RCSLT Outcomes Programme
Supporting the delivery of quality services

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RCSLT Outcomes & Informatics Manager
Coming up today

- Update on the RCSLT Outcomes Programme
  - Background to the work programme and overview of current workstreams
  - Development and phased roll-out of the ROOT
  - Case study
  - Opportunities for getting involved

- Small group discussion to share experiences around implementing outcome measures

- Measuring outcomes of universal services
  - Overview of the scoping work undertaken to date
  - Workshop and discussion
Flashback to 2013: Background to the Outcomes Programme

- 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
Driving service improvement

Speech and language therapy services require 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

- Developing consensus on the use of terminology within the profession
- Adopting the Theory of Change framework to articulate the contribution of SLT interventions to ultimate outcomes
- Scoping of approaches by others to develop RCSLT bespoke approach
  - Initial phase: find an existing outcome measurement tool that will meet ‘best fit’ criteria agreed by members to begin to gather consistent data for the SLT profession
  - Subsequent phases: identify how to fill gaps and look at other approaches (not defined in detail)
Fast forward to 2019: RCSLT Outcomes Programme workstream

- RCSLT led outcomes work
- RCSLT Online Outcome Tool
- Measuring the impact of universal/targeted/public health approaches
- Framework to support broader collection of data by SLT services
- Developing more specific measures for each clinical area
Fast forward to 2019: RCSLT Outcomes Programme workstreams

- RCSLT led outcomes work
  - RCSLT Online Outcome Tool
  - Measuring the impact of universal/targeted/public health approaches
  - Framework to support broader collection of data by SLT services
  - Developing more specific measures for each clinical area

Influencing national policy on data and outcomes
Identified an existing outcome measure that was the ‘best fit’ for data collection across the SLT profession.

Developed and piloted an online tool to support with data collection and reporting – the RCSLT Online Outcome Tool (ROOT).

Evaluation of the pilot indicated that the ROOT added value to the services.

Roll-out of the ROOT across the SLT profession using a phased approach.
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Roll-out of the ROOT across the SLT profession using a phased approach
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 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).
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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
<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
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<tr>
<td>Carer Wellbeing</td>
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<td>0</td>
<td>0.5</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
<td>2.5</td>
<td>3</td>
<td>3.5</td>
<td>4</td>
<td>4.5</td>
<td>5</td>
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</tbody>
</table>

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.
Individual service user
Developing and testing the RCSLT Online Outcome Tool

Source: https://project-management.com/10-key-principles-of-agile-software-development/
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Roll-out of the ROOT across the SLT profession using a phased approach
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”
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Roll-out of the ROOT across the SLT profession using a phased approach
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.
ROOT pilot sites & early adopters

England
21 pilot sites
119 expressions of interest

Scotland
1 pilot site
7 expressions of interest

Northern Ireland
3 pilot sites
1 expression of interest

Wales
2 pilot sites
5 expressions of interest
Resources to support implementation

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?
Any Questions?
# ROOT data summary

<table>
<thead>
<tr>
<th>Primary TOMs scale</th>
<th>Total number of episodes of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysphagia</td>
<td>16125</td>
</tr>
<tr>
<td>Dysphonia</td>
<td>2307</td>
</tr>
<tr>
<td>Core Scale</td>
<td>2231</td>
</tr>
<tr>
<td>Aphasia/Dysphasia</td>
<td>2212</td>
</tr>
<tr>
<td>Dysarthria</td>
<td>1617</td>
</tr>
<tr>
<td>Phonological Disorder</td>
<td>388</td>
</tr>
<tr>
<td>Child Language Impairment</td>
<td>377</td>
</tr>
<tr>
<td>Dysfluency</td>
<td>322</td>
</tr>
<tr>
<td>Learning Disability – Communication</td>
<td>277</td>
</tr>
<tr>
<td>Cognition</td>
<td>109</td>
</tr>
<tr>
<td>Autistic Spectrum Disorder</td>
<td>100</td>
</tr>
<tr>
<td>Tracheostomy</td>
<td>76</td>
</tr>
<tr>
<td>Laryngectomy</td>
<td>56</td>
</tr>
<tr>
<td>Hearing Therapy/ Aural Rehabilitation</td>
<td>48</td>
</tr>
<tr>
<td>Challenging Behaviour and Forensic Mental Health</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>26272</strong></td>
</tr>
</tbody>
</table>
Case study: Adult speech and language therapy at North Bristol NHS Trust

- North Bristol NHS Trust provides hospital and community healthcare to residents of Bristol, South Gloucestershire and North Somerset.
- Acute and outpatient speech and language therapy services to adults over the age of 18 years
- 19 WTE SLTs based at Southmead and Cossham Hospitals
- One of the original ROOT pilot sites
- Using direct data entry
# Summary of TOMs data to June 2019

<table>
<thead>
<tr>
<th>Primary TOMs scale</th>
<th>Total (episodes)</th>
<th>Total (patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysphagia</td>
<td>351</td>
<td>351</td>
</tr>
<tr>
<td>Aphasia/Dysphasia</td>
<td>72</td>
<td>72</td>
</tr>
<tr>
<td>Dysarthria</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td>Other (incl. dysphonia, dysfluency, cognition, head injury)</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td><strong>All TOMs Scales</strong></td>
<td><strong>483</strong></td>
<td><strong>482</strong></td>
</tr>
</tbody>
</table>
Comparison with national dataset indicates a higher proportion of individuals making an improvement across each of the domains of the TOMs.
All TOMs data to June 2019

<table>
<thead>
<tr>
<th>Positive change across domains of the TOMs</th>
<th>One or more domain</th>
<th>Two or more domains</th>
<th>Three or more domains</th>
<th>Four or more domains</th>
<th>Five domains</th>
<th>Zero domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Bristol NHS Trust</td>
<td>91.72%</td>
<td>74.74%</td>
<td>55.9%</td>
<td>33.95%</td>
<td>6.21%</td>
<td>8.28%</td>
</tr>
<tr>
<td>Episodes: (483) Patients: (482)</td>
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</tr>
<tr>
<td>National comparator</td>
<td>76.86%</td>
<td>59.25%</td>
<td>38.39%</td>
<td>26.12%</td>
<td>1.54%</td>
<td>23.14%</td>
</tr>
<tr>
<td>Episodes: (13797) Patients: (12669)</td>
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</tbody>
</table>

- 91.72% individuals improving in one or more domains of the TOMs
- 74.74% individuals improving in two or more domains of the TOMs
More detailed reporting options on the ROOT

The reports enable SLTs to drill down to examine the data at different levels, as required, including by:

- TOMs scale
- Impairment severity
- Primary medical diagnosis
- Progressive and non-progressive conditions
- Gender
- Age
### Dysphagia outcomes

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Activity</th>
<th>Participation</th>
<th>Wellbeing</th>
<th>Carer Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Start</td>
<td>Average End</td>
<td>Average Change</td>
<td>Average Start</td>
<td>Average End</td>
</tr>
<tr>
<td>2.47</td>
<td>3.55</td>
<td>1.19</td>
<td>2.3</td>
<td>3.63</td>
</tr>
</tbody>
</table>

- Across an episode of care, an increase of 0.5 or more on the TOMs is a clinically significant change (Enderby and John, 2015)
- >0.5 change across impairment, activity, participation, wellbeing and carer wellbeing
## Aphasia/dysphasia outcomes

<table>
<thead>
<tr>
<th>Aphasia/Dysphasia Episodes: (72)</th>
<th>Patients: (72)</th>
<th>Average</th>
<th>Start</th>
<th>End</th>
<th>Change</th>
<th>Average</th>
<th>Start</th>
<th>End</th>
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<th>Start</th>
<th>End</th>
<th>Change</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>2.81</td>
<td>3.56</td>
<td>0.83</td>
<td>2.95</td>
<td>3.76</td>
<td>0.93</td>
<td>2.85</td>
<td>3.61</td>
<td>0.86</td>
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<td>4.06</td>
<td>0.83</td>
<td>3.7</td>
<td>3.88</td>
<td>0.67</td>
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</tr>
</tbody>
</table>

- Across an episode of care, an increase of 0.5 or more on the TOMs is a clinically significant change (Enderby and John, 2015)
- >0.5 change across impairment, activity, participation, wellbeing and carer wellbeing
## Aphasia/dysphasia outcomes

<table>
<thead>
<tr>
<th>Aphasia/Dysphasia – all medical diagnoses</th>
<th>Impairment</th>
<th>Activity</th>
<th>Participation</th>
<th>Wellbeing</th>
<th>Carer Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Episodes: (72)</td>
<td>Average Start</td>
<td>Average Change</td>
<td>Average Start</td>
<td>Average Change</td>
<td>Average Start</td>
</tr>
<tr>
<td>Patients: (72)</td>
<td>2.81</td>
<td>3.56</td>
<td>0.83</td>
<td>2.95</td>
<td>3.76</td>
</tr>
<tr>
<td>Aphasia/Dysphasia in association with stroke</td>
<td>Average Start</td>
<td>Average Change</td>
<td>Average Start</td>
<td>Average Change</td>
<td>Average Start</td>
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<tr>
<td>Episodes: (30)</td>
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<td>3.47</td>
<td>0.97</td>
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<td>3.72</td>
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<tr>
<td>Patients: (30)</td>
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Note: The numbers represent average scores or changes for different aspects of wellbeing and participation.
Any Questions?
How is the ROOT 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
Interested in getting involved?

- Visit our [ROOT resources webpage](https://rcslt-root.org/Content/getting-ready-to-use-the-root) for detailed information about getting ready to implement the ROOT
  - ROOT-ready flowchart
  - Briefing pack
  - Information governance pack
  - Data specification

https://rcslt-root.org/Content/getting-ready-to-use-the-root

- Let us know how we can support you in progressing to the next step in the ROOT-ready flowchart. Contact [ROOT@rcslt.org](mailto:ROOT@rcslt.org)
Workshop: Small group discussion to share experiences around implementing outcome measures
Workshop session 1

- What have been your experiences with using outcome measures?
- What is working well?
- Have you encountered any challenges and how did you overcome them?
- What are your next steps?
Workshop session 1

- Celebrate and share your successes, with your immediate colleagues and more widely!

- We would love to hear how outcome measurement is benefitting your service users and your service – e.g.
  - supporting clinical decision making
  - demonstrating the impact of your service
  - informing service delivery
  - improving the quality of care.

- Let us know by contacting kathryn.moyse@rcslt.org