



The value of evaluation in advancing speech and language therapy practice after the pandemic

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This session



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This session

- What is a service evaluation?
- What is the ROOT and how did we use this to undertake a service evaluation?
- What were the findings?
- What are the implications?

Research, audit and service evaluation

Twycross &
Shorten
(2014)¹

Research

- involves finding the answers to questions about what should be done

Audit

- examines whether what should be done, is being done (and if not, why not)

Service evaluation

- Asks about the **effect** of **care** on **patient experiences** and **outcomes**

Measuring patient outcomes

Therapy Outcome Measures (**TOM**) scales (Enderby & John, 2015²; 2019³):

- Cross-disciplinary – broad spectrum of issues requiring rehabilitation
- Uses 11 point scale (6 defined, 5 half-points), clinician-rated clinician

Severe	0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	'Normal'
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- Administered at the beginning and at end of episode of care

Therapy Outcome Measures (TOM)

- Ratings on 4 (/5) domains, which align with ICF (WHO, 2007⁴)
- Builds holistic picture of an individual
- Can measure change across episode of care (ie before and after therapy)



RCSLT Online Outcome Tool

RCSLT Online Outcome Tool

Therapy Outcome Measures

Katie

.RCSLT staff test base

My Profile

Switch Service

Logout

Impairment (Cerebral Palsy):

N/A	0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
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Save and Next

Level	Description
0	Profound. Severe abnormality of tone with total body involvement. Fixed or at risk of severe contractures and deformities. No voluntary movement. Severe sensory impairment.
1	Severe abnormality of tone with total body involvement. At risk of severe contractures and deformities. Minimal voluntary movement. Severe sensory impairment.
2	Moderate abnormality of tone with total body involvement or severe involvement of two limbs. At risk of contractures and deformities. Some voluntary movement. Moderate sensory impairment.
3	Moderate abnormality of tone with partial involvement or severe single limb involvement. Little risk of contractures or deformities. Impaired voluntary movement. Mild sensory impairment.
4	Mild abnormality of tone with no contractures and deformities. Mild impairment in voluntary movement. Minimal sensory impairment.
5	No impairment.

Activity:

N/A	0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
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Edit



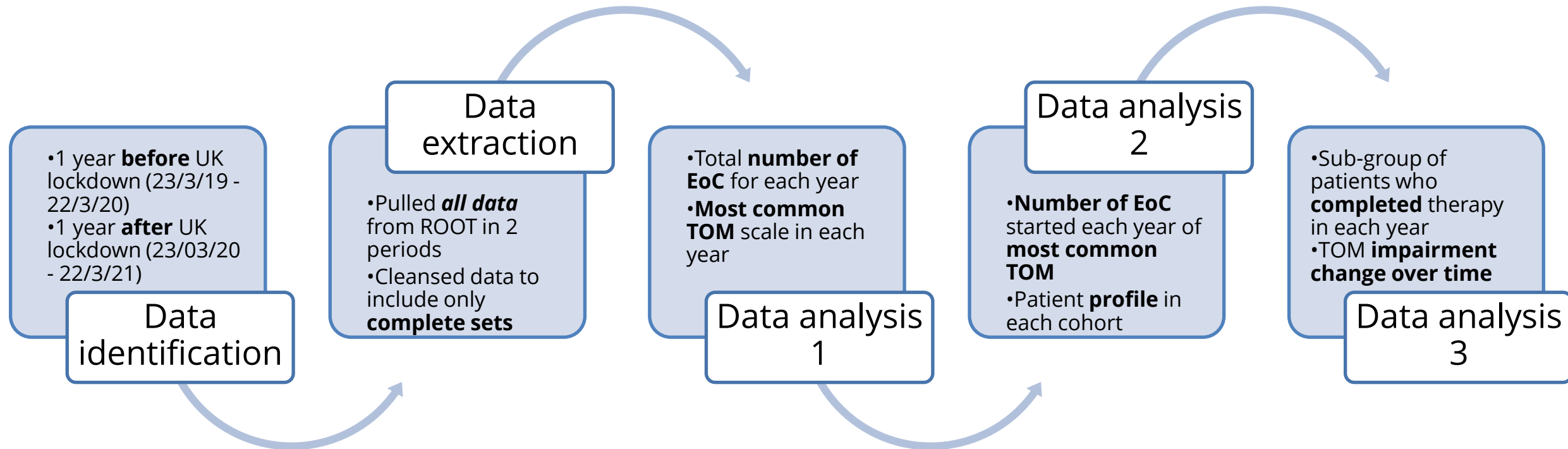
- 61 SLT services across the UK
- More than 57,000 episodes of care

Research questions

Through interrogating the ROOT database, we hoped to find out how the COVID-19 pandemic affected:



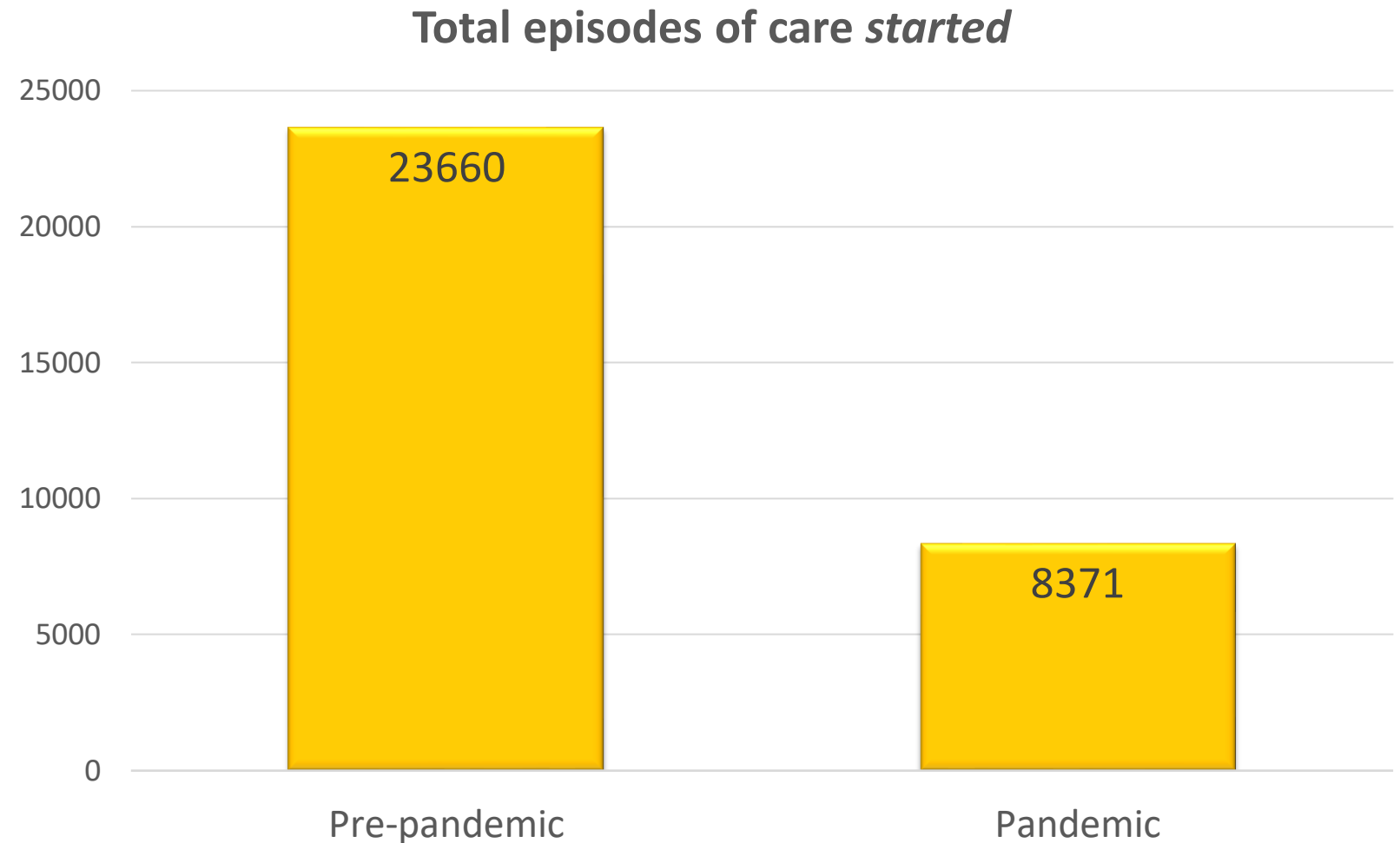
Method



Results

- Total **number of EoC** for each year
- **Most common TOM** scale in each year

Data analysis
1



Results

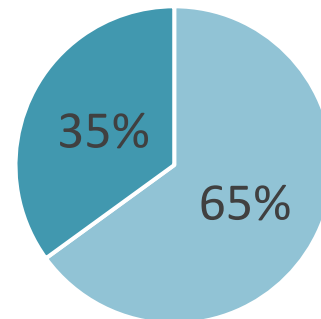
- Total **number of EoC** for each year
- **Most common TOM** scale in each year

Data analysis
1



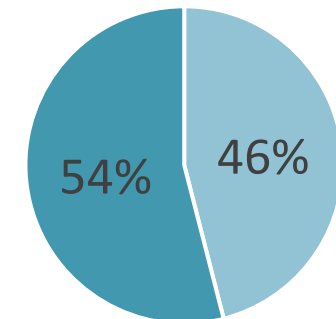
- Dysphagia was the most commonly used TOM scale in *both* time periods
- More diverse in the pandemic year

Pre-pandemic year:
TOM scales used (by proportion of total)



■ Dysphagia ■ Other

Pandemic year:
TOM scales used (by proportion of total)

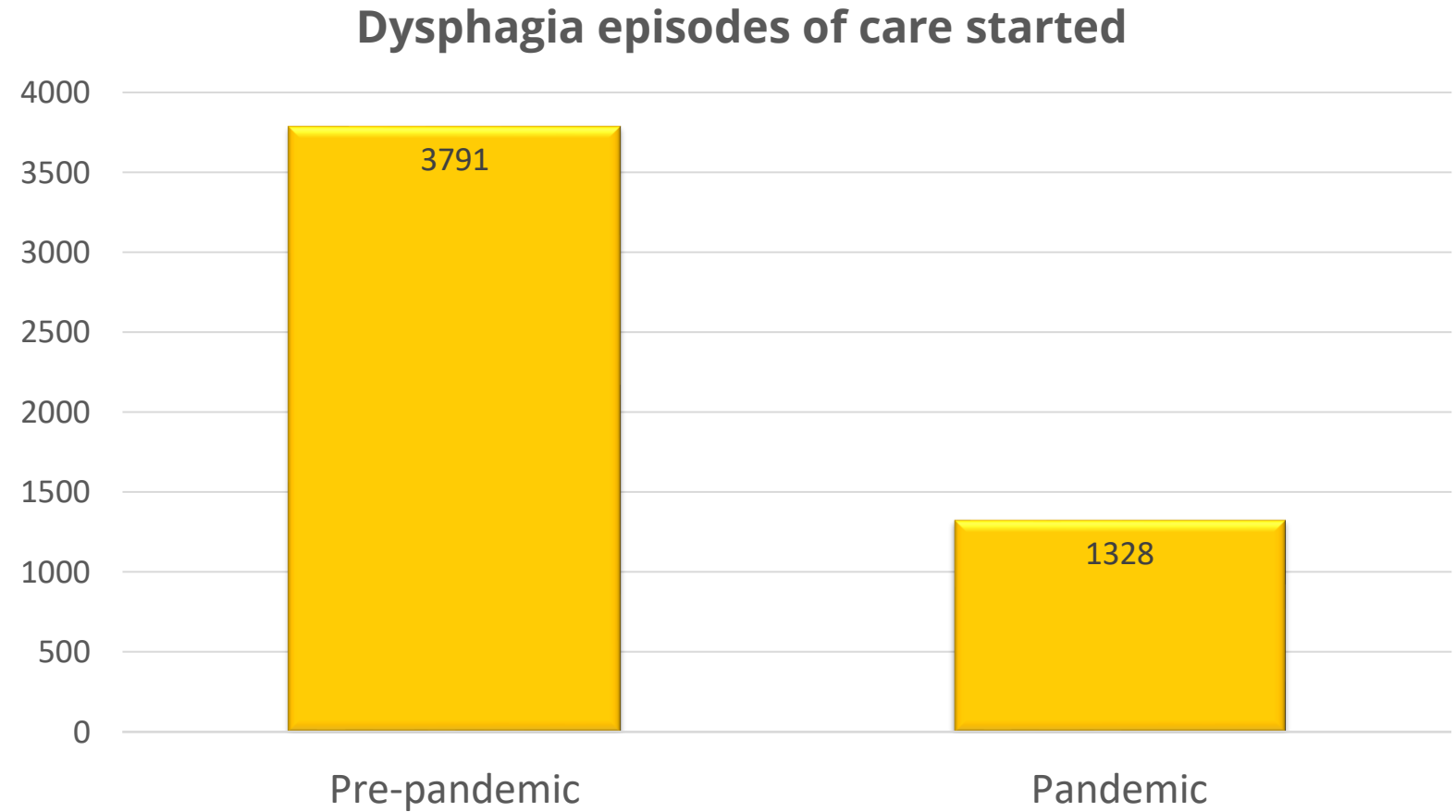


■ Dysphagia ■ Other

Results

- Number of **EoC started** each year of **most common TOM**
- Patient profile in each cohort

Data analysis
2



- Number of EoC started each year
- **Patient profile in each cohort**

Data analysis
2

Pre-pandemic

49.6% female

Mean age 77 years

Median initial
impairment score 3.0

Pandemic

49.1% female

Mean age 77 years

Median initial
impairment score 3.0

Results

- Sub-group analysis of patients who **completed therapy** in each year
- TOM **impairment change over time** in each year

Data analysis
3

Pre-pandemic

Median initial
'impairment'
score 0.0

Median
'impairment'
change 3.5

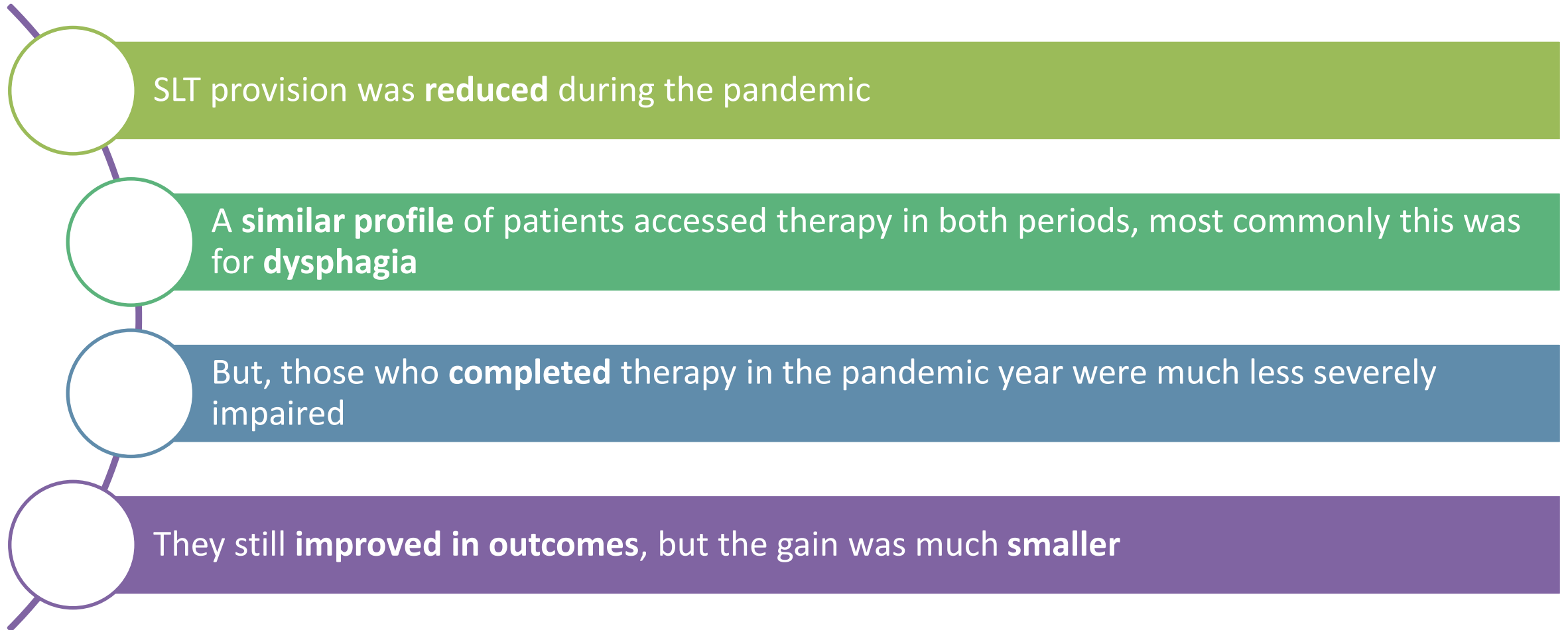
Pandemic

Median initial
'impairment'
score 3.0

Median
'impairment'
change 1.0

Conclusions

In answer to our initial questions:



- We have looked at the **effect of the pandemic** on **care**, and the effect of this care on **patient outcomes**
- It has shown that **service evaluation** has a **vital role** in exploring these changes
- Services can **only improve and advance practice** if they are aware of the **specific impacts** of the pandemic, and **priorities** for **improvement**
- It has also highlighted **key areas** for further **interrogation** of the **ROOT data**.



See our related work on the impact of COVID on SLT in the journal *Frontiers in Neurology*⁵:



1. Twycross, A. & Shorten, A. (2014). Service evaluation, audit and research: what is the difference? *Evidence Based Nursing*, 17 (3), 65-66. 10.1136/eb-2014-101871
2. Enderby, P. & John, A. (2015) *Therapy Outcome Measure*. 3rd edition. Guildford, J&R Press.
3. Enderby, P. & John, A. (2019) *Therapy Outcome Measure: Theoretical Underpinning and Case Studies*. Guildford, J&R Press.
4. WHO (2007) *International classification of functioning, disability and health : ICF*. Available online: <https://apps.who.int/iris/handle/10665/42407> (accessed 12 April 2022)
5. Chadd, K. Moyse, K. & Enderby, P. (2021) Impact of COVID-19 on the Speech and Language Therapy Profession and Their Patients. *Frontiers in Neurology*, 12. 10.3389/fneur.2021.629190

Thanks and close

