ROOT

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ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

RCSLT Online Outcome Tool

Supporting the delivery of quality services

The RCSLT Outcomes Programme

Initiated in 2013 to respond to drivers internal and external to the profession

INTERNAL	EXTERNAL
Demonstrating the impact of SLT interventions	Outcome measurement not embedded - historical focus on inputs, processes & outputs
Contribution to local, regional & national outcomes	Use of terminology & definitions
Supporting service evaluation	Few validated outcome measures
Developing the evidence base	National policies and frameworks
Supporting business case development	Outcomes based commissioning

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 Outcomes Programme workstreams

Influencing national policy on data and outcomes

RCSLT led outcomes work

RCSLT Online Outcome Tool

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

Measuring the impact of non-patient attributable work in ALD services

Developing more specific measures for each clinical area

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

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Developing more specific measures for each clinical area

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Roll-out of the ROOT across the SLT profession using a phased approach

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RCSLT members' 'best fit' criteria

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

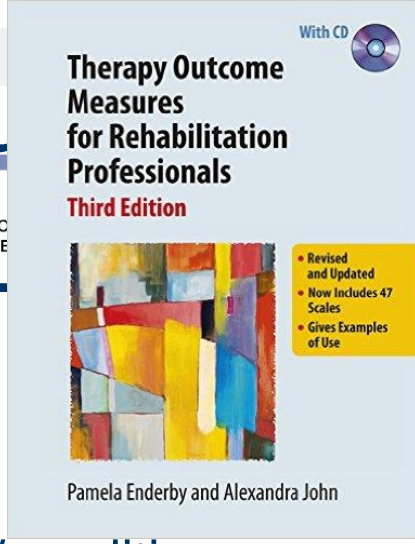
1.	Is it reliable?
2.	Is it valid?
3.	Is it suitable across key client groups?
4.	Is training available?
5.	Is it easy to access?
6.	Is it easy and quick to use?
7.	Is it compatible with existing tools?
8.	Can it work with the main areas of SLT practice and current priorities?
9.	Can it capture long 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

[1] *Third edition available (Enderby and John, 2015)*

Therapy Outcome Measu
Enderby and John (201



- 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).

0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0

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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

Communication and Swallowing Disorder (Primary): Receptive language disorder;

Primary TOMs Scale: Child Language Impairment

Date of rating: 23 Mar 2018

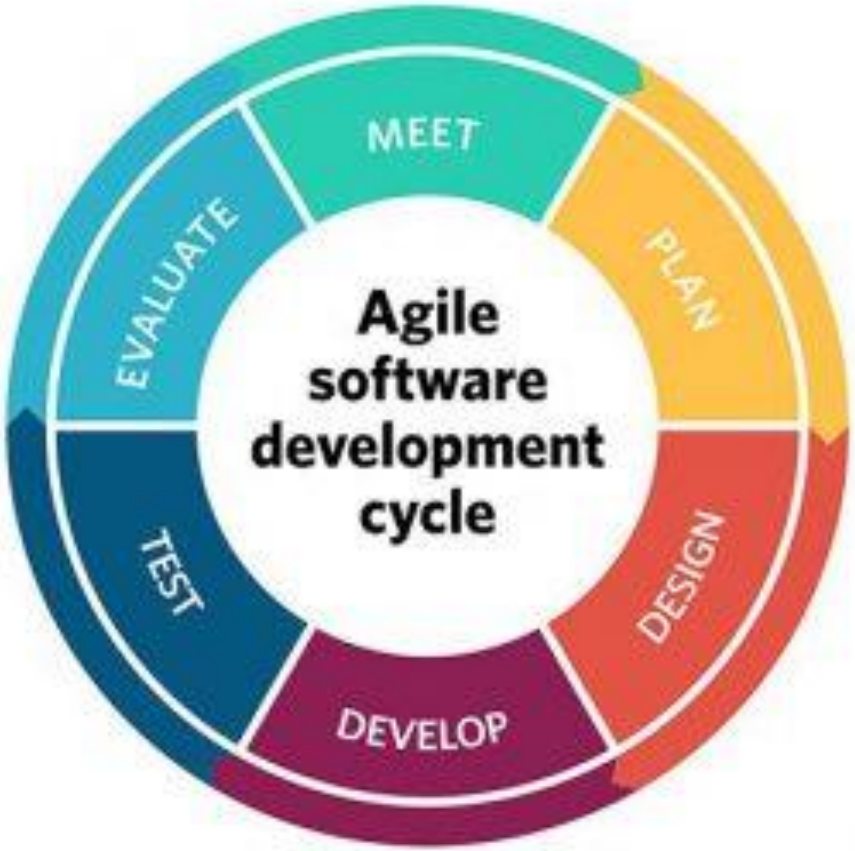
Rating Type: Start of Episode

	N/A	0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	
Impairment (Child Language Impairment):					■								Edit
Activity (Child Language Impairment):					■								Edit
Participation:						■							Edit
Wellbeing:							■						Edit
Carer Well Being:							■						Edit

Back to Episode of Care

The descriptors for the adapted scales available in the RCSLT Online Outcome Tool are published in the third edition of Therapy Outcome Measures For Rehabilitation Professionals (Enderby & John, 2015). For more information about the adapted scales and descriptors, please click here

Developing and testing the RCSLT Online Outcome Tool



Source: https://project-management.com/10-key-principles-of-agile-software-development/

ROOT pilot sites & early adopters

Scotland
1 pilot site
7 expressions of interest

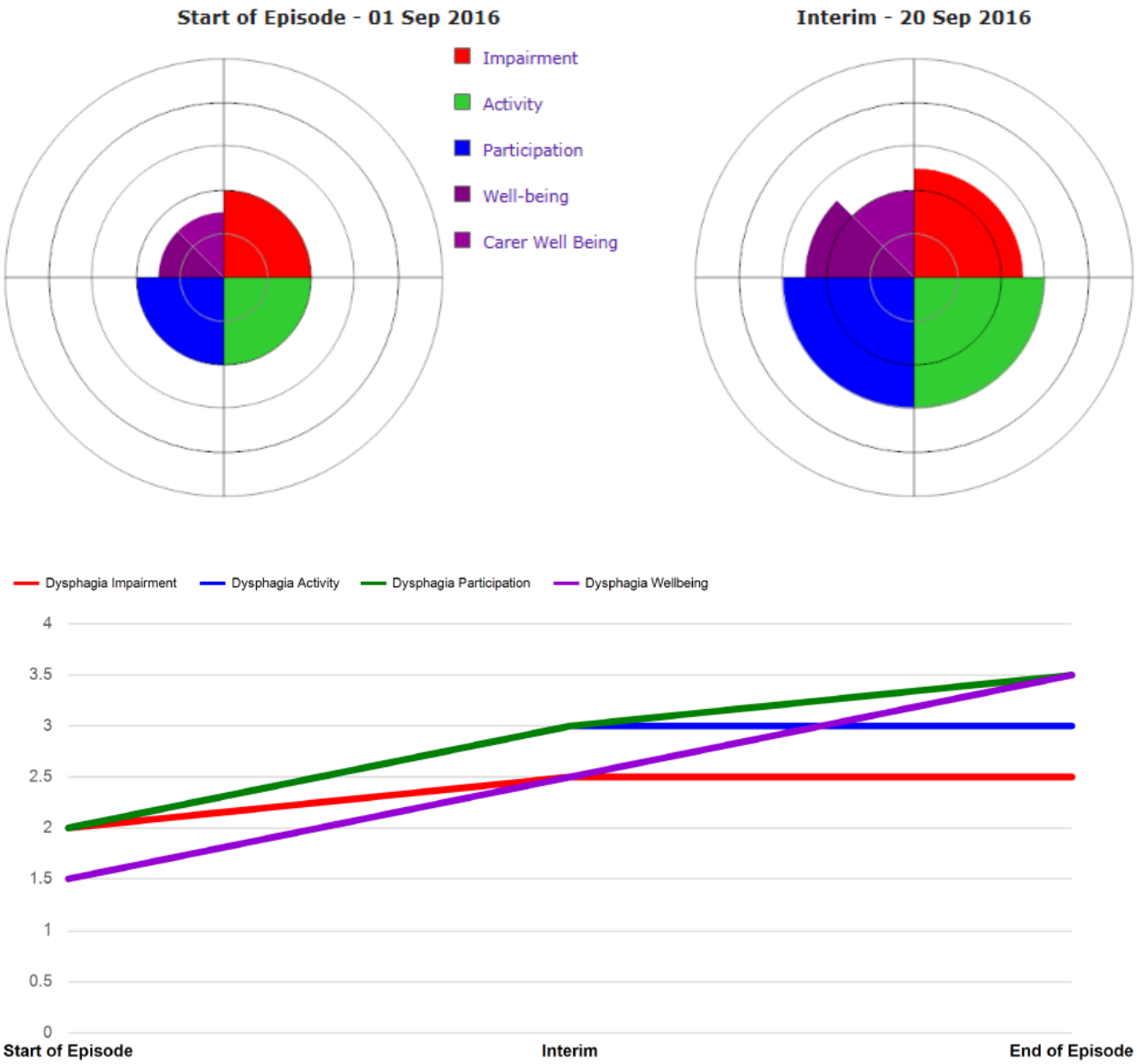
Northern Ireland
3 pilot sites
1 expression of interest

England
21 pilot sites
119 expressions of interest

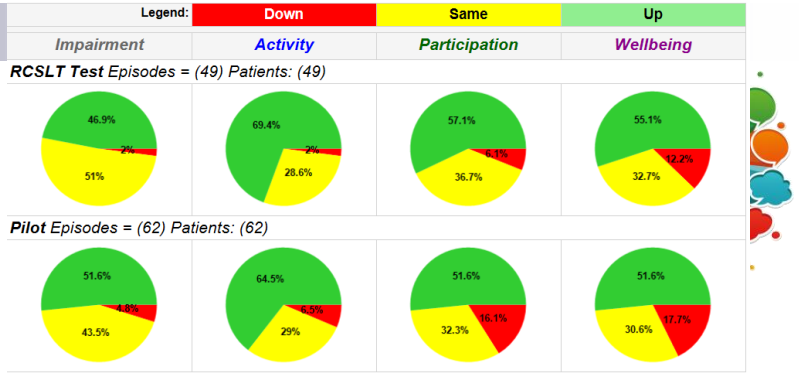
Wales
2 pilot sites
5 expressions of interest

Individual service user

TOMs Scores Chart



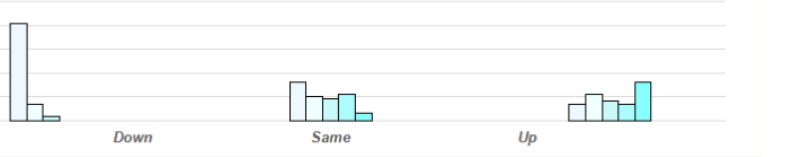
Groups of service users



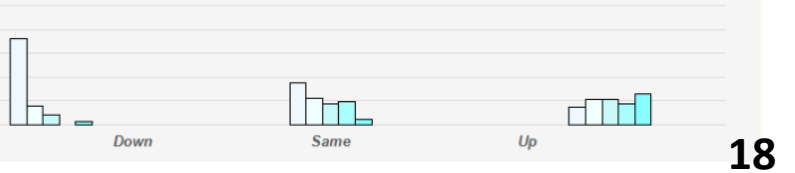
	Average Type												
All Toms Scales Episodes: (49) Patients: (49)	Mean	2.77	3.11	0.35	2.73	3.28	0.54	2.57	3.09	0.52	2.54	3.1	0.56
	Median	3	3	0.5	3	3.5	0.5	2.5	3	0.5	3	3	0.5
Cleft Lip or Palate Episodes: (8) Patients: (8)	Mean	2.94	3	0.06	3	3.25	0.25	2.69	3	0.31	2.81	2.88	0.06
	Median	3	3	0.25	3	3.5	0.25	2.75	3	0.5	3	2.75	0
Dysfluency Episodes: (10) Patients: (10)	Mean	3.15	3.5	0.35	3.1	3.4	0.3	2.5	2.95	0.45	2.55	2.95	0.4
	Median	3.25	3.5	0.75	2.75	3.25	0.25	2.5	3	0.5	2.75	3	0.5
Dysphagia Episodes: (23) Patients: (23)	Mean	2.33	2.72	0.39	2.33	3.04	0.72	2.2	2.93	0.74	2.13	3	0.87
	Median	2.5	2.75	0.25	2.5	2.75	0.75	2	2.5	0.5	2.25	2.75	0.75
Dysphonia Episodes: (6) Patients: (6)	Mean	3.83	4.17	0.33	3.75	4.08	0.33	4.17	4.08	-0.08	4.08	4	-0.08
	Median	3.75	4	0.25	3.5	3.75	0.25	4	3.75	-0.25	4	3.75	-0.25

ange in TOMs scores between admission and discharge across multiple domains

In No Domains		In One Domain		In Two Domains		In Three Domains		In All Domains	
#	%	#	%	#	%	#	%	#	%
40	81.63%	7	14.29%	2	4.08%	0	0%	0	0%
16	32.65%	10	20.41%	9	18.37%	11	22.45%	3	6.12%
7	14.29%	11	22.45%	8	16.33%	7	14.29%	16	32.65%



45	72.58%	10	16.13%	5	8.06%	0	0%	2	3.23%
22	35.48%	14	22.58%	11	17.74%	12	19.35%	3	4.84%
9	14.52%	13	20.97%	13	20.97%	11	17.74%	16	25.81%



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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"

Sample report: Dysphagia outcomes

	Impairment			Activity			Participation			Wellbeing			Carer Wellbeing		
	Average Start	Average Final	Average Change	Average Start	Average Final	Average Change	Average Start	Average Final	Average Change	Average Start	Average Final	Average Change	Average Start	Average Final	Average Change
Dysphagia Episodes: (1549) Patients: (1459)	2.76	3.49	0.74	2.63	3.46	0.83	2.77	3.5	0.72	3.09	3.84	0.76	3.58	4.28	0.54

Figure 1: Average (mean) change in TOMs between start and final ratings across each domain of TOMs (Impairment, Activity, Participation, and Well-being) from 1 January 2017 – 31 December 2017

	Impairment			Activity			Participation			Wellbeing			Carer Wellbeing		
	Average Start	Average Final	Average Change	Average Start	Average Final	Average Change	Average Start	Average Final	Average Change	Average Start	Average Final	Average Change	Average Start	Average Final	Average Change
Dysphagia Episodes: (1195) Patients: (1140)	2.65	3.39	0.75	2.58	3.41	0.82	2.71	3.39	0.7	3.07	3.82	0.75	3.53	4.21	0.68

Figure 2: Average (mean) change in TOMs between start and final ratings across each domain of TOMs (Impairment, Activity, Participation, and Well-being) from 1 January 2018 – 31 December 2018

Sample report: Dysphagia outcomes

	Impairment			Activity			Participation			Wellbeing			Carer Wellbeing		
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Sample report: Dysarthria outcomes

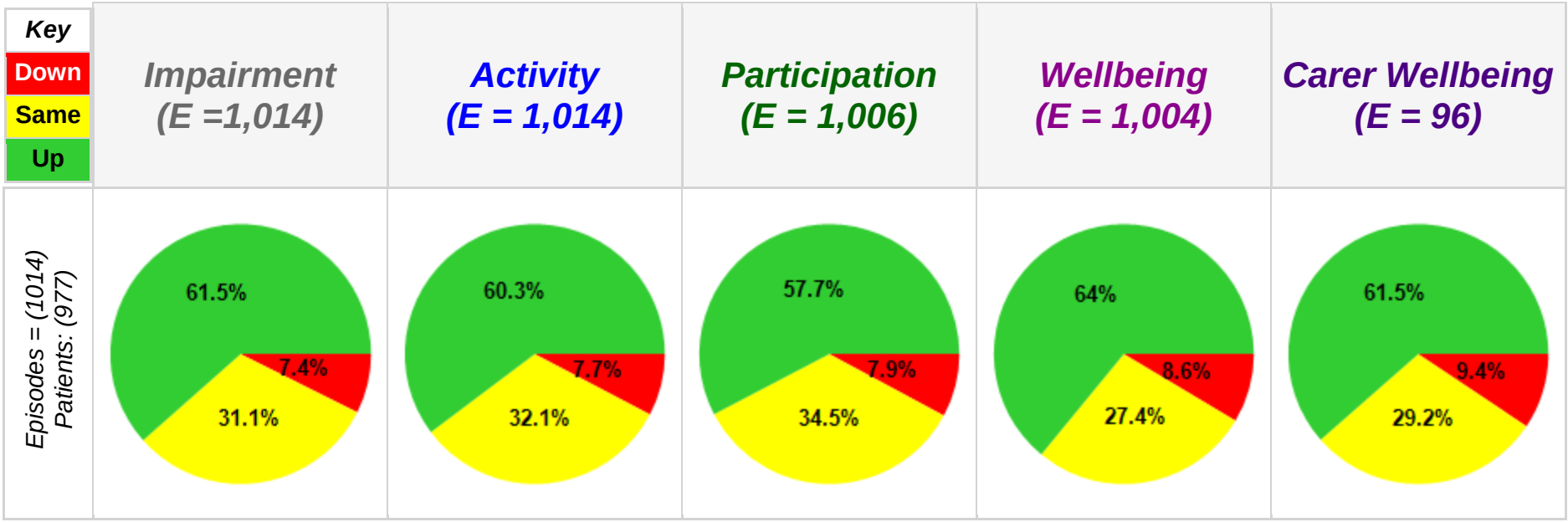

Figure 3: Report showing the direction of change in TOMs between initial and final ratings across each domain of TOMs (Impairment, Activity, Participation, and Well-being) for adults with dysarthria

Sample report: Dysarthria in association with stroke

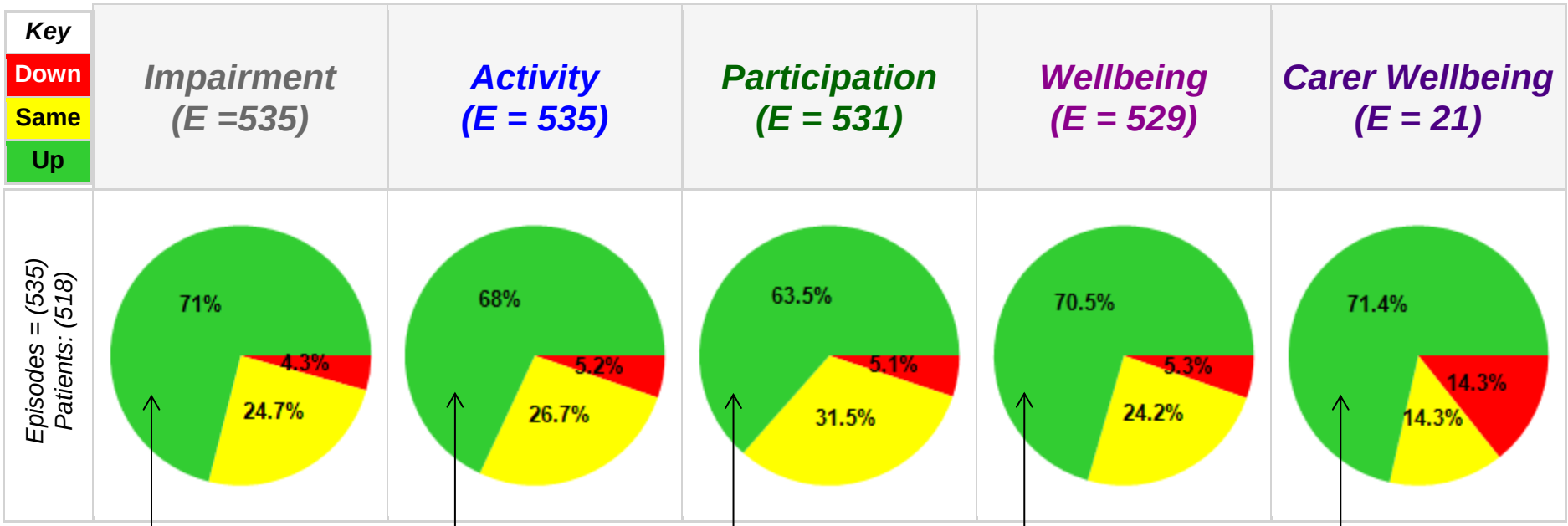

Figure 4: Report showing the direction of change in TOMs between initial and final ratings across each domain of TOMs (Impairment, Activity, Participation, and Well-being) for adults with dysarthria in association with stroke

Sample report: Dysarthria in association with motor neurone disease

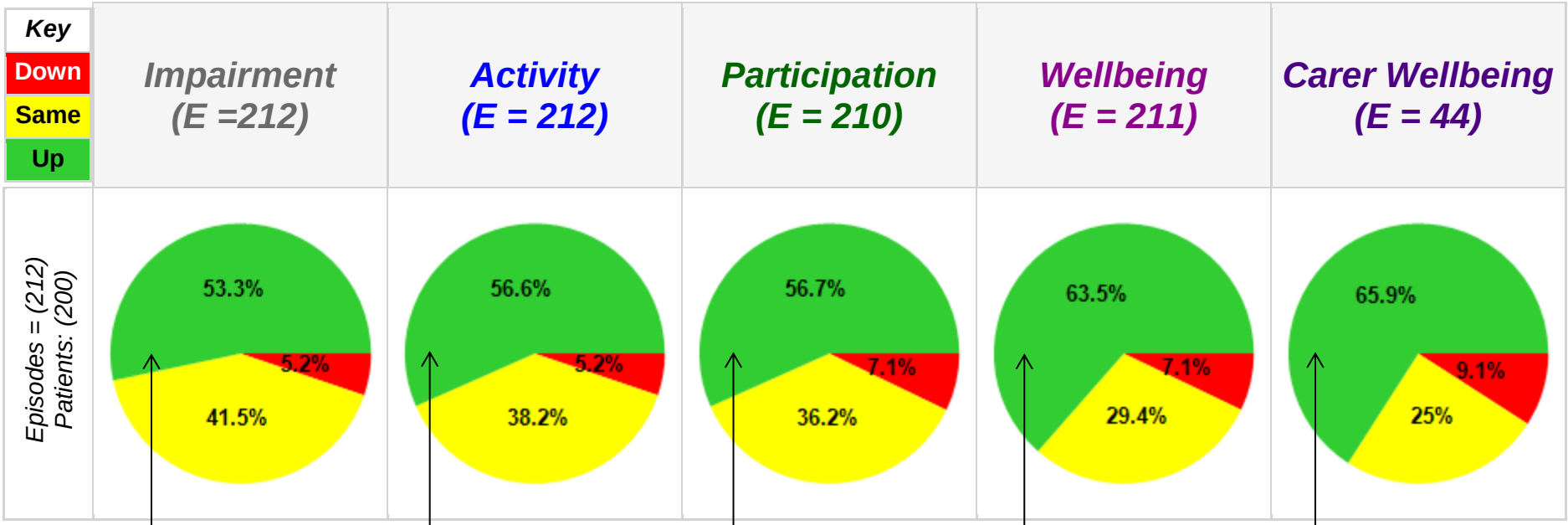

Figure 5: Report showing the direction of change in TOMs between initial and final ratings across each domain of TOMs (Impairment, Activity, Participation, and Well-being) for adults with dysarthria in association with motor neurone disease

Average across all conditions: 61.5%

Average across all conditions: 60.3%

Average across all conditions: 57.7%

Average across all conditions: 70.5%

Average across all conditions: 61.5%

How the ROOT is supporting speech and language therapists to deliver quality services?

Our **webinar** provides some detailed examples of how the outcomes data is being used by services, including:

- Supporting individual clinicians with their clinical decision making and to inform patient care
- Evaluating the effectiveness of interventions and areas for improvement
- Supporting service improvement, planning and redesign
- Providing information about the impact of speech and language therapy to key stakeholders, including funders and commissioners

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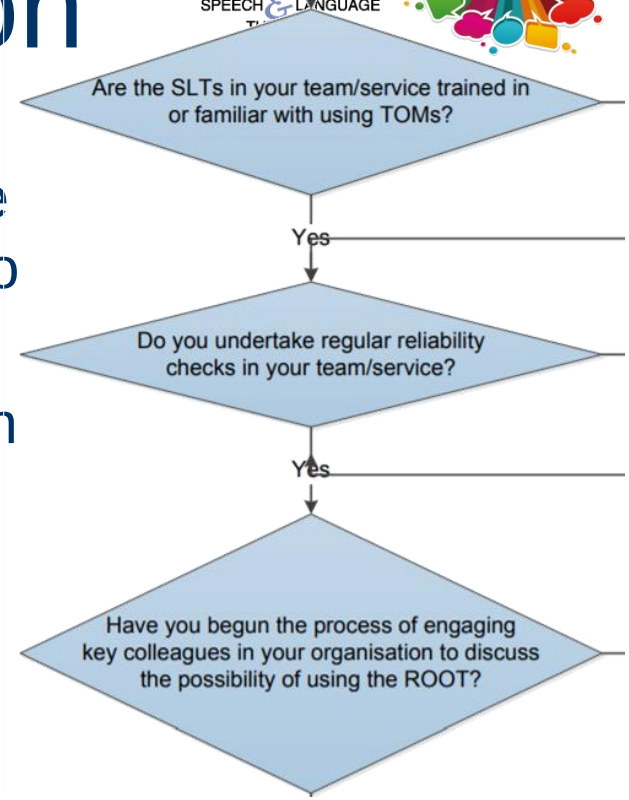
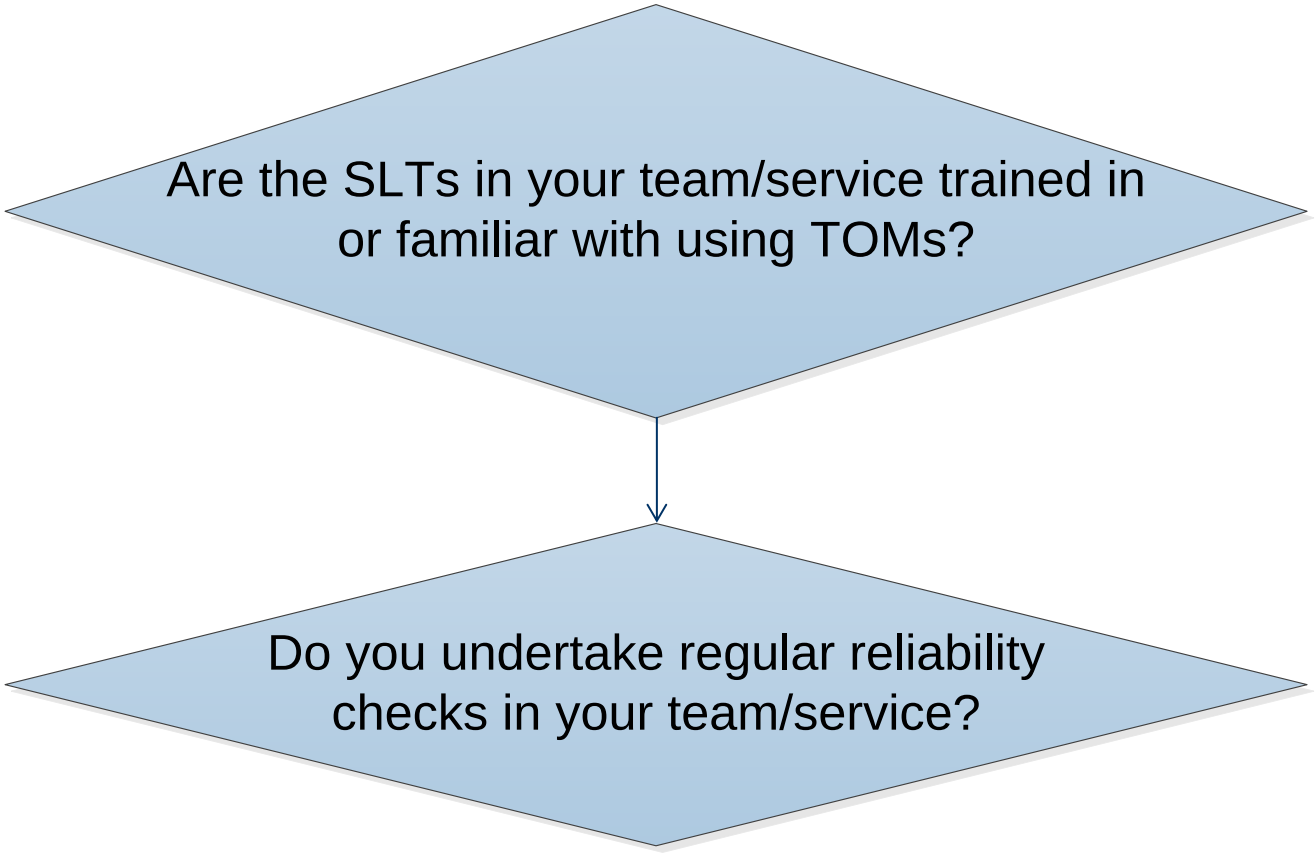
Phased approach to implementation

- The RCSLT is rolling out the ROOT across the speech and language therapy profession using a phased approach while continuing to iterate the tool in response to feedback
- Over 150 SLT services have expressed an interest to date – includes SLTs services across the UK working in a range of clinical areas, settings and organisations
- Supporting ‘early adopters’ to implement the ROOT in their service by working through a **flowchart** and continuing to develop and refine resources to support with implementation



Are you ROOT-ready?



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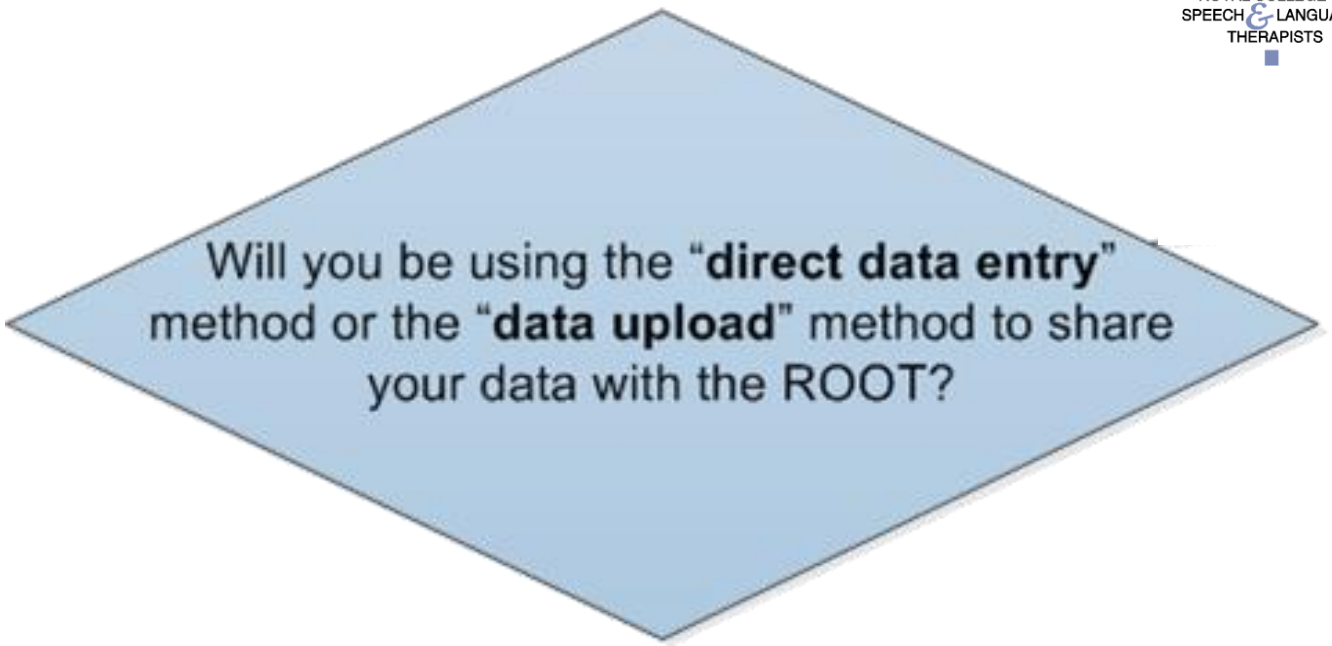

Direct data entry	• Data is entered directly into the ROOT
Data upload	• Data collected in local electronic systems is exported and uploaded to the ROOT

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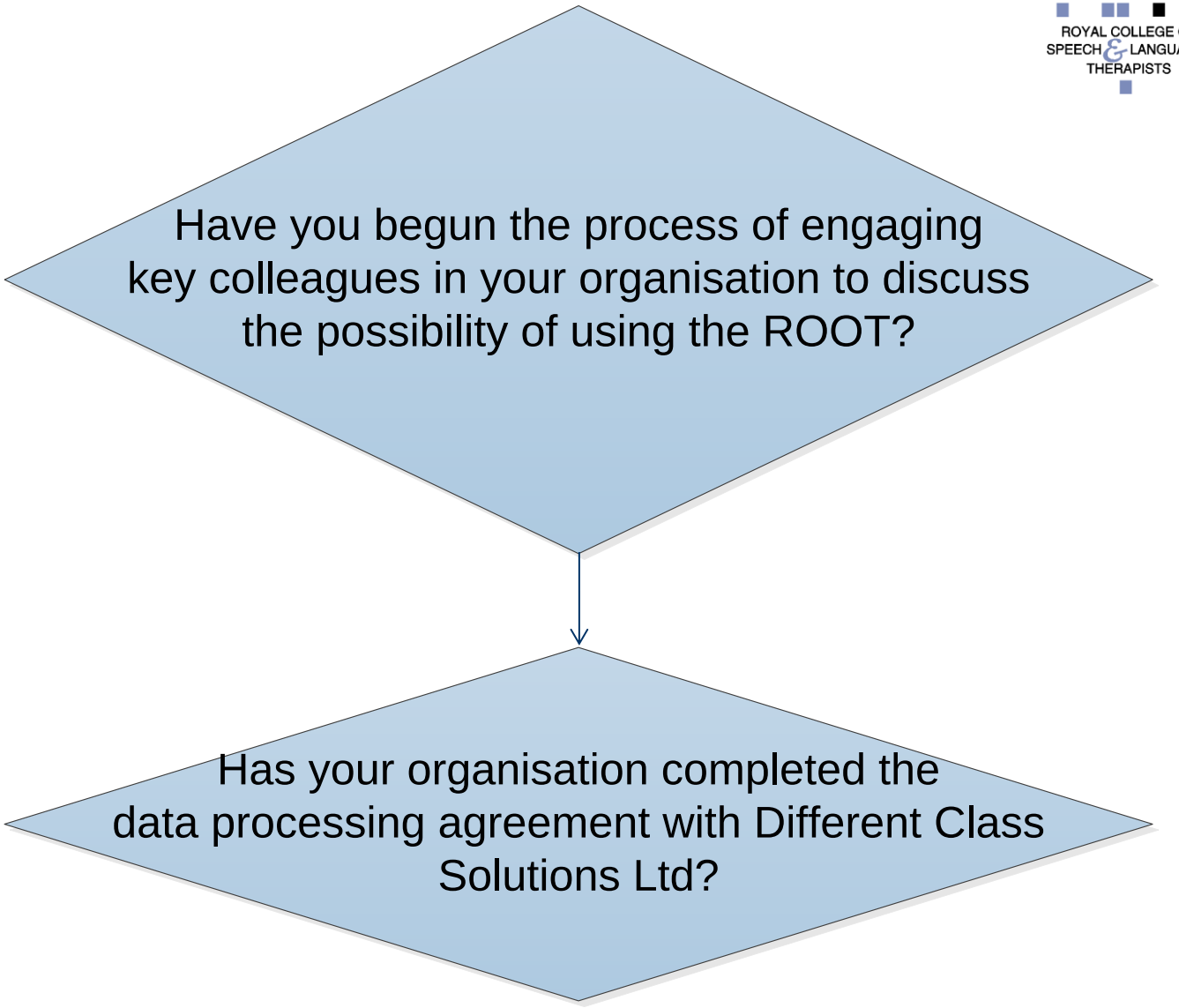

Are you ROOT-ready?

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

Resources to support implementation
(updated in line with GDPR)

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