## RCSLT Outcomes Project



*Dysphagia Event* 21 June 2018

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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



### 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

### 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



# Identifying an existing outcome measure

#### 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



### 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?

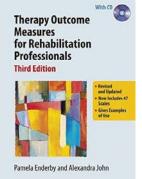
## Identifying an existing outcome measure

- Therapy Outcomes Measure (TOMs) (Enderby, John and Petheram, 2006)<sup>1</sup> 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

Third edition now 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):



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SPEECH

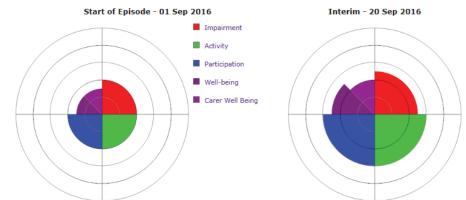
- □ Impairment the severity of the presenting difficulty/condition
- Activity the impact of the difficulty on the individual's level of independence
- Participation impact on levels of social engagement and autonomy
- □ Wellbeing impact on mental and emotional wellbeing
- Each dimension is measured on an 11-point ordinal scale with six defined descriptors, ranging from 0 (worst case scenario), to 5 (best possible presentation).



### The RCSLT Online Outcome Tool

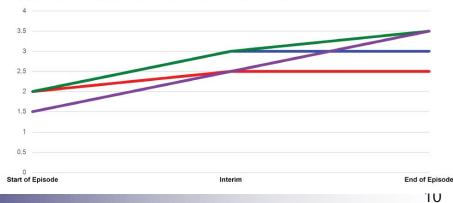
- The RCSLT Online Outcome Tool (ROOT) is being developed to support practitioners with:
  - Collecting and collating outcomes data using two methods:

	Direct data entry	Data is entered directly into the ROOT	
	Data upload	<ul> <li>Data collected in local electronic system exported and uploaded to the ROOT</li> </ul>	ns is
	<ul> <li>Evaluating an slide)</li> </ul>	d reporting outcomes (see next	ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS
22			9
	томя	Scores Chart	





- Dysphagia Impairment - Dysphagia Activity - Dysphagia Participation - Dysphagia Wellbeing



Individual service user

		Lege		Down				me			Up	
	manager and the second	pairment	s = (49) Patie	ctivity			Partic	ipation			Wellbein	9
	RUSLIN	est Episode			3)		8.9				55.75	
		31%		n	-			-			275	
	Pilot Epis	odes = (62)	Patients: (62									
		51.65		1.9%				-		(	51.8%	
7		0.55		225	7		11.52				30.4%	
			Averag Type	e								
		ns Scales	Mean	2.77	3.11	0.35 2.7					2.54 3.1	0.56
	Episodes Patients:	(49)	Mediar	3	3	0.5 3	3.5	0.5 2.5	5 3	0.5	3 3	0.5
	Cleft L	ip or Palate	Mean	2.94	3	0.06 3	3.25	0.25 2.6	59 3	0.31	2.81 2.88	
	Episodes Patients:	(8)	Mediar	3	3	0.25 3	3.5	0.25 2.3	75 3	0.5	3 2.75	0
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	Episodes Patients		Mediar			0.75 2.7					2.75 3	0.5
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		Down			Same				Up			
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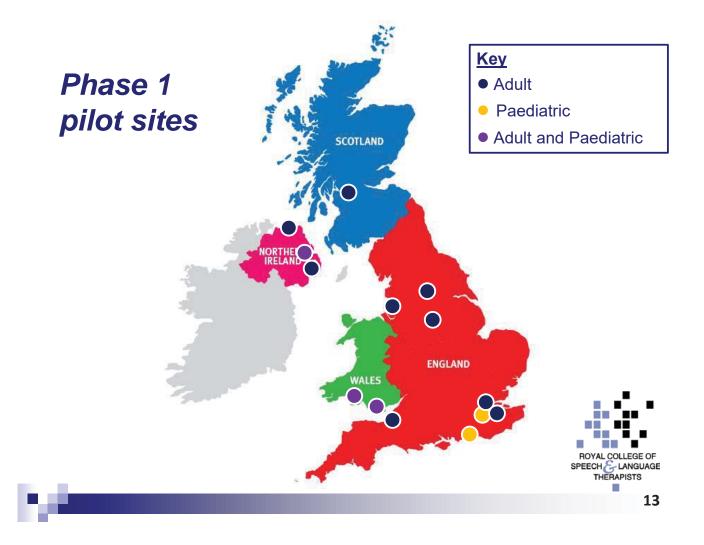
### Developing and testing the RCSLT Online Outcome Tool

#### March 2015 – November 2016

- Developed ROOT prototype and completed initial testing
- Recruited speech and language therapy services to pilot the ROOT (see next slide)
  - $\hfill\square$  Representation from across the UK
  - $\hfill\square$  Range of clinical areas and settings
- First iteration of the ROOT piloted by six of the SLT services engaged in the pilot
- ROOT developed iteratively in response to members' feedback



Initial evaluation completed



# Extension to the proof of concept pilot

#### December 2016 – 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



# The RCSLT Board of Trustees' decision

#### May – July 2017

- Completion of final evaluation of the ROOT
- 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



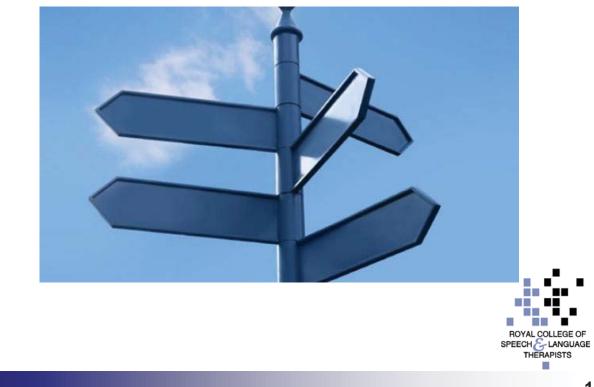
10 June 2010 – 10 June 2018	
TOMs Scale	Total
Dysphagia	11082
Core Scale	2607
Dysphonia	1544
Dysarthria	1102
Aphasia/Dysphasia	620
Phonological Disorder	221
Child Language Impairment	188
Learning Disability – Communication	159
Dysfluency	99
Cognition	84
Autistic Spectrum Disorder	58
Hearing Therapy/ Aural Rehabilitation	48
Laryngectomy	44
Tracheostomy	42
Augmentative and Alternative Communication (AAC)	15
Challenging Behaviour and Forensic Mental Health	10
Head Injury	2
Dementia	1
Dietetic Intervention for Undernutrition: Paediatric	1
Dyspraxia – Developmental Coordination Difficulties	1
Total	17928

10 June 2010 – 10 Jur	ne 2018					
All Closed		Positiv	e change	in numbe TOMs	er of doma	ains of
TOMs scale	Episodes	None	One	Two	Three	Four
All Scales	17928	4241	2922	3504	2361	4900
All Scales	17920	23.7%	16.3%	19.5%	13.2%	27.3%
Dysphagia	11082	3034	2116	2342	1233	2357
Dysphagia	11002	27.4%	19.1%	21.1%	11.1%	21.3%



Where next?

be.



#### Phased approach to implementation

	START	The minimum standard of TOMs training required for		
Are the 8	LTs in your team/service trained in	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	PERFORMANCE ADVINTAGE TRAINING & DEVELOPMENT STANDARD FOR ADVINTAGE STANDARD FOR ADVINTAGE STANDAR	
	r familiar with using TOMs No-	local training/support and practice     Are familiar with the principles and scales of the	PERFORMANCE ADVANTAGE	
	Y	TOMs (Enderby and John 2015 published by J&R Press) having scored up patients regularly using this approach.		
Do yr	ou undertake regular reliability	Consult chapter 3 (pp56-68) of the third edition of the TOMs manual, which contains specific information	I RAINING & B SUCCESS	
d	ecks in your team/service? NO-	about how to address the inter-rater reliability across the team.		
	k. X		LEARN Q REOPLE STRATEGY 2	
		BLT teams/services interested in potentially using the ROOT will need to secure approval from their	ACTIVITIES A EVALUATE	
< key colleau	u begun the process of engaging gues in your organisation to discuss iossibility of using the ROOT?	NOUT in these to secure approval from their organization before using the tool. The RCOLT have developed an information pack to support conversations with relevant IT and information	H GOALS A	
		povemance 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		
method or	be using the "direct data entry" the "data upload" method to share your data with the ROOT?			
	Data upioso			
Direct data entry Have	you checked that your database	The RCOLT have developed a specification to support		
structure m	compatible with the ROOT?	<ul> <li>discussions with IT suppliers about database requirements.</li> </ul>		
	Yes			
	Have you completed any	The documentation that you will be required to complete will depend on your organization and local policies. These may include, but are not limited to.		
	ation required by your organisation, ppropriate, and been approved to use the ROOT?	privacy impact assessments, data processing     agreements, information sharing agreements. The     RGSLT information Governance Resource Pack has		
document				_
document		been developed to support with this.		
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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 <u>ROOT@rcslt.org</u>





#### Phase 2

Initiated in December 2016 to run in parallel to Phase 1:

□ Framing TOMs as part of other resources available

- □ Identifying the gaps and how these might be filled
- Developing approach to data collection in universal/targeted children's SLT services
- Supporting ALD leads network to develop approach to capturing impact of work conducted outside the referral process (e.g. environmental work)
- The Phase 2 workstreams link to a number of other
   RCSLT workstreams (e.g. Children's SLT Services
   Strategy, digital transformation)

THERAPISTS

#### For more information, please contact: Kathryn Moyse RCSLT Outcomes and Informatics Manager <u>kathryn.moyse@rcslt.org</u>

https://www.rcslt.org/members/outcomes/RCSLT outcomes project

