Dietetic Clinical Effectiveness – would Therapy Outcome Measures be up to the Measure?’

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Author’s contribution

This work was carried out in collaboration between all authors. All authors read and approved the final manuscript.

ABSTRACT

Background: It is challenging to identify single measures appropriate to meet the needs of the whole dietetic caseload, to measure the impact of clinical interventions. This has lead to failure to identify the impact of specific dietetic services and nutritional interventions.

Having searched the literature, there were no validated outcome measures for dietetic interventions. In the absence of recognised measures the BDA [1] has produced guidance, covering six domains, to improve practice and demonstrate clinical and cost effectiveness, the only measure that included all six was the Therapy Outcome Measure (TOM) Enderby et al. [2].

The aim of the work was to develop and implement Dietetic TOMs to:

- Establish whether interventions are effective.
- Improve reflection on practice.
- Support service development and improvement.
- Demonstrate we provide services that are: clinically cost effective, efficient, responsive and equitable.

Process: (NB Only for Innovative Service Development Abstracts) After identifying TOMs as the outcome measure of choice, we undertook training in TOM methodology and consistency of scoring with Professor Enderby, who developed TOMs. This was then subsequently cascaded to all staff.

From whole service caseload, commissioning requirements and patient demographics and need, we identified six clinical areas that would provide a TOM for the majority of patients.
accessing the service, these were: obesity, under nutrition, home enteral feeding, diabetes, irritable bowel syndrome (IBS), and Cardiovascular Disease (CVD). The clinical teams working in these areas developed and piloted the relevant TOM. We undertook a six month pilot, firstly with case notes, and then with patients to test usability, validity, reliability, as well as issues of recording and reporting the data. We undertook a peer review process to ensure consistency of approach and language and then extended the pilot outside of the development teams to the whole service. After further review, the final TOMs were then validated by Professor Enderby.

**Outcomes:** (NB Only for Innovative Service Development Abstracts) The Leeds Community Healthcare (LCH) Dietetic Service has developed and implemented six validated TOMs for dietetics in the Community. This is a validated tool developed by Prof Enderby and measures the clinical outcome of interventions.

LCH Dietetics has developed and amended the framework to meet the needs of our teams and service users. The six TOMs are new frameworks and have Prof Enderby validation. The six TOMs developed cover the range of interventions offered in the broadest sense. Every service user will have at least two outcome measures recorded, (baseline and end point) to assess the quality and effectiveness of the dietetic intervention. This will not only demonstrate to our ‘customers’ the effectiveness of what we do, but also enable us as a dietetic service to assess our clinical effectiveness in dietetic practice and make improvements based on this knowledge, to ensure we continue to improve and deliver the best possible care to Leeds residents.

**Conclusion:** TOMs ensure that LCH dietetics can identify the difference their specific dietary interventions make to patient care. TOMs enables effectiveness to be a measured in a consistent approach. This will demonstrate to all stakeholders, including commissioners, that dietetic services are clinically cost effective, efficient, responsive and equitable.

**Keywords:** Outcome measures; clinical effectiveness; commissioners; cost effectiveness.

**REFERENCES**


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