DO WE DO WHAT IT SAYS ON THE TIN?
THE THERAPY OUTCOME MEASURE

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IT’S WHAT IT SAYS ON THE TIN!
VARIATION IN HEALTH AND SOCIAL CARE

People in the NDA having major lower limb amputations for diabetes

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Risk comes from not knowing what you’re doing.
(Warren Buffett)
Health Care Spending as a Percentage of GDP

Source: OECD
Health Data 2010
PROPORTION OF COSTS

- Primary care: 17%
- Hospital in-patient care: 61%
- Hospital out-patient care: 6%
- Out patient investigations: 9%
- Drugs: 8%
Increasing demands

An increasing number of elderly

1/3 of population will be over 65 and 12% will be over 80

Source: INE, projections 2011
NEW TECHNOLOGIES
INCREASING EXPECTATIONS

NHS crisis: Teen mental health patients put on ADULT wards in bed shortage

10th February 2015  |  Ken Boulting

NHS England, a leading mental health campaign, has revealed that there are currently

shortages of beds for both young and older teenagers. The shortage is so severe that

older teenagers are not being admitted to adult wards.
REHABILITATION/ENABLEMENT. CAN WE CONTRIBUTE TO THE SOLUTION?

- The process of trying to help people who have suffered some injury/disease or developmental delay to maximise psychological well being, functional ability and social integration (Wade, 1992)

- An often complex process which enables individuals after impairment by illness, developmental delay or injury to regain as far as possible control over their own lives (King’s Fund, 1999)
**Outcomes**

‘address the **effects**, not the process, of particular interventions’  
(Hesketh & Sage, 1999)

“ **results or visible effects of interventions**….. form part of the **quality cycle**….. provide information on the **impact of interventions**…. **identify the effectiveness of practices**….”  
(Enderby, John & Petheram, 2006)
Cost of an Allied Health Professional

- Using costs from the NHS reference costs the mean average cost for a one-to-one contact of an occupational therapist within the community (2012) was £69 (range £44-£78)

Lesley Curtis PSSRU
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What else could you buy with this money
How can we improve our therapy to save money and be more effective?

- Learning from research
- Learning from others
- Learning from experience
- Data collection
- Knowing what we are doing
- Reflection
THE COMMISSIONERS AGENDA---QUALITY HEALTHCARE

Effectiveness
- use of treatments of known worth

Efficient
- best use of resources

Equitable
- equality and fairness

Responsive
- meets the needs of the individual and their carers
This should be our ambition as well!
**Political Context**

- **April 2015 - Primary Care Commissioning**

‘Economic, social and political forces are forcing the NHS to rethink commissioning’

http://www.pcc-cic.org.uk/outcomes-based-commissioning
Outcomes-based commissioning promises to address these requirements by:

- Working with service users and providers to agree outcomes and measures
- Focusing on long-term value rather than in-year cost or throughput
- Stressing the importance of evidence
- Better linking commissioning intentions and service delivery through clearer, more robust contracting
Primary care commissioning—way forward

- Contracting for outcomes
OUTCOME MEASURES/EXPERIENCE MEASURES

- Difference between:
  - Patient reported outcome measures
  - Patient experience measures/satisfaction surveys
  - Clinician outcome measures
Collecting data on patient experience is not enough: they must be used to improve care

Coulter A., Locock L., Ziebland S., Calabrese J. BMJ 2014; 348 :g2225
What is occupational therapy for?

- Impairment/disorder reduction
- Improved Function
- Psycho social gain
- Wellbeing
MEASURES OF PERFORMANCE

- Health Gain
- Social Gain
Aims of Therapy

- to identify and reduce the disorder/dysfunction
- to improve or maintain the function and ability
- to assist to achieve potential or integration
- and to alleviate anxiety or frustration.
CHOOSING AN OUTCOME MEASURE

- Relevance
- Validity
- Reliability

Other considerations
- Ease of use
- Communication
Measures Available for Consideration

- Assessments
- Goal attainment scales
- Specialised measures
- Generic measures e.g. SF36, Teller, COPM etc
THE THERAPY OUTCOME MEASURES
“So when do we do it?”
Referral /case history/ assessment

Aim/Goal

Intervention

Measure performance
What is the International Classification of Function, Disability and Health (ICF)?

An international classification of function and disability and its effects on the individual

- Classifies body structure and function
- Classifies activity/independence
- Classifies social participation
- Classifies how the environment impacts upon the disabled individual

We have added wellbeing as a domain
THERAPY OUTCOME MEASURES

The Dimensions
Impairment

Status of person
Physical/mental condition/abnormality

Structure

Physiological function
Difficulties an individual may have in the performance of activities. Level of independence/dependence.
Disadvantages an individual may have in the manner or extent of involvement in life situations.
Well-being

Emotional effect resulting in an upset, distress, or satisfaction with status
Carer Well-being

Upset

Feelings
Satisfaction

Emotional effect resulting in an upset, distress, or satisfaction with status
THERAPY OUTCOME MEASURE
CORE SCALE

- 11 point scales with six defined points
- Impairment scale
- Activity scale
- Participation scale
- Well-being scale (for service user and carer when relevant)
Impairment (problems in body structure or function)
Activity (performance of activities)
Participation (disadvantages experienced in living)
Wellbeing (emotional level of upset or distress)

0 = severe, 3 = moderate and 5 = normal $\frac{1}{2}$ are allowed

- Administered at the beginning and again at the end of episode of care.
ADAPTED SCALES

- Developed by specialist practitioners using the core scale and providing detailed to assist with improving reliability
Adapted Scales

1. Anorexia Nervosa and Bulimia Nervosa-scale under development
2. Augmentative and Alternative Communication (AAC)
3. Autistic Spectrum Disorder
4. Cardiac Rehabilitation
5. Cerebral Palsy
6. Child Language Impairment
7. Challenging Behaviour and Forensic Mental Health
8. Chronic Pain
9. Cleft Lip and Palate
10. Cognition
11. Complex and Multiple Difficulty
12. Dementia
13. Diabetes
14. Dietetic Intervention for the Prevention of Cardiovascular Disease
15. Dietetic intervention for Enteral Feeding – Paediatrics
ADAPTED SCALES 2

16. Dietetic intervention for Home Enteral Feeding – Adult
17. Dietetic intervention for Irritable Bowel Syndrome
18. Dietetic intervention for Obesity – Paediatric
19. Dietetic intervention for Obesity – Adult
20. Dietetic intervention for Undernutrition – Paediatrics
21. Dietetic intervention for Undernutrition – Adults
22. Dysarthria
23. Dysfluency
24. Dysphagia
25. Dysphasia
26. Dysphonia
27. Dyspraxia – Developmental Co-Ordination Difficulties
28. Equipment Services
29. Head Injury
30. Hearing Therapy/ Aural Rehabilitation
Adapted Scales 3

32. Laryngectomy
33. Learning Disability – Communication
34. Mental Health
35. Mental Health – Anxiety
36. Multi-Factorial Conditions
37. Musculo-Skeletal
38. Neurological Disorders (Including Progressive Neurological Disorders)
39. Palliative Care
40. Phonological Disorder
41. Podiatric Conditions - scale under development
42. Post Natal Depression
43. Respiratory Care- Chronic Obstructive Pulmonary Disease (COPD)
44. Schizophrenia
45. Stroke
46. Tracheostomy
47. Wound Care
THERAPY OUTCOME MEASURE (TOM)

- Based on:
  World Health Organisation Classification - ICF

- 11 point ordinal scale with 6 defined points
### Therapy Outcome Measure

**Ordinal Rating Scale**

<table>
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<tr>
<th>Profound</th>
<th>Severe</th>
<th>Severe/Moderate</th>
<th>Moderate</th>
<th>Mild</th>
<th>Normal limits</th>
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Therapy Outcome Measures Manual
Available from the Community Therapists Network

“In the current climate of the RCSLT using TOM as its chosen tool ... this easy-to-read book is a must have for any department”
To order your copy at the discounted price of £33.99 (including p&p) or to read the full book review please go to www.communitytherapy.org.uk
Welcome

Welcome to the home of the Community Therapists Network, a national organisation providing information, training and education to therapists who provide care and support for people living with long-term conditions in the community.

FEATURED EVENTS

Rehabilitation: Can it be Achieved in the Community?

Thurs 17th November, Hilton Birmingham Metropole, Birmingham

This free to attend conference will examine how successful teams have re-enabled rehabilitation in the community within the NHS, working in a joined up way in the healthcare network, not by isolation, but through collaboration

Read more and book your free place...

How to Use the TOM (Therapy Outcome Measure)

Soon to be released - new training date for Feb 2016, meanwhile read the review of the new 3rd edition manual from here

Looking for training on a validated outcome measure? This one day workshop with Prof Pam Enderby is design to teach you how to use the TOM with your patients. Places available at £145.

Further details shortly...
CONDUCTING A BENCHMARKING STUDY

- Internal Benchmarking:
  Assess own performance

- External Benchmarking:
  Assess performance against benchmarking partners
How can outcome measurement help you with your service?

- Examining changes over time
- Investigating particular issues e.g. intensity of therapy
- Identifying areas of strength
- Identifying areas of weakness

I've tweaked this
The RU No. serves as a unique ID for each patient and the resultant graph provides a breakdown of their TOMs score throughout each admission. The differences in TOMs scores for each admission is clearly seen thus allowing user to compare and contrast as well as pose the relevant questions based on the data shown. Adding to this, a user can filter and delve deeper into each admission for analysis.
Depicted here is a further breakdown of the Quality of Life score at admission and discharge.
Activity Scores April - June 2014

- Condition: CMD, CP, ND
- Score: 0 to 70

Legend:
- Activity Prior to Assessment
- Activity Following Intervention

Scores:
- CMD: Activity Prior to Assessment < 10, Activity Following Intervention < 10
- CP: Activity Prior to Assessment < 10, Activity Following Intervention < 10
- ND: Activity Prior to Assessment < 10, Activity Following Intervention > 60
Participation Scores April - June 2014

- **CMD**
- **CP**
- **ND**

- Participation Prior to Assessment
- Participation Following Intervention
PALLIATIVE SCALE—MEAN SCORES
PULMONARY REHABILITATION—NUMBERS OF PATIENTS IMPROVING ON IMPAIRMENT

Changes in Impairment Scores pre- to post- pulmonary rehabilitation

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<th>Difference in impairment scores</th>
<th>Number of Patients</th>
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Number of patients showing each improvement.
PULMONARY REHABILITATION—NUMBERS OF PATIENTS IMPROVING ON ACTIVITY

Changes in Activity scores pre- to post- Pulmonary Rehabilitation

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PULMONARY REHABILITATION NUMBERS OF PATIENTS IMPROVING ON PARTICIPATION

Changes in Participation scores pre- to post- Pulmonary Rehabilitation

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Beware of causality

Positive proof of global warming.