 0.0
Medical Diagnosis Comorbidity: Include All
SLT Diagnosis: (Q35) Cleft palate (8), (R13) Dysphagi
SLT Diagnosis Progressive: Include All
End of reporting period: 10/05/2017

Age Range Low:
Gender: All
Medical Diagnosis: Unknown (26), (F79) Unspecified mer
Matched:
Impairment End: All Data
Medical Diagnosis Progressive: Include All
SLT Diagnosis comorbidity: Include All
Start of reporting period: 10/05/2016

End of reporting period: 10/05/2017
Sample data report R03: Change in TOMs scores between initial and final ratings across each domain

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Activity</th>
<th>Participation</th>
<th>Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCSLT Test Episodes = (49) Patients: (49)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Down 46.9%</td>
<td>Up 2%</td>
<td>Down 69.4%</td>
<td>Up 12.2%</td>
</tr>
<tr>
<td>51%</td>
<td>28.6%</td>
<td>36.7%</td>
<td>32.7%</td>
</tr>
<tr>
<td>Pilot Episodes = (62) Patients: (62)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Down 51.6%</td>
<td>Up 4.8%</td>
<td>Down 64.5%</td>
<td>Up 17.7%</td>
</tr>
<tr>
<td>43.5%</td>
<td>29%</td>
<td>32.3%</td>
<td>30.6%</td>
</tr>
</tbody>
</table>
Sample data report R02: Change in TOMs scores between initial and final ratings across multiple domains
Sample data report R05: Average change in TOMs scores between initial and final rating across each domain

<table>
<thead>
<tr>
<th>RCSLT Test</th>
<th>Impairment</th>
<th>Activity</th>
<th>Participation</th>
<th>Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average Type</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>All Toms Scales</strong></td>
<td>Mean 2.77</td>
<td>3.11</td>
<td>0.35</td>
<td>2.73</td>
</tr>
<tr>
<td></td>
<td>Median 3</td>
<td>3</td>
<td>0.5</td>
<td>3</td>
</tr>
<tr>
<td><strong>Cleft Lip or Palate</strong></td>
<td>Mean 2.94</td>
<td>3</td>
<td>0.06</td>
<td>3.25</td>
</tr>
<tr>
<td></td>
<td>Median 3</td>
<td>3</td>
<td>0.25</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>Dysfluency</strong></td>
<td>Mean 3.15</td>
<td>3.5</td>
<td>0.35</td>
<td>3.1</td>
</tr>
<tr>
<td></td>
<td>Median 3.25</td>
<td>3.5</td>
<td>0.75</td>
<td>2.75</td>
</tr>
<tr>
<td><strong>Dysphagia</strong></td>
<td>Mean 2.33</td>
<td>2.72</td>
<td>0.39</td>
<td>2.33</td>
</tr>
<tr>
<td></td>
<td>Median 2.5</td>
<td>2.75</td>
<td>0.25</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Dysphonia</strong></td>
<td>Mean 3.83</td>
<td>4.17</td>
<td>0.33</td>
<td>3.75</td>
</tr>
<tr>
<td></td>
<td>Median 3.75</td>
<td>4</td>
<td>0.25</td>
<td>3.75</td>
</tr>
</tbody>
</table>

Episodes: ((49) vs. (8) vs. (10) vs. (23) vs. (6))
Patients: ((49) vs. (8) vs. (10) vs. (23) vs. (6))
Developing and testing the RCSLT Online Outcome Tool

March 2015 – March 2016

- Developed and completed initial testing of the ROOT prototype
- Recruited speech and language therapy services to pilot the ROOT (see next slide)
  - Representation from across the UK
  - Range of clinical areas and settings
- Developed the approach to evaluating the proof of concept pilot
- Supported SLT services involved to develop relationships with key stakeholders within their organisation and with completing relevant information governance documentation and processes
Pilot Sites

Key
- Adult
- Paediatric
- Adult and Paediatric

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS
Developing and testing the RCSLT Online Outcome Tool

April 2016 – October 2016

- First iteration of the ROOT piloted by six of the SLT services engaged in the pilot
- ROOT developed iteratively in response to members’ feedback
- Developed resources to support pilot sites with overcoming challenges associated with information governance, through consultation with the Information Governance Alliance (England) and the Information Commissioner’s Office (UK-wide)
Independent evaluation of the proof of concept pilot

November – December 2016

- Independent evaluation of the pilot conducted by Bristol Speech and Language Therapy Research Unit
  - Members from six SLT services involved in the pilot participated
  - Online survey and telephone interviews with a researcher

- “The overwhelming message from the online survey and the interviews was that this pilot project is a great initiative to be supported by the RCSLT, but that the sites need more time to be able to generate reports and prove their usefulness with service commissioners.”

- The RCSLT Board of Trustees approved a 6-month extension of the proof of concept pilot
Feedback from the Independent Evaluation

- “This is one of the best initiatives that the college has supported. It has the potential for really positive impact on services”

- “Each site needed to get a range of approvals such as information governance and data protection… The time that this took at the majority of sites was underestimated.”

- “Feelings about the usability, practicalities and the potential of using the ROOT for both data entry and report generation were positive. Those people generating reports felt that this provides a new and novel tool that is of value to their services.”
Extension to the proof of concept pilot

January – May 2017

- Further testing of the RCSLT Online Outcome Tool (ROOT) by the six pilot sites with prior experience of using it
- Initial testing by a further six pilot sites (including four of the original pilot sites and two additional SLT services)
- Developing key areas of ROOT functionality in response to member feedback
- Identifying approaches to support sustainability, scalability and roll-out should the proof of concept be positive
Evaluating the extension to the pilot

May – June 2017

- At the time of the evaluation, nine out of the original 12 pilot sites had had sufficient experience of using the ROOT to be involved in the final evaluation

  - Online survey to gather feedback from members with experience of using the ROOT

  - Teleconference to provide an opportunity to gather more detailed, qualitative feedback from pilot site representatives
# Original aims and evaluation findings

<table>
<thead>
<tr>
<th>Aim</th>
<th>Findings of the evaluation</th>
</tr>
</thead>
</table>
| 1. To improve the collection of outcome data                        | • Staff appreciate the value of data collection  
• Facilitating a shift away from the historical focus on inputs and outputs  
• Consistently keeping data on wide range of parameters                                                                                       |
| 2. To investigate and minimise the burden of data collection, collation and analysis | • Easier to collect and collate data than methods used previously (75%)  
• Data upload process avoids the duplication of data entry  
• Easier to generate reports than methods used previously (85.7%)                                                                                   |
## Original aims and evaluation findings

<table>
<thead>
<tr>
<th>Aim</th>
<th>Findings of the evaluation</th>
</tr>
</thead>
</table>
| 3. To investigate the practical challenges and benefits of benchmarking | • Welcomed by managers and commissioners to identify strengths and areas for improvement  
• Development of manuals to support consistency required  
• Need to triangulate with data about service characteristics and local demographic profiles |
| 4. To investigate the value of TOMs aggregated data reports           | • ROOT offers a quicker, more in-depth means of reporting on data  
• Data reports offer added value for:  
  o Individual SLTs: identifying the impact of SLT interventions  
  o Service managers and leaders: supporting service planning, providing intelligence to key stakeholders |
## Original aims and evaluation findings

<table>
<thead>
<tr>
<th>Aim</th>
<th>Findings of the evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. To evaluate the usability and value of a stand-alone TOMs web-based application</td>
<td>• Adds value and easy to use&lt;br&gt;• Additional areas for development required (e.g. data fields related to activity)</td>
</tr>
</tbody>
</table>
| 6. To develop SLT service leader and practitioner skills and knowledge | • Greater focus on outcomes from the start of the patient journey<br>  
  o “We are currently starting to collate the data across populations to demonstrate the value of the service.”  
  o “It's given us a more quantifiable method of demonstrating improvement”  
  o “We are starting to look at how/what area of therapy benefits the clients” |
Key areas of learning from the Proof of Concept Pilot

- Change management
- Outcome measurement within and external to the profession
- Evaluating and reporting outcome data
- The approach to developing the proof of concept online tool
- Information Governance
- Data collection and IT systems
The RCSLT Board of Trustees’ decision

July 2017

- The RCSLT Board of Trustees approved a phased roll-out of the ROOT more widely across the profession
  - Initially working with ‘early adopters’ to develop and test the approach to roll-out
  - Further development of the ROOT to accommodate wider use
  - Developing a set of criteria members will be required to meet to gain access to the ROOT (e.g. minimum standard of TOMs training, approval from employing organisations)
Interested in getting involved?

- RCSLT will be inviting expressions of interest from members who are considering using the ROOT in their team/service and who meet the criteria for being involved in the initial roll-out.
- For more information, members should contact ROOT@rcslt.org.
PHASE 2
Initiation of Phase 2

December 2016

- The RCSLT Board of Trustees approved initiation of Phase 2 of the Outcomes Project (in parallel to Phase 1)
  - Framing TOMs as part of other resources available
  - Identifying the gaps and how these might be filled
Informing the approach to Phase 2

January – July 2017

- Scoping activities undertaken to inform the approach to Phase 2:
  - Scoping the use of resources, tool and frameworks used alongside TOMs by the Phase 1 pilot sites
  - Mapping of key resources
  - Scoping the data items collected in addition to TOMs by current pilot sites
  - Identification of challenges and potential solutions to evidencing impact in universal/targeted SLT services
Phase 2 Workstreams

- Two parallel workstreams have been established to progress Phase 2 of the project:
  1. Identifying other data, resources and frameworks that add value to TOMs
  2. Developing approach to data collection in universal/targeted services

- The Phase 2 workstreams link to the RCSLT Children’s SLT Services Strategy and will capitalise on the opportunity of the digital transformation work to support members
Influencing national developments
Influencing national developments

RCSLT is continuing to utilise opportunities to influence at a national (UK-wide) level to progress the work on outcomes regarding:

- Mainstreaming the RCSLT’s work on outcomes into national developments
- Understanding of the importance of measuring impact of service provision
- Information governance issues
- Development of appropriate IT systems to support data collection
Influencing national developments

RCSLT is engaged in work that is influencing developments at a UK-wide level:

- Direct engagement in the implementation of the National Allied Health Professions Informatics Strategy (NAHPIST), including the RCSLT Outcomes Project Officer is chairing a group on outcomes.
- Ongoing development of Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT).
- Scoping opportunities to influence the development of IT systems that support care to include data collection on outcomes (e.g. Professional Record Standards Body).

RCSLT has continued involvement in other national workstreams (e.g. the Carter Review of acute services in England and development of metrics (Model Hospital), the minimum dataset for AHPs in Scotland (AHP Operational Measures), NHS Benchmarking).