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

Strathprints is designed to allow users to access the research output of the University of Strathclyde. Unless otherwise explicitly stated on the manuscript, Copyright © and Moral Rights for the papers on this site are retained by the individual authors and/or other copyright owners. Please check the manuscript for details of any other licences that may have been applied. You may not engage in further distribution of the material for any profitmaking activities or any commercial gain. You may freely distribute both the url (https://strathprints.strath.ac.uk/) and the content of this paper for research or private study, educational, or not-for-profit purposes without prior permission or charge.

Any correspondence concerning this service should be sent to the Strathprints administrator: strathprints@strath.ac.uk

The Strathprints institutional repository (https://strathprints.strath.ac.uk) is a digital archive of University of Strathclyde research outputs. It has been developed to disseminate open access research outputs, expose data about those outputs, and enable the management and persistent access to Strathclyde's intellectual output.
Outcome measures in the SLT profession: survey results

Anja Lowit, University of Strathclyde
Emma Pagnamenta, Research Manager
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
What measures are you using?

Who responded?

Why do you think we should we collect outcomes?

What happens to the data you collect?

How satisfied are you with the measures you are using?
Who responded?

- Which geographical region do you work in?
Who responded?

- Your current Agenda for Change Banding?
Who responded?

- Who are you employed by?

[Pie chart showing employment settings with percentages and counts]
Who responded?

- What is the client group for your primary caseload?
Who responded?

Which settings do you work in?

- Primary schools
- Clinic/health centre
- Pre-school settings
- Acute
- Secondary schools
- Special schools
- Residential settings
- All Other Responses

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?
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?

- 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?

Problematic areas:
- ASD
- Progressive neurological disorders
- Dysphagia
- Children with language AND cognitive difficulties