

Welcome to the webinar:

Are you ROOT ready?

The value of the RCSLT Online Outcome Tool

#RCSLTwebinar

ROYAL COLLEGE OF SPEECH LANGUAGE

THERAPISTS

Chair of webinar:



Kamini Gadhok MBE CEO, RCSLT; and Outcomes Programme Sponsor



Presenters:



Kathryn Moyse
Outcomes and Informatics
Manager, RCSLT



Jade Farrell
Clinical Lead SLT,
Abertawe Bro Morgannwg
University Health Board





- Send in chat messages at any time by using the Chat button
- Send in questions by using the Q&A button
- This event is being recorded. See here for recordings: https://www.rcslt.org/past-events-and-webinars#section-2
- Kaleigh Maietta is on hand to help!

Aims and objectives



After this webinar, participants will:

- Understand the value of collecting outcome measures at the individual level, service level and for local and national influencing
- Have a better understanding of the RCSLT Online
 Outcome Tool, what kind of reports it can generate
 and what you can do with them
- Hear from a pilot site and understand how they are using the ROOT to implement system change
- Find out how you can be ROOT Ready, and implement the tool in your daily practice





Kathryn Moyse
Outcomes and Informatics
Manager
RCSLT

Outcomes Programme workstreams

National influencing and projects

RCSLT Online Outcome Tool

Measuring the impact of children's universal/targeted SLT services

Developing a set of core measures for each clinical area



The RCSLT Outcomes Programme

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

INTERNAL	EXTERNAL
Demonstrating the impact of SLT interventions	Outcome measurement not embedded - historical focus on inputs, processes & outputs
Contribution to local, regional & national outcomes	Use of terminology & definitions
Supporting service evaluation	Few validated outcome measures
Developing the evidence base	National policies and frameworks
Supporting business case development	Outcomes based commissioning

Outcomes terminology – developing consensus

- No standard definition of 'outcomes' in the context of health and social care¹
- Adopted definitions from "Choosing the Right Fabric: A Framework for Performance Information" (see next slide)
- Using Theory of Change framework to articulate the contribution of SLT interventions to ultimate outcomes https://www.youtube.com/watch?v=wKcxkUBrDkY

^{1 &}lt;a href="https://www.hfma.org.uk/docs/default-source/our-networks/healthcare-costing-for-value-institute/institute-publications/introduction-to-health-outcomes">https://www.hfma.org.uk/docs/default-source/our-networks/healthcare-costing-for-value-institute/institute-publications/introduction-to-health-outcomes

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Outcomes terminology – developing consensus

AN EXAMPLE - HEALTH

Through this chapter the provision of health services will be used as an example.

INPUTS

INPUTS: The resources that contribute to production and delivery. Inputs commonly include things such as labour, physical assets, and IT systems.

For example, doctors, nurses, or scanning equipment.

Diagram adapted from

https://www.nao.org.uk/wpcontent/uploads/2013/02/fabric.pdf

OUTPUTS

OUTPUTS: the final products, or goods and services produced by the organisation for delivery to the customer.

For example, the number of effective medical treatments, or operations which take place.

(of the appropriate quality)

OUTCOMES

OUTCOMES: the impacts, or consequences for the community, of the activities of the government.

Outcomes are normally what an organisation is trying to achieve.

For example, longer life expectancy and better health².

The RCSLT Outcomes Programme

- 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)



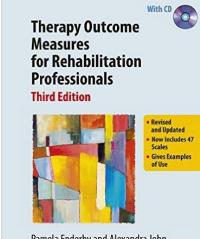
RCSLT members' 'best fit' criteria

Table one: The 11 criteria agreed for existing outcome measures at the October 2013 and subsequent RCSLT Hub meetings

- Is it reliable?
- Is it valid?
- Is it suitable across key client groups?
- 4. Is training available?
- 5. Is it easy to access?
- Is it easy and quick to use?
- 7. Is it compatible with existing tools?
- Can it work with the main areas of SLT practice and current priorities?
- 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?

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):



- Pamela Enderby and Alexandra John
- 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).

0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0
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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

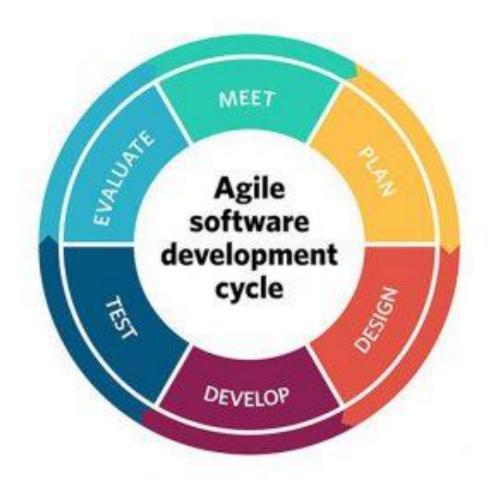
Data upload

 Data collected in local electronic systems is exported and uploaded to the ROOT

□ Evaluating and reporting outcomes



Developing and testing the RCSLT Online Outcome Tool





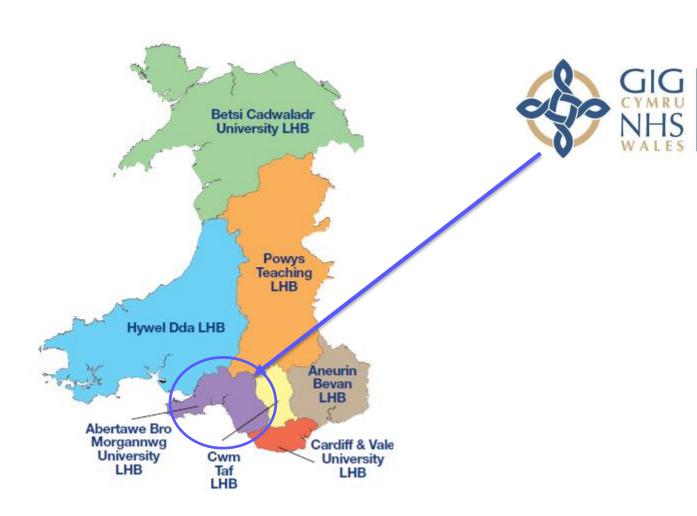
Source: https://project-management.com/10-key-principles-of-agile-software-development/





Jade Farrell
Clinical Lead SLT,
Abertawe Bro Morgannwg
University Health Board

ABMU ROOT Pilot Site



Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board



Timeline:



2015

- Introduction to TOMs
- Train the trainer
- Training roll out to whole team

2016

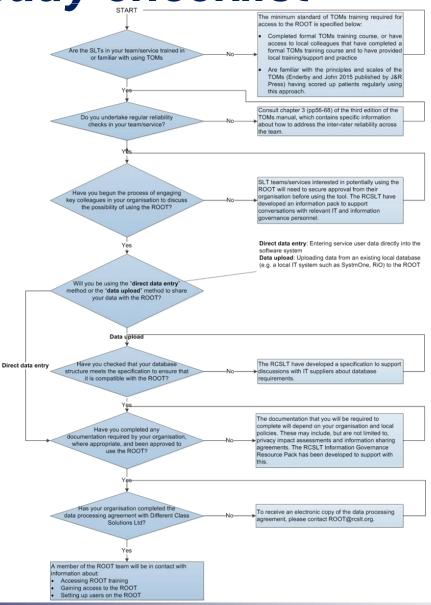
- Working group developed plans for reliability rating and data collection internally
- Joined RCSLT ROOT pilot (opted for data upload method)
- Implemented systems for maintenance and sustainability

2017 - 2018

- Data analysis
- Maintaining staff engagement



ROOT-ready checklist

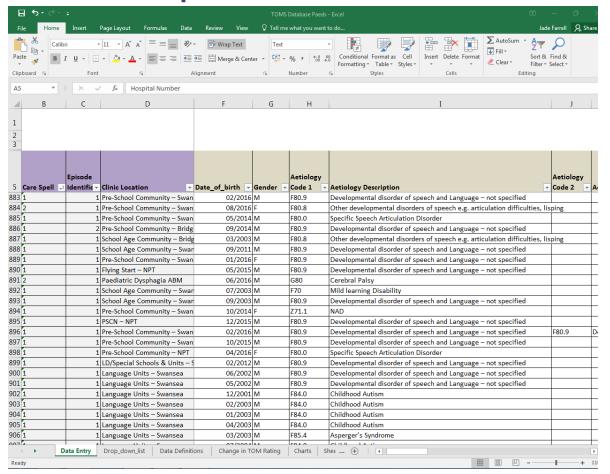




Experience with ROOT:



Data upload method



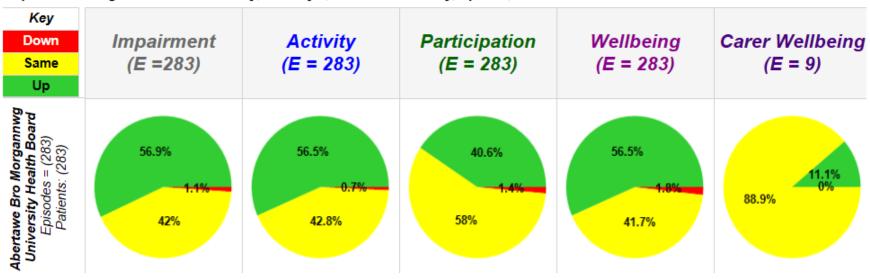


Reporting options



Change between initial and final TOMs scores across each domain

Report Date Range: Between - Thursday, January 1, 2015 and Thursday, April 19, 2018





Reporting options cont.



Mean and median change scores between initial and final TOMs rating



<u>TOMS : Therapy Outcome Measures for Rehabilitation Professionals</u>

Pam Enderby and Alexandra J



Measures of Central Tendency and Change

Report Date Range: Between - Wednesday, April 1, 2015 and Thursday, April 19, 2018

		Impairment		A	Activity		Participation		Wellbeing			Carer Wellbeing				
Abertawe Bro Morgannwg University Health Board	Average Type	Start	End	Change	Start	End	Change	Start	End	Change	Start	End	Change	Start	End	Change
All Toms Scales	Mean	2.63	3.57	0.94	2.69	3.55	0.85	2.8	3.18	0.38	3.18	3.72	0.54	3.02	4.2	1.21
Patients: (2878)	Median	2.5	2.5	1	2.5	2.5	1	2.5	2.5	0.5	2.5	3	0.5	2.5	3	0.5
Aphasia/Dysphasia	Mean	2.21	2.98	0.77	2.38	3.16	0.78	2.31	3.07	0.76	2.77	3.52	0.75	2.45	3.39	0.97
Episodes: (233) Patients: (233)	Median	2.5	2.5	1.25	2.5	2.5	1.25	2.5	2.5	1.25	2.5	2.5	0.75	2.5	2.5	0.75
Cognition Episodes: (7)	Mean	2.64	2.57	-0.0 7	2.43	2.21	-0.2 1	2	1.79	-0.2 1	3	3	0	3.5	4	0.5
Patients: (7)	Median	2.5	2.5	0.25	2	2.25	0	2	2	0	2	2	0	2	2	0
Dysarthria	Mean	3.44	3.8	0.36	3.77	4.12	0.35	3.57	4.01	0.44	3.59	4.08	0.49	3.15	3.85	0.53
Episodes: (193) Patients: (193)	Median	2.5	2.5	0.5	2.75	3	0.5	2.5	3	1.25	2.75	2.75	1.25	2.75	2.75	1.25
Dysphagia	Mean	2.61	3.64	1.03	2.63	3.55	0.92	2.64	2.97	0.33	3.13	3.64	0.51	3.02	4.27	1.29
Episodes: (2145) Palients: (2145)	Median	2.5	2.5	0.75	2.75	2.5	0.5	2.25	2.25	0.25	2.25	2.25	0.25	2.25	2.25	0.25
Dysphonia	Mean	2.64	3.41	0.77	2.73	3.53	0.81	3.95	4.37	0.42	3.59	4.27	0.68	3.87	4.22	0.11
Episodes: (286) Patients: (286)	Median	2.5	2.75	1.25	2.5	2.5	2	3.25	3.25	1	2.75	3.25	0.75	2.75	3.25	0.75
Tracheostomy	Mean	1.44	3.28	1.83	0.94	2.78	1.83	1.67	2.89	1.22	2.11	3.11	1			
Episodes: (9) Patients: (9)	Median	1.5	4	2.5	1.25	2.25	3	2	2.5	1.5	2.5	3	1.5	2.5	3	1.5

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How have we used the data?

- Case studies demonstrating data use
 - □ For clinicians Supporting clinical decision making
 - □ For managers Supporting service changes
 - □ For business cases/funding





Child J – Influence on clinical decision making

- Known since 2010 extensive SLT history pre-dating our use of TOMs. Child in Primary Language Unit – statemented
- This summarises child's episode of care since using TOMs. Contacts:13, Total Time: 605 minutes, 485 face to face, 120 indirect

Outcomes:

Date	Impairment	Activity	Participation	Child wellbeing	Carer wellbeing
24/4/17	3	3.5	4	3.5	2
17/7/17	3	3.5	3.5	3	2

 Note plateau in impairment and activity and deterioration in participation and wellbeing of child





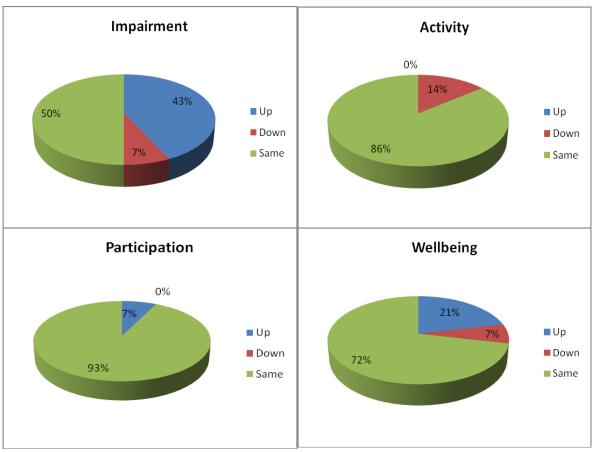
Parkinson's Disease Therapy

- Introduction of group therapy rather than 1:1 for patients with either mild/newly diagnosed PD or more advanced PD
- Known cost savings/time improvements but how could we be sure of maintained positive patient outcomes
- TOMs slides 25 and 26





Parkinson's groups: Mild Difficulties Group - Median Score 4

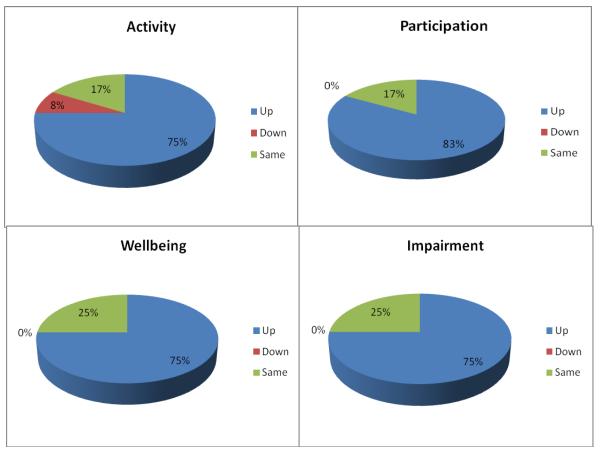


- Group started with median score of '4' (mild difficulties) across all parameters.
- Majority of patients either maintaining or improving their scores in all domains.





Parkinson's groups: Advanced Difficulties Group - Median Score: 3



- Positive outcomes with either maintenance or improvement in all domains
- SLT intervention
 was successful for
 this cohort as well
 as those with milder
 difficulties.



Service Delivery Change – Preschool Service



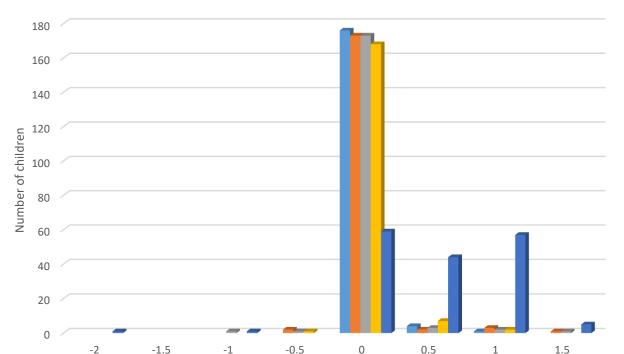
- Paper based triage of referrals before initial specialist assessment
- Initial review of service through clinical systems identified that 42% of children attending for initial assessment were discharged after one contact.
- Clinicians felt strongly that assessment was still appropriate as parents valued advice given and this had positive impact on their wellbeing.
- Further analysis of these 42% that were closed after 1 contact using TOMs scores



Pre-school outcomes following one contact

Bwrdd lechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Change in TOM scores for children closed after one contact



Change in TOMs Score

■ P ■ W Child ■ W Carer

Most children made no change within the session.

Where change was made it was in carer wellbeing

Further analysis of this = nearly half had a starting rating of 4+ in wellbeing dimension of carer

Outcome: Review of our preschool pathway with provision of pre-referral advice sessions

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Funding Influence - Patient J - Complex

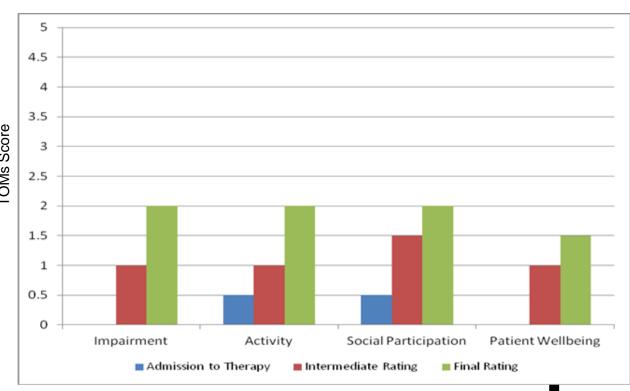
Brain Injury

 Initial TOMs scores very poor (0 – 0.5 across all domains)

No beds in specialist Neuro Rehab Unit

Funding 0.2WTE
 SLT to support on general medical ward

 Change/improvement in TOMs used to justify ongoing investment to support discharge rather than transfer





Influence on ROOT



- Excellent support from RCSLT and ROOT system developers throughout
- Whilst still utilising own data reporting as well as ROOT, have had opportunity to influence development
- Responsive to service needs e.g. development of user defined fields



Key learning points:



- You can't dilute knowledge first hand training direct from Prof. Enderby or from trained trainers required to get started
- Have to cater to individual services/client groups
- Importance of hearts and minds and maintaining engagement of team
- Demonstrating value feedback and whole team updates
- Don't underestimate time needed for planning, training,
 admin and ongoing maintenance

Key learning points:



- Work in progress multiple changes and updates to forms, database and methods since starting as you learn more about what you need from data. Don't expect what you start with to be what you end up with and don't wait for perfection to get started
- Implementation group to continue driving developments and overseeing project is essential
- Hard work and takes a long time but is achievable and rewarding with exciting potential for the profession

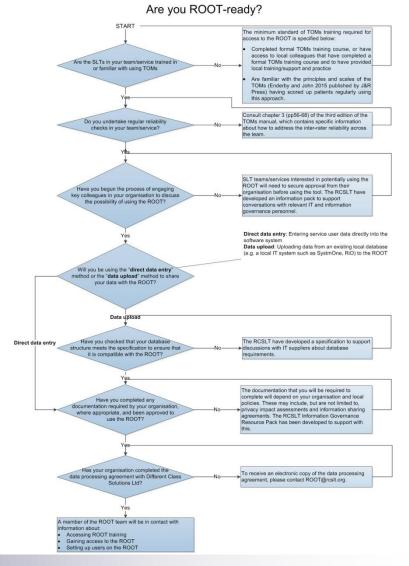




Kathryn Moyse
Outcomes and Informatics
Manager
RCSLT

Phased approach to implementation

- Currently 17 SLT services accessing the ROOT
- Working with over 100 individuals/teams/ services who have registered an interest in using it
- Continuing to develop the functionality of the ROOT to accommodate roll-out and in response to feedback from members



Summary of Resources

Getting ready to use the ROOT

- ROOT-ready flowchart
- Briefing pack
- Information governance pack
- Data specification

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

Training and support

- Training modules
- FAQs



Are the SLTs in your team/service trained in or familiar with using TOMs?

Do you undertake regular reliability checks in your team/service?



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

Direct data entry

Data is entered directly into the ROOT

Data upload

 Data collected in local electronic systems is exported and uploaded to the ROOT



Have you begun the process of engaging key colleagues in your organisation to discuss the possibility of using the ROOT?

Has your organisation completed the data processing agreement with Different Class Solutions Ltd?



A member of the team at RCSLT will be in contact with information about:

- ROOT training
- Setting up users on the ROOT
- Practical hints and tips for getting started



For more information, please contact: ROOT@rcslt.org

Or visit

https://www.rcslt.org/members/delivering -quality-services/outcome-measurement



Any Questions?

