

Outcome Measurement Workshop

Overcoming information governance
and technical issues



Identified issues relating to IT



Potential solutions to IT issues

- Build relationship with electronic patient record (EPR) suppliers to develop what is required (ask managers/leaders who is a good 'named' person to speak to)
- Use the [RCSLT professional network](#) to identify if other services have already built outcome measures (OM) into the EPR you are using and ask for anonymised screenshots or information about how they have adapted the EPR – take this to your IT team

Potential solutions to IT issues

- **Start small to build a case for a new OM system**
 - start with paper-based systems
 - pick a diagnosis/ care pathway/ age group to focus on
 - produce a powerful case history to show importance (negative and positive)

Potential solutions to IT issues

- Use an interim approach while pursuing integration of OM into EPR:
 - Enter data directly into RCSLT Online Outcome Tool (ROOT). See [training modules](#) for how this works.
 - Use a spreadsheet to enter scores from a paper-based system (Excel templates that meet the specifications for ROOT can be found in the [resources pages](#))
- Make IT teams your best friends!

Other issues raised

Have had numerous meetings with Business Support since 2013 but the project has not been prioritised and taken forwards so that we can upload on the ROOT.

We collect all service data quarterly, but TOMS opening and closing doesn't always sit within one quarter...

The upshot of this is that people might not see the point. There is masses of work to do at a technical level alongside getting people on board. We do use TOMS at a patient level to link to risk assessments.

Deciding when to score

getting copies of the TOMS rating scales out to our many many bases in the Trust

Still on paper notes and paper record system not compatible with data collection

Pulling data from record system

Still using paper notes and IT have said no to ROOT due to GDPR

Capacity pressures have made it difficult to take the time out to do the data collation and presentation to the team as we aren't on ROOT

Potential solutions for these issues

- **Need to reserve time for OM work as initially it is time consuming but provides good evidence to take business cases to commissioners/funders**
- **Need to use the ‘buzz words’ when approaching IT to make them listen. Use their language.**
- **Identify members of wider team in Trust/organisation who may be able to support e.g. performance and operations managers, business analysts etc.**
- **Paper notes are time consuming to work with but the data is of the same quality so can be used to form business case for the need for integration into EPR**

Potential solutions for these issues

- **When to score needs to be agreed at a team level and adhered to**
- **Reporting systems need to be set to only report on final OM scores in the defined period to avoid duplication**

Information Governance (IG) issues

Trust have said no to ROOT due to GDPR to use ROOT

IG issue with out Trust (in terms of putting into onto ROOT)

Everything stuck with IG - want to use ROOT and have submitted everything they want. I started this process in 2017!!!

Liaising with data protection lead on putting information on this format

Potential solutions re IG

- Use the ROOT [Information Governance Pack](#)
- Identify where outcome measurement fits within your organisations/ department/ teams key priorities/ business plan and use this terminology
- If there are specific questions, contact the RCSLT Outcomes team for support on root@rcslt.org

Potential solutions re IG

- **Phone the department and explain what you have emailed them about and ask for timescales to consider this**
- **Ask someone more senior to follow-up at strategic level**
- **Add a reminder to your calendar to ring/email IG every week for an update**

Please refer to the links of resources and tools produced for the event.

Contact the team for future ROOT drop-in surgeries or with any questions: root@rcslt.org