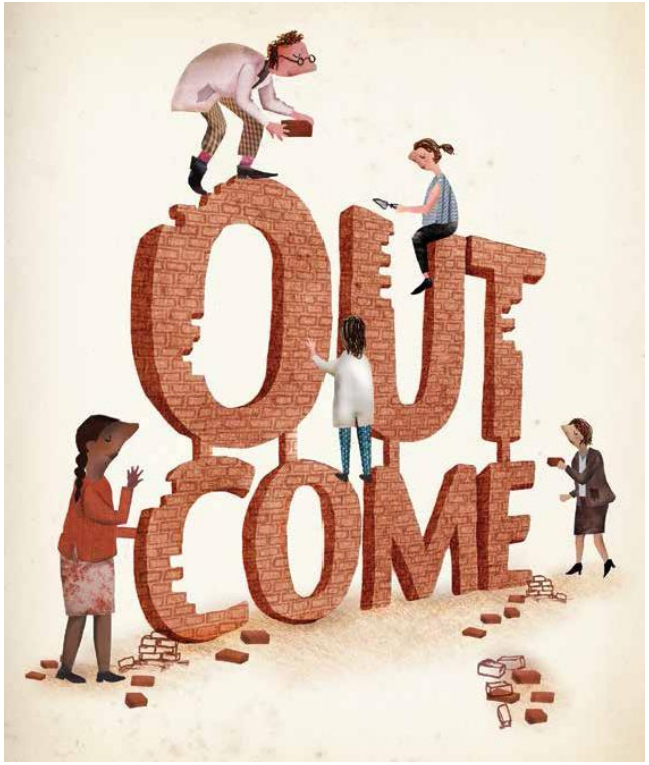
RCSLT Outcomes Programme



October 2018

Kamini Gadhok
Outcomes Project Sponsor, RCSLT CEO

Kathryn Moyse
RCSLT Outcomes and Informatics Manager

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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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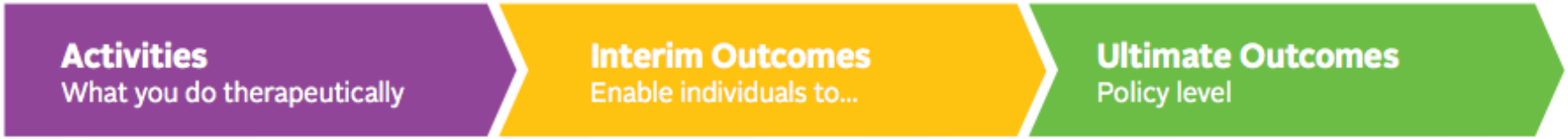
RCSLT work on developing an approach

- **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



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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The RCSLT Outcomes Programme

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

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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?
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

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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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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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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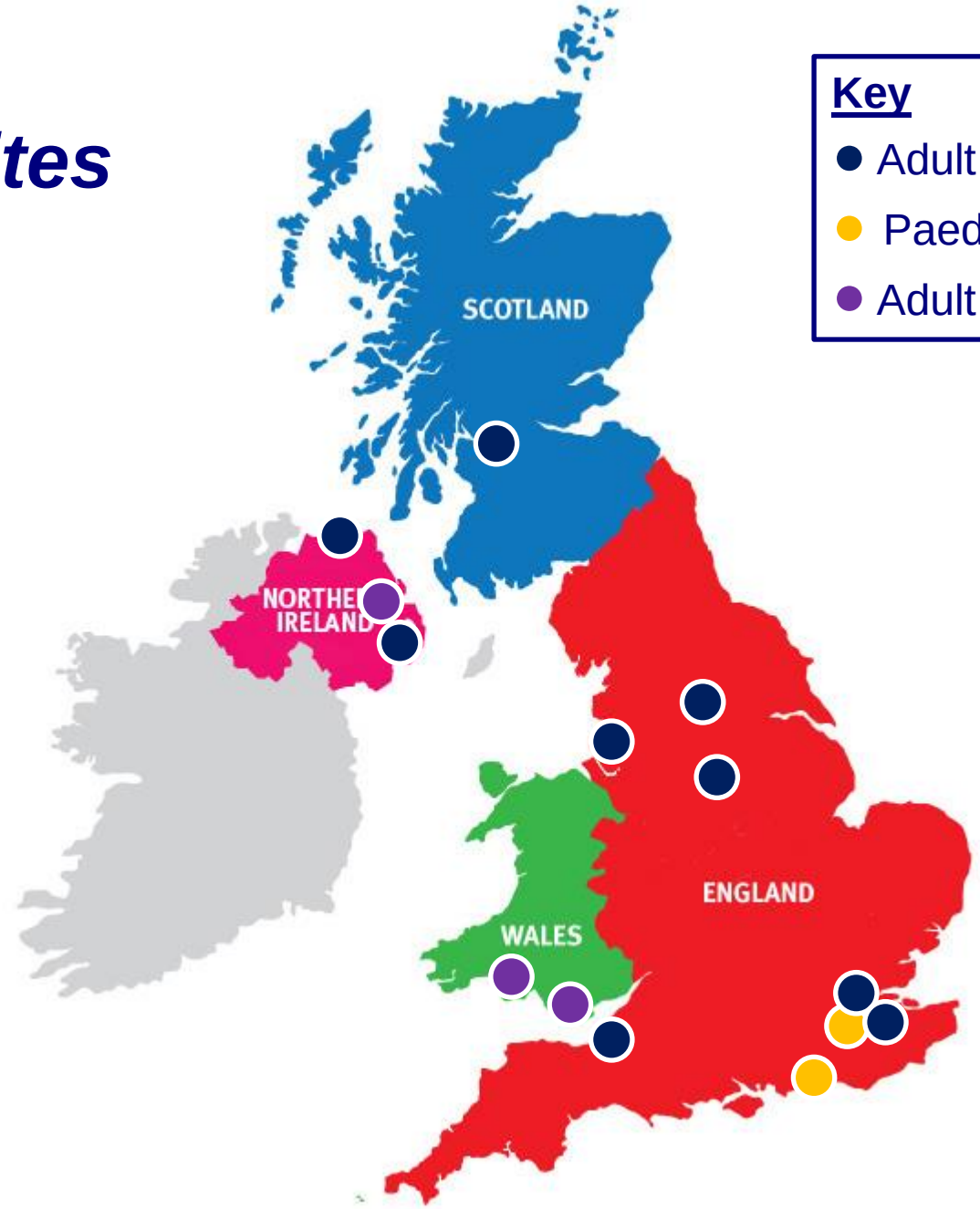
Pilot Sites



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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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

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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:
	  ○ Individual SLTs: identifying the impact of SLT interventions
	  ○ 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 ○ “We are currently starting to collate the data across populations to demonstrate the value of the service.” ○ “It's given us a more quantifiable method of demonstrating improvement” ○ “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 'ROOT-ready' flowchart to guide members through the typical sequence of steps required to implement ROOT

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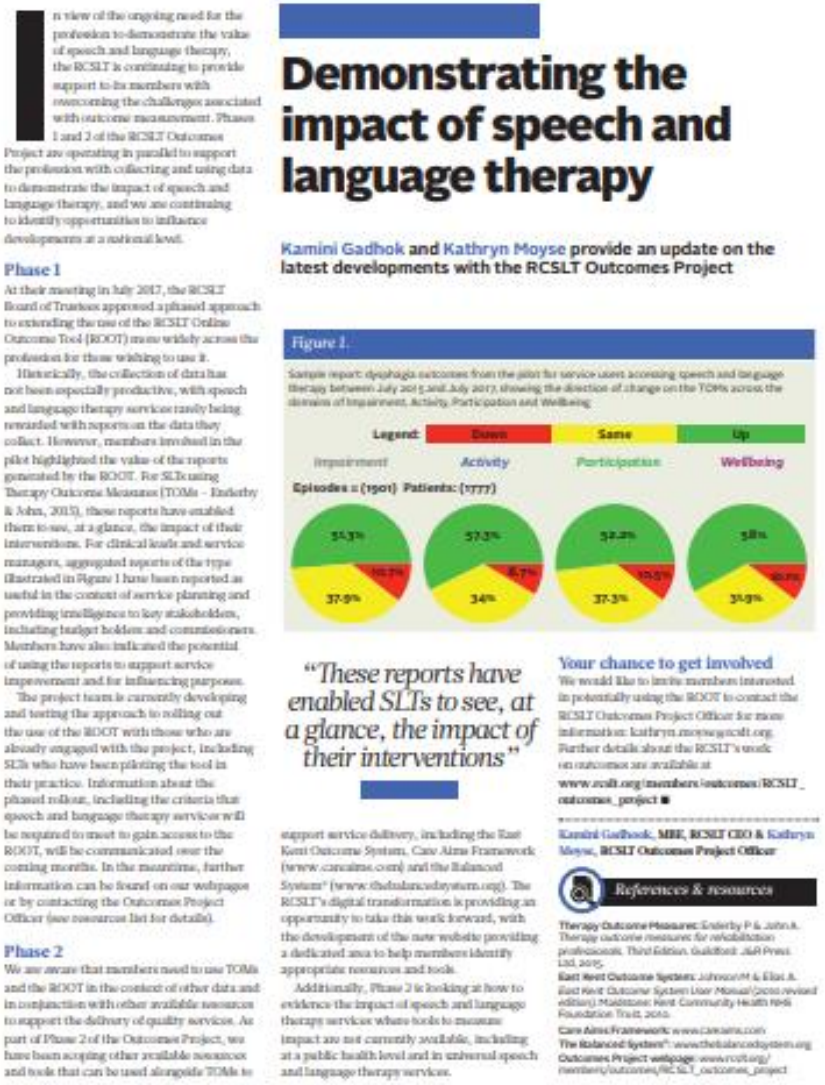
Phased roll-out of the ROOT

August – Sept 2017

- Developing a 'ROOT-ready' flowchart to guide members through the typical sequence of steps required to implement ROOT
- Invited expressions of interest from the membership



In view of the ongoing need for the profession to demonstrate the value of speech and language therapy, the RCSLT is continuing to provide support to its members with overcoming the challenges associated with outcome measurement. Phases 1 and 2 of the RCSLT Outcomes Project are operating in parallel to support the profession with collecting and using data to demonstrate the impact of speech and language therapy, and we are continuing to identify opportunities to influence developments at a national level.

Phase 1

At their meeting in July 2017, the RCSLT Board of Trustees approved a phased approach to extending the use of the RCSLT Online Outcome Tool (ROOT) more widely across the profession for those wishing to use it.

Historically, the collection of data has not been especially productive, with speech and language therapy services rarely being rewarded with reports on the data they collect. However, members involved in the pilot highlighted the value of the reports generated by the ROOT. For SLTs using Therapy Outcome Measures (TOMs – Enderby & John, 2015), these reports have enabled them to see, at a glance, the impact of their interventions. For clinical leads and service managers, aggregated reports of the type illustrated in Figure 1 have been reported as useful in the context of service planning and providing intelligence to key stakeholders, including budget holders and commissioners. Members have also indicated the potential of using the reports to support service improvement and for influencing purposes.

The project team is currently developing and testing the approach to rolling out the use of the ROOT with those who are already engaged with the project, including SLTs who have been piloting the tool in their practice. Information about the phased rollout, including the criteria that speech and language therapy services will be required to meet to gain access to the ROOT, will be communicated over the coming months. In the meantime, further information can be found on our webpages or by contacting the Outcomes Project Officer (see resources list for details).

Phase 2

We are aware that members need to use TOMs and the ROOT in the context of other data and in conjunction with other available resources to support the delivery of quality services. As part of Phase 2 of the Outcomes Project, we have been scoping other available resources and tools that can be used alongside TOMs to support service delivery, including the East Kent Outcome System, Care Aims Framework (www.careaims.com) and the Balanced System® (www.thebalancedsystem.org). The RCSLT's digital transformation is providing an opportunity to take this work forward, with the development of the new website providing a dedicated area to help members identify appropriate resources and tools.

Additionally, Phase 2 is looking at how to evidence the impact of speech and language therapy services where tools to measure impact are not currently available, including at a public health level and in universal speech and language therapy services.

Demonstrating the impact of speech and language therapy

Kamini Gadhok and Kathryn Moyse provide an update on the latest developments with the RCSLT Outcomes Project

Figure 1.

Sample report: dysphagia outcomes from the pilot for service users accessing speech and language therapy between July 2015 and July 2017, showing the direction of change on the TOMs across the domains of Impairment, Activity, Participation and Wellbeing

"These reports have enabled SLTs to see, at a glance, the impact of their interventions"

Your chance to get involved

We would like to invite members interested in potentially using the ROOT to contact the RCSLT Outcomes Project Officer for more information: kathryn.moyse@rcslt.org. Further details about the RCSLT's work on outcomes are available at www.rcslt.org/members/outcomes/RCSLT_outcomes_project ■

Kamini Gadhok, MBE, RCSLT CEO & Kathryn Moyse, RCSLT Outcomes Project Officer

References & resources

Therapy Outcome Measures: Enderby P & John A. *Therapy outcome measures for rehabilitation professionals.* Third Edition. Guildford: J&R Press Ltd, 2015.

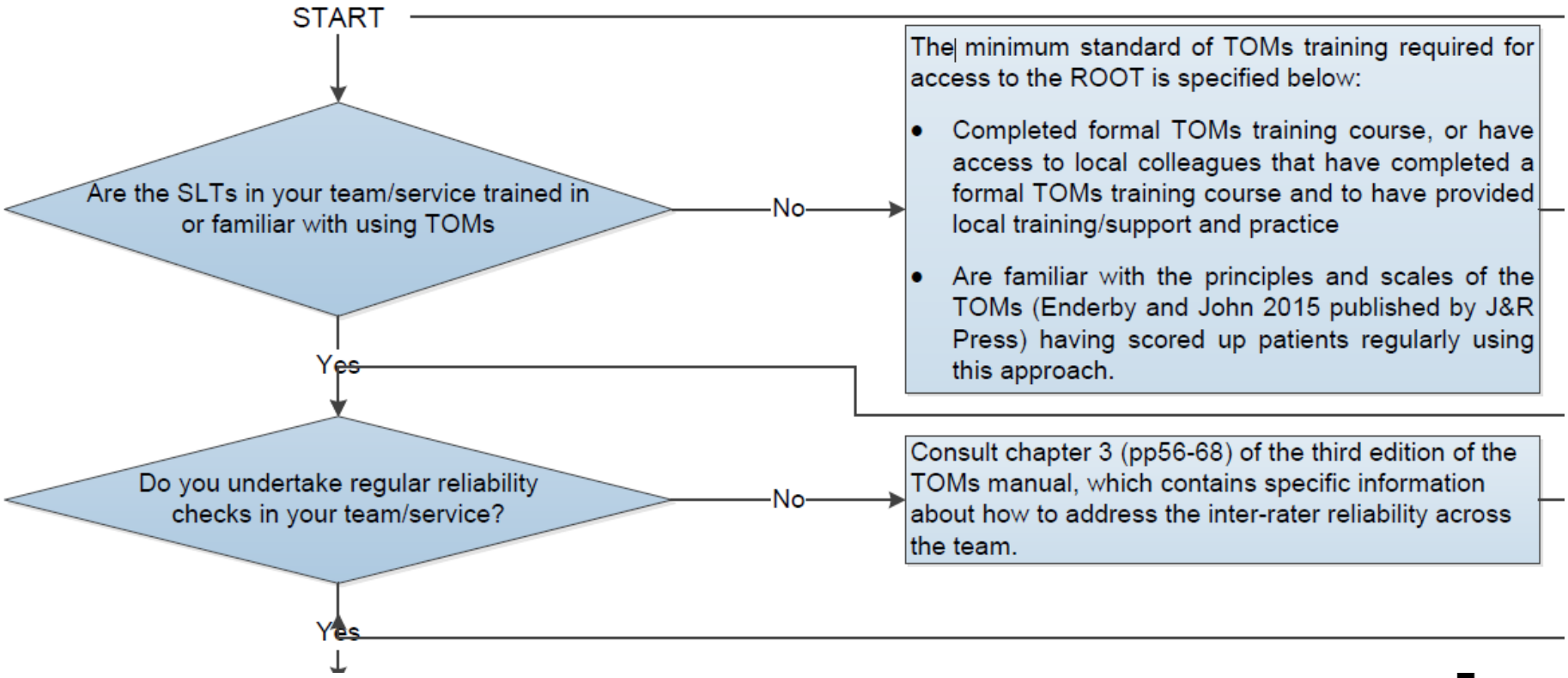
East Kent Outcome System: Johnson M & Eliot A. *East Kent Outcome System User Manual* (2010 revised edition). Maidstone: Kent Community Health NHS Foundation Trust, 2010.

Care Aims Framework: www.careaims.com

The Balanced System®: www.thebalancedsystem.org

Outcomes Project webpage: www.rcslt.org/members/outcomes/RCSLT_outcomes_project

Are you ROOT-ready?



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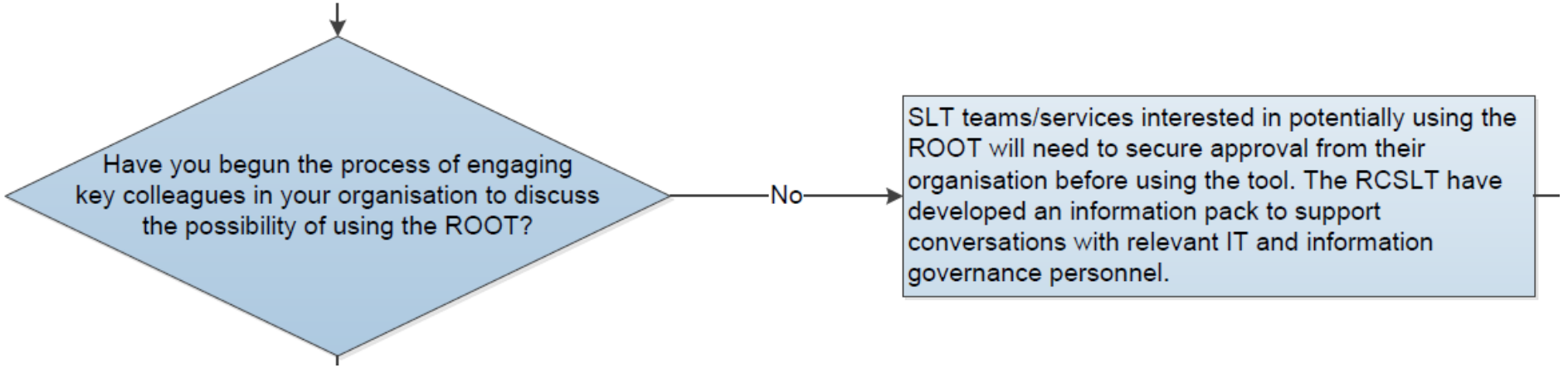
Are you ROOT-ready?



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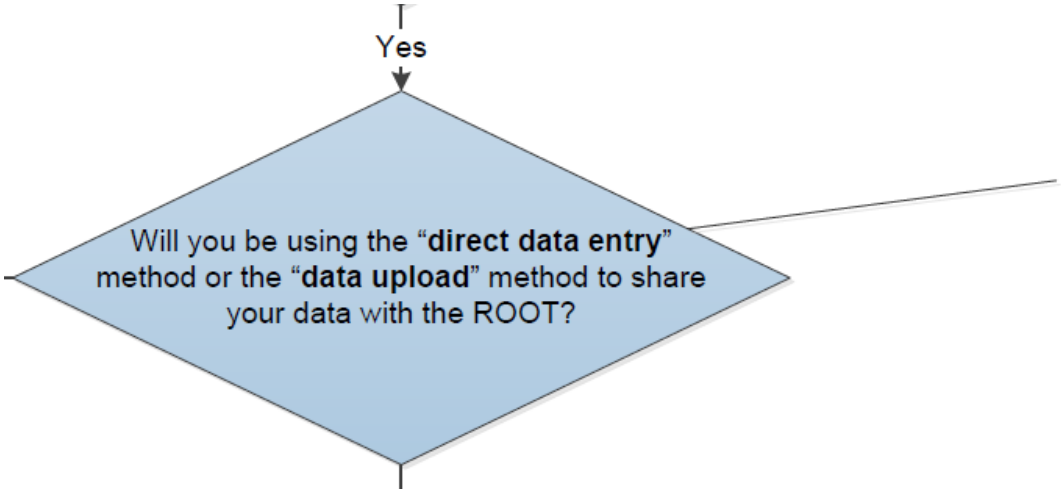
Are you ROOT-ready?



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

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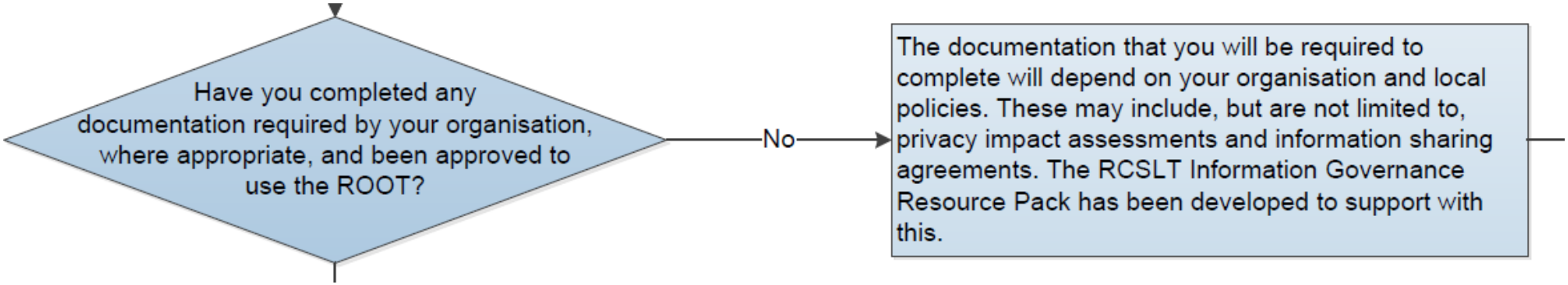
Are you ROOT-ready?



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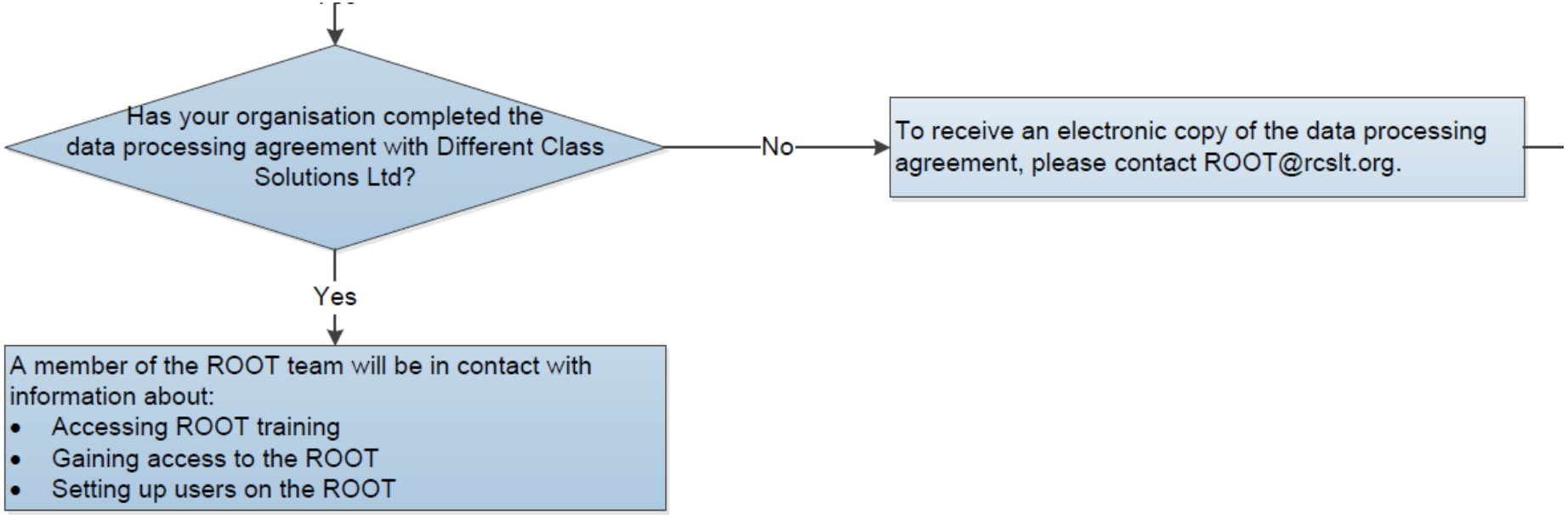
Are you ROOT-ready?



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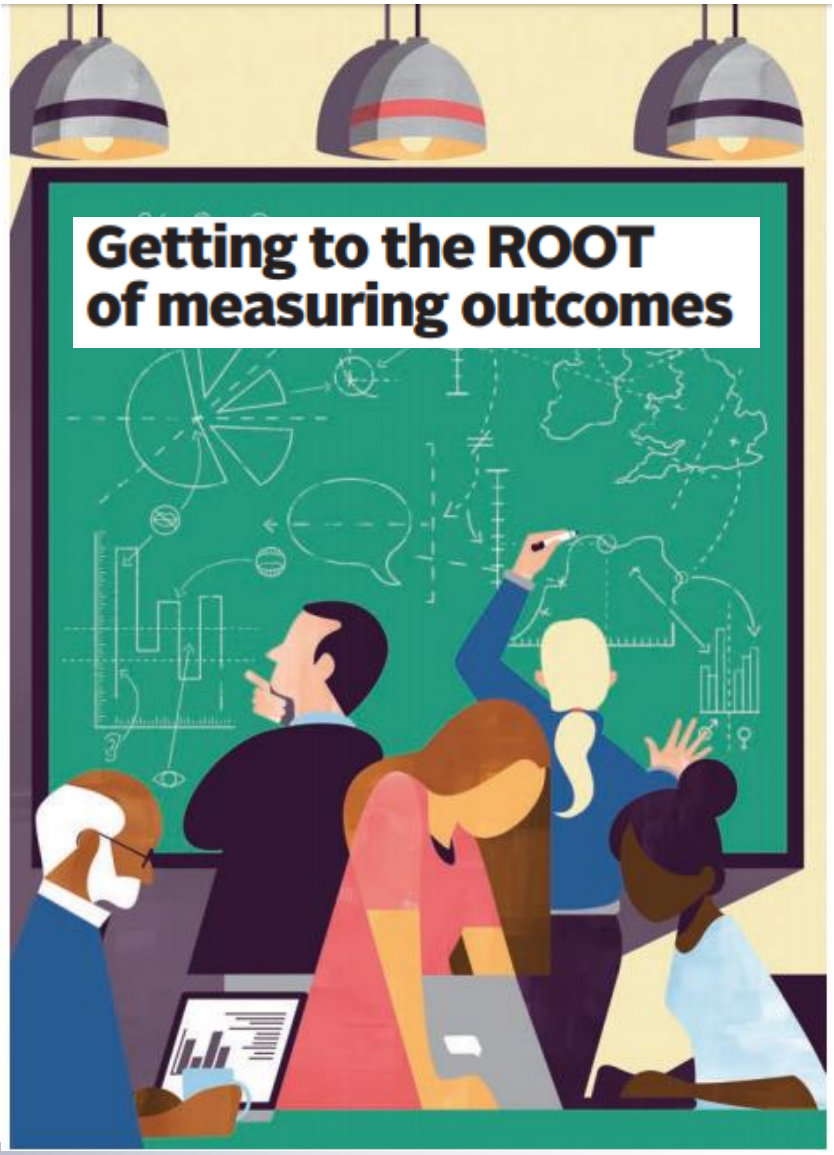
Phased roll-out of the ROOT

Sept 2017 – March 2018

- 80 individuals/teams/ services registered an interest in using the ROOT
- Developing the functionality of the ROOT to accommodate roll-out and in response to feedback from members
- Reported findings to date from the work to date (Bulletin, March 2018)



Phased roll-out of the ROOT

- Revised ROOT information governance pack to reflect changes in data protection legislation
- Development and initial testing of the document setting out the requirements for local systems and databases to be compatible with ROOT
- Updated training materials and scoped options for online training resources
- Continuing to develop the functionality of the ROOT to accommodate roll-out and in response to feedback from members

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Interested in getting involved?

- RCSLT are welcoming expressions of interest from members who are considering using the ROOT in their team/service

- For more information, including to receive the briefing pack and accompanying resources, members should contact ROOT@rcslt.org

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What are the gaps?

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Outcomes Programme: parallel workstreams

- The RCSLT Board of Trustees approved initiation of parallel workstreams in December 2016. These include:
  - Developing approach to data collection in universal/targeted children's SLT services
  - Scoping how to approach identifying other data that adds value to TOMs for specific clinical areas
  - Supporting ALD leads network to develop approach to capturing impact of work conducted outside the referral process (e.g. environmental work)

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Outcomes Programme: parallel workstreams

- The workstreams link to other RCSLT projects (e.g. Children's SLT Services Strategy) and will capitalise on the opportunity of the digital transformation work to support members
- Influencing national (UK wide) developments and involvement in projects and initiatives related to outcome measurement and data collection is another key workstream

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For more information, please contact:

Kathryn Moyse
RCSLT Outcomes and Informatics Manager
kathryn.moyse@rcslt.org

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

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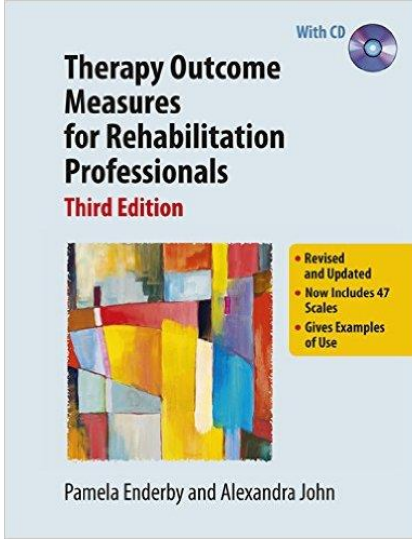
FOR REFERENCE

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

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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'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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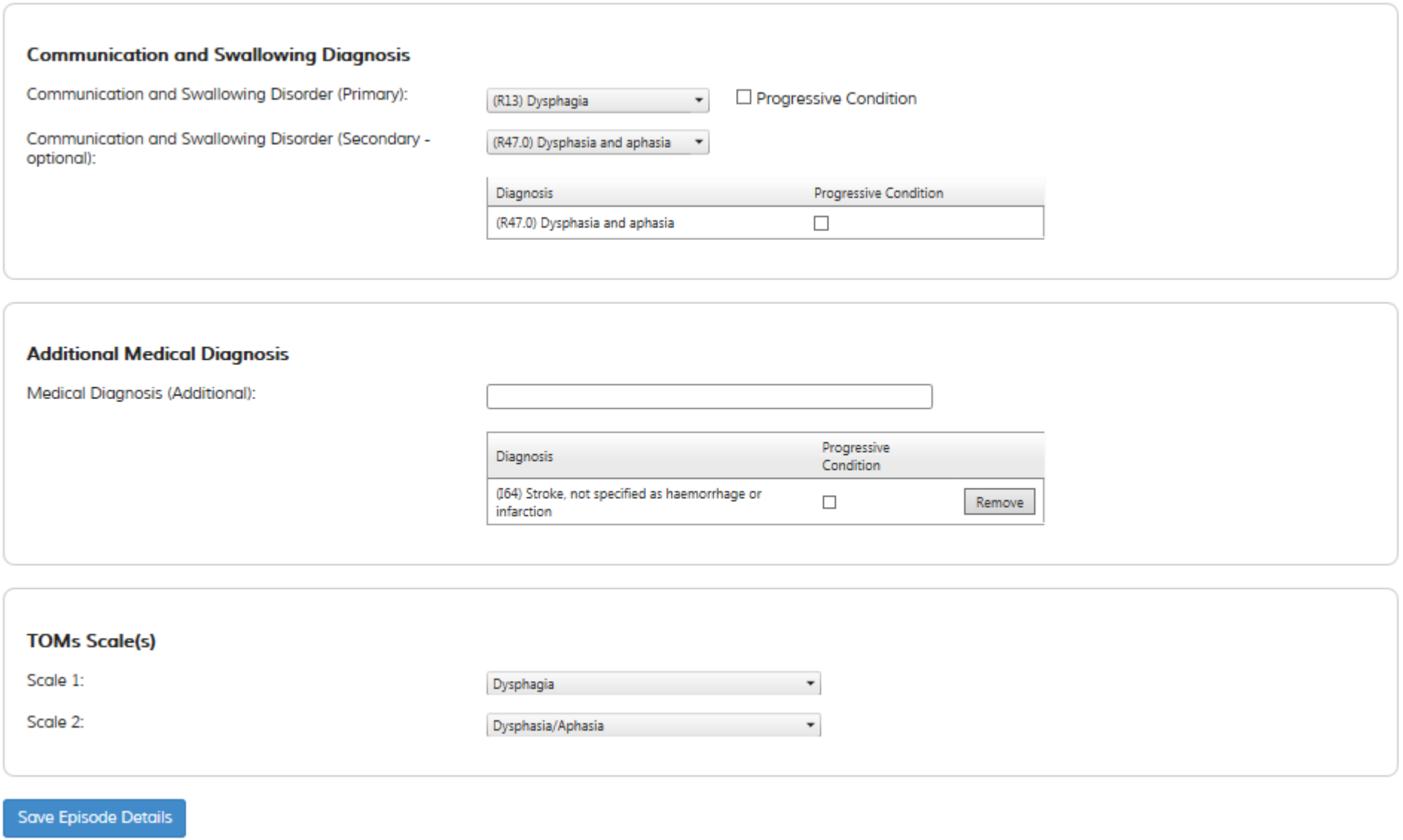
RCSLT Online Outcome Tool



RCSLT Online Outcome Tool

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

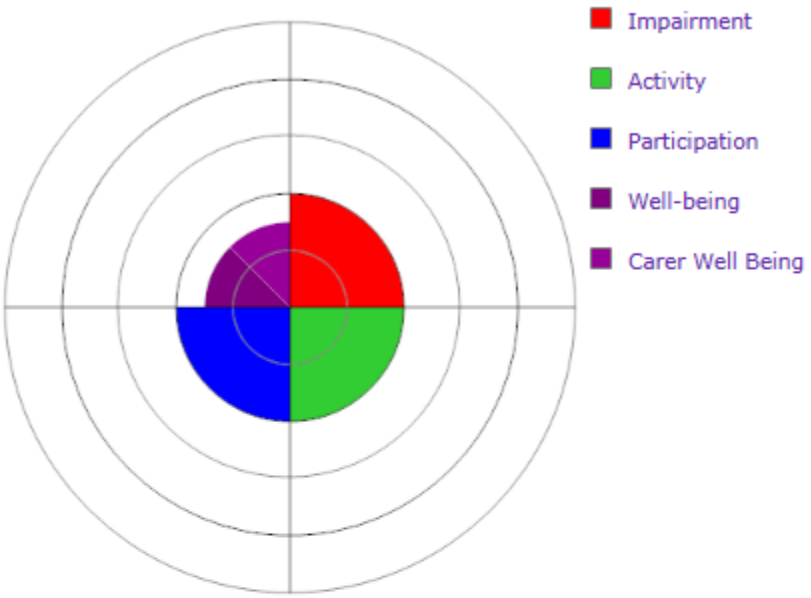
	N/A	0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
Impairment (Dysphagia) :												
Impairment (Dysphasia) :												
Activity (Dysphagia) :												
Participation (Dysphagia) :												
Wellbeing (Dysphagia) :												
Carer Well Being :												

Save and Next

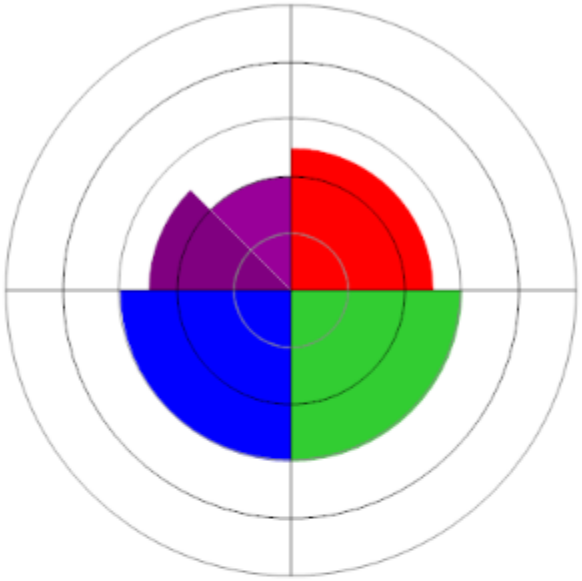
Level	Description
0	Profound. Aphagia: Not safe to swallow due to cognitive status / no bolus control / aspiration / absence of oral / pharyngeal swallow. Clinical signs of aspiration. No effective cough reflex. May need regular suction.
1	Severe dysphagia. Weak oral movements / no bolus control / inadequate 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.

TOMs Scores Chart

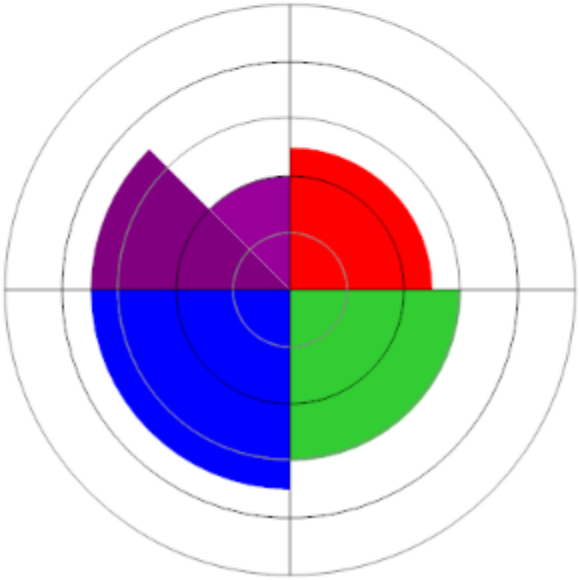
Start of Episode - 01 Sep 2016



Interim - 20 Sep 2016

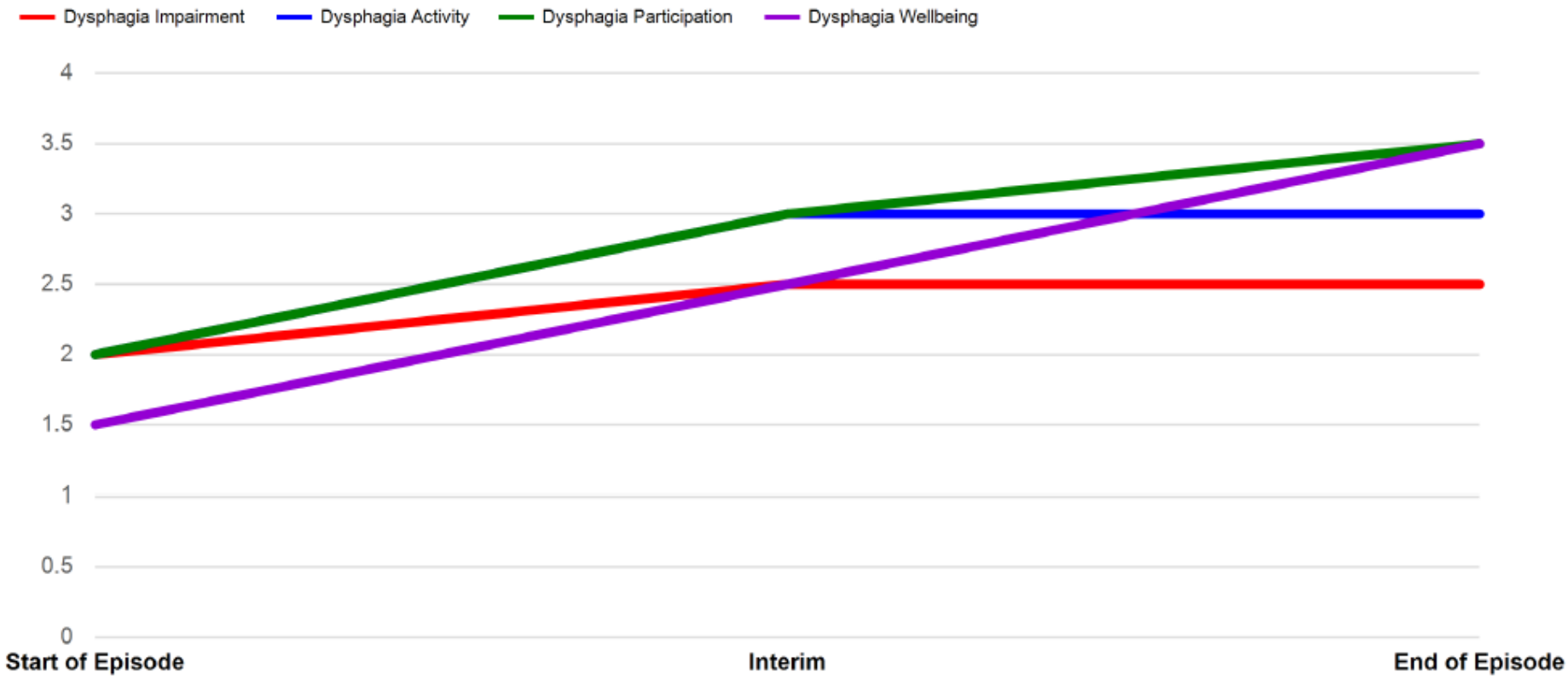


End of Episode - 09 Dec 2016



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

RCSLT Online Outcome Tool



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RCSLT Online Outcome Tool - reports

Home | Patient Search | Add Patient | Change Password | Reports | Secure File Upload | Import Data | Logout | Site Admin

General Reports | Quarterly Reports | Information

R01 Distribution By Domain

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

☐ Advanced
☐ B&W Version

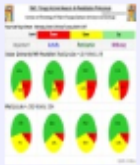
Show

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

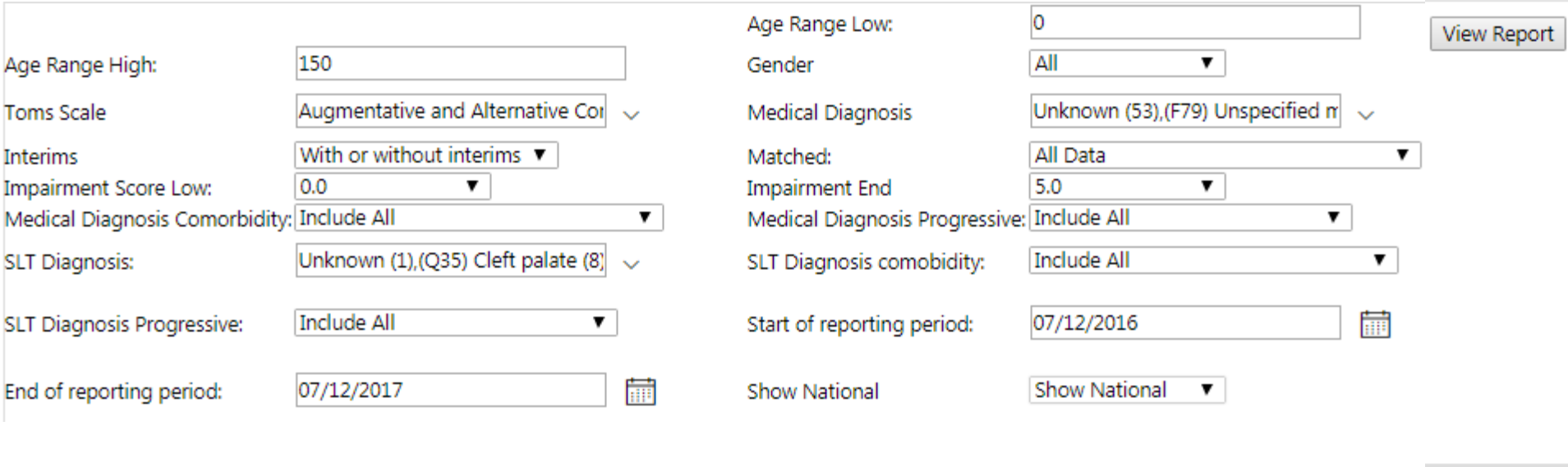
A look at the central tendency of start and end TOMS ratings and the change between them

☐ Advanced
☐ B&W Version

Show

Leave Feedback

RCSLT Online Outcome Tool – report parameters

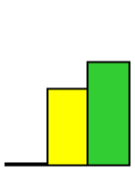
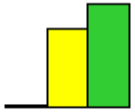
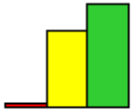
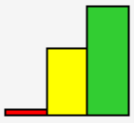
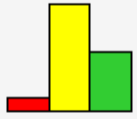


ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

Sample data report R01: Change in TOMs scores between initial and final ratings across each domain

Data from your team/service

Change in TOMs scores between admission and discharge across each domain

		Impairment		Activity		Participation		Wellbeing		Carer Wellbeing	
	Movement	#	%	#	%	#	%	#	%	#	%
Service A Episodes: (283) Patients: (283)	*Episodes*	283		283		283		283		9	
	Down	3	1.06%	2	0.71%	4	1.41%	5	1.77%	0	0%
	Same	119	42.05%	121	42.76%	164	57.95%	118	41.7%	8	88.89%
	Up	161	56.89%	160	56.54%	115	40.64%	160	56.54%	1	11.11%
	100% / 50%										
Pilot Episodes: (1171) Patients: (1162)	*Episodes*	1171		1171		1097		1099		64	
	Down	22	1.88%	31	2.65%	35	3.19%	45	4.09%	5	7.81%
	Same	286	24.42%	281	24%	399	36.37%	342	31.12%	38	59.38%
	Up	863	73.7%	859	73.36%	663	60.44%	712	64.79%	21	32.81%
	100% / 50%										

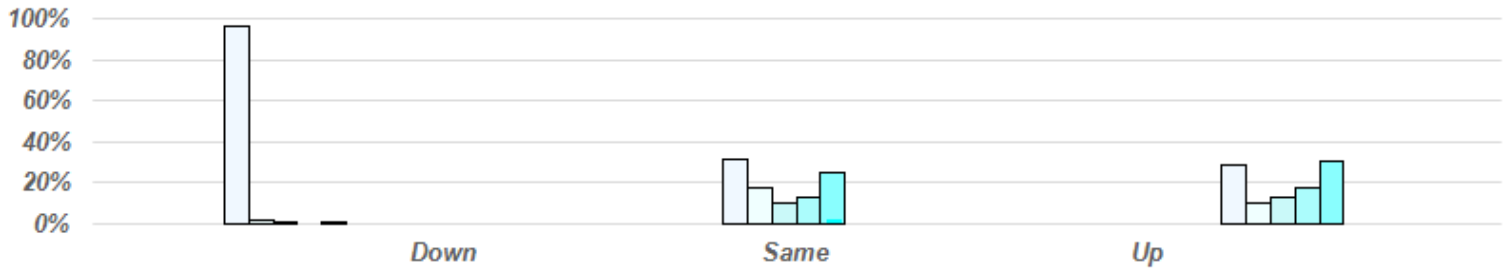
Comparison data from other teams/services involved in the pilot (matched for parameters applied)

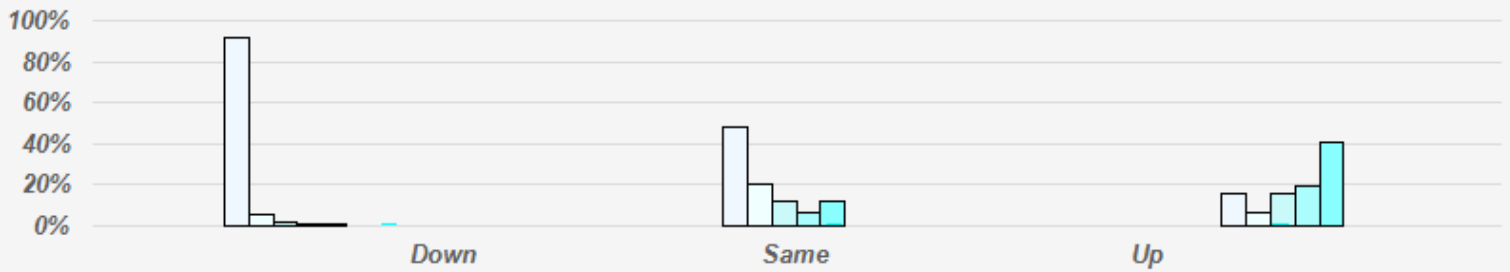
ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

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

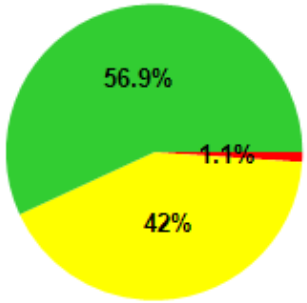
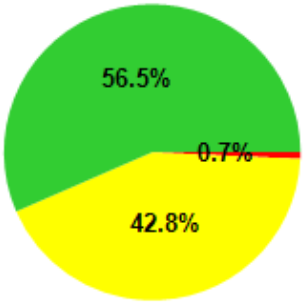
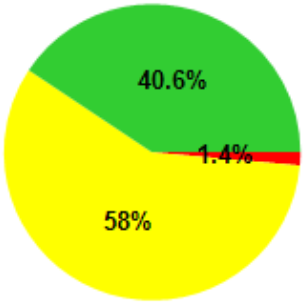
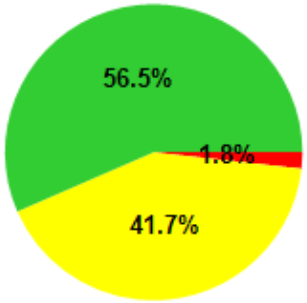
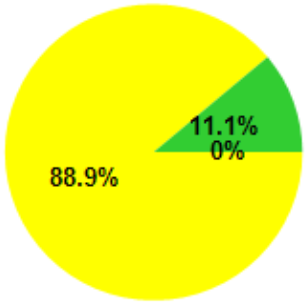
		In All Five Domains		*In Four Domains*		*In Three Domains*		*In Two Domains*		*In One Domain*		*In No Domains*	
		#	%	#	%	#	%	#	%	#	%	#	%
Service A Episodes: (286) Patients: (286)	**Down**	0	0%	1	0.35%	0	0%	2	0.7%	6	2.1%	277	96.85%
	Same	6	2.1%	71	24.83%	37	12.94%	30	10.49%	51	17.83%	91	31.82%
	Up	0	0%	87	30.42%	51	17.83%	36	12.59%	30	10.49%	82	28.67%
Pilot Episodes: (1174) Patients: (1165)	**Down**	1	0.09%	4	0.34%	6	0.51%	19	1.62%	61	5.2%	1083	92.25%
	Same	9	0.77%	142	12.1%	71	6.05%	144	12.27%	238	20.27%	570	48.55%
	Up	11	0.94%	481	40.97%	233	19.85%	185	15.76%	76	6.47%	188	16.01%





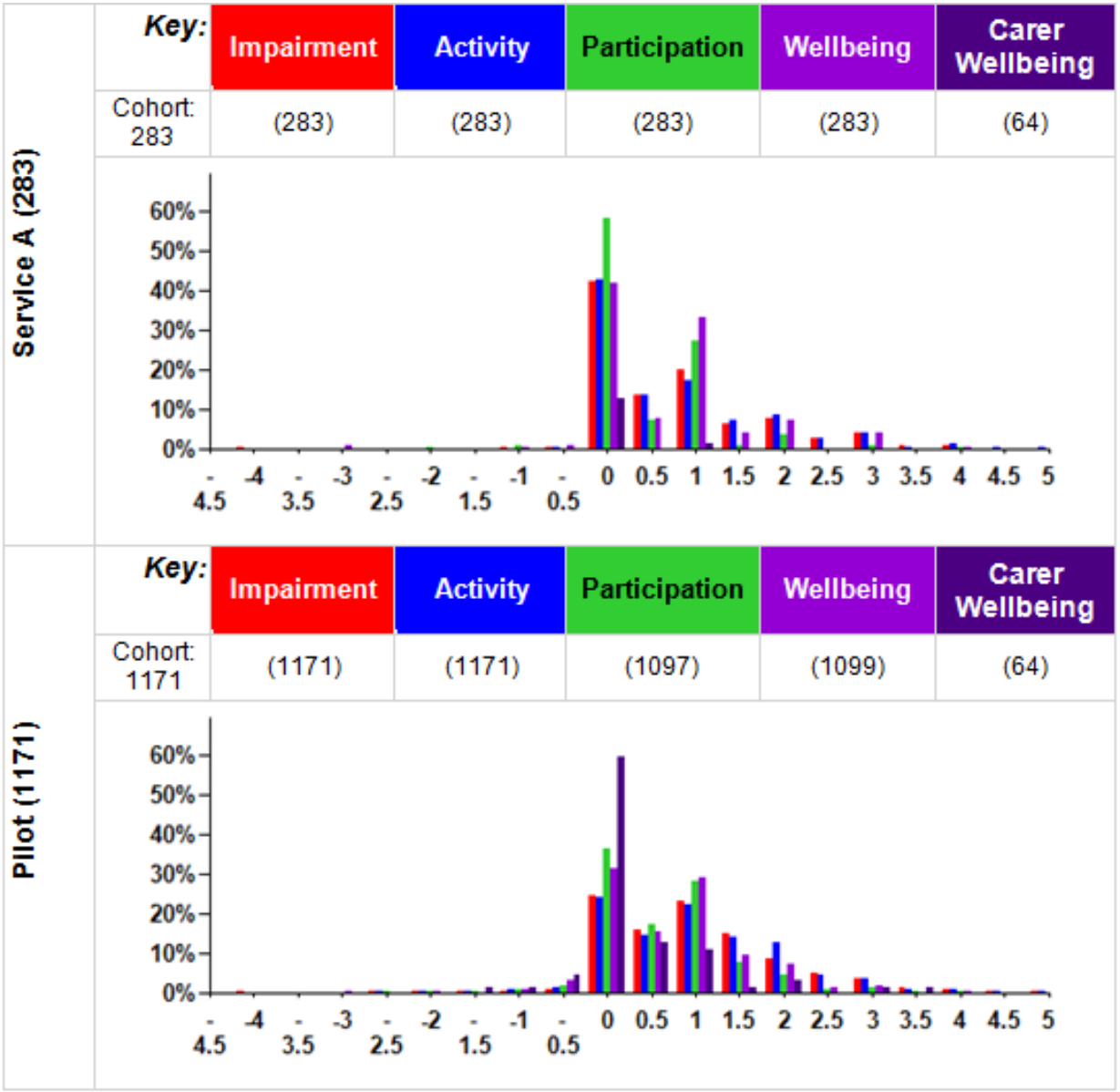
SPEECH & LANGUAGE THERAPISTS

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

Key	Impairment (E =283)	Activity (E = 283)	Participation (E = 283)	Wellbeing (E = 283)	Carer Wellbeing (E = 9)
Down					
Same					
Up					
Service A *Episodes = (283) Patients: (283)*					

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

Sample data report R04: Distribution of change in TOMs scores between initial and final rating across each domain



ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

Sample data report R05: Average change in TOMs scores between initial and final rating across each domain

Service A		Impairment			Activity			Participation			Wellbeing			Carer Wellbeing		
	Average Type	Start	End	Change	Start	End	Change	Start	End	Change	Start	End	Change	Start	End	Change
All Toms Scales Episodes: (2551) Patients: (2551)	Mean	2.66	3.58	0.92	2.72	3.57	0.85	2.87	3.27	0.4	3.18	3.74	0.55	2.99	4.13	1.15
	Median	2.5	2.5	1	2.5	2.5	1	2.5	3	1	2.5	3	1	2.5	3	1
Aphasia/Dysphasia Episodes: (221) Patients: (221)	Mean	2.22	2.98	0.75	2.39	3.16	0.77	2.32	3.07	0.76	2.76	3.49	0.73	2.43	3.35	1
	Median	2.5	2.5	1.5	2.5	2.5	1.5	2.5	2.5	1.5	2.5	2.5	0.75	2.5	2.5	0.75
Cognition Episodes: (7) Patients: (7)	Mean	2.64	2.57	-0.07	2.43	2.21	-0.21	2	1.79	-0.21	3	3	0	3.5	4	0.5
	Median	2.5	2.5	0.25	2	2.25	0	2	2	0	2	2	0	2	2	0
Core Scale Episodes: (31) Patients: (31)	Mean	2.52	3	0.48	2.81	3.19	0.39	3.06	3.31	0.24	2.84	3.37	0.53	3.11	3.33	0.17
	Median	2.5	2.5	1	2.25	3	0.75	2.5	3	0.75	2.75	2.75	1	2.75	2.75	1