Thérèse Lebedis: Oct 2017

Scottish Improvement leaders programme – Cohort 7
Quality Improvement project report
Person-centred goal setting in stroke rehabilitation

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%.

Method

A Quality Improvement approach using the 'Model for Improvement' (**P**lan, **D**o, **S**tudy, **A**ct =**PDSA**) was used to test out several change ideas which could contribute to the overall aim. A driver diagram was used to plan the project (Appendix 1)

PDSA no 1

Change idea- The use of structured specific goal setting paperwork will ensure accessibility for all patients and support goal setting treatment outcomes.

The ward multidisciplinary team used a flow chart (Appendix 2) to review the goal process & the speech and language therapist formatted & updated the graphics it to make it accessible to people with communication needs. The documents were laminated so they could be wiped down and used repeatedly. The folders were given to new person admitted to the unit and used at goal meetings and in individual treatment sessions.

Patient and staff feedback was gained and this supported the continued use of the revised paperwork for goal setting. i.e.

- *Patient feedback*:-"People need to know about this and it helps to explain goals"; "Excellent"; "Heaps better"; "Much more 21st century"
- *Staff feedback*:- "I think the paperwork looks great and reflects all our discussions. Thank you for updating it all!"; "looks good"

PDSA no 2

C*hange idea*- Each patient will have a goal setting folder provided on admission and completed paperwork for the duration of their rehabilitation

1. 100% of patients had a goal folder issued on admission. The ward secretary created these as part of each persons admission paperwork throughout the project. This process will continue.
2. 100% of patients had paperwork completed in their goal folder when they had a goal meeting. These were documented & reviewed at MDT meetings and during individual therapy sessions.
3. 91% (median of 8 days) of people had their 1st goal setting meeting within 10 days of admission. The reasons for not completing were usually due to absence/leave of the clinical lead who ran goal meetings. This creates a need to consider sustainability of the process so that it is not person dependent and occurs when the clinical lead is absent. Staff are now also writing goals with patients during therapy sessions

4. 75% of people still on the unit had a goal review 2 weeks after the first meeting. Number of days till the review ranged from 6 to 35 days. Median = 14. Reasons for the two people who did not have a goal review by 2 weeks included; not able to engage in meeting (& family not able to represent view), & Consultant AHP on leave therefore formal review not carried out (however goals were still set by the team in individual therapy sessions)

PDSA no 3 - Goal setting training

Change idea - Goal setting training is available for all staff groups and will be delivered to 80% of all trained staff on SRU West who support patients to set goals by the end of Sept 2017.

The majority of therapy staff (80%) on SRU west attended goal setting training. Two of the three medics attended (66%) however both were dealing with this client group and the non attendee was the consultant for those not engaged in goal setting for this project, therefore 100% could be assumed. Nursing staff were least able to attend training (5%) giving reasons for not attending being lack of time and other patient related duties to attend to.

This result suggests that therapy and medical staff are most able to attend training and therefore engage patients in goal setting discussions. Nursing staff will require supported time to allow them to attend training.

PDSA no 4

Change idea- Patient goal summary is reported as part of discharge information to professionals and the patient.

This change idea was deferred till after the project due to time constraints.

Review of clinical leadership

During the project a survey was carried out by the service manager to gain views on clinical leadership provided on the SRU. This helped to inform the outcome of this project.

Staff on the SRU were asked about their views of clinical leadership on the unit being provided by a Consultant Allied health Professional (AHP). Key comments relate to this project included:-

Q1. Do you think that the consultant AHP provides effective clinical leadership to the Stroke Rehabilitation Unit?

- Consultant AHP is more patient centred and has allocated time to discuss personal goals and issues
- There has been a marked improvement in the efficiency of the MDT meetings and overall discharge planning recently on the West ward since the Consultant AHP moved to the West ward
- AHP consultant provides effective clinical leadership and is able to lead complex situations/discharges. Supports MDT timely and effective decision making and clinical leadership
- The advantage of AHP background consultants may be that they are pretty interdisciplinary 'wired' and focussed on practical, efficient and timely solutions

- The consultant AHP has excellent clinical leadership skills which helps keep the patients, their families and the MDT members informed and working alongside her. As a result the flow is smooth and time wastage is reduced.

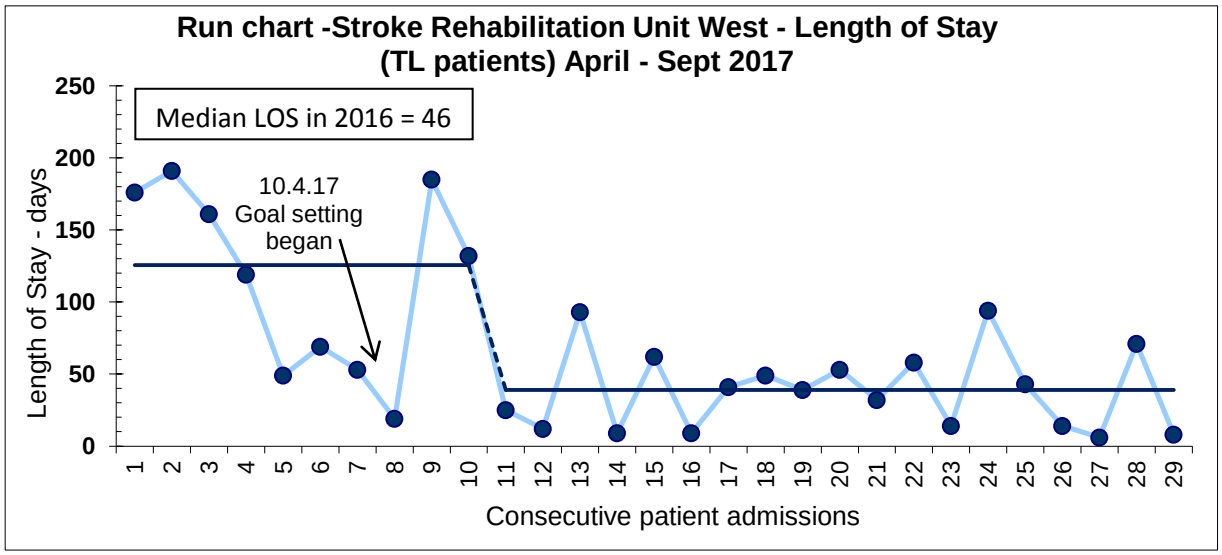
Q2. What changes have you observed, if any, since the consultant AHP has started this role in the SRU?

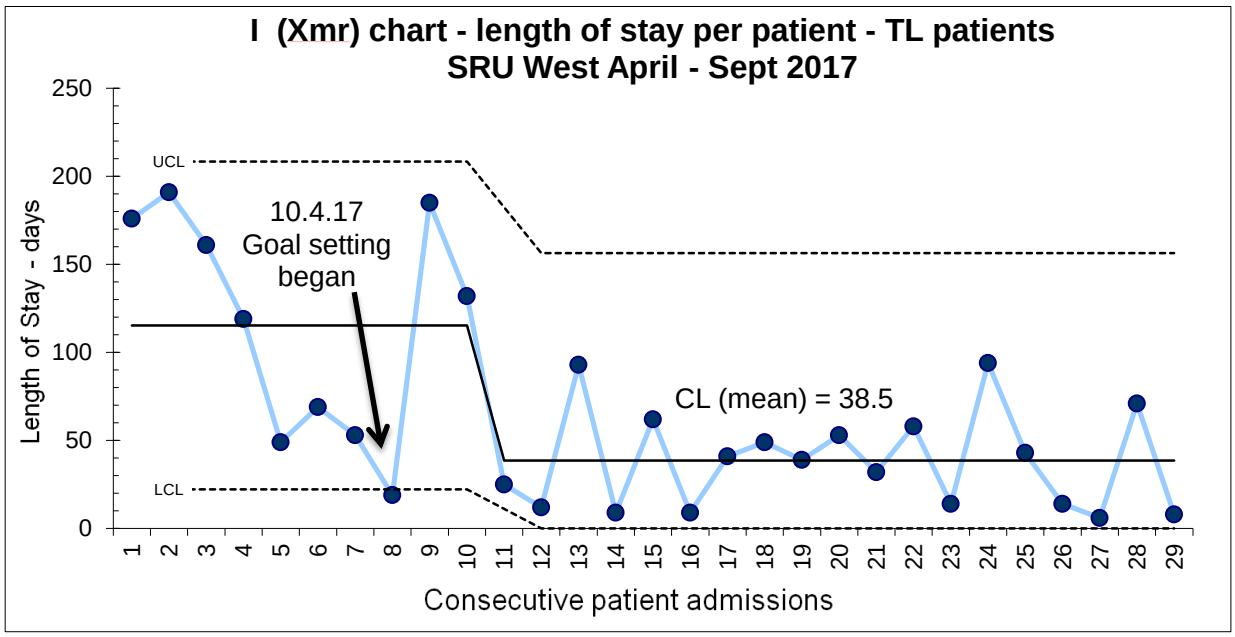
- More informative and inclusive discussions with MDT patients and their families
- More goal specific rehabilitation and quicker exit strategies in place
- Discussion in the MDT meeting is more focussed which increases the efficiently of the meetings and this is related to the strong clinical leadership that the AHP consultant provides. Furthermore, goal setting is more realistic and patient centred due to the goal setting system that the AHP consultant has recently introduced to the West ward.
- Increased ability to provide 1:1 and family goal setting meetings. The MDT's are now more goal led in discussions
- Goal setting process, training and folders in place. Patients have opportunity to discuss at more length their issues. Another perspective on complex patients and their discharge planning useful.
- MDT Meetings are more patient centred
- Better communication between patient and staff and family
- Increased awareness of other AHP goals. An improved focus on the patient's goals.
- A significant increase in dedicated, set apart time for patients and their relatives to discuss their progress. I would presume this is to heighten overall patient satisfaction with the rehabilitation process
- Treatments are now much more goal focussed these are set in conjunction with the patients
- Increasing consistency of approach, interest in & knowledge of patients is greatly increased. Listening to staff/patients, taking in information given and taking matters forward as agreed by the team.

Results

1. The project aim was achieved in that person-centred goal setting was used by 100% (aim was 95%) of new admissions on the stroke rehabilitation unit (SRU) West, under the care of TL at Woodend Hospital to manage their rehabilitation. The outcome of a reduction of the median length of stay on the SRU by 10% was achieved. The median length of stay reduced from 46 days in 2016 to 39 days i.e. by 15%.
2. All patients were issued with a goal setting folder on admission.
3. 90 % had their 1st goal setting meeting within 10 days of admission (median - 8 days).
4. 75% of people had a goal review after 2 weeks. (median = 13days) Reasons for not having a goal review were:- discharged from unit; not able to in meeting (& family not able to represent view); Consultant AHP on leave therefore formal review not carried out (however goals were set in individual therapy sessions).

5. The majority of therapy (80%) & medical staff (66%) on SRU west attended goal setting training. Nursing staff were least able to attend training (5%) giving reasons for not attending being lack of time and other patient related duties to attend to.
6. Patient & staff feedback regarding the goal setting process and paperwork was positive.
7. Feedback with regard to clinical leadership provided by the Consultant AHP was positive





Conclusion

- *Goal setting process*

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.

- *Clinical leadership*

Clinical leadership is important to introduce and lead person centred processes such as goal setting to ensure that treatment is focussed on the person's needs and wishes and as a result has a positive impact on patient, family and staff satisfaction as well as an economic impact for the organisation achieved through improved flow through the system and a reduction in median length of stay.

Clinical leadership roles can be provided in a range of different clinical settings and responsibility to assume them can be shared across traditional role or organisational boundaries for the best interests of the patients.

- *Staffing levels*

When compared to the other SRU in Grampian the length of stay remains higher however the third element of difference between the units is the reduced staff: patient ratio which results in considerably less rehabilitation sessions per person per week (i.e. 2-3 OT and PT sessions for a person who could manage 5-7 sessions per week). The influence of reduced therapy and nursing staffing levels at Woodend SRU clearly has an impact on staff engagement in goal setting and as a result has an impact on the efficiency of the rehabilitation process. In order to create a sustainable system it will also be necessary to ensure that goal setting is not dependent on one member of the team. To be able to support all staff to engage in this process a better staff: patient ratio is needed. This issue is also being addressed though an option appraisal by the strategic leadership group at the Woodend Specialist Rehabilitation Service.

Next steps

1. Extend goal setting to all patients on SRU West.
2. Include a goal summary in the patients discharge report (PDSA 4)

Appendices

1. Driver diagram
2. Flow chart

Thérèse Lebedis
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31st October 2017

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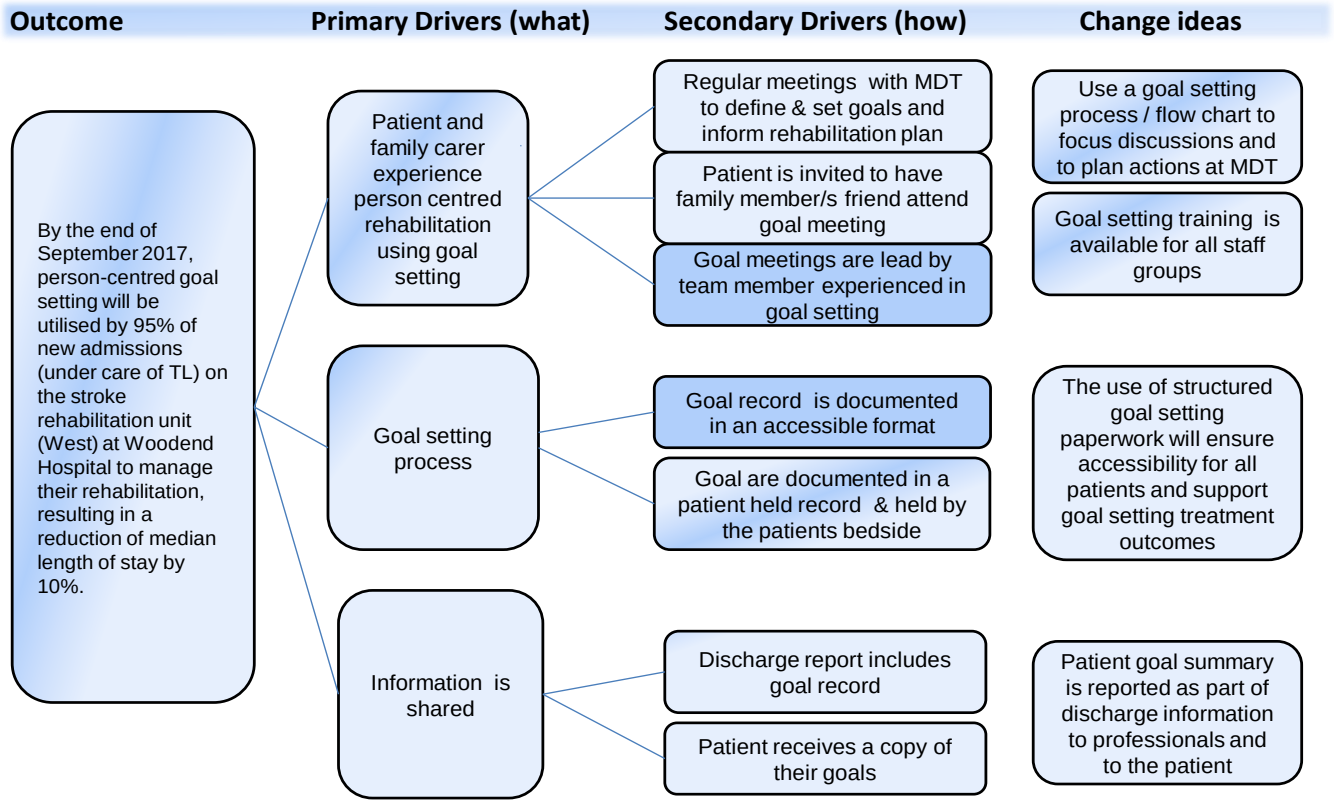
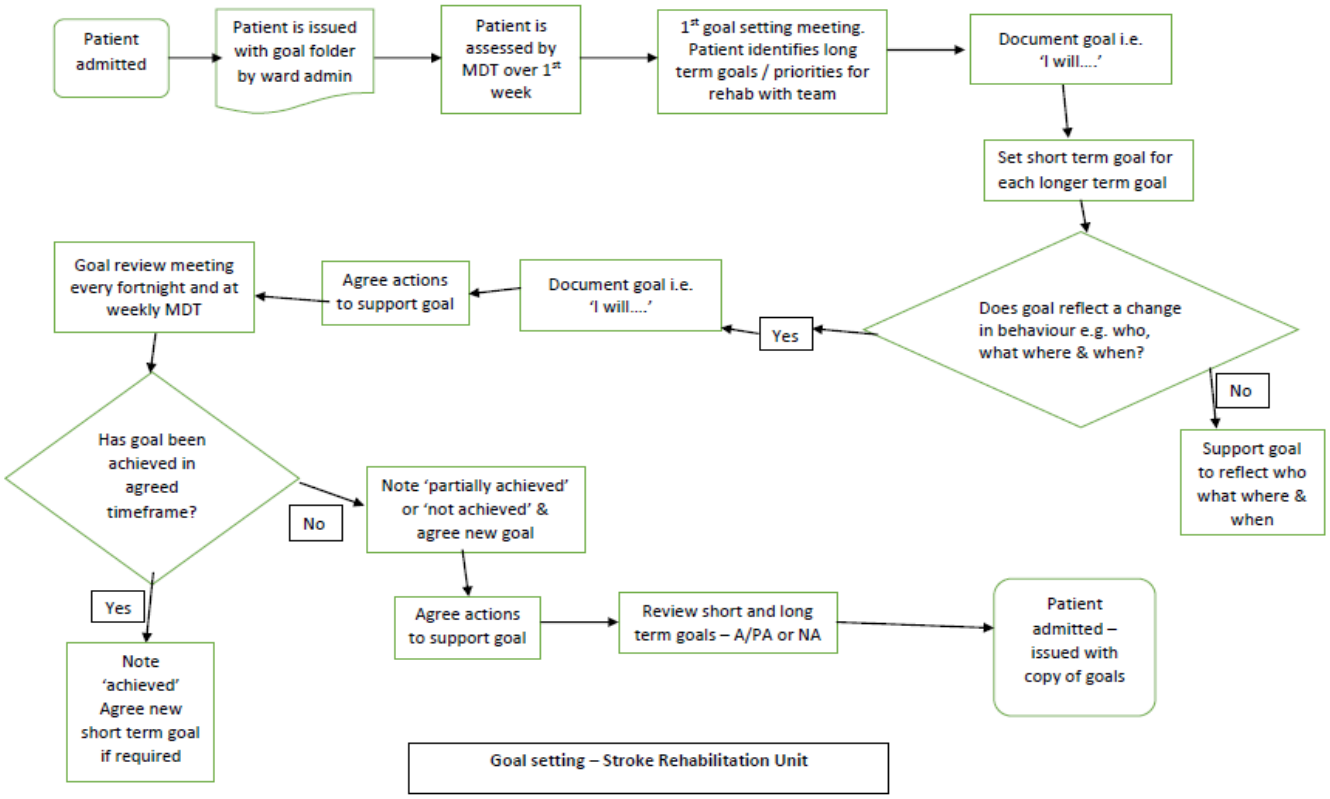
Appendix 1: Driver Diagram

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



Thérèse Lebedis 24.4.17

Appendix 2: Flow Chart



24.4.17 TL