Patient Centred Goal Setting
Some Background

• Subacute and Aged Care Services undertook a review and redevelopment of subacute processes

• The aim of the review was to improve patient outcomes (in particular goal attainment) and overall service efficiency.

• This redevelopment has provided a standardised approach to subacute processes across Western Health (WH) and increased efficiency in communication between staff and consumers.

Including the development of:

• Person-Centred Care Education Framework
• On-line learning modules (including a Goal Setting Module)
Person-Centred Care Education Framework

- Link person learning module *(WeLearn)*
- Person-centred goal setting in Subacute and Aged Care learning module *(WeLearn)*
- Team planning meeting learning module *(WeLearn)*

Ongoing Education
- Ward based case studies *(Periodic- each ward)*
What the literature says

• The setting of goals that are meaningful for the patient has been linked to improved motivation and participation in the rehabilitation program as well as improved team co-ordination and communication (Armstrong, 2007; Byrnes et al., 2012; Wade, 2009).

• Patient centred goals are thought to improve interdisciplinary practice and processes (Armstrong, 2008; Wade, 2009).

• There is consensus that goal setting is a fundamental component of any quality rehabilitation program.

• Patients who were able to participate and clearly define their goals reported increased autonomy and set goals that were more relevant to them and therefore their rehabilitation program was more targeted (Holliday et al., 2007).

• Patient centred goal setting can increased number of domains where goals are set.
Barriers

- The process is challenging and more complicated than portrayed, especially when incorporating the patients and or carers perspective (Siegert, & Taylor, 2004).
- Confusion around what constitutes the goal setting process so inconsistent approaches to goal setting have developed (Barnard, Cruice, & Playford, 2010; Leach, Cornwell, Fleming, & Haines 2010; Sugavanam et al., 2013).
- Clinician and patient having different goals and the patient’s goals are often regarded as unrealistic by the clinician (Leach et al., 2010).
Barriers

- Time is seen as a barrier to patient centred goal setting (Leach et al., 2010).
- The power imbalance was recognised as moderator of patient participation, as evidenced by decreased patient participation in the rehabilitation program (Barnard et al., 2010).
- The patient centred goal setting process is complex and challenging, and it is possible this complexity is not well recognised (Barnard et al., 2010).
What to do?

- With a more structured approach some of these barriers could be mitigated and a patient centred approach then more realistically adopted.

- This complex process requires a well defined systematic approach to patient centred goal setting as well as tools to support its consistent implementation.
Goal Setting at Western Health

Patient goal statements are identified by the patient/family/carer in conjunction with the link person in the initial Assessment Phase is written in the patient’s own words

Is meaningful for the patient

May or may not be appropriate or achieved during their inpatient stay

Is likely not to be in SMART goal format
Objective:

To investigate if the use of a goal setting tool assists in the goal setting process and improves the patient experience of goal setting post stroke.
### My Recovery Plan

You are going to continue your recovery at:

________________________________________

Below is a list of possible goals that may help you and the staff focus on your recovery. Please tick the goals that you think are most important to you. Feel free to write comments as well.

#### My Life Roles

- Return to my life roles  
  (e.g., work, study, carer, partner, parent, grandparent)

- Return to my activities I enjoy  
  (e.g., knitting, painting, golf, gardening, bushwalking, photography)

- Get out in my local community  
  (e.g., shopping, banking, walking, driving, public transport, community activities)

- Cope with my feelings  
  (e.g., confidence, fear, anxiety, depression, frustration, grief, stress)

- Look after myself  
  (e.g., eating, showering, toileting, dressing, cleaning my teeth, shaving)

- Continue my relationships / intimacy  

#### My Body

- Improve my diet  

- Eat / drink without coughing  

- Improve my balance  

- Walk better or further  

- Improve my general strength  

- Feel less tired  

- Manage or reduce my dizziness  

- Manage my bladder / bowels  

- Manage my pain  

#### My Mind and Communication

- Improve my memory  

- Improve my thinking  

- Improve my speech  

- Help others understand me  

#### My Home

- Get on and off my chair / toilet / bed  

- Do my housework  
  (e.g., cooking, cleaning, gardening, washing clothes)

- Make my home easier to get around  
  (e.g., stairs, role, ramps)

- Get up off the floor  
  (e.g., after a fall)

#### Education

- Learn more about  
  (e.g., my condition, managing my money, supports available to help me)

- Better manage my medication  

#### Other

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Design:

A randomised crossover study including a file audit pre and post intervention and a patient questionnaire post intervention.
Setting:

- A Victorian Metropolitan inpatient rehabilitation unit
- 177 stroke admissions a year (2013-2014)
Subjects:

11 inpatient stroke rehabilitation patients

Inclusion criteria:
• 18 years of age on admission,
• a diagnosis of stroke
• admitted to the in-patient rehabilitation unit

Exclusion criteria:
• non-English speaking
• moderate to severe cognition issues
• moderate to severe aphasia.
Main measures:

- Number of goals set with and without the goal setting tool.
- Number of goal setting domains with and without the goal setting tool.
- 5 point Likert scale patient questionnaire.
Results:

• The intervention resulted in an increase in the number of goals set (mean of 2.18 goals without the tool and 4.18 with the tool), the p value was 0.041.
• Goals were set in more domains using the tool (16) than without the tool (8).
• The 5 point Likert scale questionnaire results were positive (1= least positive and 5= most positive).

The average score for:
• usefulness 3.73,
• helpfulness 3.73,
• experience of goal setting 3.91
• recommend the tool 3.64.
Conclusions:

• This study supports the idea that having a goal setting tool for patients to use increases the number of goals set.

• The goals set using the tool were more specific and meaningful and they covered a wider range of domains.

• The goals set were more patient centred.

• Patients perceived the goal setting process more positively with the tool and would recommend it to others.
Clinical messages

• Using a goal setting tool warrants further investigation as it may assist patients in the goal setting process

• Patients report positively about the goal setting tool in relation to usefulness, helpfulness, the experience and recommending it for use in the goal setting process.
Questions?