O4.25: Improving the Quality of Service Delivery Using Real-World Data

IALP 2023 World Congress

Sean

• Introductions.
Learning outcomes

- To understand the meaning of real-world data and its value in speech and language therapy.
- To understand the benefits and challenges of real-world data collection and analysis.
- To learn how routine data collection can be used to examine inequities of access and drive improvements.

Sean
*Slide for information only.*
Real-world data and evidence

Real-world data (RWD):
“Data relating to patient health or experience or care delivery collected outside the context of highly controlled clinical trials”

Real-world evidence (RWE):
“evidence generated from the analysis of real-world data”

NICE (2022)

Sean

• The benefit of RWD is that it allows one to inspect the impact of intervention for clients who may have more complex conditions and being treated in a range of settings – unlike data collected through controlled and selective trials.
• NICE - National Institute for Health and Care Excellence (provides guidance, advice, quality standards and information services for health, public health and social care in the UK)
Sean

- RWD allows one to inspect the impact of intervention for clients who may have more complex conditions and being treated in a range of settings – unlike data collected through controlled and selective trials.
- RWD *compliments* research.
- Advantages - focus on *Evidence on systems, processes and impact (e.g. outcome measures).*
Routinely collected clinical data

One type of RWD is routinely collected data i.e. ‘everyday’ clinical information recorded in a service. This can be used to:

- Define and demonstrate SLT role
- Influence service planning and drive improvement
- Complement the evidence-base

BUT, it is difficult for busy clinicians to systematically collect and analyse this data...

Sean

- Examples of routinely collected data include reason for referral to the service, diagnoses, discharge status etc.
RCSLT Online Outcome Tool

Royal College of Speech and Language Therapists (RCSLT) is the professional body for SLTs (SLPs) in the UK.

RCSLT Online Outcome Tool (ROOT) developed to support speech and language therapy (SLT) services in the UK to collect and analyse RWD including demographic details, diagnostic information using ICD-10 codes, and outcome information using the Therapy Outcome Measure (TOM).

Sean

- RCSLT has over 20,000 members from public and private sectors.
- Ambitious programme supporting members to measure outcomes.
- The ROOT exists to support SLTs to collect information about individuals accessing speech and language therapy (including outcome measures) – to support SLTs with delivering high quality patient care and services (as Pam will go on to talk about).
- Unique and significant development for the profession in the UK.
- Users have the option to enter data directly or import data (captured in other electronic systems) in bulk.
• Functioning across 4 domains, based on the WHO International Classification of Functioning
• RCSLT reviewed many outcome measures before deciding that TOMs was most appropriate for the ROOT (at that time) as it was a tool that was able to cover wide range of conditions with robust psychometrics
Pam

- Cover only briefly
- Accurate on 15th May 2023.
Pam

- ROOT can drive improvement at all 3 levels.
- Will now share some specific examples of these from ROOT
Demonstrating role and impact

Enabled acute paediatric SLT service to:
- analyse and present their outcomes data
- create series of posters to demonstrate impact
- raise awareness of SLT role
- increase recognition and value within organisation

Example from *The Royal London Children’s Hospital* where SLT service analysed and presented their outcomes data in a series of posters to demonstrate the impact of acute paediatric speech and language therapy and promote the role of the SLT team.
Pam

- ROOT is constantly evolving and developing in response to user feedback and wider changes
- Pilot exploring adding additional fields to ROOT.
- To date 2000 episodes of care with ethnicity, deprivation, language spoken and/or interpreter status have been submitted to the ROOT.
- Evaluation phase is underway
Informing service planning

Enabled RCSLT to:
- demonstrate impact of the pandemic on provision
- compare outcomes for patients
- explore presentation, management and outcomes for a new patient group

**Impact of COVID-19 on the Speech and Language Therapy Profession and Their Patients**
Kate Chadd*†, Kathryn Mayo* and Pam Enderby*  
*Research and Evidence, Royal College of Speech and Language Therapists, London, United Kingdom; †Health Service Research, The University of Sheffield, Sheffield, United Kingdom

Pam
- Value of having a dataset for the whole profession/professional body
Complementing the evidence base

Long COVID - RCSLT able to interrogate ROOT data for information about presentation and primary needs

- 82 completed therapy episodes
- 71% female
- 53 years average age
- 45% had a primary SLT need of dysphonia (voice difficulties)
- 76% made improvement in one or more areas of the TOM

Dysphasia/aphasia 6%
Dysarthria 1%
Dysphagia 28%
Stammering 3%
Cognitive communication 16%
Other voice disturbances 1%
Dysphonia 45%

Pam
- Illustrates the range of SLT needs people with Long Covid are presenting with.
- Information used by WHO.
- Working group has now developed and piloted specific dataset for use by wider membership.
Conclusions

- We have shown how routine clinical data can be collected and interrogated to drive local and system-wide improvement.
- To improve the quality of services we need to have real evidence regarding the impact of different services and identify strengths and weaknesses. This can support research as well as service development.
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For more information, please contact root@rcslt.org
References


Thank you for listening