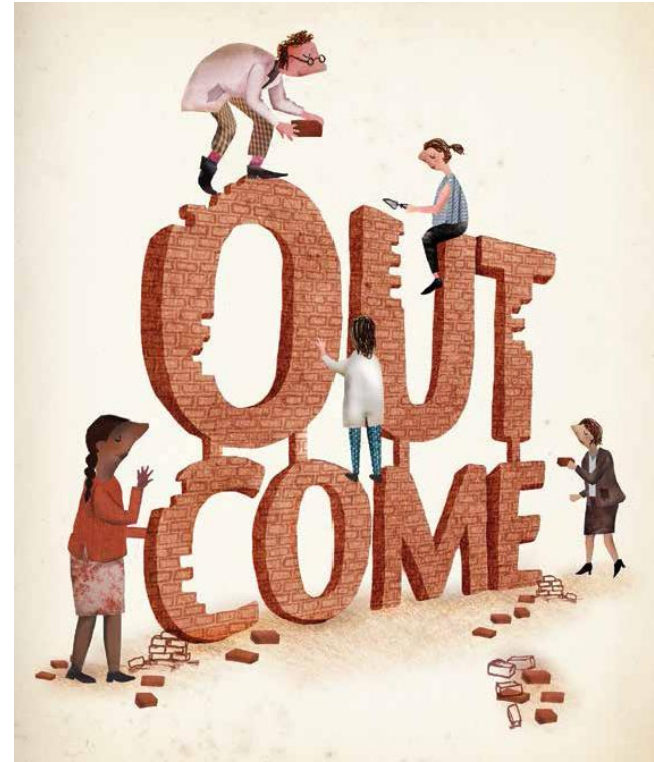# *RCSLT Outcomes Project*

RCSLT Conference 27th September 2017

Kamini Gadhok
Outcomes Project Sponsor, RCSLT CEO

Kathryn Moyse
Outcomes Project Officer

Lisa Brock
Professional Lead, Children's SLT Service
Sussex Community NHS Foundation Trust

Session aims

For RCSLT members to have an opportunity to hear about how outcomes data can support with:

- reflective practice for individual practitioners

- demonstrating the value of speech and language therapy to key stakeholders, including service users, budget-holders and decision-makers

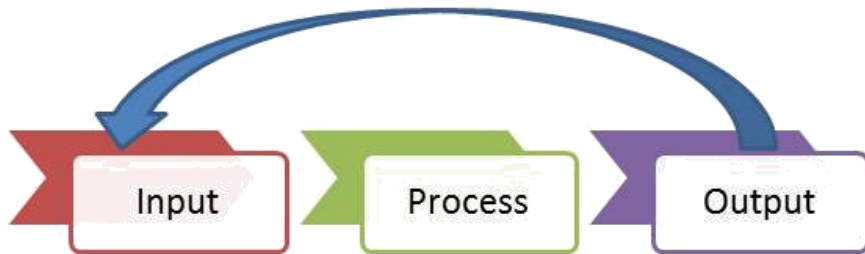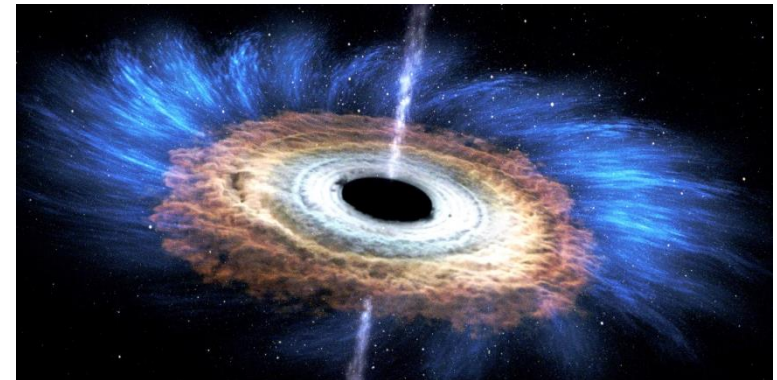- the delivery of quality speech and language therapy services

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Why outcomes?

Challenges for the profession and beyond

Input

Process

Output

Outcome
measures

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

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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 in Phase 2

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

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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).

Therapy Outcome
Measures
for Rehabilitation
Professionals
Third Edition

- Revised and Updated
- Now Includes 47 Scales
- Gives Examples of Use

Pamela Enderby and Alexandra John

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Phase 1 pilot sites

Key
- Adult
- Paediatric
- Adult and Paediatric

SCOTLAND

NORTHERN IRELAND

ENGLAND

WALES

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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:

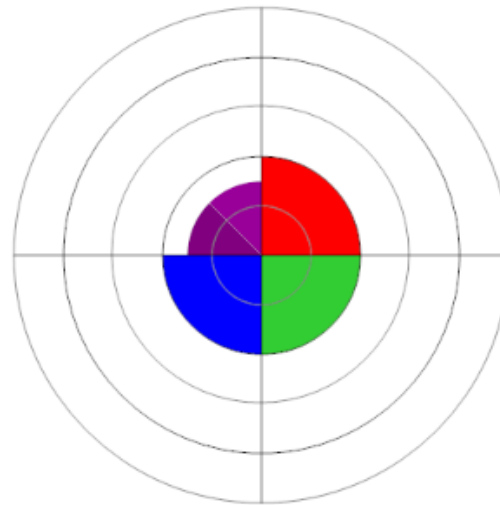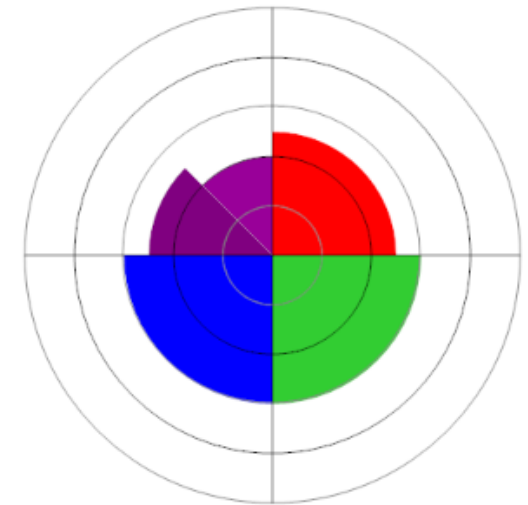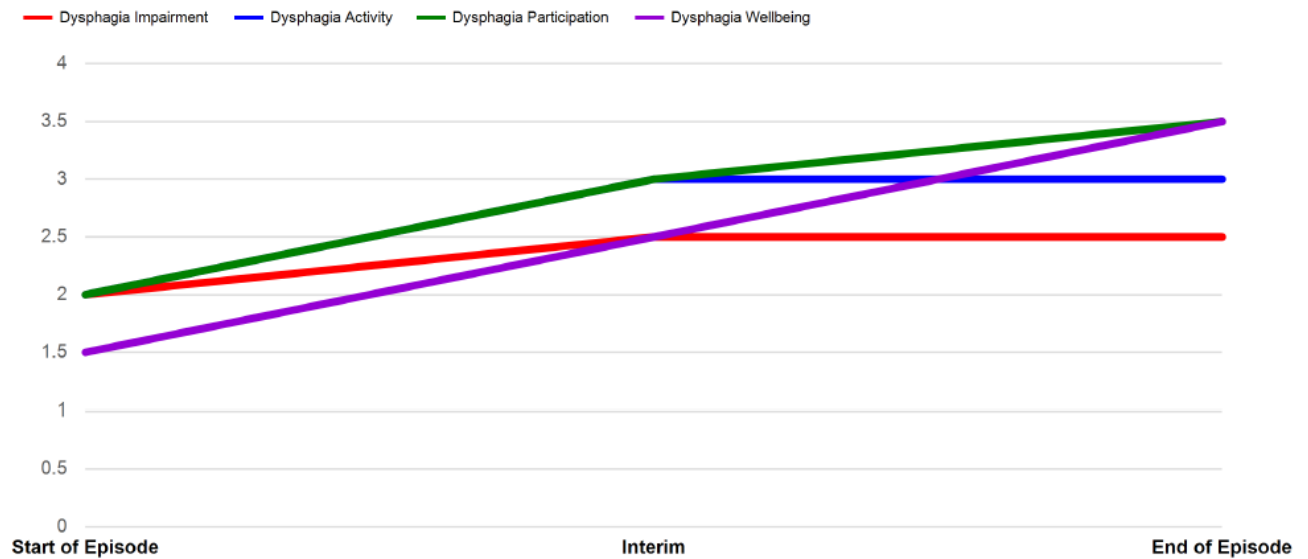| Direct data entry	• Data is entered directly into the ROOT
Data upload	• Data collected in local electronic systems is exported and uploaded to the ROOT

  ☐ Evaluating and reporting outcomes

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TOMs Scores Chart

Individual service user

Groups of service users

Impairment	Activity	Participation	Wellbeing

RCSLT Test Episodes = (49) Patients: (49)

46.9% / 51% / 2%	69.4% / 28.6% / 2%	57.1% / 36.7% / 6.1%	55.1% / 32.7% / 12.2%

Pilot Episodes = (62) Patients: (62)

51.6% / 43.5% / 4.8%	64.5% / 29% / 6.5%	51.6% / 32.3% / 16.1%	51.6% / 30.6% / 17.7%
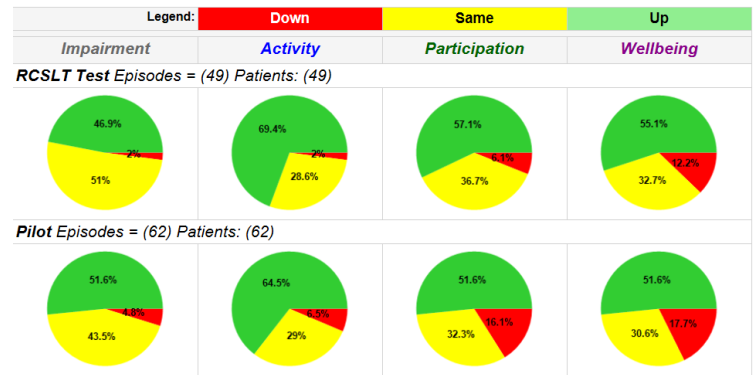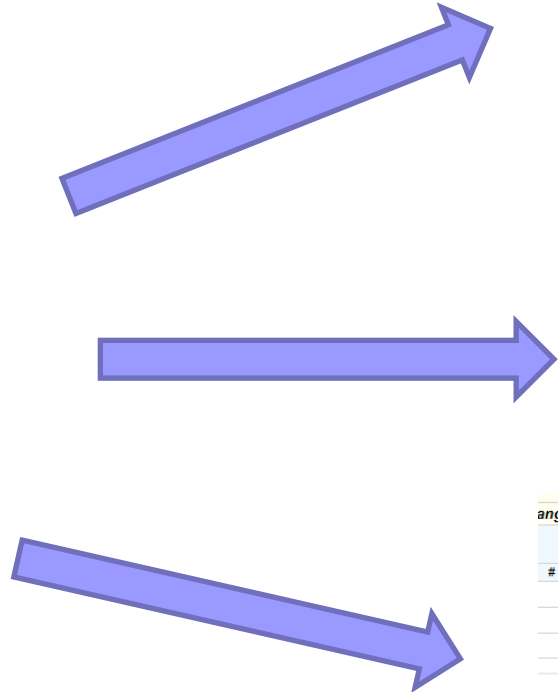
	Average Type												
All Toms Scales Episodes: (49) Patients: (49)	Mean	2.77	3.11	0.35	2.73	3.28	0.54	2.57	3.09	0.52	2.54	3.1	0.56
	Median	3	3	0.5	3	3.5	0.5	2.5	3	0.5	3	3	0.5
Cleft Lip or Palate Episodes: (8) Patients: (8)	Mean	2.94	3	0.06	3	3.25	0.25	2.69	3	0.31	2.81	2.88	0.06
	Median	3	3	0.25	3	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%

Down	Same	Up

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%

Down	Same	Up
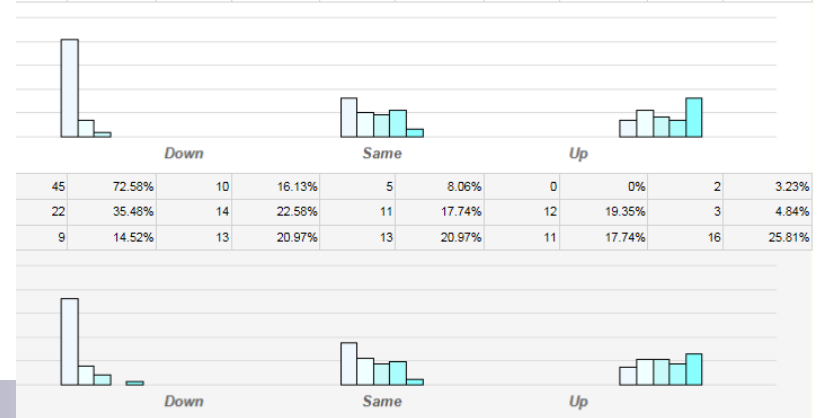
Applications of the reports

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"

Case study: Brighton and Hove's journey with outcome measures

Case study: Sample report

Key
Down
Same
Up

Episodes = (450) Patients: (449)

Impairment	Activity	Participation	Wellbeing
90.2% 0.4% 9.3%	87.8% 0.4% 11.8%	79.1% 1.1% 19.7%	77.1% 1.1% 21.7%
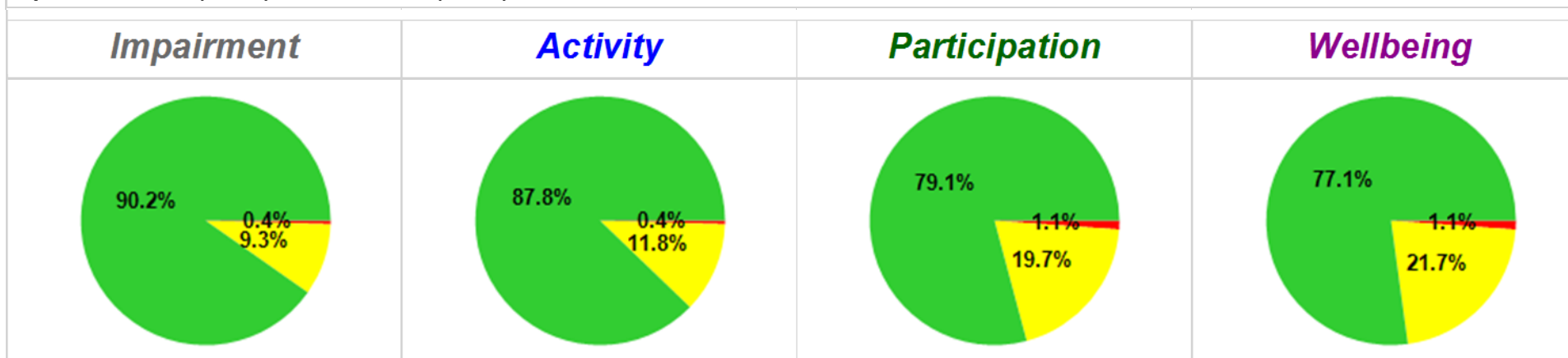
Figure 1: Report showing the direction of change in TOMs between initial and final ratings across each domain of TOMs (Impairment, Activity, Participation, and Well-being) for children with language disorder accessing speech and language therapy between July 2009 and July 2017

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Age Band	Total Completed Episodes Of Care
0 to 4	126
5 to 10	109
11 to 16	27
17 to 18	21
Under 18	**283**
19 to 30	230
31 to 40	239
41 to 50	591
51 to 60	1054
61 to 70	1702
71 to 80	2700
81 to 90	3139
90 plus	1087
Over 18	**10742**
Unknown	**2677**
Total	**13702**

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TOMs Scale	Total Completed Episodes Of Care
Dysphagia	7773
Core Scale	1602
Dysphonia	943
Dysphasia	841
Dysarthria	516
Child Language Impairment	77
Learning Disability – Communication	76
Phonological Disorder	57
Cognition	52
Hearing Therapy/ Aural Rehabilitation	46
Autistic Spectrum Disorder	46
Dysfluency	43
Laryngectomy	37
Tracheostomy	32
Challenging Behaviour and Forensic Mental Health	10
Augmentative and Alternative Communication (AAC)	4
Dyspraxia – Developmental Coordination Difficulties	1
Head Injury	1

Phase 1 Evaluation Findings

- Using the ROOT to record and report on TOMs data is easy and efficient

- The data reports generated by the ROOT offer added value at a number of levels, including:

  - Monitoring outcomes for individual service users and across specific clinical groups

  - Evidencing the impact of SLT interventions

  - Supporting service planning and quality improvement

  - Providing intelligence to and influencing key stakeholders

- The ROOT has the potential to support with benchmarking

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Phase 1 Evaluation Findings

■ The pilot sites identified additional areas for development of the ROOT (e.g. additional core data fields in the ROOT to record data related to activity)

■ Involvement with the pilot has had wider benefits for those taking part, including:

  ☐ a greater focus on outcomes from the start of the patient journey

  ☐ a greater appreciation of the value of data collection

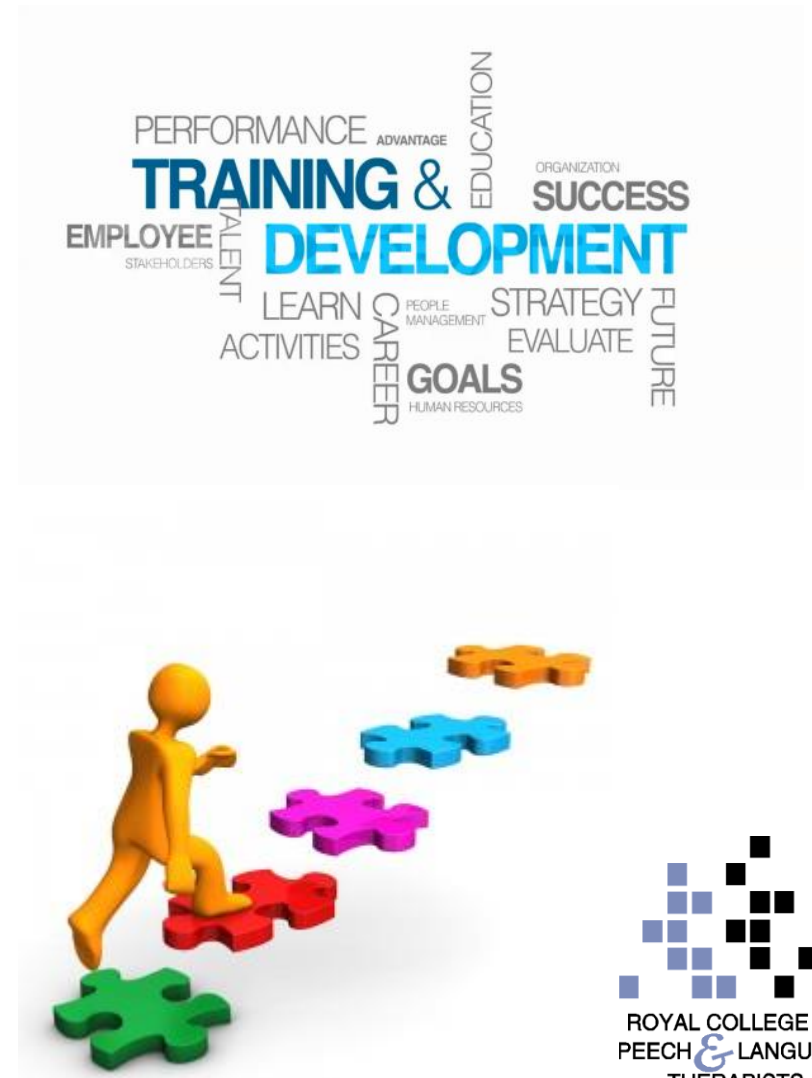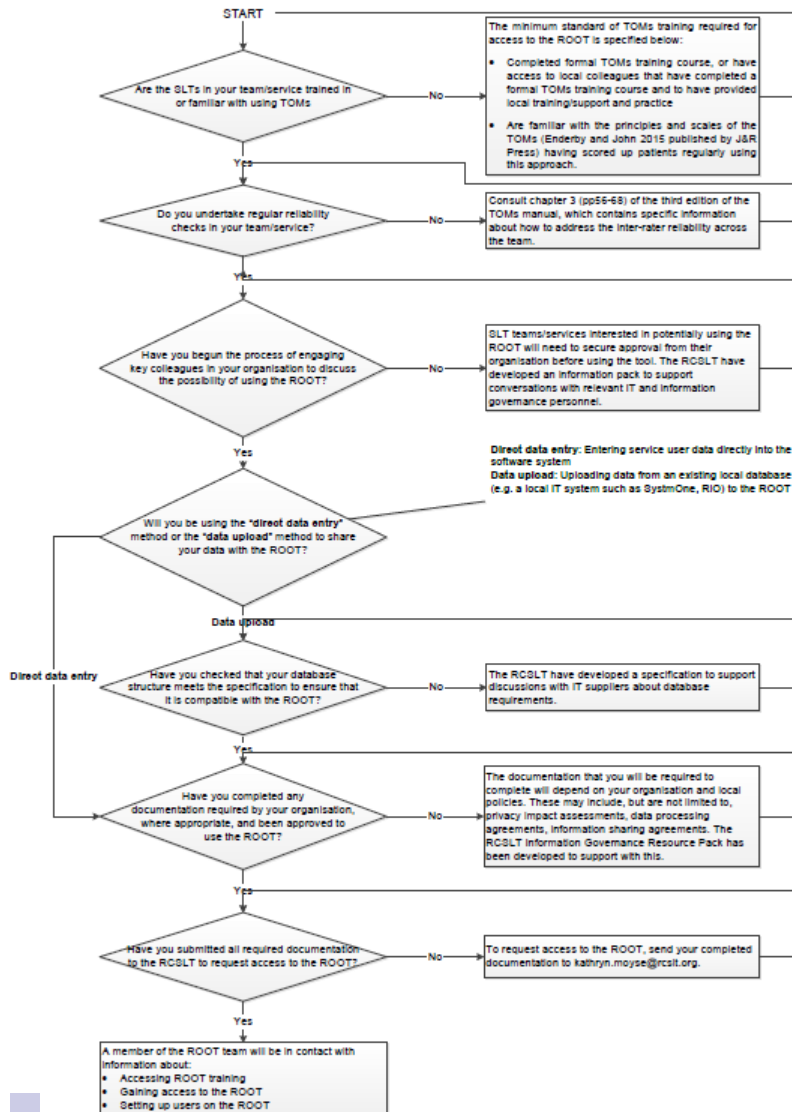 ☐ facilitating a shift away from the historical focus on inputs and outputs

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What else have we learnt?

Where next?

Phased approach to implementation

DRAFT

Are you ROOT-ready?

START

Are the SLTs in your team/service trained in or familiar with using TOMs — No

The minimum standard of TOMs training required for access to the ROOT is specified below:
- Completed formal TOMs training course, or have access to local colleagues that have completed a formal TOMs training course and to have provided local training/support and practice
- Are familiar with the principles and scales of the TOMs (Enderby and John 2015 published by J&R Press) having scored up patients regularly using this approach.

Yes

Do you undertake regular reliability checks in your team/service? — No

Consult chapter 3 (pp56-68) 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

Direct data entry: Entering service user data directly into the software system
Data upload: Uploading data from an existing local database (e.g. a local IT system such as SystmOne, RIO) to the ROOT

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

Data upload

Direct data entry

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, data processing agreements, information sharing agreements. The RCSLT Information Governance Resource Pack has been developed to support with this.

Yes

Have you submitted all required documentation to the RCSLT to request access to the ROOT? — No

To request access to the ROOT, send your completed documentation to kathryn.moyse@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

PERFORMANCE ADVANTAGE EDUCATION
TRAINING & ORGANIZATION SUCCESS
EMPLOYEE TALENT DEVELOPMENT
STAKEHOLDERS
LEARN PEOPLE MANAGEMENT STRATEGY FUTURE
ACTIVITIES CAREER EVALUATE
GOALS
HUMAN RESOURCES

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What are the gaps?

Opportunities to get involved

Contact **kathryn.moyse@rcslt.org** - RCSLT Outcomes Project Officer to:

- Find out more about the phased roll-out of the RCSLT Online Outcomes Tool and what you will need to do to be "ROOT-ready"

- Receive RCSLT Outcomes Project updates for more information and future opportunities to get involved

- Share your experiences of using outcome measures and local projects on outcomes and outcome measurement

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ANY QUESTIONS?

For more information, please contact:

Kathryn Moyse
RCSLT Outcomes Project Officer
kathryn.moyse@rcslt.org

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

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FOR REFERENCE

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

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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

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RCSLT work on developing an approach

- **2011** – RCSLT scoping of resources but no active work
- **2012** – developing consensus on the use of terminology within the profession
  - ☐ Choosing the Right Fabric (National Audit Office)
  - ☐ RCSLT Study Day presentation "Evidence: what are commissioners and funders looking for?"
  - ☐ Adopting the Theory of Change framework to articulate the contribution of SLT interventions to ultimate outcomes https://www.youtube.com/watch?v=wKcxkUBrDkY

Activities	Interim Outcomes	Ultimate Outcomes
What you do therapeutically	Enable individuals to…	Policy level

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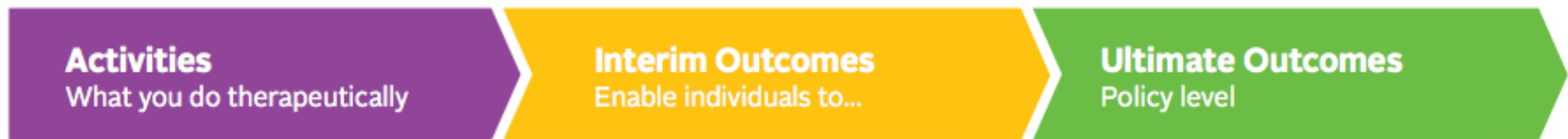
RCSLT work on developing an approach

- **2013** - Formal approach to outcomes initiated by Council to respond to internal and external drivers

- **2013 – 2014** - Scoping of approaches by others to develop RCSLT bespoke approach

Identified two possible approaches:

1. Build National data repository from scratch (e.g. National Outcome Measures methodology, American Speech-Language-Hearing Association)

2. Find existing valid & reliable measure & build specialty/setting specific indicators/parameters in time

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Initiation of formal approach

RCSLT Board of Trustees opted for a pragmatic approach: identifying an existing outcome measure to begin to gather consistent data for the SLT profession

- **Phase 1**: find an existing outcome measurement tool that will meet 'best fit' criteria agreed by members

- **Phase 2**: identify how to fill gaps and look at other approaches (not defined in detail)

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PHASE 1

Selecting the approach

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

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?
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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

December 2014

- 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 (i.e. universal services/Public Health) and parallel RCSLT work-streams would be established to consider how to fill these gaps

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

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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).

Identifying an existing outcome measure

January 2015 – March 2015

- Communicated to RCSLT members that TOMs had been identified as the 'best fit' outcome measure for the recording of reliable, comparable outcomes data across the profession

- SLT services invited to 'opt in'

- Scoped options for national data collection system

- RCSLT Board of Trustees decided on a stand alone model for data collection. A 'Proof of Concept' pilot was approved to develop an online tool using TOMs

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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

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'Proof of Concept' Pilot Aims

1. To improve the **collection of outcome data** in order to identify the impact of therapy for individuals with speech, language, communication and swallowing needs

2. To **investigate and minimise the burden** of data collection, collation and analysis on speech and language therapy service leaders and practitioners

3. To investigate the **practical challenges and benefits of benchmarking** for quality assurance and identifying variation in outcomes associated with different services

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'Proof of Concept' Pilot Aims

4. To investigate the **value of TOMs data reports** in supporting service evaluation, quality assurance and business case development for individual services

5. To evaluate the **usability and value of a stand-alone TOMs web-based application** for SLT services (via direct data input or data transfer from an existing system) compared to data collection and reporting systems currently in use

6. To develop SLT service leader and practitioner **skills and knowledge** in collecting, analysing and using outcomes data

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RCSLT Online Outcome Tool

Communication and Swallowing Diagnosis

Communication and Swallowing Disorder (Primary):

(R13) Dysphagia ▼   ☐ Progressive Condition

Communication and Swallowing Disorder (Secondary - optional):

(R47.0) Dysphasia and aphasia ▼

Diagnosis	Progressive Condition
(R47.0) Dysphasia and aphasia	☐

Additional Medical Diagnosis

Medical Diagnosis (Additional):

Diagnosis	Progressive Condition	
(I64) Stroke, not specified as haemorrhage or infarction	☐	Remove

TOMs Scale(s)

Scale 1:   Dysphagia ▼

Scale 2:   Dysphasia/Aphasia ▼

Save Episode Details

RCSLT Online Outcome Tool

Scale 1:	Dysphagia
Scale 2:	Dysphasia
Date of rating:	08 Jun 2016
Appointment Type:	Admission

Impairment (Dysphagia):

N/A	0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
	0										

Save and Next

Level	Description
0	Profound. Aphagia: Not safe to swallow due to cognitive status / no bolus control / aspiration / absence of oral / pharyngeal swallow. Clinical signs of aspiration. No effective cough reflex. May need regular suction.
1	Severe dysphagia. Weak oral movements / no bolus control / inadequate or inconsistent swallow reflex. High and constant risk of aspiration.
2	Severe / moderate dysphagia. Cough / swallow reflexes evident but abnormal or delayed. Uncoordinated oral movements. At regular risk of aspiration.
3	Moderate dysphagia: Swallow and cough reflex present. May have poor oral control. At occasional risk of aspiration.
4	Mild oral / pharyngeal dysphagia. Incoordination but no clinical risk or evidence of aspiration
5	No evidence of dysphagia.

Impairment (Dysphasia):

N/A	0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
	0										

Activity (Dysphagia):

N/A	0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
	0										

Participation (Dysphagia):

N/A	0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
	0										

Wellbeing (Dysphagia):

N/A	0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
	0										

Carer Well Being:

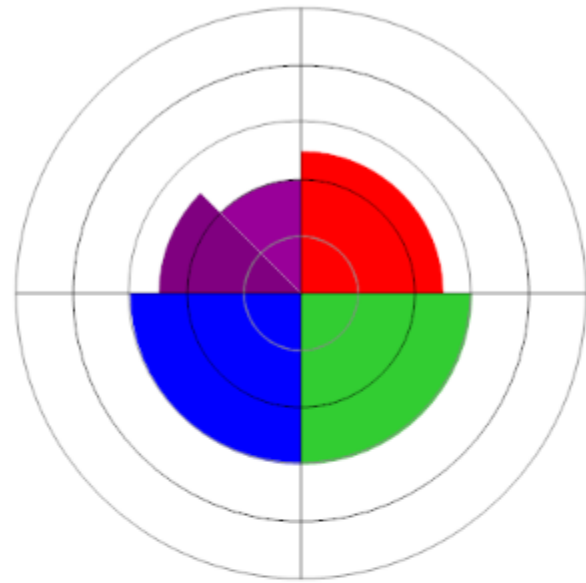| N/A	0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
	0										

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TOMs Scores Chart

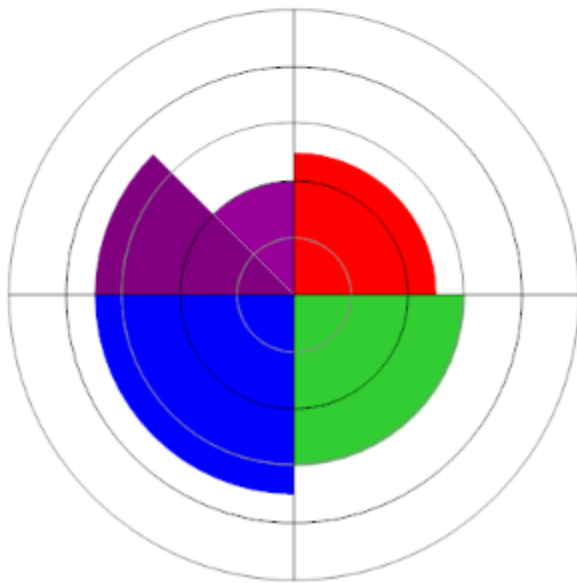**Start of Episode - 01 Sep 2016**
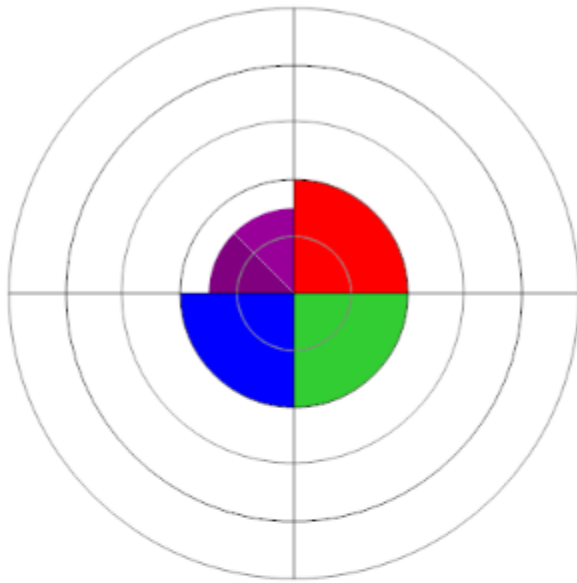
- ■ Impairment
- ■ Activity
- ■ Participation
- ■ Well-being
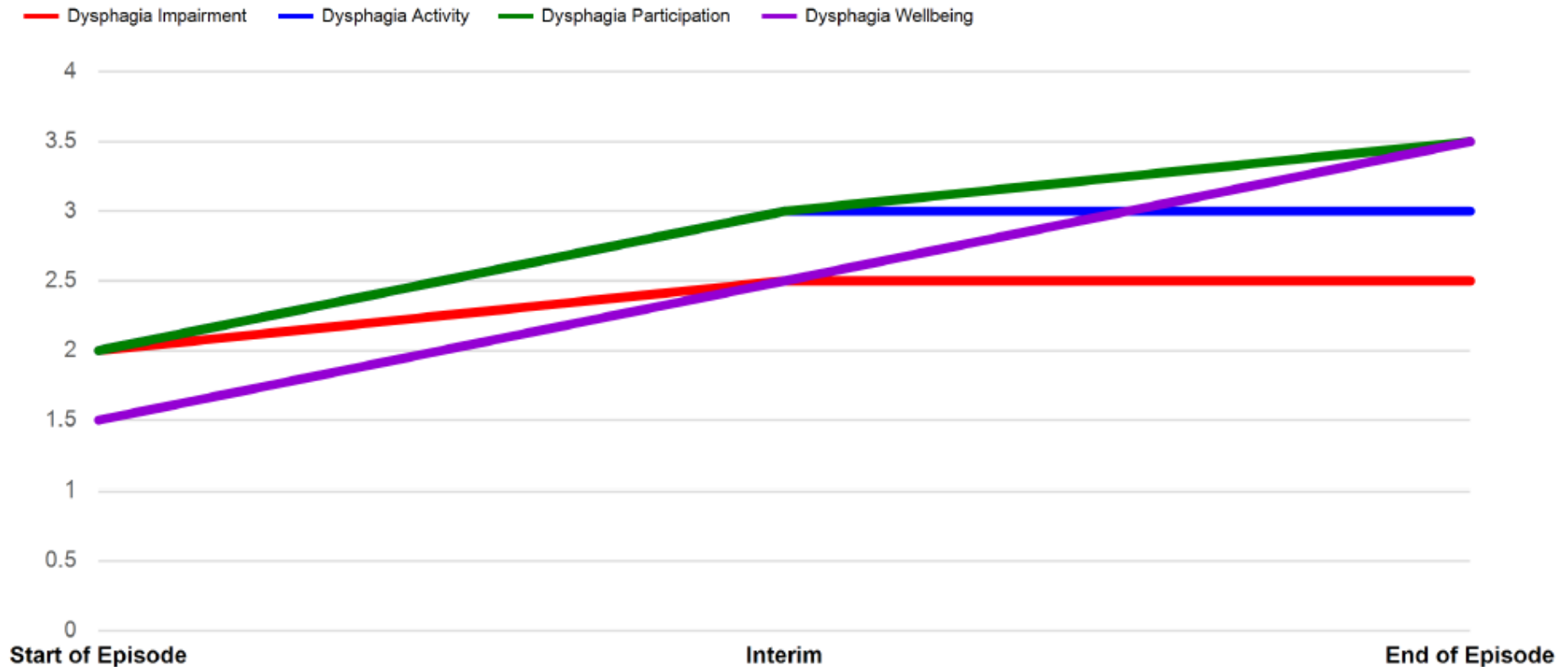- ■ Carer Well Being

Interim - 20 Sep 2016

End of Episode - 09 Dec 2016

Charts showing patient's TOMs scores across an episode of care

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RCSLT Online Outcome Tool

RCSLT Online Outcome Tool - reports

General Reports | Quarterly Reports | Information

R01 Distribution By Domain

Distribution in TOMs scales across all scores for start and end.

☐ Advanced
☐ B&W Version

[Show]

R02 Change Across Domains

Distribution in changes across TOMs scale domains from zero to all four

☐ Advanced
☐ B&W Version

[Show]

R03 Distribution By Domain Pie

Distribution in TOMs scales across all scores for start and end. Shown as a pie chart.

☐ Advanced
☐ B&W Version
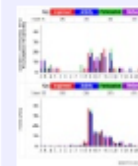
[Show]

R04 Distribution of Change by Domain

Distribution of change in TOMs scales across all scores for start and end. Shown as a bar chart.

☐ Advanced
☐ B&W Version

[Show]

R05 Central Tendency and Change by Domain

A look at the central tendency of start and end TOMS ratings and the change between them
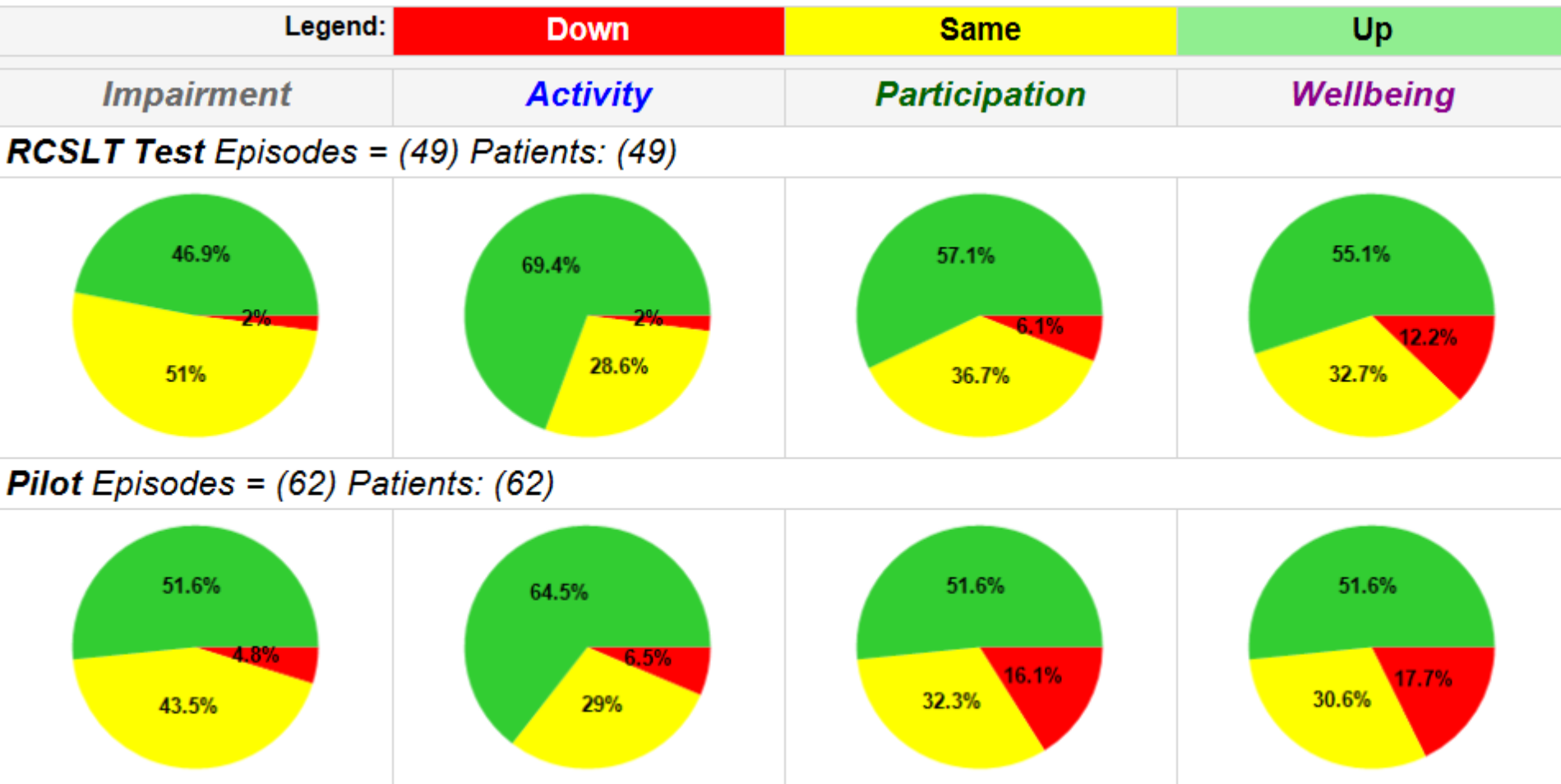
☐ Advanced
☐ B&W Version

[Show]

Leave Feedback

RCSLT Online Outcome Tool – report parameters

Age Range Low: 0

Age Range High: 150

Gender All

Toms Scale Autistic Spectrum Disorder (1), Cleft L

Medical Diagnosis Unknown (26), (F79) Unspecified mer

Interims With or without interims

Matched: All Data

Impairment Score Low: 0.0

Impairment End 5.0

Medical Diagnosis Comorbidity: Include All

Medical Diagnosis Progressive: Include All

SLT Diagnosis: (Q35) Cleft palate (8), (R13) Dysphagi

SLT Diagnosis comobidity: Include All

SLT Diagnosis Progressive: Include All

Start of reporting period: 10/05/2016

End of reporting period: 10/05/2017

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Sample data report R03: Change in TOMs scores between initial and final ratings across each domain

Legend:	Down	Same	Up
Impairment	**Activity**	**Participation**	**Wellbeing**

RCSLT Test Episodes = (49) Patients: (49)

Impairment: 46.9% (green), 51% (yellow), 2% (red)
Activity: 69.4% (green), 28.6% (yellow), 2% (red)
Participation: 57.1% (green), 36.7% (yellow), 6.1% (red)
Wellbeing: 55.1% (green), 32.7% (yellow), 12.2% (red)

Pilot Episodes = (62) Patients: (62)

Impairment: 51.6% (green), 43.5% (yellow), 4.8% (red)
Activity: 64.5% (green), 29% (yellow), 6.5% (red)
Participation: 51.6% (green), 32.3% (yellow), 16.1% (red)
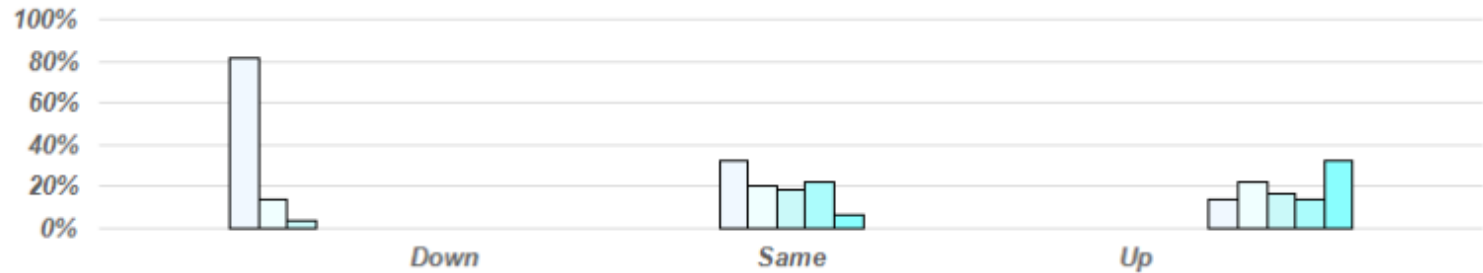Wellbeing: 51.6% (green), 30.6% (yellow), 17.7% (red)

Sample data report R02: Change in TOMs scores between initial and final ratings across multiple domains

		Change 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	
		#	%	#	%	#	%	#	%	#	%
RCSLT Test Episodes: (49) Patients: (49)	Down	40	81.63%	7	14.29%	2	4.08%	0	0%	0	0%
	Same	16	32.65%	10	20.41%	9	18.37%	11	22.45%	3	6.12%
	Up	7	14.29%	11	22.45%	8	16.33%	7	14.29%	16	32.65%

		In No Domains		In One Domain		In Two Domains		In Three Domains		In All Domains	
Pilot Episodes: (62) Patients: (62)	Down	45	72.58%	10	16.13%	5	8.06%	0	0%	2	3.23%
	Same	22	35.48%	14	22.58%	11	17.74%	12	19.35%	3	4.84%
	Up	9	14.52%	13	20.97%	13	20.97%	11	17.74%	16	25.81%
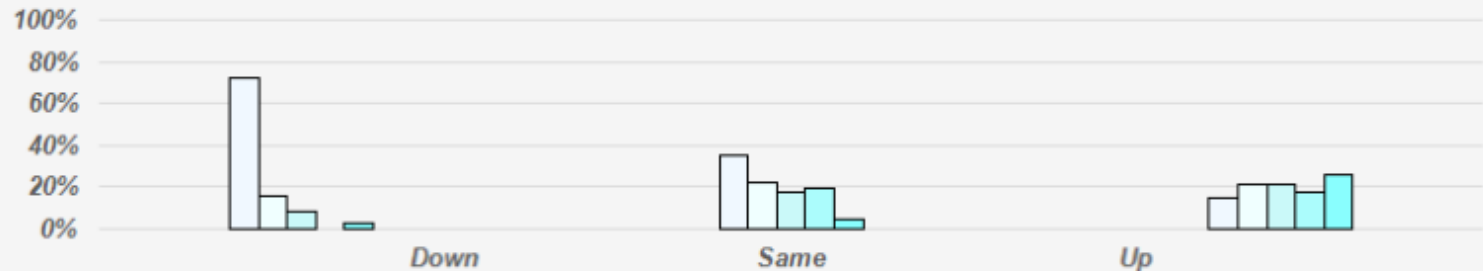
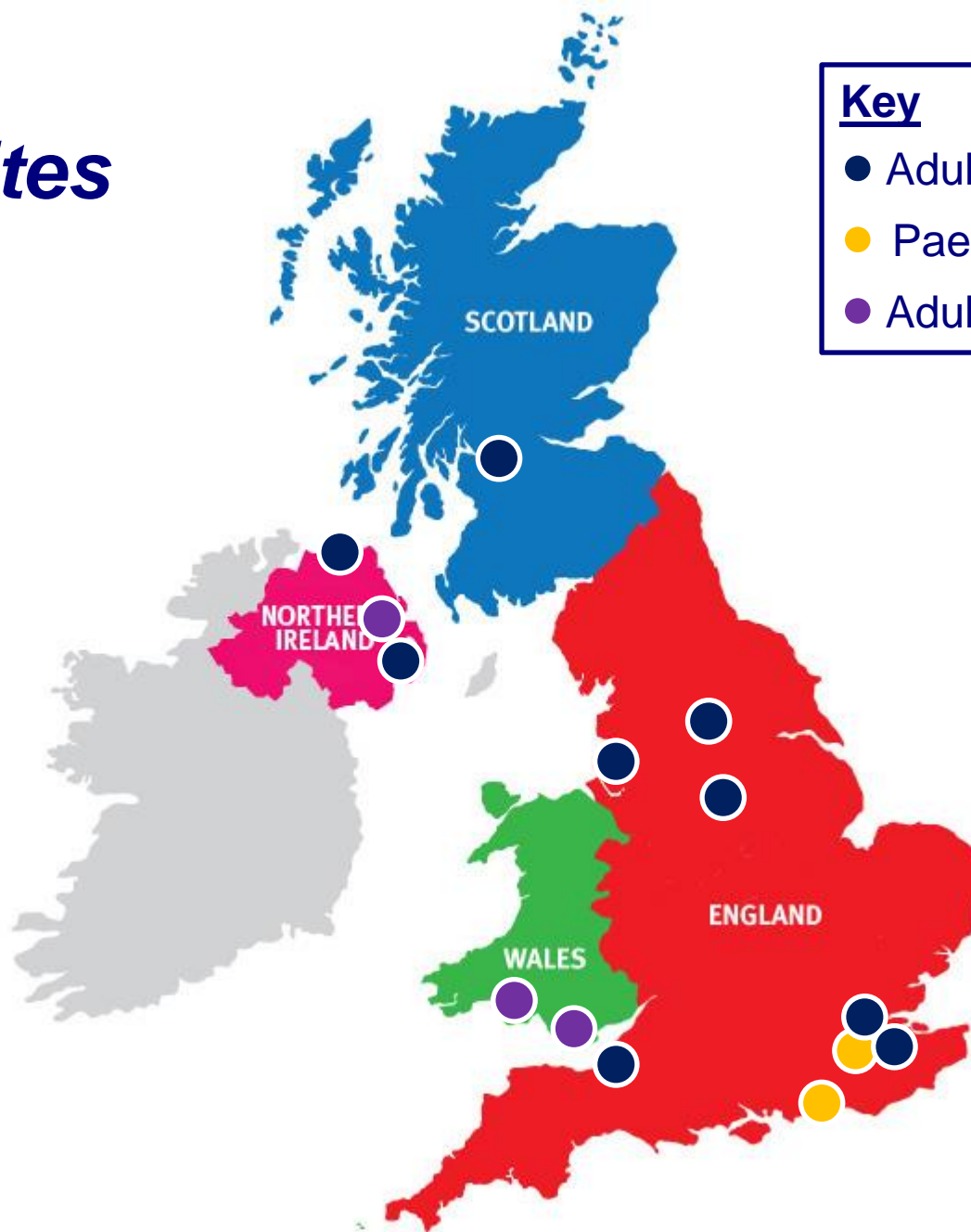# Sample data report R05: Average change in TOMs scores between initial and final rating across each domain

RCSLT Test	Average Type	Impairment			Activity			Participation			Wellbeing		
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

Developing and testing the RCSLT Online Outcome Tool

March 2015 – March 2016

- Developed and completed initial testing of the ROOT prototype

- Recruited speech and language therapy services to pilot the ROOT (see next slide)

  - ☐ Representation from across the UK

  - ☐ Range of clinical areas and settings

- Developed the approach to evaluating the proof of concept pilot

- Supported SLT services involved to develop relationships with key stakeholders within their organisation and with completing relevant information governance documentation and processes

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Pilot Sites

Key
- ● Adult
- ● Paediatric
- ● Adult and Paediatric

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Developing and testing the RCSLT Online Outcome Tool

April 2016 – October 2016

- First iteration of the ROOT piloted by six of the SLT services engaged in the pilot

- ROOT developed iteratively in response to members' feedback

- Developed resources to support pilot sites with overcoming challenges associated with information governance, through consultation with the Information Governance Alliance (England) and the Information Commissioner's Office (UK-wide)

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Independent evaluation of the proof of concept pilot

November – December 2016

- Independent evaluation of the pilot conducted by Bristol Speech and Language Therapy Research Unit

    □ Members from six SLT services involved in the pilot participated

    □ Online survey and telephone interviews with a researcher

- *"The overwhelming message from the online survey and the interviews was that this pilot project is a great initiative to be supported by the RCSLT, but that the sites need more time to be able to generate reports and prove their usefulness with service commissioners."*

- The RCSLT Board of Trustees approved a 6-month extension of the proof of concept pilot

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Feedback from the Independent Evaluation

- *"This is one of the best initiatives that the college has supported. It has the potential for really positive impact on services"*

- *"Each site needed to get a range of approvals such as information governance and data protection… The time that this took at the majority of sites was underestimated."*

- *"Feelings about the usability, practicalities and the potential of using the ROOT for both data entry and report generation were positive. Those people generating reports felt that this provides a new and novel tool that is of value to their services."*

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Extension to the proof of concept pilot

January – 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 should the proof of concept be positive

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Evaluating the extension to the pilot

May – June 2017

- At the time of the evaluation, nine out of the original 12 pilot sites had had sufficient experience of using the ROOT to be involved in the final evaluation

  - ☐ **Online survey** to gather feedback from members with experience of using the ROOT

  - ☐ Teleconference to provide an opportunity to gather more **detailed, qualitative feedback** from pilot site representatives

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Original aims and evaluation findings

Aim	Findings of the evaluation
1. To improve the collection of outcome data	• Staff appreciate the value of data collection • Facilitating a shift away from the historical focus on inputs and outputs • Consistently keeping data on wide range of parameters
2. To investigate and minimise the burden of data collection, collation and analysis	• Easier to collect and collate data than methods used previously (75%) • Data upload process avoids the duplication of data entry • Easier to generate reports than methods used previously (85.7%)

Original aims and evaluation findings

Aim	Findings of the evaluation
3. To investigate the practical challenges and benefits of benchmarking	• Welcomed by managers and commissioners to identify strengths and areas for improvement • Development of manuals to support consistency required • Need to triangulate with data about service characteristics and local demographic profiles

4. To investigate the value of TOMs aggregated data reports	• ROOT offers a quicker, more in-depth means of reporting on data
	• Data reports offer added value for:
	  o Individual SLTs: identifying the impact of SLT interventions
	  o Service managers and leaders: supporting service planning, providing intelligence to key stakeholders

Original aims and evaluation findings

Aim	Findings of the evaluation
5. To evaluate the usability and value of a stand-alone TOMs web-based application	• Adds value and easy to use • Additional areas for development required (e.g. data fields related to activity)
6. To develop SLT service leader and practitioner skills and knowledge	• Greater focus on outcomes from the start of the patient journey o "We are currently starting to collate the data across populations to demonstrate the value of the service." o "It's given us a more quantifiable method of demonstrating improvement" o "We are starting to look at how/what area of therapy benefits the clients"

Key areas of learning from the Proof of Concept Pilot

- Change management

- Outcome measurement within and external to the profession

- Evaluating and reporting outcome data

- The approach to developing the proof of concept online tool

- Information Governance

- Data collection and IT systems

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The RCSLT Board of Trustees' decision

July 2017

- 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 set of criteria members will be required to meet to gain access to the ROOT (e.g. minimum standard of TOMs training, approval from employing organisations)

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Interested in getting involved?

- RCSLT will be inviting expressions of interest from members who are considering using the ROOT in their team/service and who meet the criteria for being involved in the initial roll-out

- For more information, members should contact ROOT@rcslt.org

PHASE 2

Initiation of Phase 2

December 2016

- The RCSLT Board of Trustees approved initiation of Phase 2 of the Outcomes Project (in parallel to Phase 1)

    - Framing TOMs as part of other resources available

    - Identifying the gaps and how these might be filled

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Informing the approach to Phase 2

January – July 2017

- Scoping activities undertaken to inform the approach to Phase 2:

  - ☐ Scoping the use of resources, tool and frameworks used alongside TOMs by the Phase 1 pilot sites

  - ☐ Mapping of key resources

  - ☐ Scoping the data items collected in addition to TOMs by current pilot sites

  - ☐ Identification of challenges and potential solutions to evidencing impact in universal/targeted SLT services

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Phase 2 Workstreams

- Two parallel workstreams have been established to progress Phase 2 of the project:
    - I. Identifying other data, resources and frameworks that add value to TOMs
    - II. Developing approach to data collection in universal/targeted services
- The Phase 2 workstreams link to the RCSLT Children's SLT Services Strategy and will capitalise on the opportunity of the digital transformation work to support members

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Influencing national developments

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Influencing national developments

RCSLT is continuing to utilise opportunities to influence at a national (UK-wide) level to progress the work on outcomes regarding:

- Mainstreaming the RCSLT's work on outcomes into national developments

- Understanding of the importance of measuring impact of service provision

- Information governance issues

- Development of appropriate IT systems to support data collection

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Influencing national developments

- RCSLT is engaged in work that is influencing developments at a UK-wide level:

  - Direct engagement in the implementation of the National Allied Health Professions Informatics Strategy (NAHPIST), including the RCSLT Outcomes Project Officer is chairing a group on outcomes

  - Ongoing development of Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT)

  - Scoping opportunities to influence the development of IT systems that support care to include data collection on outcomes (e.g. Professional Record Standards Body)

- RCSLT has continued involvement in other national workstreams (e.g. the Carter Review of acute services in England and development of metrics (Model Hospital), the minimum dataset for AHPs in Scotland (AHP Operational Measures), NHS Benchmarking)

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