Outcome measures in the SLT profession: survey results

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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
Who responded?

Why do you think we should we collect outcomes?

What measures are you using?

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?

[Diagram showing distribution of responses by geographical regions.]
Who responded?

- Your current Agenda for Change Banding?
Who responded?

- Who are you employed by?

![Pie chart showing employment types]
Who responded?

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

- Which settings do you work in?

![Bar chart showing various settings]

- 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?
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?

![Pie chart showing percentages of responses: 36.4% Yes, 47.7% No, 15.9% Don't know.](image)
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