Occupational therapists’ use of standardized outcome measures
The College of Occupational Therapists promotes the use of evidence-based outcome measures to demonstrate the delivery of high quality and effective occupational therapy services and to provide credible and reliable justification for the intervention that is delivered. Without accruing data from such sources the evidence-base to support the value of occupational therapy will fail to grow and the profession will be challenged to produce the robust information that will be essential to support future commissioning of occupational therapy services.

In 2010 the Department of Health published *Equity and excellence: liberating the NHS* which proposed putting patients at the heart of the NHS, through an information revolution and greater choice and control (DH 2010). Central to this shift was the requirement for the use of evidence-based measures, utilized by clinicians, to demonstrate improving health outcomes. Ongoing developments see the health providers of the UK nations promoting an increasing role for service design based on user feedback and experiences (NHS Scotland 2010) and clinicians’ promotion of best evidence (Welsh Assembly Government 2011).

An essential part of evidence-based occupational therapy is the incorporation of valid outcome measurement into the occupational therapy process (Law and McColl 2010). However, Unsworth (2011) advises that recent evidence from both the United Kingdom and Australia demonstrates that the routine use of standardized outcome measures in occupational therapy practice remains low.

The principles of person-centred care in which goal-setting and decision-making are shared are a fundamental principle of occupational therapy practice. Occupational therapists are well-positioned to deliver the key component of *Liberating the NHS* in which there is ‘no decision about me without me’ (p 3). Evidence that greater involvement of service users in decisions about their interventions improves health outcomes, satisfaction with services and reduces costs underlines the importance to occupational therapists of being able to demonstrate the outcomes of their interventions.

*Defining occupational therapy outcomes*
Occupational therapy outcomes have been defined as being ‘an agreed, clearly defined, expected or desired result of intervention’ (Creek 2003 p56) and they describe the changes that may be attributed to the intervention that has taken place. Working together, a baseline assessment is undertaken then the service user and occupational therapist agree and define desired and realistic outcomes to be achieved from the intervention. The treatment plan is implemented and the same assessment repeated in order to measure change in occupational performance.

*Outcome measurement tools*
Outcome measurement tools utilized by occupational therapists should measure changes in the service user’s levels of achievement, feelings and attitude. Directions of change can be measured in terms of aspects such as improvement, maintenance, reduction, development, prevention or delay (Creek 2003).
Tools selected for outcome measurement should be chosen for their content, reliability, validity and clinical utility (Law and McColl 2010). They should complement existing documentation and communication and have facility to enhance the occupational therapist’s clinical reasoning and decision-making (Creek 2003). Increasingly, outcome measurement tools will be selected for their potential for compatibility with integrated digital care records.

In using outcome measures, data must be collected at two or more points so that the change that has taken place can be measured over time. The scoring and recording process of standardized measures is known to be reliable and valid and an individual’s scores can be referenced against the measure’s norms or criteria (Unsworth 2011).

Selection of an appropriate outcome measure must be made in response to identification of a specific measurement purpose. Use of several outcome measures may be needed in order to provide comprehensive information about the outcomes for each individual service user (COT 2012).

Occupational therapists should be aware that the development of an outcome measure is a lengthy and costly undertaking, due to the need to ensure the reliability and validity of the tool proposed. ‘Developing a measure is a lifetime’s work’ (Law 2011). Adaptation of existing measures is not supported, as this will invalidate an existing standardized tool.

Occupational therapists need to be fully aware of the limitations of using non-standardized assessments, which relate to reliability and accuracy and for the potential impact that may result on professional credibility and the welfare of service users (Laver Fawcett 2007).

**Outcome measurement and adult social care**

Outcome measurement is not only an essential requisite in health services, but is now equally evident in social care. The *Adult Social Care Outcomes Framework* (ASCOF) was launched in 2011 and aimed to demonstrate an outcomes-focused approach to social care achievements (DH 2012a).

The ASCOF is a set of outcome measures which have been agreed as being of value in demonstrating the outcomes of adult social care. The measures are described within 4 domains – enhancing quality of life for people with care and support needs, delaying and reducing the need for care and support, ensuring that people have a positive experience of care and support, and safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm. Occupational therapists working in adult social care need to be aware of the measures that are being undertaken within their services, and their roles in providing data from discrete areas of occupational therapy activity. Contributing occupational therapy data from the utilization of outcome measures related to the effectiveness of interventions and reablement are particularly pertinent.

**Outcome measurement and public health**

The Department of Health published its *Public Health Outcomes Framework 2013-2016* in 2012 (DH 2012b). This document describes the achievements sought from a public health strategy in 4 domains – improving the wider determinants of health, health improvement, health protection, and healthcare public health and preventing premature mortality.

Occupational therapists work with people across a range of public health domains; for example, facilitating individuals to achieve the recommended 150 minutes equivalent of moderate intensity physical activity per week through engagement in appropriate occupations. The use of relevant standardized outcome measures can be used to demonstrate the contribution of occupational therapy to key public health indicators.
**Outcome measurement and information management**

The drive to extend the use of outcome measures to demonstrate both effectiveness and satisfaction with services received relies on robust collection of information. The increasing use of data for the purposes of audit and research will further reinforce this requirement, underpinned by centralized data collection through, in England, the Health and Social Care Information Centre, and its UK equivalents.

The mandatory use of SNOMED CT, the national clinical terminology, in Integrated Digital Care Records (IDCRs) in England from April 2015 is shaping the way that occupational therapy outcomes will be recorded and utilized. COT has produced an OT subset entitled *Outcomes following occupational therapy intervention* to inform systems developers and ensure that occupational therapists can easily record the outcome of their routine interventions within electronic systems (COT 2013).

In a broader context, there is both recognition that information and improved intelligence drive up quality in health and social care and a requirement to ensure that resources are targeted on national and local priorities (Scottish Government 2013). In addition, advances in both technology and service delivery will continue to underpin progress in information management (DHSSPS 2011). These developments confirm the need for occupational therapists to position information about their service outcomes within the systems that will enable data utilization across organizations and organizational boundaries.

**The use of outcome measures in research**

Outcome measurement can demonstrate the effectiveness of an intervention for individual service users or population groups. The use of standardized measures enables occupational therapists to build up a body of evidence for occupational therapy (COT 2012). This is vital both to support the delivery of evidence-based practice and to ensure that robust evidence is available to underpin the development of occupational therapy practice guidelines.

Conducting controlled studies that enable a change to be specifically attributed to an intervention underpins evidence-based practice. Unsworth (2000) calls for an increase in effectiveness studies in order to ensure that interventions are evidence-based.

**Impact on policy developments**

The drive to deliver client-centred and high quality services has reinforced the need for utilization of robust outcome measures in occupational therapy practice. Laver Fawcett (2007) notes that utilization of standardized measures provides a response to healthcare policy demands for accountability and quality of services, and demonstrating use of assessment, intervention and outcomes data reinforces awareness of the unique role of the occupational therapist in the multidisciplinary team.

Increasingly, services are becoming integrated and this provides an opportunity for occupational therapists, by appropriate use and recording of outcomes data, to demonstrate their broad remit across a range of service configurations and requirements. For example, in Scotland health and social care outcomes focus on healthier and independent living, positive experiences and carers’ needs (Scottish Government 2013). In Wales, new metrics are being developed with a greater focus on outcomes and quality (Welsh Assembly Government 2011) and a requirement for services to deliver against nationally agreed standards. In Northern Ireland, the requirement to have reliable and accurate means of measuring and reporting on outcomes and the effectiveness of evidence-based assessments has been recognized (DHSSPS 2011).
**Recommendations:**

Ongoing effectiveness of occupational therapy intervention should be monitored and reviewed by the use of recognized outcome measures (COT 2011).

Each occupational therapy service should have an active outcome measurement protocol (Law, Baum and Dunn 2005).

Occupational therapists who select the use of non-standardized measures must be aware of the limitations related to accuracy and reliability and the potential impact on professional credibility and the welfare of service users (Laver Fawcett 2007).

In order to promote evidence-based practice, occupational therapists need to ensure that they have access and skills to utilize a range of standardized outcome measures (Unsworth 2011).

Improved use of standardized outcome measures requires the routine inclusion of training materials for students, greater availability of training for practitioners and support from managers (Unsworth 2011).

The introduction of an outcome measure into routine clinical practice should be considered very carefully, be part of the organisation’s business plans, and have the full support of senior management (COT 2012).

Training in the use of standardized outcome measures can be seen as a valid part of continuing professional and service development, if it is going to meet the requirements of the service or the needs of the service user (COT 2012).

Some published tools have pre-printed forms to use. Practitioners need to ensure that they use these according to any copyright and licensing conditions given (COT 2012).

The results of an outcome measure must be recorded appropriately and comprehensively, then stored as part of the service-user’s care records (COT 2011).

**References**


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