



Person centred care using goal setting to increase the effectiveness and efficiency of stroke rehabilitation

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24th May 2018

- To outline the use of Quality Improvement methodology as a vehicle for learning and action aimed at service improvement
- To understand the impact of using goal setting to deliver person centred stroke rehabilitation

Comparison of length of stay using person centred rehabilitation

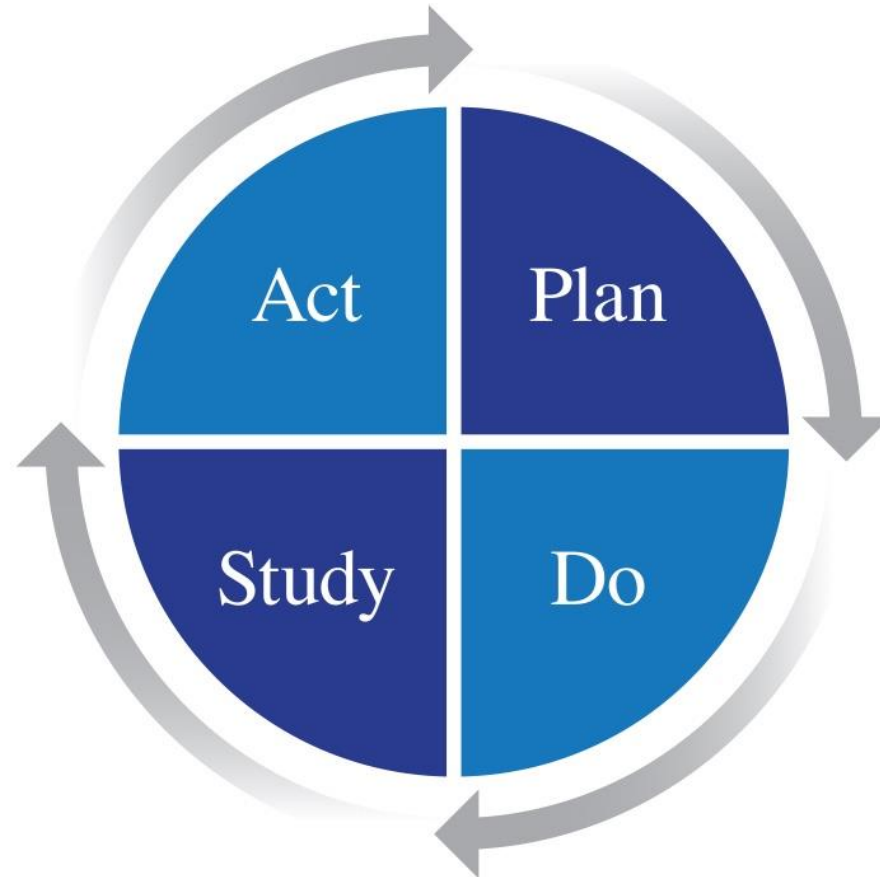
2015	No of Pts	Min los	Max los	Mean	Med
W-SRU	177	2	404	64	59
F-SRU	44	6	127	36	27
2016	No of Pts	Min los	Max los	Mean	Med
W-SRU	203	3	209	55	42
F-SRU	52	2	117	34	28

SRU = Stroke Rehabilitation Unit

Method

Model for Improvement

Dr W Edwards Deming



Aim – Each person in the stroke rehabilitation services in Grampian will experience person centred rehabilitation using goal setting

Outcome	Primary Drivers (what)	Secondary Drivers (how)	Change ideas
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By the end of September 2017, person-centred goal setting will be utilised by 95% of new admissions (under care of TL) on the stroke rehabilitation unit (West) at Woodend Hospital to manage their rehabilitation, resulting in a reduction of median length of stay by 10%.

'PLAN'

Patient and family carer experience person centred rehabilitation using goal setting

- Regular meetings with MDT to define & set goals and inform rehabilitation plan
- Patient is invited to have family member/s friend attend goal meeting
- Goal meetings are lead by team member experienced in goal setting

- Use a goal setting process / flow chart to focus discussions and to plan actions at MDT
- Goal setting training is available for all staff groups

Goal setting process

- Goal record is documented in an accessible format
- Goal are documented in a patient held record & held by the patients bedside

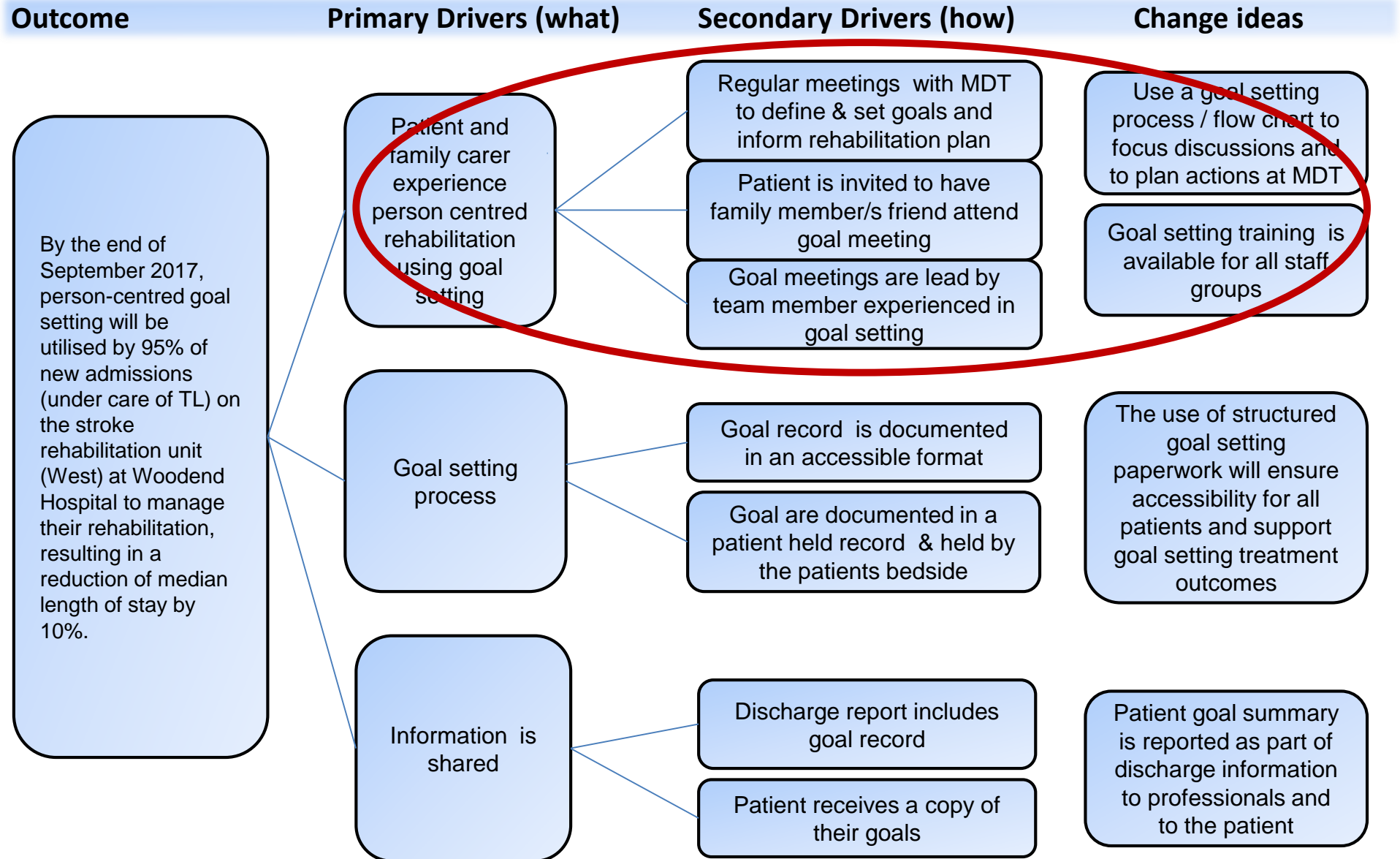
The use of structured goal setting paperwork will ensure accessibility for all patients and support goal setting treatment outcomes

Information is shared

- Discharge report includes goal record
- Patient receives a copy of their goals

Patient goal summary is reported as part of discharge information to professionals and to the patient

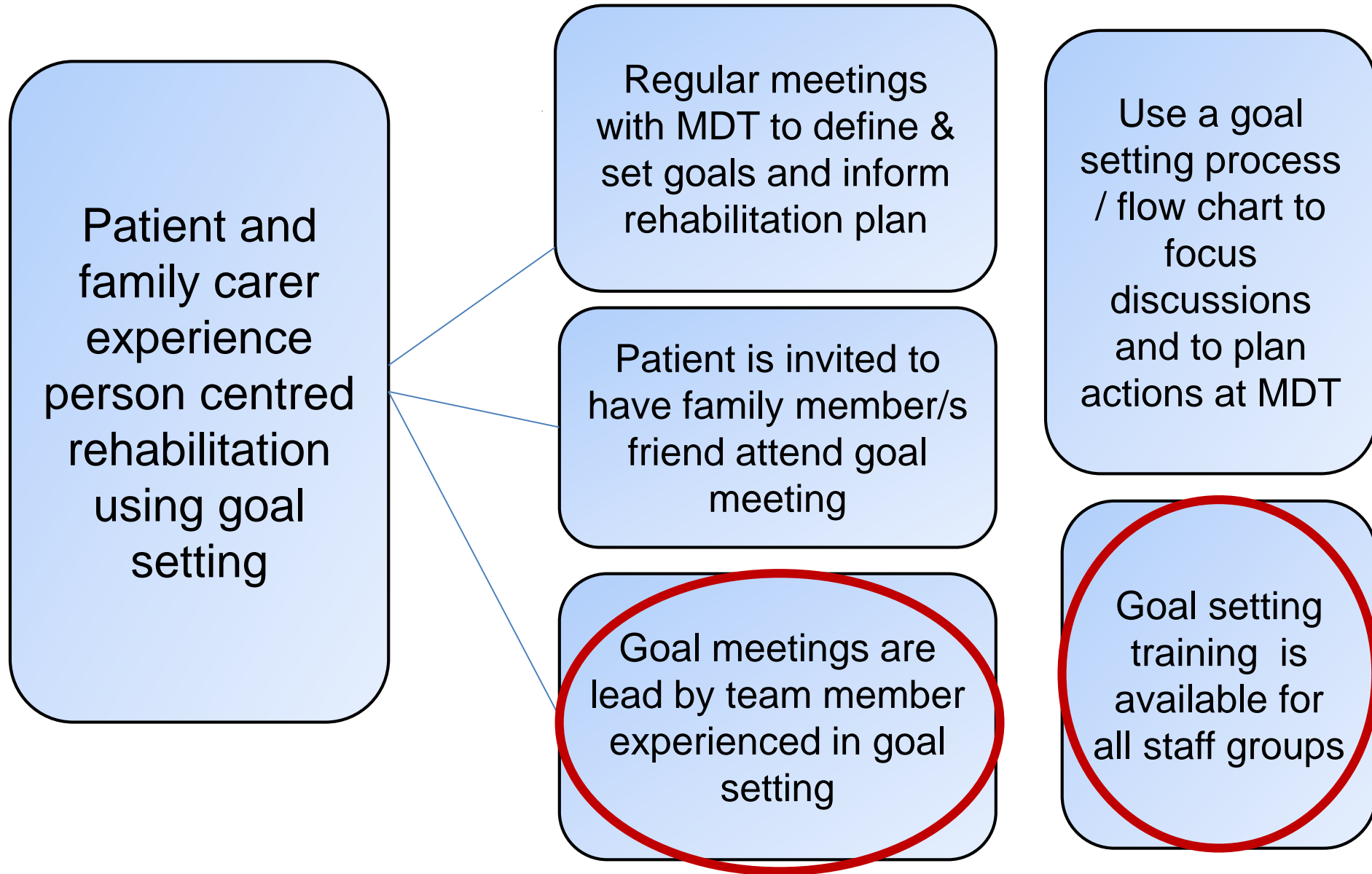
Aim – Each person in the stroke rehabilitation services in Grampian will experience person centred rehabilitation using goal setting



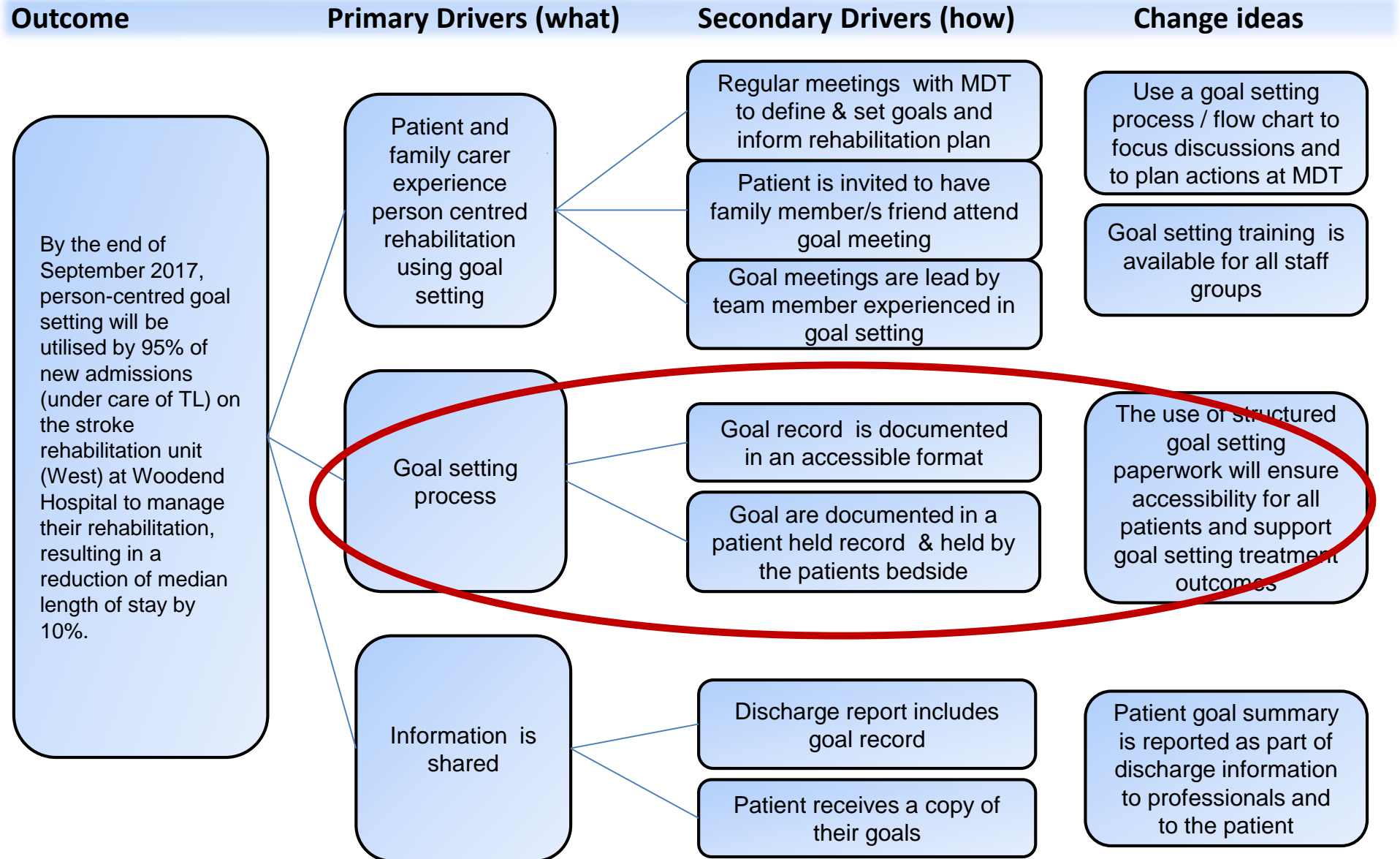
Primary Drivers (what)

Secondary Drivers (how)

Change ideas



Aim – Each person in the stroke rehabilitation services in Grampian will experience person centred rehabilitation using goal setting



Primary Drivers

Secondary Drivers

Change idea

Goal setting process

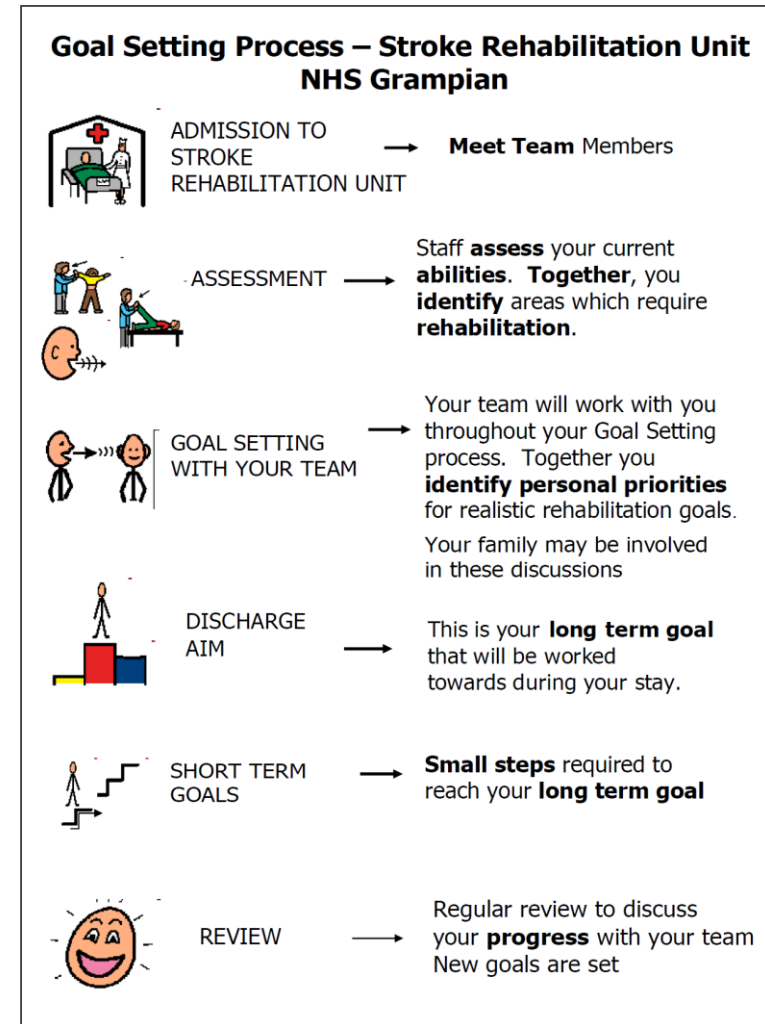
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Goal Setting Process – 2008 /2009

MandOS Goal Setting				Process Ref : 1	NHS Grampian
Goal Setting North Aberdeenshire Stroke Unit				Revision : 25/08/2008	
				Owner : NHS Grampian - Stroke MCN	
				Approver : Consultant OT Stroke	
				▽ Responsible	a] Assists
				c] Consulted	I] Informed
Seq	Task Title	M.D.T.	Chairman	Patient	Task Description
1.1	Patient Admitted to Stroke Rehabilitation Unit	▽	▽		Team identify 'Chairman' (or deputy) who will introduce/explain goal setting and chair/plan goal meetings.
1.2	Introduction/explanation of goal setting process			I	'Chairman (or deputy) explains goal setting process and ensures patient has goal setting documentation in folder at end of bed (includes introduction information and goal documentation sheets).
1.3	Assessment	▽	▽		Patient is assessed by team during first week of admission. Abilities and problems identified.
1.4	First Goal Setting Meeting	a]	▽	c]	First goal meeting is held with patient + carer/family. Goal folder is taken to meeting by Chairman. Team/patient clarify strengths, problems, needs and wants. Key Issue list is documented by Chairman (or deputy). Goals explore and negotiated by team with patient.
1.5	Patient identified priorities for rehabilitation with team i.e. long term goals	a]	▽	c]	In first team meeting, Team discuss realistic plan and possible long term goals. Chairman facilitates process through MDT discussion +/- supported communication.
1.6	Goal is Documented	a]	▽	c]	Long Term goal is negotiated and agreed with patient. Goals should reflect WHO is doing WHAT under what CONDITIONS. To what DEGREE of success within what period of TIME. Goal is documented on goal sheet in goal folder.
1.7	Short Term Goals	a]	▽	c]	One to three (approx.) short term goals are agreed with the patient/family and team to achieve long term goal.
1.8	Actions to support goal agreed	▽	a]	I	Actions by team/family/carers to support goal achievement are agreed and documented
1.9	Date for Review Agreed	a]	▽	c]	Fortnightly goal meeting day is agreed by team with patient + carer/family + date set + documented.
1.10	Goal review meeting (once per fortnight or as appropriate)	a]	▽	c]	Patient + team discuss views on goal achievement + document if achieved, partially achieved or not achieved.
1.11	New Goals Set	a]	▽	c]	Patient + team discuss and agree new short term goals to further support achievement of long term goals. New long term goal set if appropriate.
1.12	Final Goal Meeting	a]	▽	c]	Prior to discharge; team meet patient and family/carers to agree final outcomes
1.13	Goals Reported in Discharge Report	▽		c]	MDT report includes summary of goals + achievement.
1.14	Documentation Filed				Goal sheets are filed in medical notes.

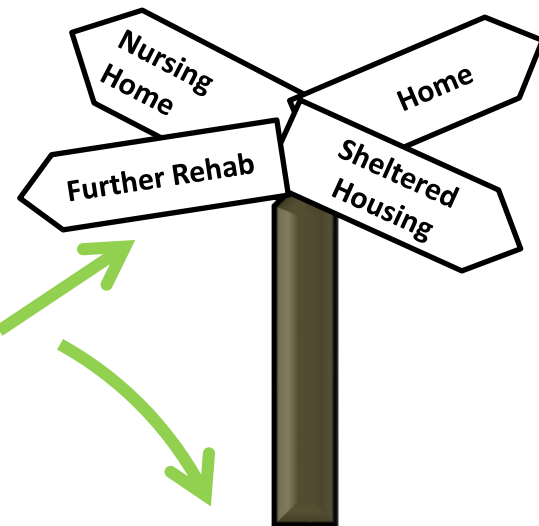


Goal Setting – Stroke Rehabilitation Unit NHS Grampian



Set Goals

- 1.....
- 2.....
- 3.....
- 4.....



Discharge Aim

- Your **long term** goals

Admission

Meet the **team**

Assessment

- What **can** you **do**?
- What do you find **difficult**?

Goal Setting

- Goals are about what is **important to you**
- Goals are set **together**

Short Term Goals

- **Small steps** to reach your long term goals



Review

- Discuss **progress**
- As you **reach** your goals, you will set **new goals**



Patient feedback – goal setting

“Much more 21st century”

Goal Setting – Stroke Rehabilitation Unit NHS Grampian



Set Goals
1.....
2.....
3.....
4.....

Admission

Assessment

Goal Setting

Meet the team

• What can you do?
• What do you find difficult?

• Goals are about what is **Important to you**
• Goals are set together



Discharge Aim

• Your long term goals



Review

• Discuss **progress**
• As you reach your goals, you set **new goals**



Contact: therese.ain

“Excellent”

“People need to know about this and it helps to explain goals”

“Heaps better”

AIM

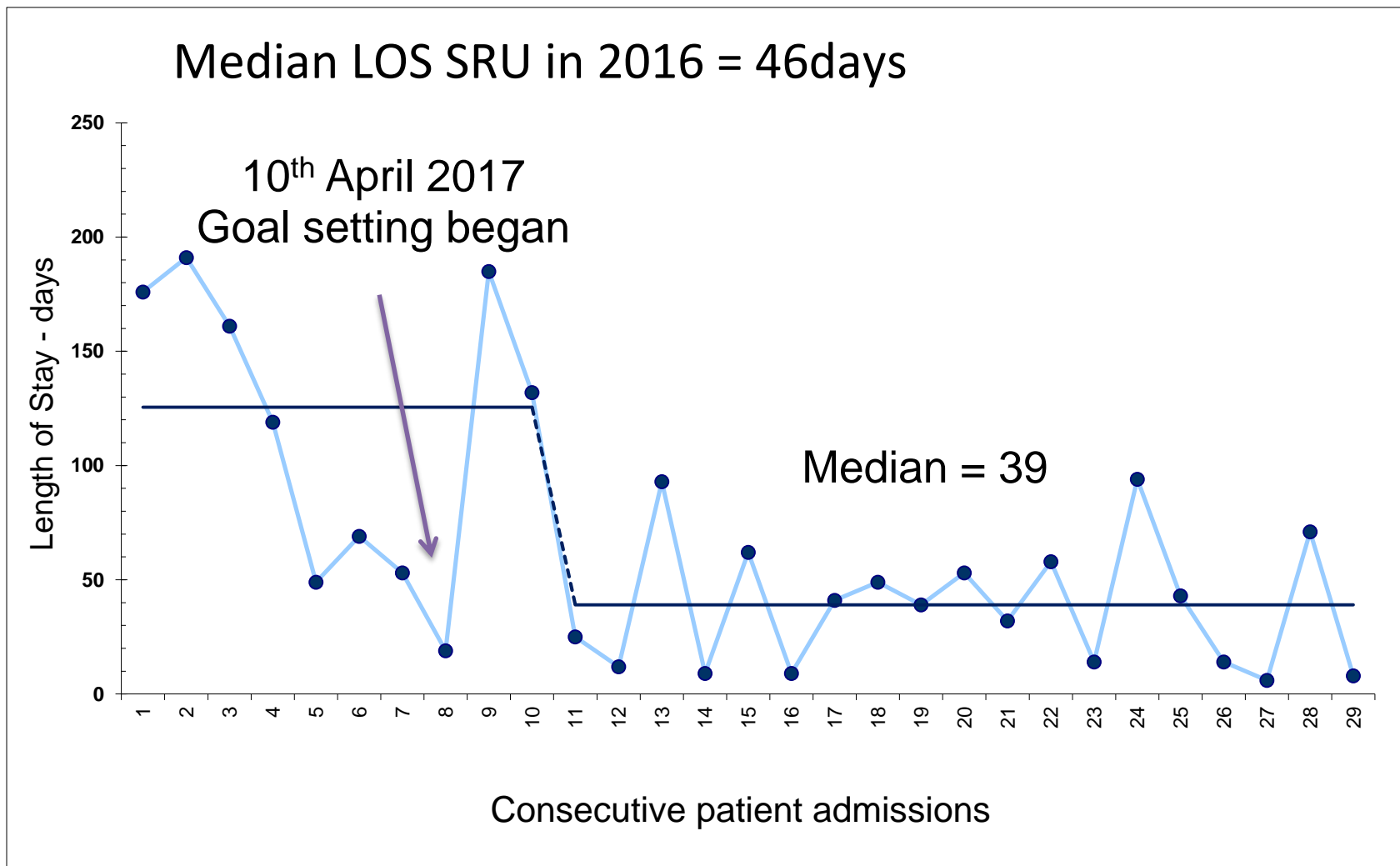
- By the end of September 2017, person-centred goal setting will be utilised by 95% of new admissions on the stroke rehabilitation unit (SRU) West, under the care of TL at Woodend Hospital to manage their rehabilitation.
- **Outcome** - This will result in a reduction of the median length of stay of 10%.

Impact to the organisation - Length of stay using person centred rehabilitation

	Pts	Min los	Max los	Mean	Med
SRU 2016	110	7	349	61	46
SRU Apr-Sept 17	20	6	119	38	39

Run chart -Stroke Rehabilitation Unit - Length of Stay

April – Sept 2017



Does the consultant occupational therapist provide effective clinical leadership on the SRU?

“yes – AHP consultant provides effective clinical leadership and is able to lead complex situations/discharges. Supports MDT timely & effective decision making”

“.....excellent clinical leadership skills which helps keep the patients, families and the MDT members informed and working alongside her. As a result the flow is smooth and time wastage is reduced”

“The advantage of therapy background is that they are pretty interdisciplinary wired and focussed on practical, efficient and timely solutions”

Conclusion

- **The introduction of person centred goal setting achieved patient and staff satisfaction and indicated a 15% reduction in the median length of stay on the unit**
- **Quality improvement methods are an effective way of testing out change ideas for service improvement**

Thank you



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