Welcome to the webinar:

Are you ROOT ready?
The value of the RCSLT Online Outcome Tool

Thursday 29 November 2018
#RCSLTwebinar
Chair of webinar:

Kamini Gadhok MBE
CEO, RCSLT; and
Outcomes Programme Sponsor

Presenters:

Kathryn Moyse
Outcomes and Informatics Manager, RCSLT

Jade Farrell
Clinical Lead SLT,
Abertawe Bro Morgannwg University Health Board
Housekeeping

• Send in chat messages at any time by using the Chat button

• Send in questions by using the Q&A button

• This event is being recorded. See here for recordings: https://www.rcslt.org/past-events-and-webinars#section-2

• Kaleigh Maietta is on hand to help!
Aims and objectives

After this webinar, participants will:

• Understand the value of collecting outcome measures at the individual level, service level and for local and national influencing

• Have a better understanding of the RCSLT Online Outcome Tool, what kind of reports it can generate and what you can do with them

• Hear from a pilot site and understand how they are using the ROOT to implement system change

• Find out how you can be ROOT Ready, and implement the tool in your daily practice
Kathryn Moyse
Outcomes and Informatics Manager
RCSLT
Outcomes Programme workstreams

National influencing and projects

RCSLT Online Outcome Tool

Measuring the impact of children’s universal/targeted SLT services

Developing a set of core measures for each clinical area
Initiated in 2013 to respond to drivers internal and external to the profession

<table>
<thead>
<tr>
<th>INTERNAL</th>
<th>EXTERNAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrating the impact of SLT interventions</td>
<td>Outcome measurement not embedded - historical focus on inputs, processes &amp; outputs</td>
</tr>
<tr>
<td>Contribution to local, regional &amp; national outcomes</td>
<td>Use of terminology &amp; definitions</td>
</tr>
<tr>
<td>Supporting service evaluation</td>
<td>Few validated outcome measures</td>
</tr>
<tr>
<td>Developing the evidence base</td>
<td>National policies and frameworks</td>
</tr>
<tr>
<td>Supporting business case development</td>
<td>Outcomes based commissioning</td>
</tr>
</tbody>
</table>
Outcomes terminology – developing consensus

- No standard definition of ‘outcomes’ in the context of health and social care¹
- Adopted definitions from “Choosing the Right Fabric: A Framework for Performance Information” (see next slide)
- Using Theory of Change framework to articulate the contribution of SLT interventions to ultimate outcomes
  https://www.youtube.com/watch?v=wKcxkUBrDkY

Outcomes terminology – developing consensus

**AN EXAMPLE - HEALTH**
Through this chapter the provision of health services will be used as an example.

**INPUTS**
INPUTS: The resources that contribute to production and delivery. Inputs commonly include things such as labour, physical assets, and IT systems.

For example, doctors, nurses, or scanning equipment.

**OUTPUTS**
OUTPUTS: the final products, or goods and services produced by the organisation for delivery to the customer.

For example, the number of effective medical treatments, or operations which take place. (of the appropriate quality)

**OUTCOMES**
OUTCOMES: the impacts, or consequences for the community, of the activities of the government. Outcomes are normally what an organisation is trying to achieve.

For example, longer life expectancy and better health.

The RCSLT Outcomes Programme

- RCSLT Board of Trustees opted for a pragmatic approach: identifying an existing outcome measure to begin to gather consistent data for the SLT profession
  - Initial phase: find an existing outcome measurement tool that will meet ‘best fit’ criteria agreed by members
  - Subsequent phases: identify how to fill gaps and look at other approaches (not defined in detail)
### 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?
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
Developing and testing the RCSLT Online Outcome Tool

Source: https://project-management.com/10-key-principles-of-agile-software-development/
Jade Farrell
Clinical Lead SLT,
Abertawe Bro Morgannwg
University Health Board
ABMU ROOT Pilot Site
Timeline:

2015
- Introduction to TOMs
- Train the trainer
- Training roll out to whole team

2016
- Working group developed plans for reliability rating and data collection internally
- Joined RCSLT ROOT pilot (opted for data upload method)
- Implemented systems for maintenance and sustainability

2017 - 2018
- Data analysis
- Maintaining staff engagement
ROOT-ready checklist

START

Are the SLTs in your team/service trained in or familiar with using TOMs?

No

Yes

Do you undertake regular reliability checks in your team/service?

No

Consult chapter 3 (p.88-89) of the third edition of the TOMs manual, which contains specific information about how to address the inter-rater reliability across the team.

Yes

Have you begun the process of engaging key colleagues in your organisation to discuss the possibility of using the ROOT?

No

SLT teams/services interested in potentially using the ROOT will need to secure approval from their organisation before using the tool. The RCSLT have developed an information pack to support conversations with relevant IT and information governance personnel.

Yes

If you are using the ‘direct data entry’ method or the ‘data upload’ method to share your data with the ROOT?

Direct data entry

SLT teams/services interested in potentially using the ROOT will need to secure approval from their organisation before using the tool. The RCSLT have developed an information pack to support conversations with relevant IT and information governance personnel.

Data upload

Upload your data to the ROOT:

Have you checked that your database structure meets the specification to ensure that it is compatible with the ROOT?

No

The RCSLT have developed a specification to support discussions with IT suppliers about database requirements.

Yes

Have you completed any documentation required by your organisation, where appropriate, and been approved to use the ROOT?

No

The documentation that you will be required to complete will depend on your organisation and local policies. These may include, but are not limited to, privacy impact assessments and information sharing agreements. The RCSLT Information Governance Resource Pack has been developed to support with this.

Yes

Has your organisation completed the data processing agreement with Different Class Solutions Ltd?

No

To receive an electronic copy of the data processing agreement, please contact ROOT@rcslt.org.

Yes

A member of the ROOT team will be in contact with information about:

- Accessing ROOT training
- Gaining access to the ROOT
- Setting up users on the ROOT
Experience with ROOT:

Data upload method
## Reporting options

Change between initial and final TOMs scores across each domain

### Report Date Range: Between - Thursday, January 1, 2015 and Thursday, April 19, 2018

<table>
<thead>
<tr>
<th>Key</th>
<th>Impairment (E = 283)</th>
<th>Activity (E = 283)</th>
<th>Participation (E = 283)</th>
<th>Wellbeing (E = 283)</th>
<th>Carer Wellbeing (E = 9)</th>
</tr>
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<tbody>
<tr>
<td>Down</td>
<td>56.9%</td>
<td>56.5%</td>
<td>40.6%</td>
<td>56.5%</td>
<td>88.9%</td>
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<tr>
<td>Same</td>
<td>1.1%</td>
<td>0.7%</td>
<td>1.4%</td>
<td>1.8%</td>
<td>11.1%</td>
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<tr>
<td>Up</td>
<td>42%</td>
<td>42.8%</td>
<td>58%</td>
<td>41.7%</td>
<td>0%</td>
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</table>

Abertawe Bro Morgannwg University Health Board

Episodes: (283)
Patients: (283)
Mean and median change scores between initial and final TOMs rating

<table>
<thead>
<tr>
<th>TOMS : Therapy Outcome Measures for Rehabilitation Professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pam Emery and Abacardir John</td>
</tr>
<tr>
<td>Measures of Central Tendency and Change</td>
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Report Date Range: Between - Wednesday, April 1, 2015 and Thursday, April 19, 2018

<table>
<thead>
<tr>
<th>Abertawe Bro Morgannwg University Health Board</th>
<th>Average Type</th>
<th>Start</th>
<th>End</th>
<th>Change</th>
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<tbody>
<tr>
<td>All TomS Scales</td>
<td>Mean</td>
<td>2.63</td>
<td>3.57</td>
<td>0.04</td>
</tr>
<tr>
<td></td>
<td>Median</td>
<td>2.5</td>
<td>2.5</td>
<td>1</td>
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<tr>
<td>Aphasia/Dysphasia</td>
<td>Mean</td>
<td>2.21</td>
<td>2.56</td>
<td>0.77</td>
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<tr>
<td></td>
<td>Median</td>
<td>2.5</td>
<td>2.5</td>
<td>1.25</td>
</tr>
<tr>
<td>Cognition</td>
<td>Mean</td>
<td>2.64</td>
<td>2.57</td>
<td>0.07</td>
</tr>
<tr>
<td></td>
<td>Median</td>
<td>2.5</td>
<td>2.5</td>
<td>0.25</td>
</tr>
<tr>
<td>Dysarthria</td>
<td>Mean</td>
<td>3.44</td>
<td>3.6</td>
<td>0.36</td>
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<tr>
<td></td>
<td>Median</td>
<td>2.5</td>
<td>2.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Dysphasia</td>
<td>Mean</td>
<td>2.61</td>
<td>3.04</td>
<td>1.03</td>
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<td>2.5</td>
<td>0.75</td>
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<tr>
<td>Dysphonia</td>
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<td>3.41</td>
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<td>2.5</td>
<td>1.25</td>
</tr>
<tr>
<td>Tracheostomy</td>
<td>Mean</td>
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<td>3.28</td>
<td>1.83</td>
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<td></td>
<td>Median</td>
<td>1.5</td>
<td>4</td>
<td>2.5</td>
</tr>
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ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS
How have we used the data?

- Case studies demonstrating data use
  - For clinicians – Supporting clinical decision making
  - For managers – Supporting service changes
  - For business cases/funding
Child J – Influence on clinical decision making

- Known since 2010 – extensive SLT history pre-dating our use of TOMs. Child in Primary Language Unit – statemented

- This summarises child’s episode of care since using TOMs. Contacts: 13, Total Time: 605 minutes, 485 face to face, 120 indirect

- Outcomes:

<table>
<thead>
<tr>
<th>Date</th>
<th>Impairment</th>
<th>Activity</th>
<th>Participation</th>
<th>Child wellbeing</th>
<th>Carer wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>24/4/17</td>
<td>3</td>
<td>3.5</td>
<td>4</td>
<td>3.5</td>
<td>2</td>
</tr>
<tr>
<td>17/7/17</td>
<td>3</td>
<td>3.5</td>
<td>3.5</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

- Note plateau in impairment and activity and deterioration in participation and wellbeing of child
Parkinson's Disease Therapy

- Introduction of group therapy rather than 1:1 for patients with either mild/newly diagnosed PD or more advanced PD
- Known cost savings/time improvements but how could we be sure of maintained positive patient outcomes
- TOMs – slides 25 and 26
Parkinson’s groups: Mild Difficulties Group - Median Score 4

- Group started with median score of ‘4’ (mild difficulties) across all parameters.
- Majority of patients either maintaining or improving their scores in all domains.
Parkinson’s groups:
Advanced Difficulties Group - Median Score: 3

- Positive outcomes with either maintenance or improvement in all domains
- SLT intervention was successful for this cohort as well as those with milder difficulties.
Service Delivery Change – Preschool Service

- Paper based triage of referrals before initial specialist assessment
- Initial review of service through clinical systems identified that 42% of children attending for initial assessment were discharged after one contact.
- Clinicians felt strongly that assessment was still appropriate as parents valued advice given and this had positive impact on their wellbeing.
- Further analysis of these 42% that were closed after 1 contact using TOMs scores
Preschool outcomes following one contact

Most children made no change within the session.

Where change was made it was in carer wellbeing.

Further analysis of this = nearly half had a starting rating of 4+ in wellbeing dimension of carer.

Outcome: Review of our preschool pathway with provision of pre-referral advice sessions.
**Funding Influence - Patient J - Complex Brain Injury**

- Initial TOMs scores very poor (0 – 0.5 across all domains)
- No beds in specialist Neuro Rehab Unit
- Funding 0.2WTE SLT to support on general medical ward
- Change/improvement in TOMs used to justify ongoing investment to support discharge rather than transfer
Influence on ROOT

- Excellent support from RCSLT and ROOT system developers throughout
- Whilst still utilising own data reporting as well as ROOT, have had opportunity to influence development
- Responsive to service needs e.g. development of user defined fields
Key learning points:

- You can’t dilute knowledge – first hand training direct from Prof. Enderby or from trained trainers required to get started
- Have to cater to individual services/client groups
- Importance of hearts and minds and maintaining engagement of team
- Demonstrating value – feedback and whole team updates
- Don’t underestimate time needed for planning, training, admin and ongoing maintenance
**Key learning points:**

- Work in progress – multiple changes and updates to forms, database and methods since starting as you learn more about what you need from data. Don’t expect what you start with to be what you end up with and don’t wait for perfection to get started.

- Implementation group to continue driving developments and overseeing project is essential.

- Hard work and takes a long time but is achievable and rewarding with exciting potential for the profession.
Kathryn Moyse
Outcomes and Informatics Manager
RCSLT
Phased approach to implementation

- Currently 17 SLT services accessing the ROOT
- Working with over 100 individuals/teams/services who have registered an interest in using it
- Continuing to develop the functionality of the ROOT to accommodate roll-out and in response to feedback from members
Summary of Resources

Getting ready to use the ROOT
- ROOT-ready flowchart
- Briefing pack
- Information governance pack
- Data specification
  https://rcslt-root.org/Content/getting-ready-to-use-the-root

Training and support
- Training modules
- FAQs
Are you ROOT-ready?

Are the SLTs in your team/service trained in or familiar with using TOMs?

Do you undertake regular reliability checks in your team/service?
Are you ROOT-ready?

Will you be using the “direct data entry” method or the “data upload” method to share your data with the ROOT?

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
**Are you ROOT-ready?**

Have you begun the process of engaging key colleagues in your organisation to discuss the possibility of using the ROOT?

Has your organisation completed the data processing agreement with Different Class Solutions Ltd?
Are you ROOT-ready?

A member of the team at RCSLT will be in contact with information about:

- ROOT training
- Setting up users on the ROOT
- Practical hints and tips for getting started
For more information, please contact:
ROOT@rcslt.org

Or visit
https://www.rcslt.org/members/delivering-quality-services/outcome-measurement
Any Questions?