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Lowit, Anja and Pagnamenta, Emma (2013) Outcome measures in the SLT profession : survey results. In: RCSLT Hub Summit, 2013-10-10, Holiday Inn Birmingham City Centre,. ,

This version is available at http://strathprints.strath.ac.uk/52255/

Outcome measures in the SLT profession: survey results

Anja Lowit, University of Strathclyde
Emma Pagnamenta, Research Manager

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A starting point....

How is the profession measuring and communicating effectiveness across a range of settings?
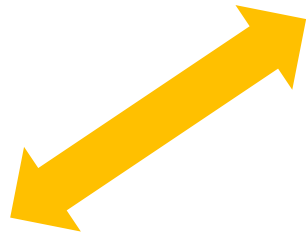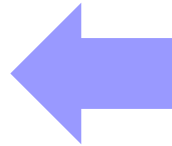
A UK collaboration

- University of Strathclyde
- RCSLT Team Scotland and the Scottish SLT Managers and Leads Network
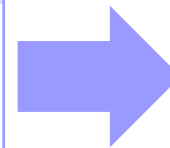- RCSLT UK-wide working group made up of Managers, clinicians, HEIs and Researchers

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What measures
are you using?

Who
responded?

What happens to
the data you
collect?

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Outcome measures in the SLT profession RCSLT survey 2013

Section 1: About You

1. Personal Details (optional)
Name:
E-Mail address:

*2. Are you attending the RCSLT Hub Summit?
○ Yes
○ No

3. All the information you provide in this survey is greatly appreciated and useful. We wish to respect your wishes concerning what information is shared within the profession as part of this work, please select as appropriate:
☐ Name
☐ Contact information
☐ Service information
☐ Region
☐ Remove any personal identifying data
☐ Any information within RCSLT membership

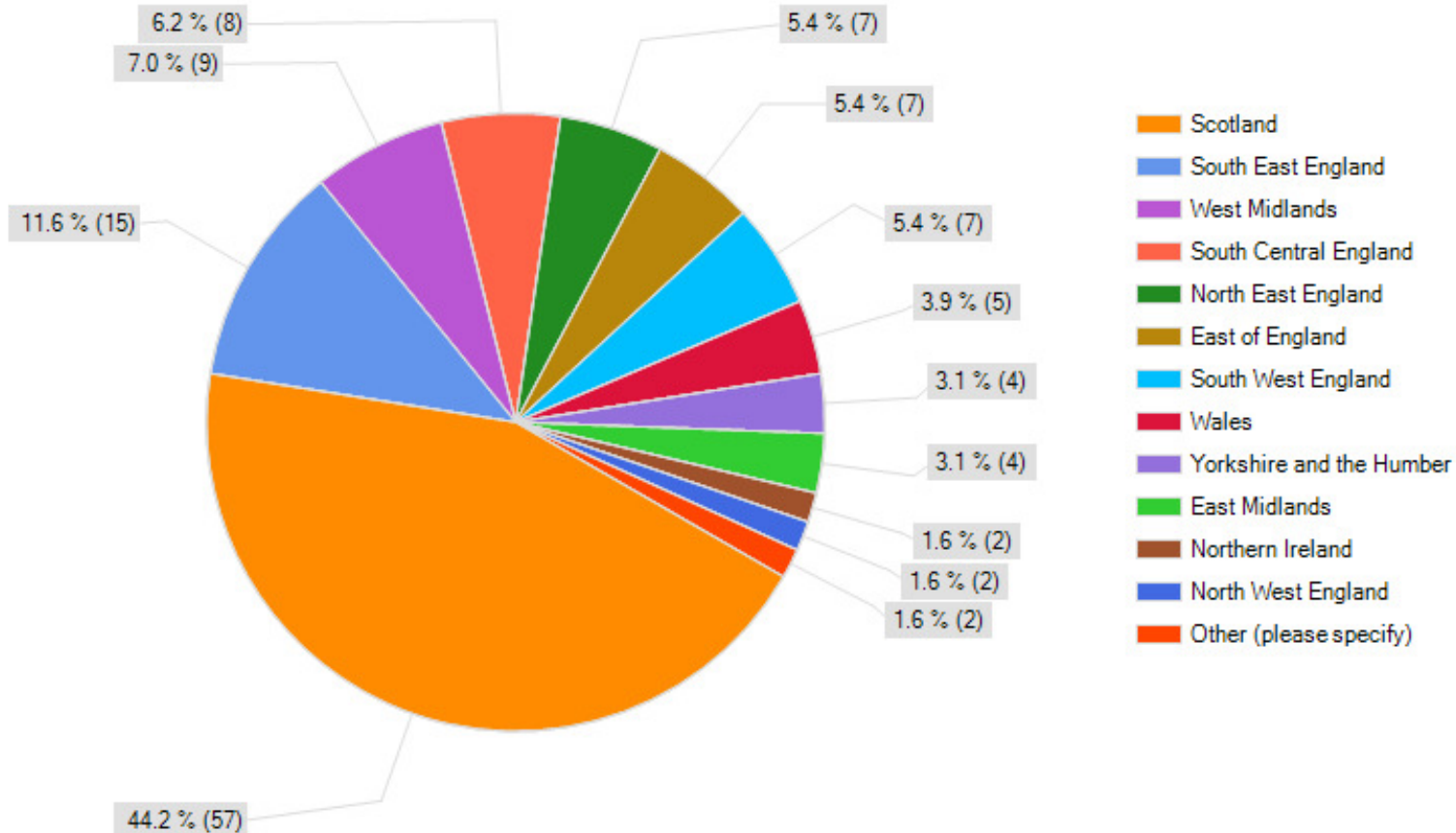Why do you think we
should we collect
outcomes?

How satisfied are
you with the
measures you are
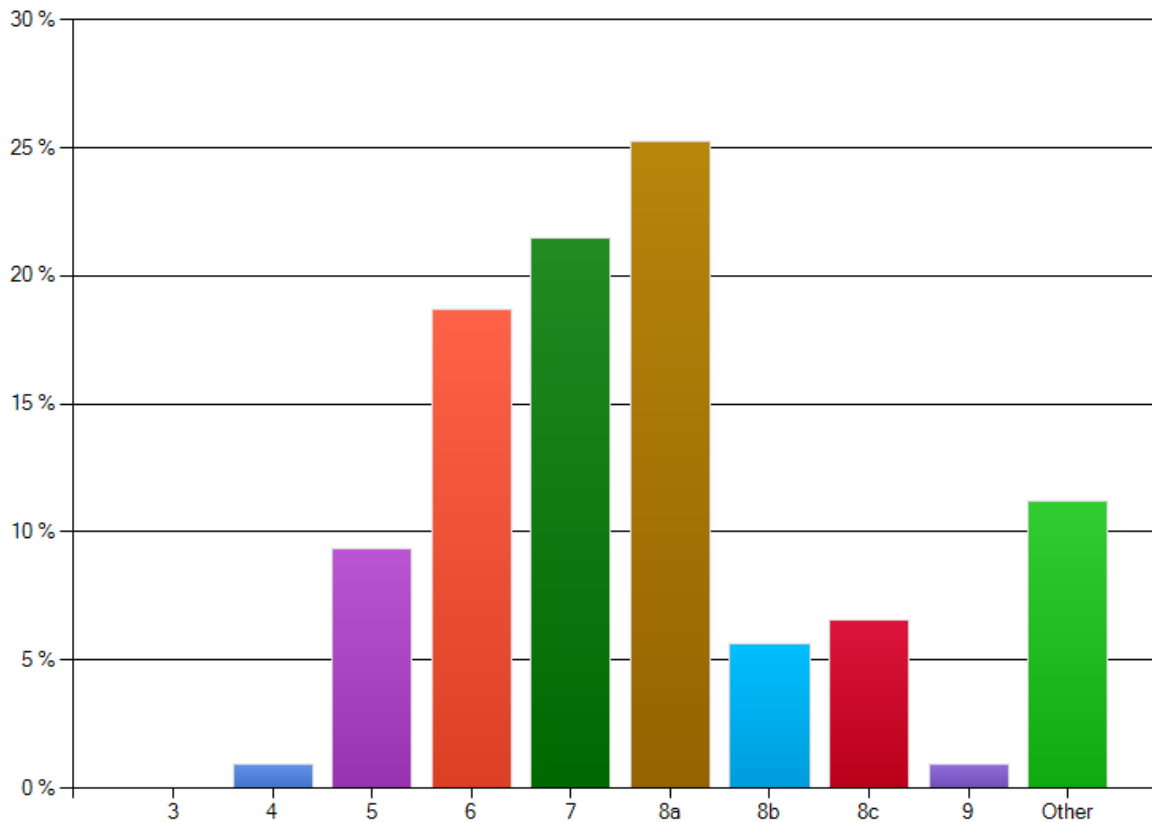using?

Who responded ?

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- Which geographical region do you work in?

Who responded ?

- Your current Agenda for Change Banding?

Who responded ?

- Who are you employed by?

1.9 % (2)

11.2 % (12)

4.7 % (5)

6.5 % (7)

75.7 % (81)

Health Service
Local Education Authority
Independent school
Independent practice
Voluntary sector
University
Other (please specify)
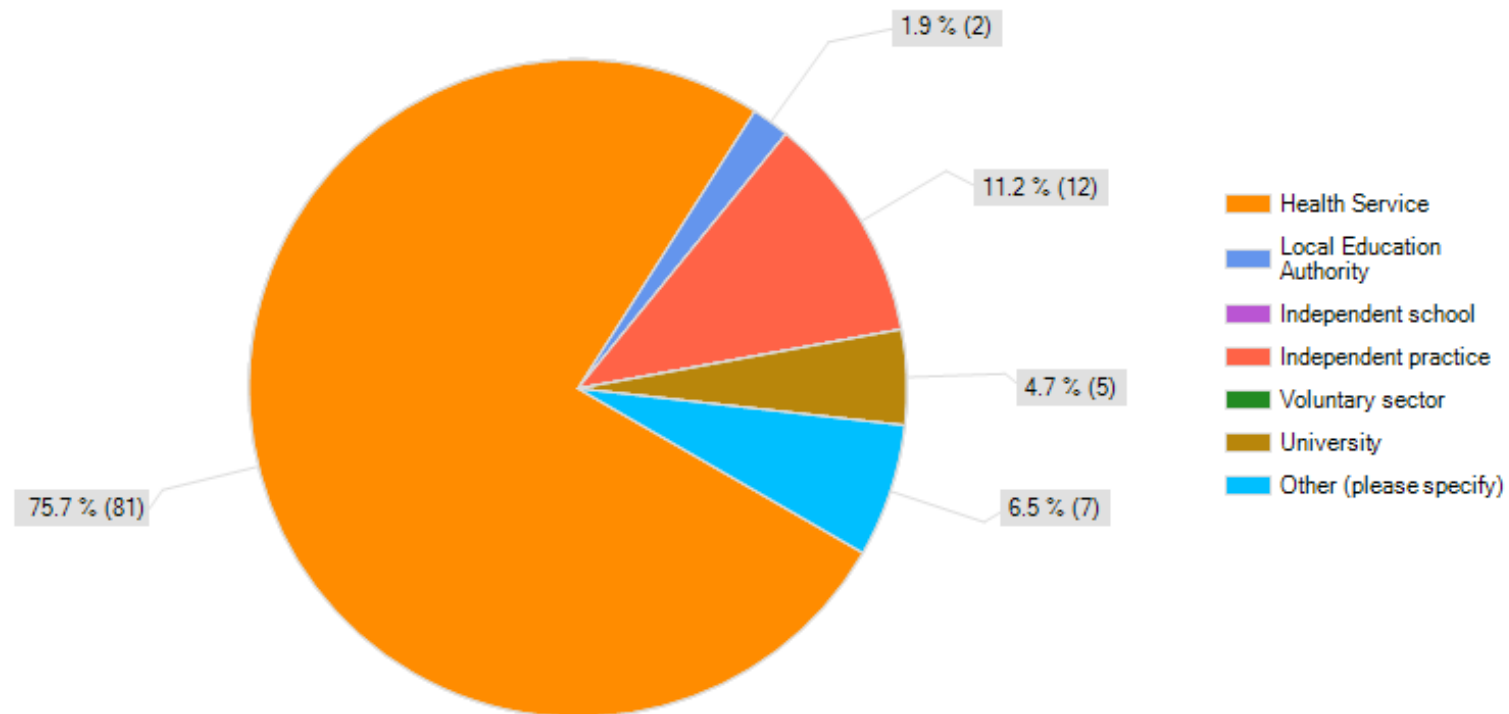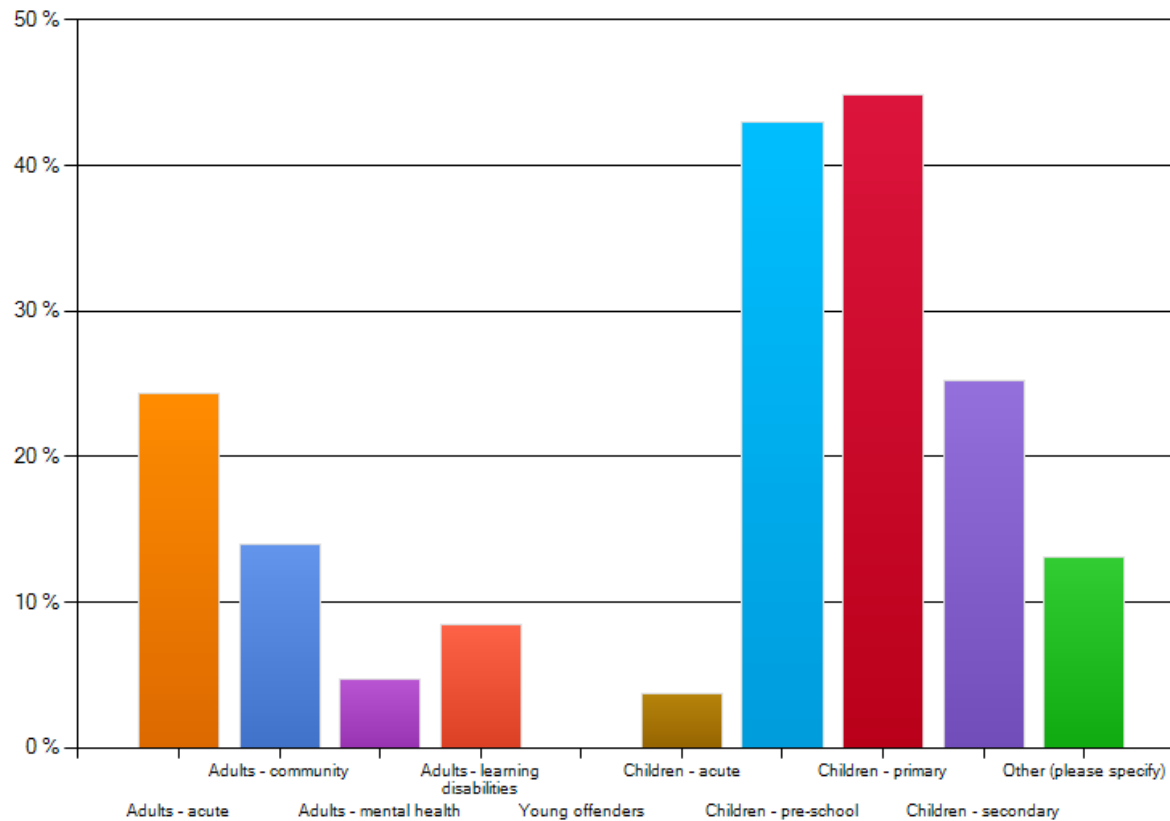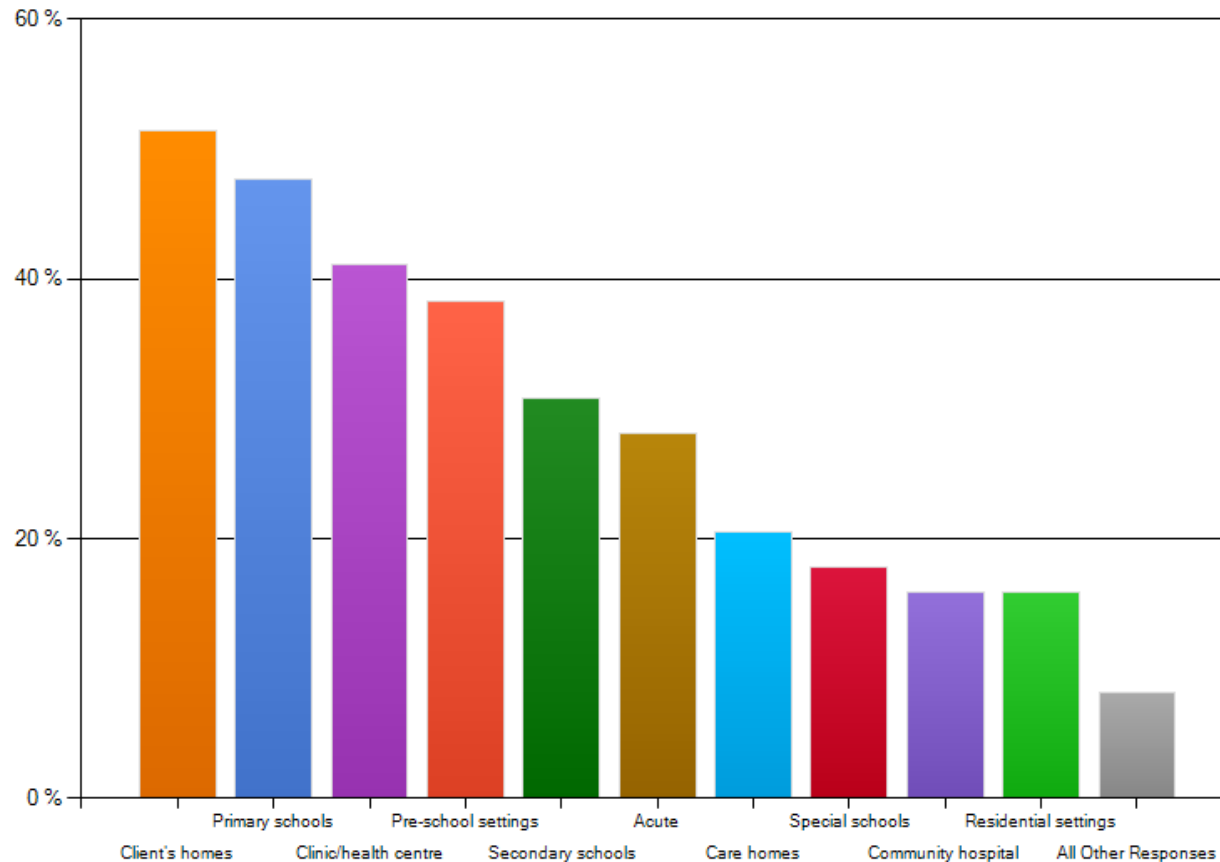
Who responded ?

- What is the client group for your primary caseload?

Who responded ?

- Which settings do you work in?

mental health, manager, university

Why should we collect outcomes?

- To prove value of SLT treatment to funders/administrators
- To prove value of SLT treatment to other health professionals
- To secure or increase staffing levels
- To provide an evidence base for practice
- To provide the basis for reflective practice
- To collect evidence that informs research (locally or nationally)
- To motivate staff
- To motivate patients

Why should we collect outcomes?

- Additional answers:

  - To demonstrate efficiency of SLT

  - To improve/maintain quality of SLT

  - To inform patients about a clinical decision

  - To provide on-going and regular feedback, to the patient and therapist alike

  - For clinical governance purposes

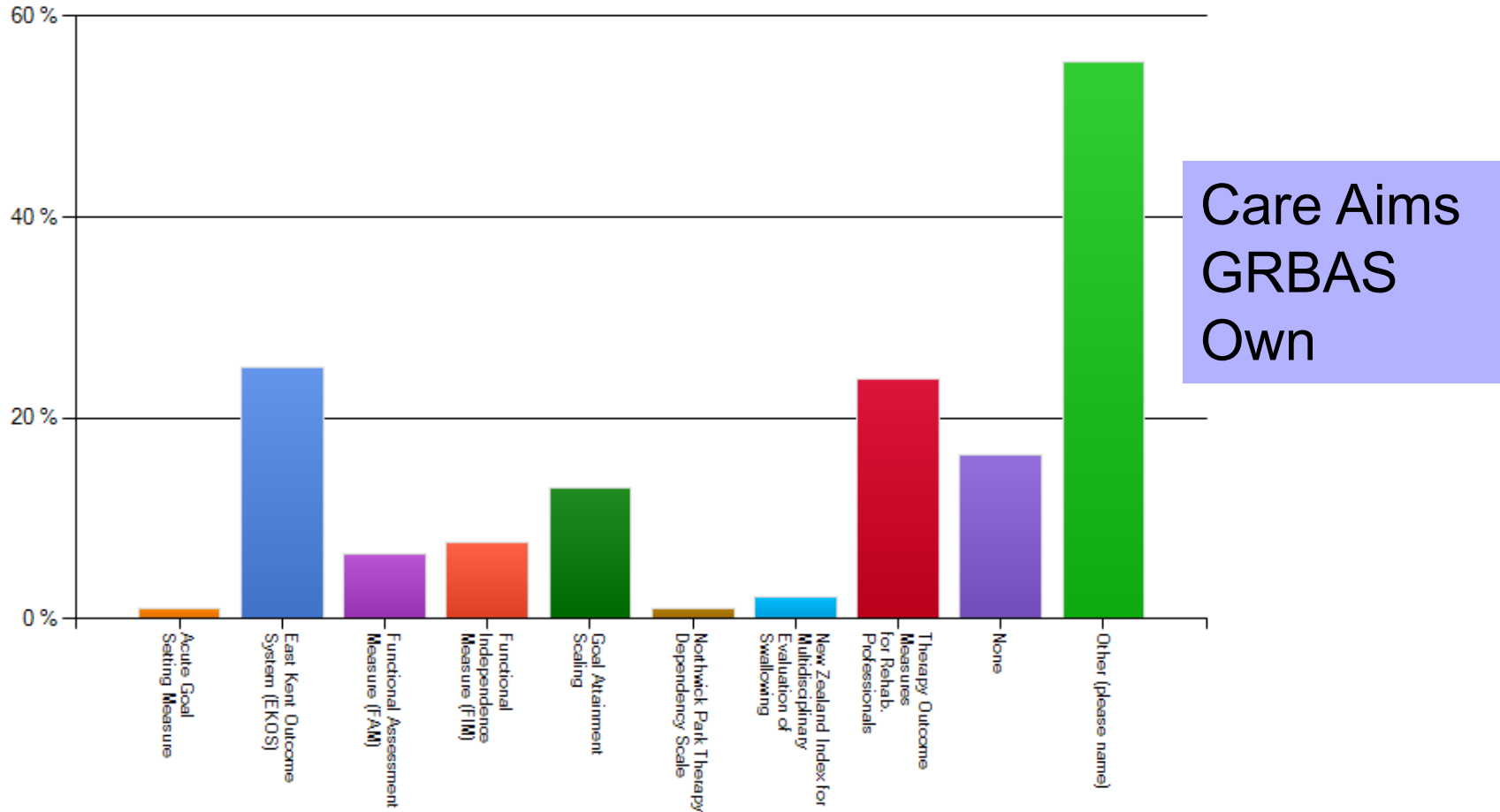 - For the survival of the profession!!
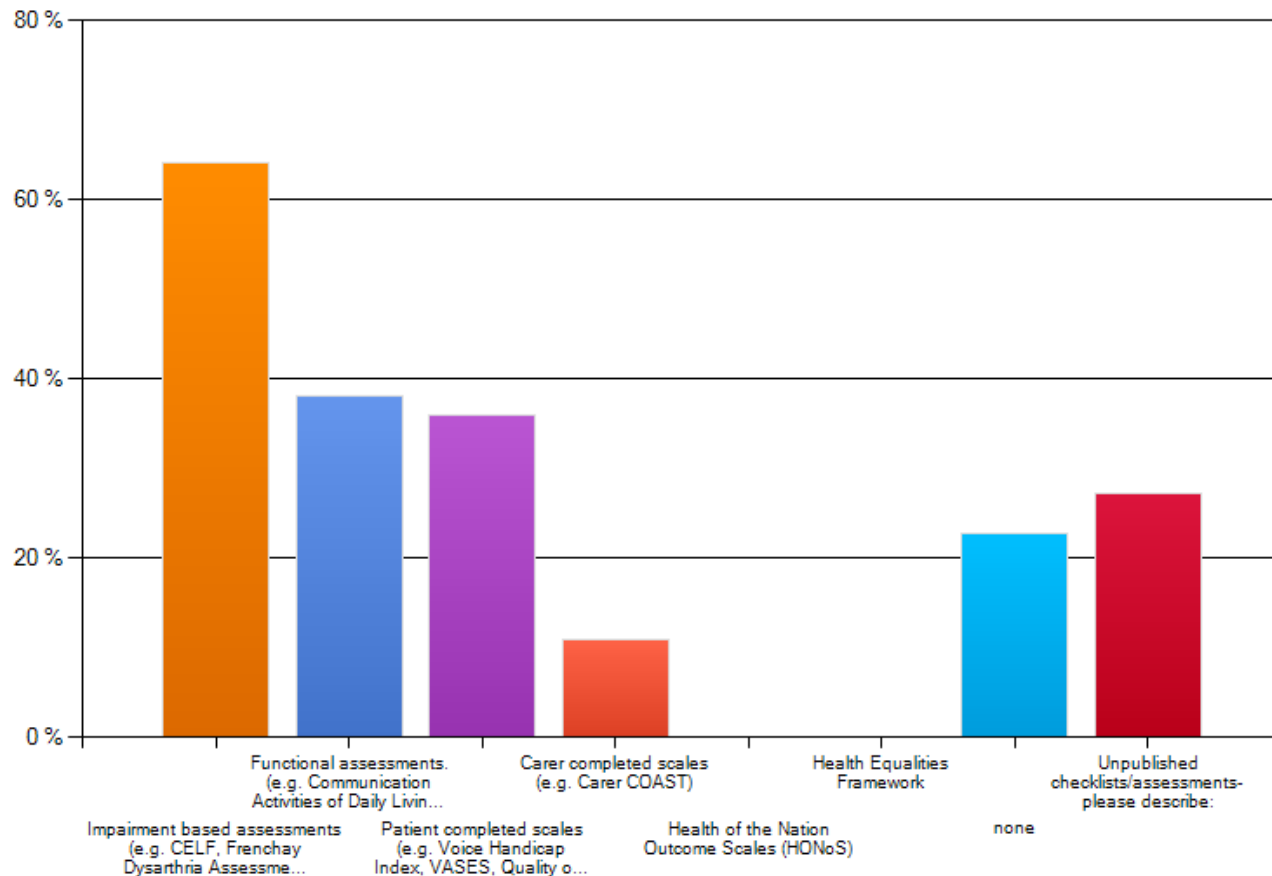
Why should we collect outcomes?

- How confident are you that you and your colleagues share an understanding of levels of outcomes/ terminology?
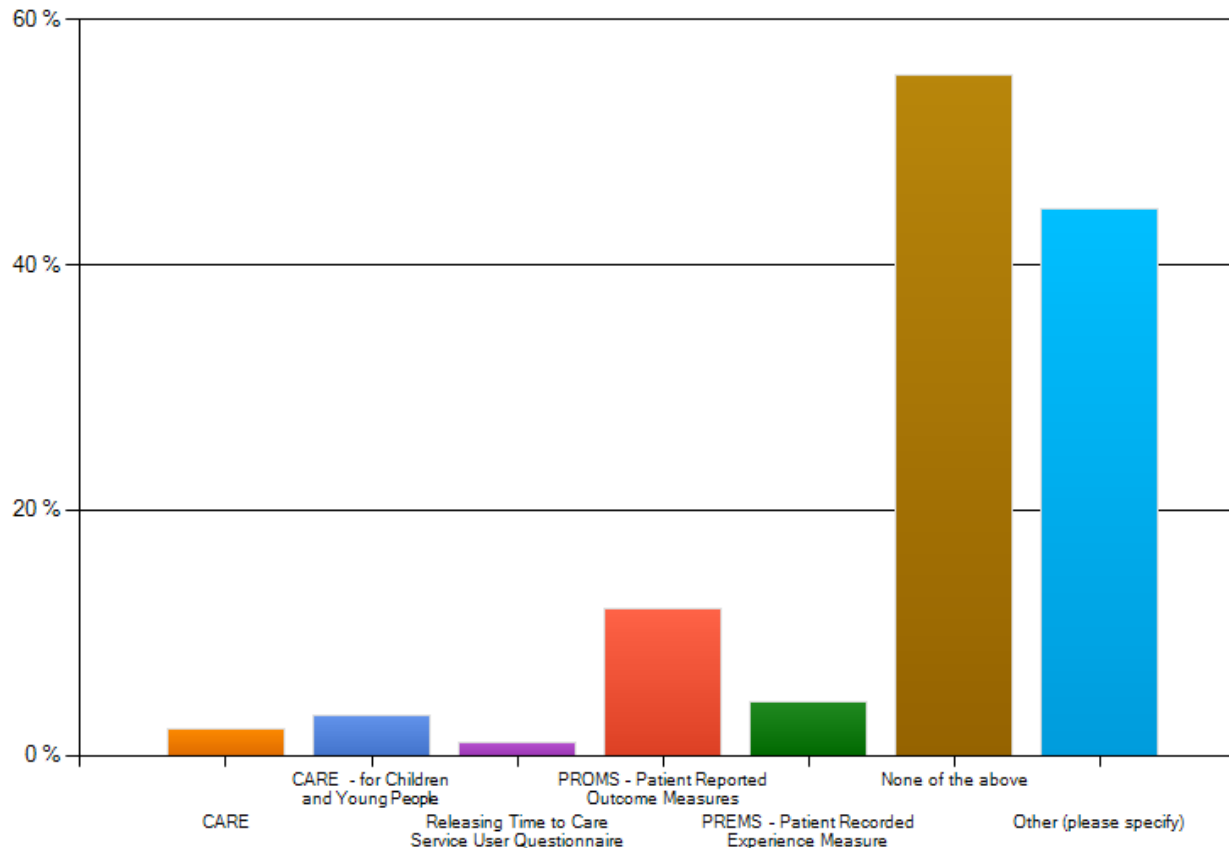
What measures are you using?

Care Aims
GRBAS
Own
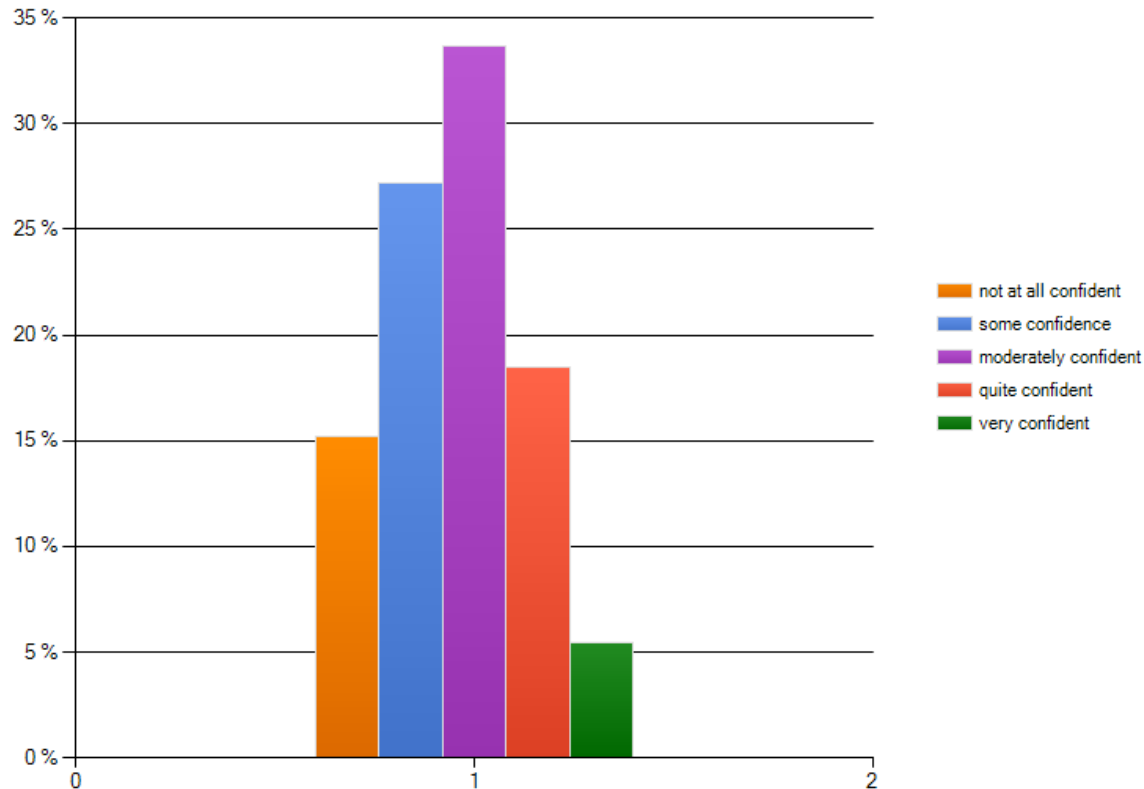
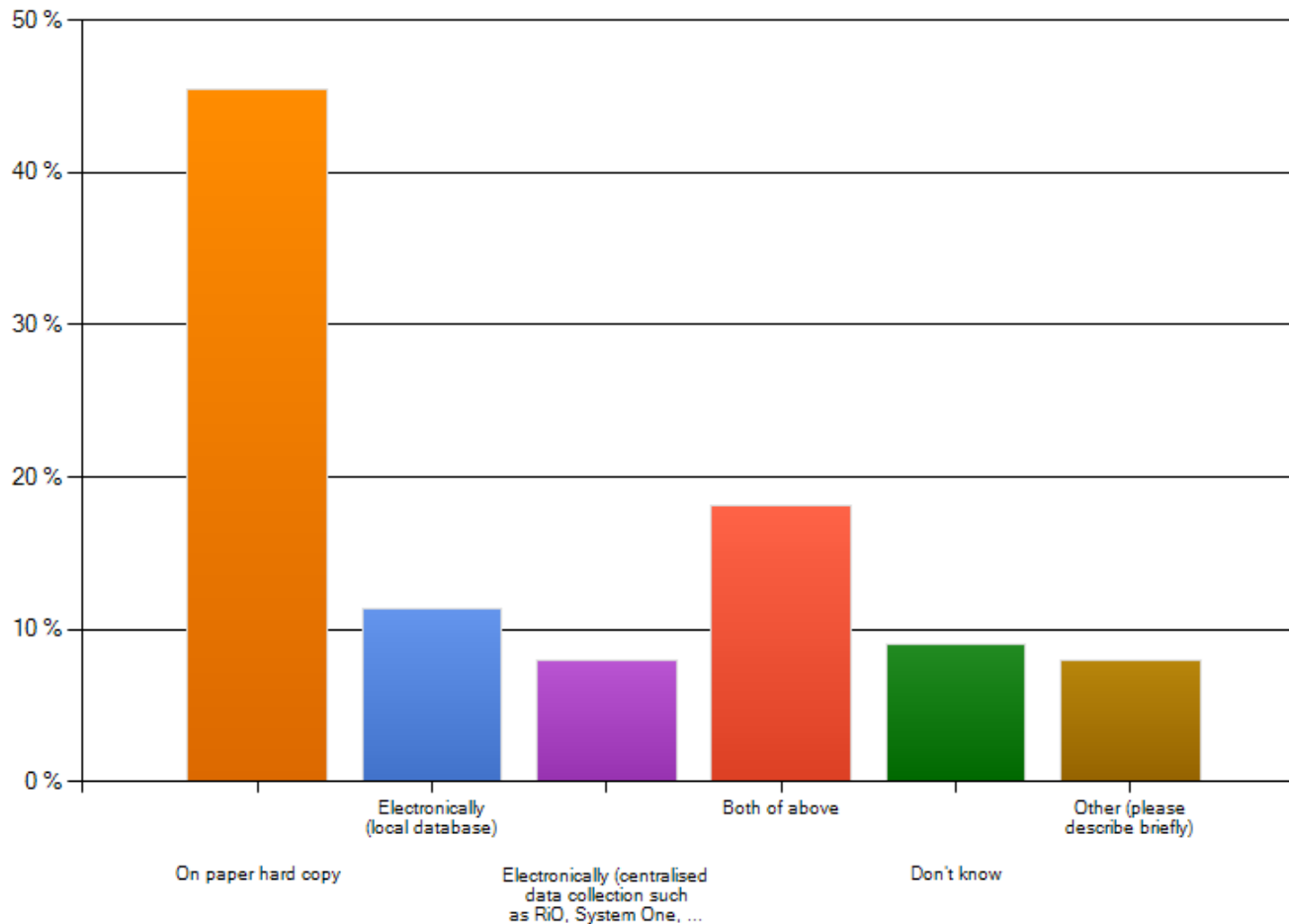# What measures are you using?

What measures are you using?

■ What patient experience or service user feedback tools are you currently routinely using?

discharge questionnaires, in house or informal questionnaires
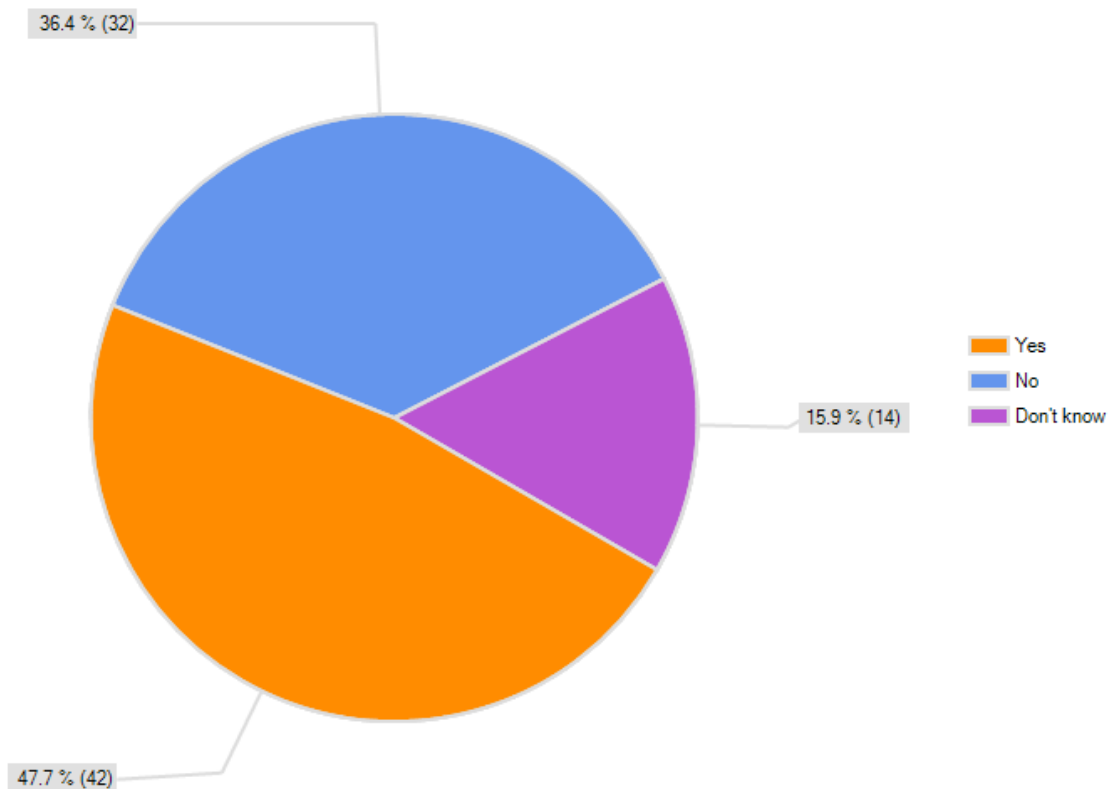
What happens to the data?

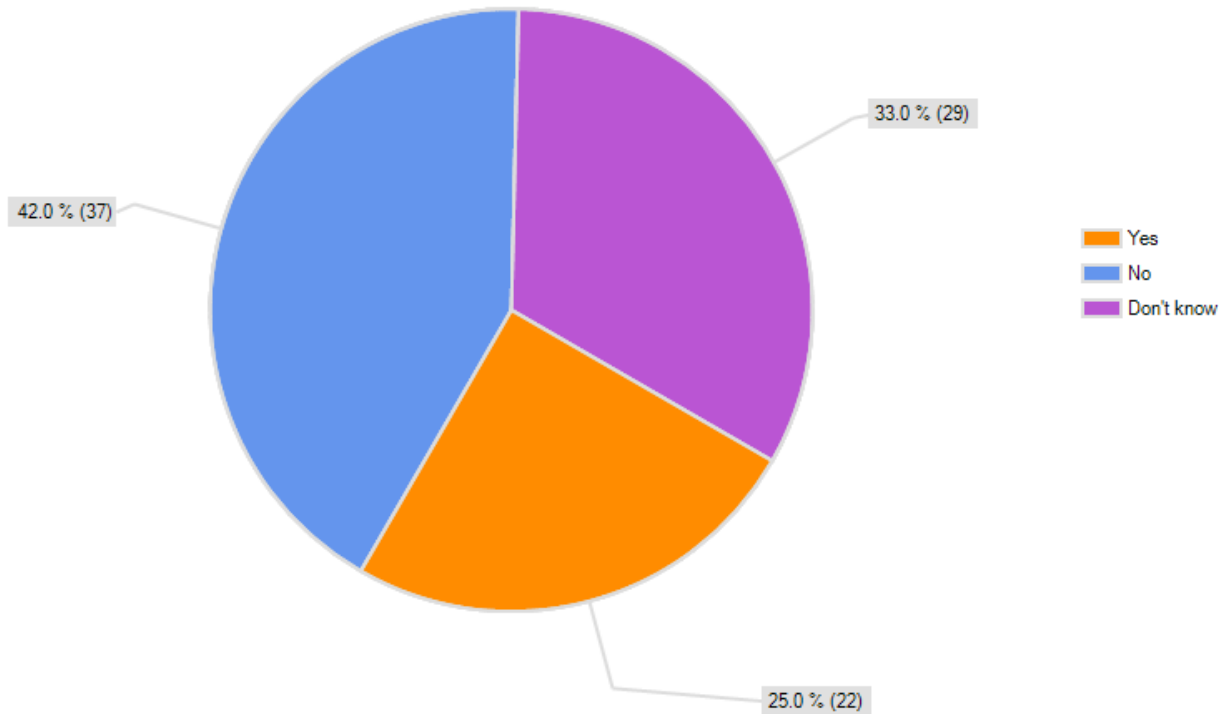- How is the data collected?

What happens to the data?

- Are the data you collect recorded and collated by anyone?
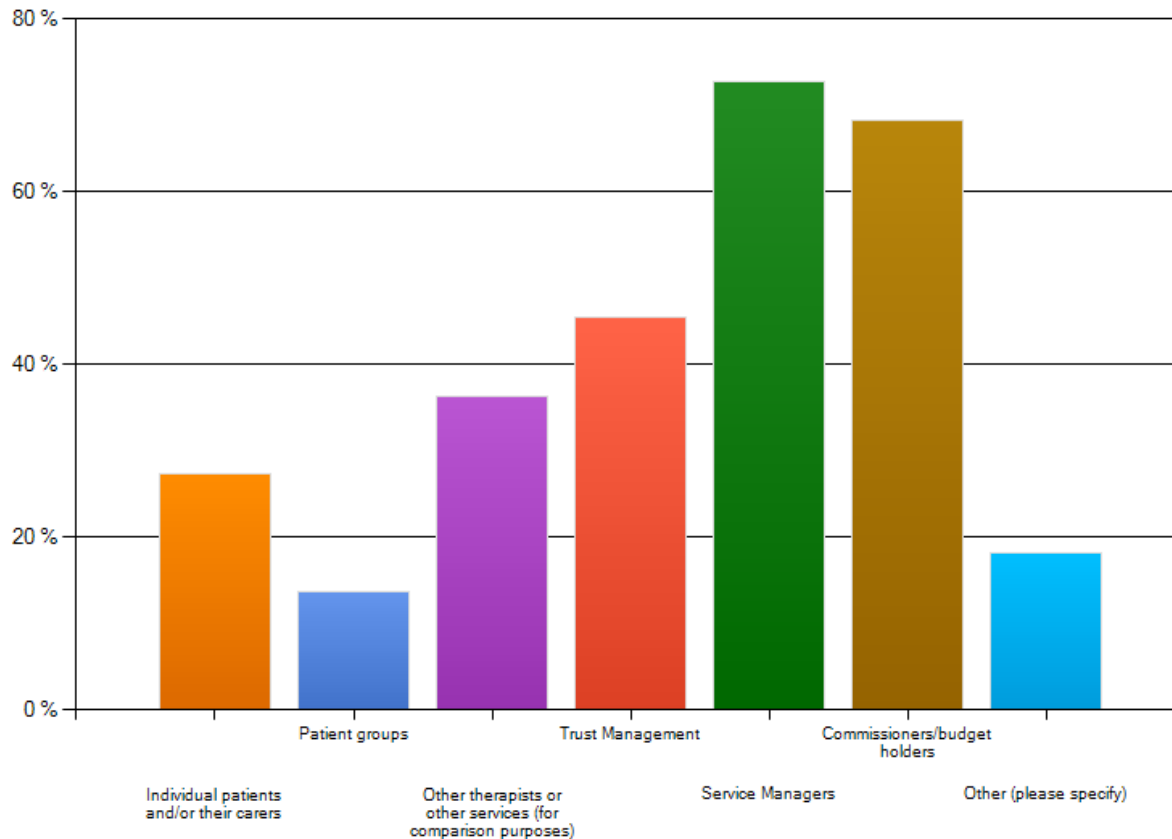
What happens to the data?

- Are the data collated reported to anyone?

What happens to the data?

- Who are they reported to?

How satisfied are you with the measures you are using?

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- On a scale from 1-5, how satisfied are you that…
    - The tool captures the key impact of your service?
        EKOS: 2.58   **TOM**: 2.42   **Care Aims**: 2.00

    - The scoring system is reliably, i.e. two clinicians would provide similar scores for the same patient
   **EKOS:** 2.95   **TOM**: 2.68   **Care Aims**: 1.94

    - The descriptive categories provide a valid reflection of the patient, i.e. they allow you to capture the patients' level of impairment, participation, wellbeing etc.
        EKOS: 2.79   **TOM**: 2.58   **Care Aims**: 1.84

    - The tool is easy to use and apply within the current workload restrictions
        EKOS: 3.00   **TOM**: 3.00   **Care Aims**: 1.84

How satisfied are you with the measures you are using?

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Do your above answers apply equally to all client groups / disorders that form part of your caseload?

- Yes
- No-please specify which ones you find more problematic
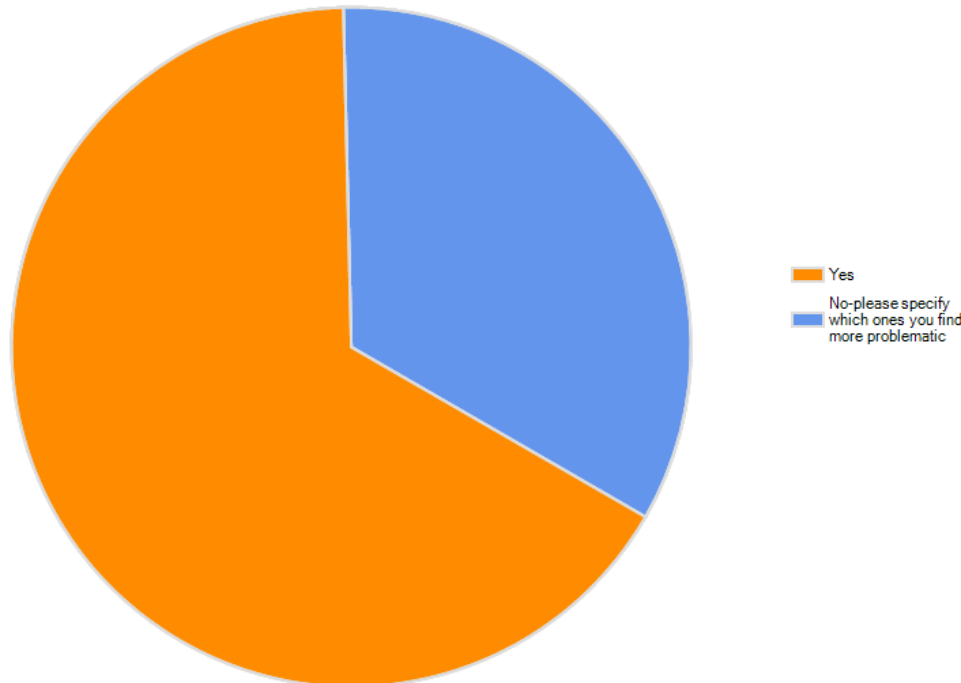
Problematic areas:
- ASD
- Progressive neurological disorders
- Dysphagia
- Children with language AND cognitive difficulties