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What Is NOMS?

The National Outcomes Measurement System (NOMS) is a national data collection and reporting registry that benchmarks the outcomes of individuals receiving audiology and speech-language pathology services across the health care continuum.

The key to the NOMS Speech-Language Pathology Registry is the use of ASHA’s Functional Communication Measures (FCMs) and optional patient reported outcome (PRO) measures. Based on an individual’s treatment plan/Individualized Education Program (IEP), clinicians choose FCMs and PROs and answer related questions at admission to and again at discharge from speech-language pathology services. The difference in the calculated FCM and PRO scores depicts the amount of change in communication and/or swallowing abilities after speech and language intervention.

As a NOMS participant, you have access to online data reports by logging into the NOMS tool. The NOMS reports are interactive dashboards comparing your data to the national benchmarks. Benchmarking is a powerful tool that allows for a detailed comparison of your patients and the services you provide compared to a national standard. This information can help you improve the quality of your care and demonstrate the effectiveness of your services.

To access the NOMS Data Collection and Reporting Tool, go to https://nomsregistry.asha.org/login.

You can use the NOMS tool to:

- View your NOMS profile
- View your compliance issues
- Enter data (for web-based users only)
- View your outcomes reports
Generate a Report

1) Select **Data Reports** in the left menu.
2) Select your report criteria (i.e., the time period and the facility or facilities).
   
   *Note: The system allows you to generate reports that include data from withdrawn facilities. Facilities that have a status of withdrawn are labeled as such in the drop-down menu.*

3) Click **Run Report**.

**NOMS Data Tip:** Only patient records that were discharged from NOMS during the selected time period will be included in your report. Patient records are available for inclusion in NOMS reports the day after the discharge is submitted to the NOMS system.
Navigate a Report

The reports have been designed to be interactive dashboards. See screenshot below for more information on how to navigate a report.

1. The default name of every report is “Outcomes Report” with today’s date. Click the pencil icon to edit the name.

2. Click here to view the report criteria in more detail.

3. Save, schedule, download, and print reports using these buttons. More information on these actions can be found in this user guide in the Other Report Features section.

4. Toggle between the graphical view and tabular view of the report by clicking these two icons.

5. Use these tabs to view the various pages of the report.

6. Apply one or more filters to your dashboard to refine your results.

7. The interactive widgets show the selected facilities’ outcomes along with your organization’s results (if applicable) and national benchmarks. Note: If your organization is registered as a single facility, the facility and organization data in the report will be the same.
Page-Specific Navigation

On the **Functional Communication Measures page**, you can only view the results for one FCM at a time. The Cognition (6+) FCM will be selected by default. Use the FCM selector box to view a different FCM.

On the **Patient Reported Outcomes page**, you must first select a PRO name to view the results. You can only view the results for one PRO at a time. Use the available buttons to view a different PRO.

On the **Treatment Aims & Targets page**, you can only view the results for one treatment target at a time. The Cognition (6+) FCM will be selected by default. Use the treatment target selector box to view a different treatment target. The treatment aims and targets are only available for six FCMs [Cognition 6+, Speech Intelligibility, Spoken Language Comprehension (6+), Spoken Language Expression (6+), Swallowing, and Voice].
Tabular View

By default, the dashboard will display most visualizations in the graphical view. You can click the table icon at the top left corner of the report to switch to the tabular view to easily see the counts and percentages for every visualization.

<table>
<thead>
<tr>
<th>Age Grouping</th>
<th>Facility(n)</th>
<th>Facility(%)</th>
<th>Organization(n)</th>
<th>Organization(%)</th>
<th>National(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5</td>
<td>116</td>
<td>25.61%</td>
<td>116</td>
<td>25.61%</td>
<td>17.56%</td>
</tr>
<tr>
<td>6-11</td>
<td>23</td>
<td>5.08%</td>
<td>23</td>
<td>5.08%</td>
<td>3.02%</td>
</tr>
<tr>
<td>12-14</td>
<td>22</td>
<td>4.86%</td>
<td>22</td>
<td>4.86%</td>
<td>2.91%</td>
</tr>
<tr>
<td>15-19</td>
<td>20</td>
<td>4.42%</td>
<td>20</td>
<td>4.42%</td>
<td>6.30%</td>
</tr>
<tr>
<td>20-29</td>
<td>22</td>
<td>4.86%</td>
<td>22</td>
<td>4.86%</td>
<td>8.13%</td>
</tr>
<tr>
<td>30-39</td>
<td>17</td>
<td>3.75%</td>
<td>17</td>
<td>3.75%</td>
<td>4.04%</td>
</tr>
<tr>
<td>40-49</td>
<td>37</td>
<td>8.17%</td>
<td>37</td>
<td>8.17%</td>
<td>9.91%</td>
</tr>
<tr>
<td>50-59</td>
<td>43</td>
<td>9.49%</td>
<td>43</td>
<td>9.49%</td>
<td>9.59%</td>
</tr>
<tr>
<td>60-69</td>
<td>46</td>
<td>10.15%</td>
<td>46</td>
<td>10.15%</td>
<td>9.64%</td>
</tr>
<tr>
<td>70-79</td>
<td>58</td>
<td>12.80%</td>
<td>58</td>
<td>12.80%</td>
<td>14.54%</td>
</tr>
<tr>
<td>80-89</td>
<td>35</td>
<td>7.73%</td>
<td>35</td>
<td>7.73%</td>
<td>10.77%</td>
</tr>
<tr>
<td>90+</td>
<td>14</td>
<td>3.09%</td>
<td>14</td>
<td>3.09%</td>
<td>3.61%</td>
</tr>
<tr>
<td>Total</td>
<td>453</td>
<td>100.00%</td>
<td>453</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Hover Menus

Hover your mouse over a section of a graph to see the counts and percentages, if necessary. You can hover over labels that have an ellipsis to view the full title.
Filters

Use the filters in the left menu of the report to refine your results, to analyze specific patient populations, or to perform risk adjustments. Use the View More button to view additional filters for each filter section.

Any filters you apply to the report are displayed at the top of the report in the Filtered Selections area. Note: All filters selected from the left menu will be applied to your entire report.
Reports at a Glance

Your NOMS data reports are organized into 5 sections or tabs.

![Diagram of NOMS report sections]

Each section includes a series of widgets (i.e., graphs, cards, or tables) highlighting information about:

1. Patient Characteristics: Age, gender, race/ethnicity, diagnosis, etc.
2. Service Delivery: Treatment setting, length of stay, treatment sessions per week, etc.
3. Functional Communication Measures: Average change in percent functionality, progress by severity, etc.
5. Treatment Aims & Targets: Information about what was addressed in treatment.

Each widget provides three levels of data:
- One for the facility/ies that you selected when generating your report
- One for your organization as a whole
- One for the national benchmarks

**NOMS Data Tip:** When you first generate a report, data from all patients (regardless of setting or diagnosis) will be included. To limit your report to a specific treatment setting, population, and so forth, use the filters in the left menu. The data for all widgets in your report (i.e., across the five main sections) will dynamically change based on the filter(s) selected. To learn more about navigation and filters, go to the Navigate a Report section.

All clinicians, subscribers, and subscriber proxies have access to NOMS data reports.

- Subscribers and subscriber proxies have access to reports for all facilities at the organization.
- Clinicians have access only to the reports for those facilities for which they have submitted data.
- Clinician proxies do not have access to reports.
Patient Characteristics

The **Patient Characteristics Tab** provides key demographic information about the individuals receiving SLP services at your organization and nationally. These data can assist with practice management by giving you detailed information about how many patients were discharged during a selected timeframe, what types of diagnoses your patients had, what funding sources were most used, and so forth, compared to the national averages.

Widgets included in this section are as follows:
- Demographics: Age, Gender, Race/Ethnicity
- Diagnoses: SLP Diagnosis/Condition, Time Post Onset, Cognitive or Intellectual Disabilities Confirmed or Suspected, Hearing Loss Confirmed or Suspected
- Coding & Billing: Primary Payer, Top 10 ICD-Codes

Demographic information can provide important insights into how your patients may vary from the national averages and help to
- identify and address differences in care for specific populations,
- determine populations that do not achieve optimal outcomes, and
- promote the delivery of patient-centered care.

When interpreting your data, start by looking for differences in patient characteristics. For example, compared to the national data, patients within your facility and organization may be younger, may have a longer time post onset, or may have more comorbidities. Patients with different demographic, social and/or confounding factors may experience different outcomes regardless of the quality of care provided. It is important to consider these factors when analyzing your data.

In this chart, we see that most of the patients receiving SLP treatment at this facility and organization tend to be younger than those receiving services nationally. These differences may account for differences in treatment outcomes. Therefore, this clinician may want to consider filtering their report by specific age ranges at admission. Risk-adjusting by age or other patient characteristics increases the likelihood of a more accurate comparison of this organization’s outcomes to the national benchmarks.
Service Delivery

The Service Delivery Tab provides information about the frequency, intensity, and dosage of SLP treatment that an organization typically delivers.

Widgets included in this section are as follows:

- Treatment Characteristics: Treatment Setting, Percent of Patients Receiving Treatment via Telepractice, Group Size
- Treatment Dosage: Average Length of Stay in SLP Treatment, Average Number of Treatment Sessions (Individual vs Group), Sessions Per Week, Length of Typical Session
- Post-Treatment Status: Primary Reason for Discharge From SLP Services, Discharge Setting, Further SLP Treatment Recommended
- Counseling: Individuals Counseled for Managing Safety Due to Cognition, Individuals Counseled for Aspiration Risk/Swallowing Safety Concerns

Treatment parameters such as setting, episode duration, and number of visits are important considerations when examining an organization’s overall performance. For example, hospital administrators often use length of stay as a performance indicator for hospital efficiency.

In the chart below, we see that this organization’s length of stay in SLP treatment is roughly 10 days more than the national benchmark (67.4 days compared to 57.1 days nationally).

When you encounter differences like these, you may want to filter your reports by treatment setting or other service delivery or patient variables to limit your comparisons to patients with a similar case mix nationally.

When we filter this report by the current treatment setting of Inpatient rehab, we see the large difference in length of stay disappear. Now, this organization’s length of stay in SLP services is slightly shorter (15.3 days) than the national benchmark (16.1 days).
Functional Communication

The **Functional Communication Measure Tab** presents information about the amount of progress patients make after SLP treatment. Data are presented for one FCM at a time. When you first click on the tab, it will default to the Cognition (6+) FCM. *Note: The FCM selector box will only change the information presented on the Functional Communication Measures tab. To filter the entire report across all five tabs (e.g., patient characteristics, service delivery), use the filters in the left menu.*

Widgets included in this section are as follows:

- **Functional Progress:** Average Change in Percent Functionality, Percent of Patients Making Progress by FCM Question, Goals Met
- **Progress by Severity & Service Delivery:** Progress by % Functionality at Admission, Progress by Predominant Service Delivery Model, Progress by Average Number of Treatment Hours and Treatment Sessions
- **Home Program & Education:** % With a Structured Home Program, How Much of the Structured Home Program Was Completed

The first widget in this section, **Functional Progress**, starts with broad information about progress and provides average gains in functionality for the selected FCM.

In the chart above, you can see that, on average, this organization’s patients had a 20.9% gain in functionality after SLP treatment compared to a national average of 25.0%. Positive change in functionality reflects improvement, whereas a negative change reflects worsening of condition.

**NOMS Data Tip:** It is important to note that there is no single expected amount of change. Average change in functionality is likely to be affected by several factors, including treatment setting, time post onset, age, medical diagnosis, amount of treatment, and so forth. Be sure to use the filters in the left menu to account for these factors. Use the national benchmarks to provide a reasonable proxy for typical amount of change.
The next widget, **Percent of Patients Making Progress by FCM Question**, provides more detailed information about the selected FCM and examines the different constructs or aspects that contribute to overall level of functionality. This information can help you begin to examine and explore discrete areas reflecting change and can help you target quality improvement efforts. It is important to remember that functional progress and clinical efficiency can be affected by a variety of factors; these analyses are just a starting point.

The graph below shows the percentage of patients who made progress on each individual FCM question for cognition. In this example, most of the organization’s patients made progress on question #2 (63.2%), whereas the fewest patients made progress on question #1 (44.2%).

The **Goals Met** widget shows you the proportion of patients who met their goals for the selected FCM. In this widget, we see that roughly 75% of patients being treated for cognition at this facility and organization met their treatment goals. This same trend was seen at the national level.
The three widgets in the Progress by Severity and Service Delivery section examine additional patient and service delivery variables (e.g., functional status at admission, amount of treatment) and show how these factors contribute to patient outcomes.

The Progress by Percent Functionality at Admission widget helps you understand the effect of patient severity on FCM progress. Each graph in the widget represents a range of initial FCM scores (e.g., 0%–25%, 25%–50%) and displays the percentage of patients who made progress and how much progress they made within that severity range.

In the example below, half of this organization’s most severe patients (i.e., 0%–25% functionality at admission) demonstrated a 30% or more gain in their cognition FCM score from admission to discharge. Among those who were the least severe at admission (i.e., 76%+ functionality), most (66.7%) showed gains of 10%–19%.

In NOMS data collection, for each FCM that you score, you are also asked to indicate the primary service delivery model used to address that clinical area (e.g., swallowing, speech intelligibility). The Progress by Predominant Service Delivery Model widget presents a set of graphs separating patients by that selected service delivery model (e.g., individual, group, training/consultation) and shows the proportion of patients making various degrees of progress.
In the example below, only group and individual treatment were the predominant service delivery models used for this FCM.

The Progress by Amount of Treatment widget details the average amount of treatment sessions and hours that patients received based on their corresponding progress category. Analyzing patient progress by the number of sessions and hours spent in treatment can provide an overview of an organization’s clinical efficiency.

In the table below, we see that patients who made no progress in this organization received approximately 5.4 SLP sessions and 3.2 hours of treatment, whereas those who made 20%–29% gains in functionality received 10.6 SLP sessions and 7.1 hours of treatment for this FCM. These data can be powerful when answering questions from consumers and payers about prognosis, expected outcomes, and how much treatment will be needed to show functional progress.
The **Home Program & Education** section shows the percentage of patients who received a structured home program targeting the selected FCM and, when applicable, how much of that program was completed. Structured home programs completed outside of SLP treatment sessions can provide additional practice, reinforce progress, promote generalization of newly acquired skills, and encourage caregiver involvement in the treatment process.

In the example below, although the percentage of this organization’s patients who received a structured home program was similar to the national data (83.2% and 84.6%, respectively), fewer of the organization’s patients completed the entire program (51.9%) compared to the national benchmark (59.5%).

<table>
<thead>
<tr>
<th></th>
<th>Facility</th>
<th>Organization</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>% with a Structured Home Program</td>
<td>83.2% (n=158)</td>
<td>83.2% (n=158)</td>
<td>84.6%</td>
</tr>
<tr>
<td>How Much of the Structured Home Program was Completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facility</td>
<td>Organization</td>
<td>National</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Some</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>36.7%</td>
<td>11.4%</td>
<td>51.9%</td>
</tr>
</tbody>
</table>

Among those patients for whom a structured home program was included.
Patient Reported Outcomes

Patient reported outcomes (PROs) and treatment satisfaction data can be important indicators of the impact of treatment on daily life and serve as a gauge of treatment success. The Patient Reported Outcomes Tab presents information for one PRO measure at a time. To view patient reported data, you must FIRST select the PRO measure you are interested in. Note: Selecting a PRO will only change the information presented on the Patient Reported Outcomes tab. To filter the entire report across all tabs, use the filters in the left menu.

NOMS Data Tip: PROs are optional for reporting in NOMS. It is important to note that these data may not be reflective of all patients receiving SLP treatment at your facility, at your organization, and at a national level.

The first widget, Overall Progress, provides a summary of self-assessed patient progress after SLP treatment for the selected PRO measure (e.g., whether patients felt their condition improved, worsened, or did not change because of treatment). In the chart below, 41.7% of the patients in this organization felt their swallowing improved after SLP treatment compared to a national average of 36.3%.
The next widget, **NOMS Satisfaction Survey Questions**, provides detailed information about different aspects of patient satisfaction (e.g., whether or not the patient felt that they were involved in treatment planning, received education about their swallowing or communication problem). The widget provides an overview of how strongly patients agreed or disagreed with each statement. These data can help inform consumer choice and be a used for developing quality improvement initiatives and organizational marketing efforts.

In the chart below, most patients in this organization (75%) and nationally (73.1%) agree or strongly agree that they were actively involved in their treatment plan (upper left chart). However, more patients at this organization (75%) felt that their swallowing improved because of SLP treatment than did patients nationally (65.6%) (lower left chart).
Treatment Aims & Targets

This section of your NOMS report provides an overview of the treatment aims and targets for the following FCMs:

- Cognition (6+)
- Speech Intelligibility
- Spoken Language Comprehension (6+)
- Spoken Language Expression (6+)
- Swallowing
- Voice

When you first open your report and click on the Treatment Aims & Targets Tab, it will ALWAYS default to the Cognition (6+) aims and targets. Use the selector box to view a different FCM’s aims and targets. Note: This selector box will only change the information presented on the Treatment Aims & Targets dashboard. To filter the entire report across all five sections, use the filters in the left menu.

Treatment aims and targets help describe what occurred during the episode of care and can help you

- better understand your organization’s treatment patterns,
- identify additional treatment options/targets for patients with a given treatment goal/aim, and
- determine topics for clinical training.

NOMS Data Tip: Collecting information about aims and targets is a first step in understanding what happens in treatment, and to what extent different treatment ingredients facilitate change in function. However, it is important to note that these data are optional for reporting in NOMS and may not be reflective of all the treatment aims and targets focused on during SLP treatment at the local and national level.

The Treatment Aims & Targets widget displays the proportion of patients who had the specific target included in their treatment program and provides a legend for the aims that correspond to individual targets in the table. Note: The selection of treatment aims and targets is dependent upon each individual’s needs and treatment goals. However, you can use the FCM Progress Filter in the left menu to examine which targets are associated with FCM progress.
Other Report Features

The NOMS system has several new features that allow you to easily save your report template, schedule a future report to run, download the data from an existing report, or print a report. You can quickly access these features by clicking on the modal on the top right of your report.

Save a Report Template

The NOMS system allows you to save the report criteria and filters as a template so that you can easily generate the same report in the future. To save the report template, click the **Save Report Template** button located at the top of the report.

💡 **NOMS Data Tip:** Consider renaming your report with a descriptive name before saving the report template. Click the pencil icon next to the report name to edit the name.
You can access saved report templates from the Data Reports landing page (see screenshot below). Saved reports are user specific. Therefore, the report templates that you save will only be accessible by you.

When a saved report template is viewed at a later date by using the Open or Download icons, the system will re-run the report criteria. Keep in mind that if the report criteria include a standard time period (i.e., Last month, Last quarter, Last year, or Previous 30 days), then opening or downloading the saved report template will generate a new dashboard for the reflected time period.

For example, if you create a report template in August and you choose a time period of last month, the dashboard will give you the data for the month of July. If you save that template and open it in September, the dashboard will give you the data for the month of August. If the report criteria include a custom time period, then opening or downloading the saved report template will re-run that custom time period, which will result in the same data.

If you open a saved report template and make changes, you can save to update the template or save as a new template.
Schedule a Report Template

You can schedule a report by clicking the Schedule Future Report button at the top of the report or by clicking the Schedule button under your saved report templates.

You can also set up the report template for selected reports to be generated in the future. These scheduled reports can be generated on a one-time basis or on a recurring basis.

The system will prompt you to make selections related to the report such as how often you would like the report to run, if you would like it to be a recurring or one-time report, and which file type you prefer.
You can edit the schedule, if desired, from the Data Reports landing page or by clicking the button at the top of the report dashboard. *Note: You cannot schedule a future report with a custom date range. You may only schedule a report with pre-defined timeframes (i.e., Last month, Last quarter, Last year, or Previous 30 days).

NOMS will generate the report following the schedule and will email you when the report is available. To view the report, click the link in the email. You will be taken to NOMS, and the system will prompt you to log in. The system will then display a pop-up message with a button to download the report in the file format you selected when creating the schedule. To view the interactive dashboard for your selected scheduled report, simply click the **Open** icon from the Data Reports landing page.

Similar to when you open or download a saved report, when you schedule a report, the system will re-run the report criteria. Keep in mind that if the report criteria include a standard time period (i.e., Last month, Last quarter, Last year, or Previous 30 days), then opening the scheduled report template will generate a new dashboard for the reflected time period. For example, if you create a report template in August and you choose a time period of last month, the dashboard will give you the data for the month of July. If you schedule that template to be generated in September, the report will give you the data for the month of August.

* **NOMS Data Tip:** Scheduled reports are user specific. The user who scheduled the report must be the one to open the link for the scheduled report from the email and log into NOMS. If you wish to share a report with someone who is not an SLP at your organization, we recommend that you assign the individual to a **Subscriber Proxy** role. For specific instructions on how to add a subscriber proxy, refer to the steps outlined in the **Add New Users** section of the **Subscriber User Guide**.
Download a Report

You can download the tables for a report into a CSV or PDF file format by clicking the Download Report button at the top of the report or by clicking the Download icon on the saved report template list.

After you select your preferred file format, the system will process the report, which can take a few minutes depending on the size of the file. If you stay logged in to NOMS, a pop-up message will appear letting you know that the file has finished processing. The NOMS system will also email you when the report has finished processing.

_NOMS Data Tip_: Any filters that you applied to the report dashboard will be reflected in the downloaded CSV or PDF report.

If you select CSV as the file format for the downloaded report, the system will download a zip file to your computer containing a separate CSV file for each visualization from the report. This option is best used if you would like to download tables from your report in a format that makes it easy to generate your own visualizations and graphs.
Here is an example of the Gender CSV file viewed in Excel:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Facility(n)</th>
<th>Facility(%)</th>
<th>Organizational</th>
<th>Organizational</th>
<th>National(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>183</td>
<td>40.40%</td>
<td>183</td>
<td>40.40%</td>
<td>43.50%</td>
</tr>
<tr>
<td>Female</td>
<td>236</td>
<td>52.10%</td>
<td>236</td>
<td>52.10%</td>
<td>50.80%</td>
</tr>
<tr>
<td>Trans man</td>
<td>9</td>
<td>2.00%</td>
<td>9</td>
<td>2.00%</td>
<td>1.50%</td>
</tr>
<tr>
<td>Trans woman</td>
<td>1</td>
<td>0.20%</td>
<td>1</td>
<td>0.20%</td>
<td>0.50%</td>
</tr>
<tr>
<td>Gender no</td>
<td>22</td>
<td>4.90%</td>
<td>22</td>
<td>4.90%</td>
<td>3.30%</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>0.40%</td>
<td>2</td>
<td>0.40%</td>
<td>0.40%</td>
</tr>
</tbody>
</table>

If you select PDF as the file format for the downloaded report, the system will download a PDF file to your computer containing all of the tables in your report.

Here is an example of the Gender table from the PDF report:
Print a Page of the Report

You can print the current page by clicking the Print Page button located at the top of the report dashboard.

We recommend choosing the option Print to PDF from the pop-up menu to save the page rather than printing the hard copy.

Another option for saving and sharing graphs from the report dashboard is to take a screenshot or screengrab using your computer’s screenshot software. Screenshots are a great way to share specific graphs and visualizations from a report and include them in presentations.
Troubleshooting My Report

This section covers frequently asked questions related to the reports. Email NOMS@asha.org for further assistance.

Navigation FAQs

I submitted data to NOMS, but there are no data in my report.
This can occur if there are no discharged facility data that meet the report criteria and/or filters. Try expanding your report criteria, removing any applied filters, or discharging patient records.

I generated a report, but I only see national data in the graphs and tables.
This can occur if there are no discharged facility data that meet the report criteria and/or filters. Try expanding your report criteria, removing any applied filters, or discharging patient records.

I generated a report, but there are no options in the filter drop-down menus.
This can occur if there are no discharged facility data that meet the report criteria and/or filters. Try expanding your report criteria, removing any applied filters, or discharging patient records. If you still do not have sufficient facility data but would like to filter or analyze the national data, contact NOMS staff for assistance.

My colleague forwarded me an email with a link to a NOMS report, but the report does not appear when I log into NOMS.
Downloaded and scheduled reports are user specific. The emails that the NOMS system send to you with links to reports can only be successfully opened by the user who requested them. These emails cannot be forwarded to other NOMS users. The individual who received the email will need to generate the report and may need to use one of the other options for sharing the report.

I’d like to perform my own data analyses on my organization’s data. How do I get access to the raw data for my organization?
Subscribers and subscriber proxies can download all discharged patient records that have been submitted for their organization from the Patient Records page in NOMS. See the Download Organization Data section of the Subscriber User Guide for instructions.

My non-SLP administrator would like to access my organization’s NOMS data report. How do I grant access to my administrator?
Subscribers can grant administrative and other non-SLP staff members access to the NOMS report tool by assigning them the Subscriber Proxy role. A subscriber proxy can log into NOMS and generate reports for any facility registered with the organization. For specific instructions on how to add a subscriber proxy, refer to the steps outlined in the Add New Users section of the Subscriber User Guide.
Clinical FAQs

Why are my patient outcomes different than the national benchmarks?
There may be patient characteristics that exist prior to the episode of care (e.g., age, medical diagnosis, payer) as well as service delivery variables (e.g., treatment setting, length of stay) that may impact differences in outcomes. To enable a fair comparison of your patient outcomes with the national benchmarks, start by identifying any differences between your patients and the patients receiving SLP services nationally and then filtering for these differences.

How can I use my data to improve my services?
National data can help you identify patterns of care and improve SLP services. For example, we see that preschool children at this organization are not making as much progress as the national benchmarks in spoken language expression. Upon further examination, we also see that only one third (35.4%) are receiving a structured home program and 37.5% are completing all of their home program. In comparison, nationally 86.2% are receiving a structured home program and 72.9% are completing all of their home program. These data—as well as other data such as number of sessions and hours of treatment—can help identify key areas in need of further clinical training, treatment planning, and so forth.