

# Monitoring unwarranted variation

*Kathryn Moyse on identifying and minimising unwarranted variation in service and therapy outcomes*

**U**nwarranted variation describes differences between individuals or groups that would not be expected and can be applied to health and therapy outcomes. Variation in outcomes for particular groups can lead to health inequalities, defined as “avoidable, unfair and systematic differences in health between different groups of people” (King’s Fund, 2021). The pandemic has highlighted the ubiquity of health inequalities, leading to renewed focus on these issues and the role of collecting data. Data about our service users, including outcome measures, is vital in monitoring variation and mitigating inequality. This is particularly important as our profession evolves its understanding of how to embed equality and support diversity and inclusion in our services.

Whether you’re looking to start implementing outcome measures in your service or begin using the data you have collected to identify and reduce unwarranted variation, here are some resources that may help.



**REFERENCES**  
To see a full list of references, visit: [bit.ly/BulletinReferences](https://bit.ly/BulletinReferences)



## The pandemic has highlighted the ubiquity of health inequalities

### 1 Key questions to ask when selecting outcome measures: a checklist for allied health professionals


This checklist is designed to guide discussions and support decision-making when selecting appropriate outcome measures. It covers the various practical considerations to factor in when selecting an outcome measure, as well as focusing on the usability and measurement properties. The checklist is due for review later this year, so please share your experiences of using it, and suggestions for how it could be improved ([bit.ly/OutcomeChecklist](https://bit.ly/OutcomeChecklist)).


### 2 RCSLT Online Outcome Tool (ROOT)

The ROOT supports SLTs to collect and report on outcomes data, using therapy outcome measures (TOMs) (Enderby and John, 2019). Services can create reports about individual service users or groups of individuals, and compare their outcomes with those from different groups, and with other services using the ROOT. Thus, the ROOT can be a great tool to begin exploring variation. The growing number of services using the ROOT are now benefiting from using the data collected to undertake such analyses, as well as demonstrate impact and improve care. You can get involved by:

- Registering online for more information and advice about how to get started ([bit.ly/ROOTregister](https://bit.ly/ROOTregister))
- Reading or contributing a case study to celebrate the innovative uses of data by SLTs ([bit.ly/ROOTcasesstudies](https://bit.ly/ROOTcasesstudies))
- Getting involved in our pilot to test the collection of additional data, such as ethnicity and socio-economic status, to help with monitoring and addressing health inequalities. Email [root@rcslt.org](mailto:root@rcslt.org)

### 3 RCSLT guidance: measuring outcomes outside individualised care

This new guidance has been developed to support with measuring the impact of interventions or activities that are designed to benefit groups of individuals who may not be known to speech and language therapy services, including preventative and health promotion work ([bit.ly/MeasuringOutcomes](https://bit.ly/MeasuringOutcomes)). It includes a framework to support SLTs to identify the outcomes, select appropriate measures and collect and analyse data. To complement the guidance, we are collecting case studies from speech and language therapy services who have experience of measuring the impact of work which sits outside of individualised care. Share your story at: [bit.ly/OutcomesCaseStudies](https://bit.ly/OutcomesCaseStudies). 

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