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

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
**Identifying an existing outcome measure**

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

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**RCSLT members’ ‘best fit’ criteria**

| 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).
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 (see next slide)

![TOMs Scores Chart](chart.png)
Developing and testing the RCSLT Online Outcome Tool

March 2015 – November 2016

- Developed ROOT prototype and completed initial testing
- Recruited speech and language therapy services to pilot the ROOT (see next slide)
  - Representation from across the UK
  - Range of clinical areas and settings
- First iteration of the ROOT piloted by six of the SLT services engaged in the pilot
- ROOT developed iteratively in response to members’ feedback
- Initial evaluation completed
Phase 1 pilot sites

Extension to the proof of concept pilot

December 2016 – 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
The RCSLT Board of Trustees’ decision

May – July 2017

- Completion of final evaluation of the ROOT
- 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 ‘ROOT-ready’ flowchart to guide members through the typical sequence of steps required to implement ROOT

<table>
<thead>
<tr>
<th>10 June 2010 – 10 June 2018</th>
</tr>
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<tbody>
<tr>
<td><strong>TOMs Scale</strong></td>
</tr>
<tr>
<td>Dysphagia</td>
</tr>
<tr>
<td>Core Scale</td>
</tr>
<tr>
<td>Dysphonia</td>
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<tr>
<td>Dysarthria</td>
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<tr>
<td>Aphasia/Dysphasia</td>
</tr>
<tr>
<td>Phonological Disorder</td>
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<tr>
<td>Child Language Impairment</td>
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<tr>
<td>Learning Disability – Communication</td>
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<tr>
<td>Dysfluency</td>
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<tr>
<td>Cognition</td>
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<tr>
<td>Autistic Spectrum Disorder</td>
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<tr>
<td>Hearing Therapy/ Aural Rehabilitation</td>
</tr>
<tr>
<td>Laryngectomy</td>
</tr>
<tr>
<td>Tracheostomy</td>
</tr>
<tr>
<td>Augmentative and Alternative Communication (AAC)</td>
</tr>
<tr>
<td>Challenging Behaviour and Forensic Mental Health</td>
</tr>
<tr>
<td>Head Injury</td>
</tr>
<tr>
<td>Dementia</td>
</tr>
<tr>
<td>Dietetic Intervention for Undernutrition: Paediatric</td>
</tr>
<tr>
<td>Dyspraxia – Developmental Coordination Difficulties</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>
### Positive change in number of domains of TOMs

<table>
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<tr>
<th>TOMs scale</th>
<th>Episodes</th>
<th>None</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
<th>Four</th>
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<tbody>
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<td>17928</td>
<td>4241</td>
<td>2922</td>
<td>3504</td>
<td>2361</td>
<td>4900</td>
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<td></td>
<td></td>
<td>23.7%</td>
<td>16.3%</td>
<td>19.5%</td>
<td>13.2%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>11082</td>
<td>3034</td>
<td>2116</td>
<td>2342</td>
<td>1233</td>
<td>2357</td>
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<tr>
<td></td>
<td></td>
<td>27.4%</td>
<td>19.1%</td>
<td>21.1%</td>
<td>11.1%</td>
<td>21.3%</td>
</tr>
</tbody>
</table>

### Where next?

[Image of a directional sign]
**Phased approach to implementation**

**Interested in getting involved?**

- RCSLT are welcoming expressions of interest from members who are considering using the ROOT in their team/service

- For more information, including to receive the briefing pack and accompanying resources, members should contact ROOT@rcslt.org
What are the gaps?

Phase 2

- Initiated in December 2016 to run in parallel to Phase 1:
  - Framing TOMs as part of other resources available
  - Identifying the gaps and how these might be filled
- Developing approach to data collection in universal/targeted children’s SLT services
- Supporting ALD leads network to develop approach to capturing impact of work conducted outside the referral process (e.g. environmental work)
- The Phase 2 workstreams link to a number of other RCSLT workstreams (e.g. Children’s SLT Services Strategy, digital transformation)
For more information, please contact:
Kathryn Moyse
RCSLT Outcomes and Informatics Manager
kathryn.moyse@rcslt.org

https://www.rcslt.org/members/outcomes/RCSLT_outcomes_project