Increasing demands are being placed on speech-language pathology services in schools and the community, as evidenced by lengthy waiting lists and large caseload numbers. Speech-language pathology service delivery models vary across the province and country. Several provinces, as well as the American Speech and Hearing Association (ASHA), have attempted to quantify and qualify the services provided by speech-language pathology programs by developing standardized data collection and outcome measurement.

Information available from standardized data collection and outcome measurement would assist in the funding, development, and maintenance of efficient, quality speech-language pathology services. A standardized system would facilitate clinical decision making, quality assurance, and transition planning, and provide consistency across programs.

This project, after a review of other available information, has developed an outcome measurement tool which defines standard severity and priority rating scales. The tool provides disorder description, caseload prioritization, and measurement of treatment outcomes.

**Purpose**
The purpose of the tool is to measure change in an individual’s performance as a result of speech-language pathology intervention. Individuals receiving intervention are assigned a severity and priority rating at the beginning of intervention, and again at the end of intervention or the end of a designated period of time (e.g., September 1 – August 31).

The tool will assist in caseload prioritization, and provide consistency across programs in rating clients in terms of severity and in measuring outcomes.

**Development Process**
The pilot project was initiated in March 1998. Twenty-five speech-language pathologists from 15 school divisions, the South Central Health Region, and Interlake Family Services Region participated in the project.

The project team reviewed a number of outcome measurement tools including:
- *Structural, Process and Outcome Standards for Alberta Health Unit Speech-Language Pathology Programs*
- *The American Speech-Language-Hearing Association (ASHA) National Treatment Outcome Data Collection Project*
- *New Brunswick Priority Rating Scale*
- *Iowa Severity Rating Scales for Communication Disabilities*

These tools were reviewed in terms of their ability to measure functional change in individual performance, age range criteria, and ease of application.
The project team initially determined that the ASHA Functional Communication Measures provided the best severity rating scale, while the Alberta Priority Rating Scale provided the best means of prioritizing individuals. Upon further review it was determined that both tools would have to be adapted and revised to: better capture functional change, add certain elements important in client prioritization, and redefine terms to better reflect service delivery models in Manitoba.

Features
The Manitoba Speech-Language Pathology Outcomes Measure consists of the following components:

- manual
- standard severity scales
- standard priority rating
- standard data collection form
- data analysis process

Unique to this measure are the following features:

- new service delivery terminology for intersectoral use
- the inclusion of individuals between 0-21 years of age
- the inclusion of phonological awareness and word finding in the severity scale

Terminology
Due to the variable use of definitions, the project team developed standard terminology to describe the services an individual receives. While it is recognized that this tool measures outcomes of speech and language intervention, a variety of providers may be involved in the delivery of the intervention. Therefore, terms such as consultative collaborative (CC) have been adapted, and new terms such as intervention mode have been introduced to standardize terminology across Manitoba in Education and Training, Health and Family Services.