

**Te Whatu Ora**

Health New Zealand

Capital, Coast and Hutt Valley

# Embedding patient-centred goal setting

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# Acknowledgements

## Working group:

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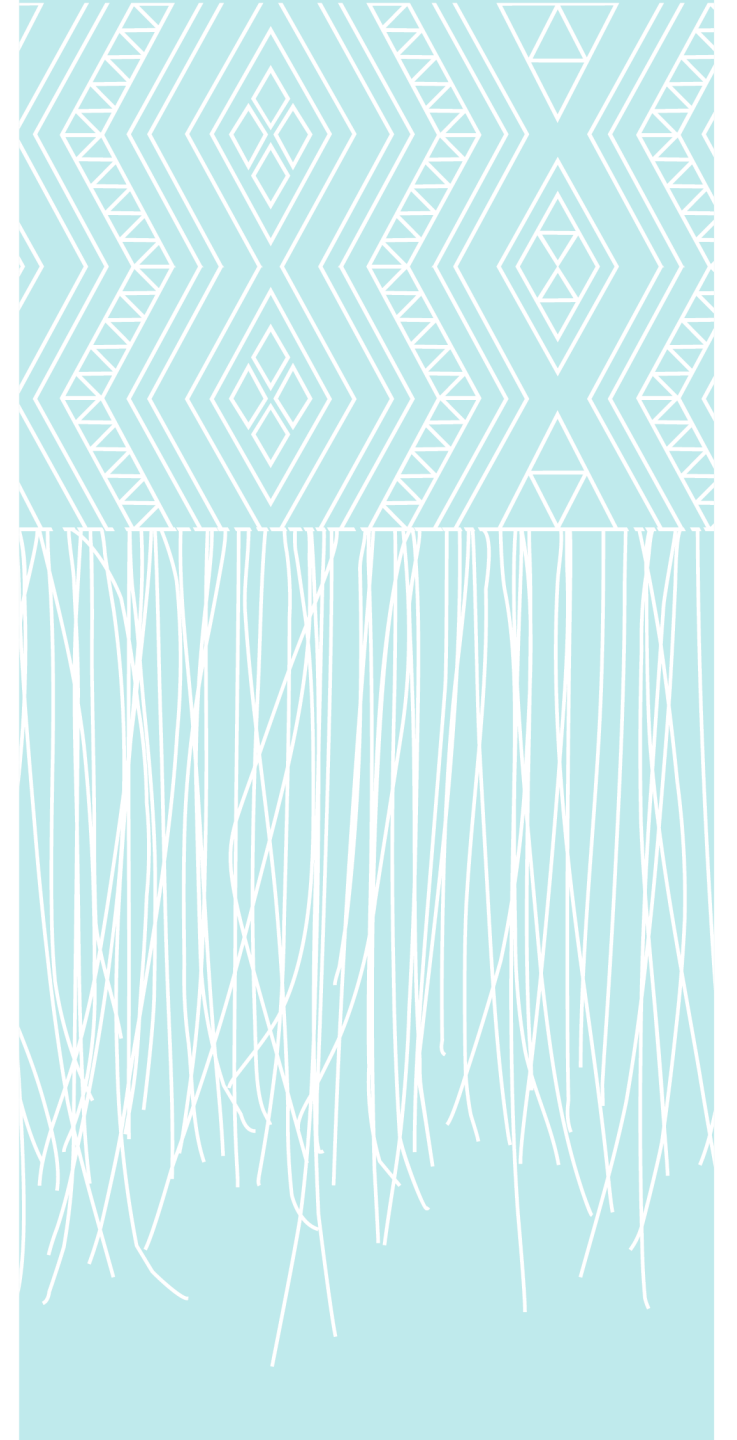
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With help from Martha Sorenson

All staff on ward 6, Kenepuru hospital



# Outline/objectives

- Background to goal setting in rehabilitation
- Introduce the MAP approach to goal setting
- Outline of project embedding patient-centred goal setting into inpatient rehabilitation practice
  - Reflections on the project to date and what's next for us



# Goal setting

**Goals should not be classified by a particular therapy/discipline**

Agency for Clinical Innovation. 2013. Rehabilitation Goal Training.

**Goal setting – the process by which the patient and whānau, in collaboration with the IDT, negotiate goals**

Agency for Clinical Innovation. 2013. Rehabilitation Goal Training.

**“A central feature of rehabilitation.....a core competency of any member of the rehabilitation team”**

Wade. 2009. Clinical Rehabilitation; 23: 291-295

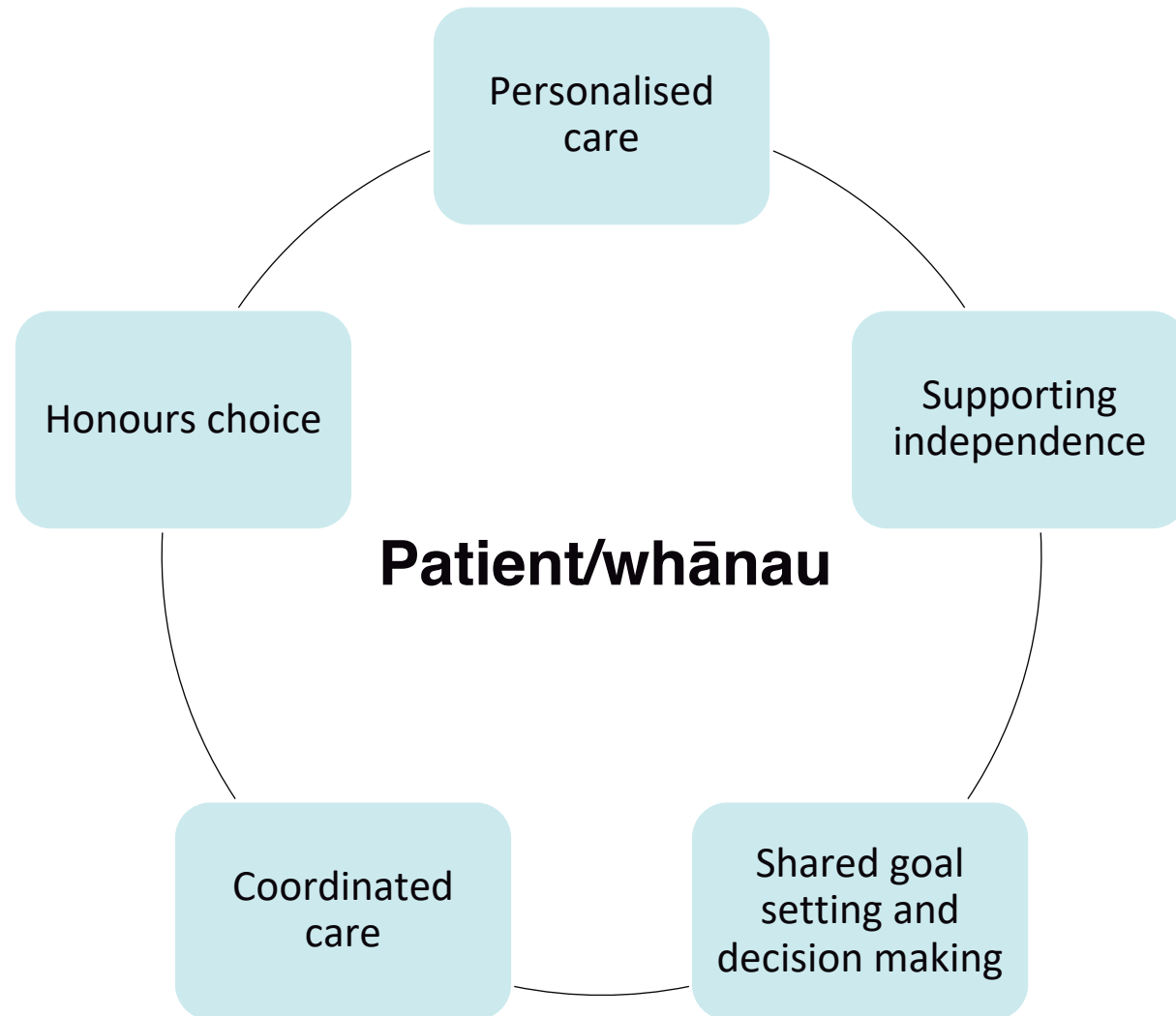
**Goals should be meaningful/important to the patient**

Agency for Clinical Innovation. 2013. Rehabilitation Goal Training.

**“Goals belong to the patient, not the clinician”**

Agency for Clinical Innovation. 2013. Rehabilitation Goal Training. Available at:  
[http://www.tbistafftraining.info/Presenters/Goals/GOAL\\_TRAINING\\_C\\_Slides\\_2013.pdf](http://www.tbistafftraining.info/Presenters/Goals/GOAL_TRAINING_C_Slides_2013.pdf)

# Patient-centred rehabilitation



Essential to patient-centred rehabilitation

Provides structure to rehabilitation - how we know what we need to work on based on patient desires

Helps with team collaboration and communication

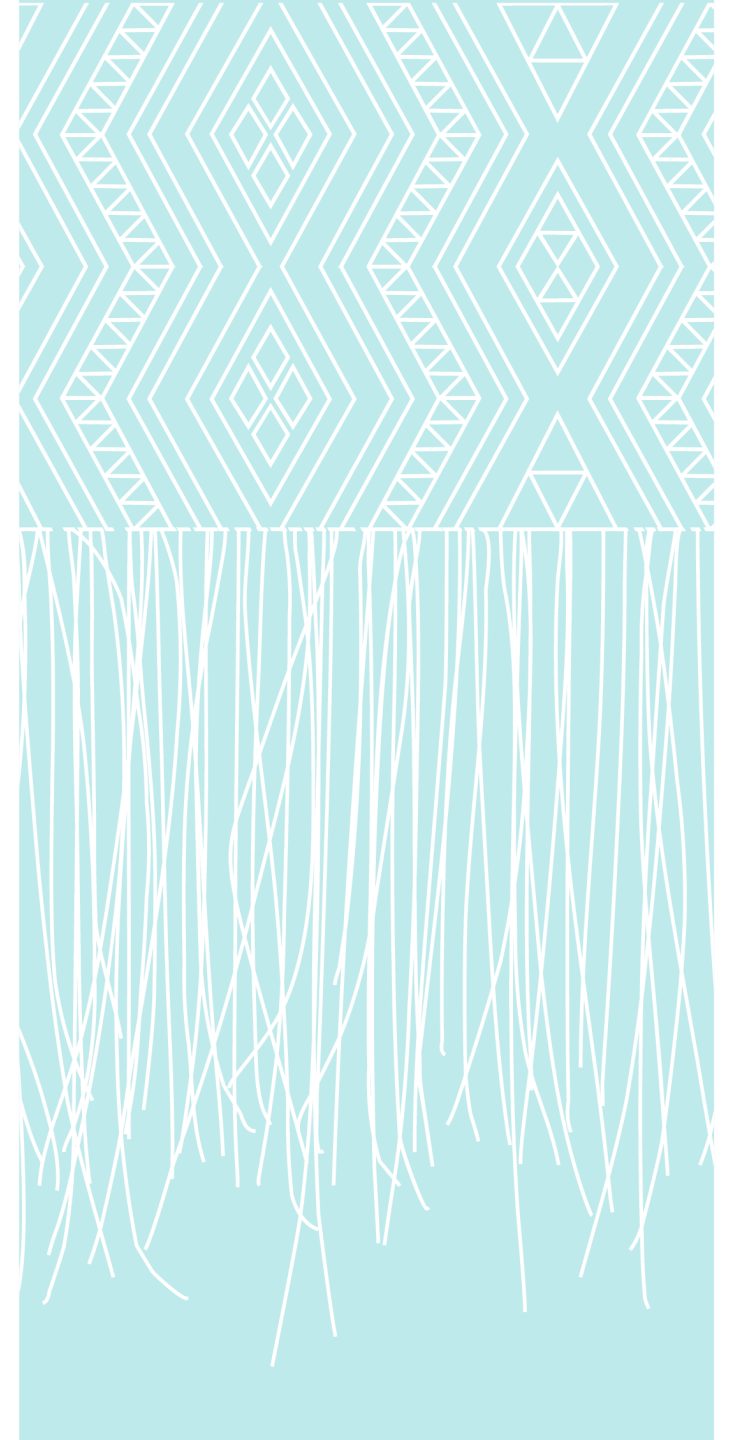
# Why goal setting

To “create the context for sustained engagement” in the process of recovery

To “build (patient) capability for future health and well-being”

From: AUT Centre for Person Centred Research

[https://cpcr.aut.ac.nz/\\_\\_data/assets/pdf\\_file/0015/321270/Stroke-study-day\\_Goals\\_-Kayes.pdf](https://cpcr.aut.ac.nz/__data/assets/pdf_file/0015/321270/Stroke-study-day_Goals_-Kayes.pdf)



# ...why else

## Strong recommendation

Benefits outweigh harms for almost everyone. All or nearly all informed patients would likely want this option. [Learn more](#)

- Health professionals should initiate the process of setting goals, and involve stroke survivors and their families and carers throughout the process. Goals for recovery should be client-centred, clearly communicated and documented so that both the stroke survivor (and their families/carers) and other members of the rehabilitation team are aware of goals set. (Sugavanam et al. 2013 [71]; Taylor et al. 2012 [72])
- Goals should be set in collaboration with the stroke survivor and their family/carer (unless they choose not to participate) and should be well-defined, specific and challenging. They should be reviewed and updated regularly. (Sugavanam et al. 2013 [71]; Taylor et al. 2012 [72])

do make similar recommendations. In particular, they emphasise the importance of:

- Multidisciplinary teams (MDTs) in amputee care
- Individually tailored rehabilitation commensurate with individual needs/goals and functional status
- Offering timely support services to patients and their families or partners.

# Something for us to ponder....

I remember the first time the therapist at the hospital talked about setting goals, I said something about tramping again, perhaps swimming, perhaps even playing golf again. She said – “what about getting up in the morning and getting dressed?” – and I thought hell’s teeth, we’re on a different page here and my heart sank a bit.

(Person w Stroke)

From: AUT Centre for Person Centred Research

[https://cpcr.aut.ac.nz/\\_\\_data/assets/pdf\\_file/0015/321270/Stroke-study-day\\_Goals\\_-Kayes.pdf](https://cpcr.aut.ac.nz/__data/assets/pdf_file/0015/321270/Stroke-study-day_Goals_-Kayes.pdf)



# Goal setting process – MAP approach



**Meaningful** - what is most important to the patient?

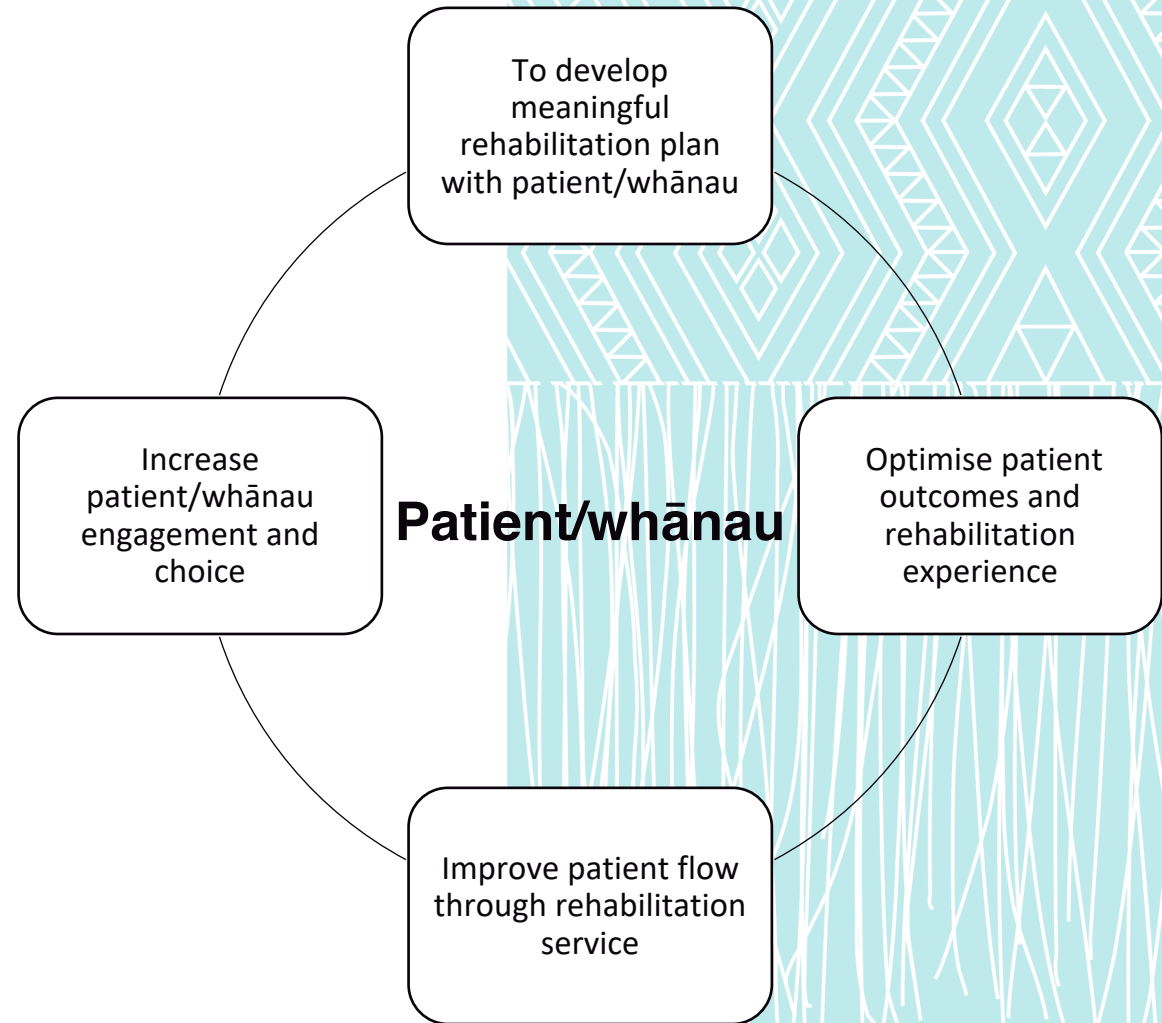
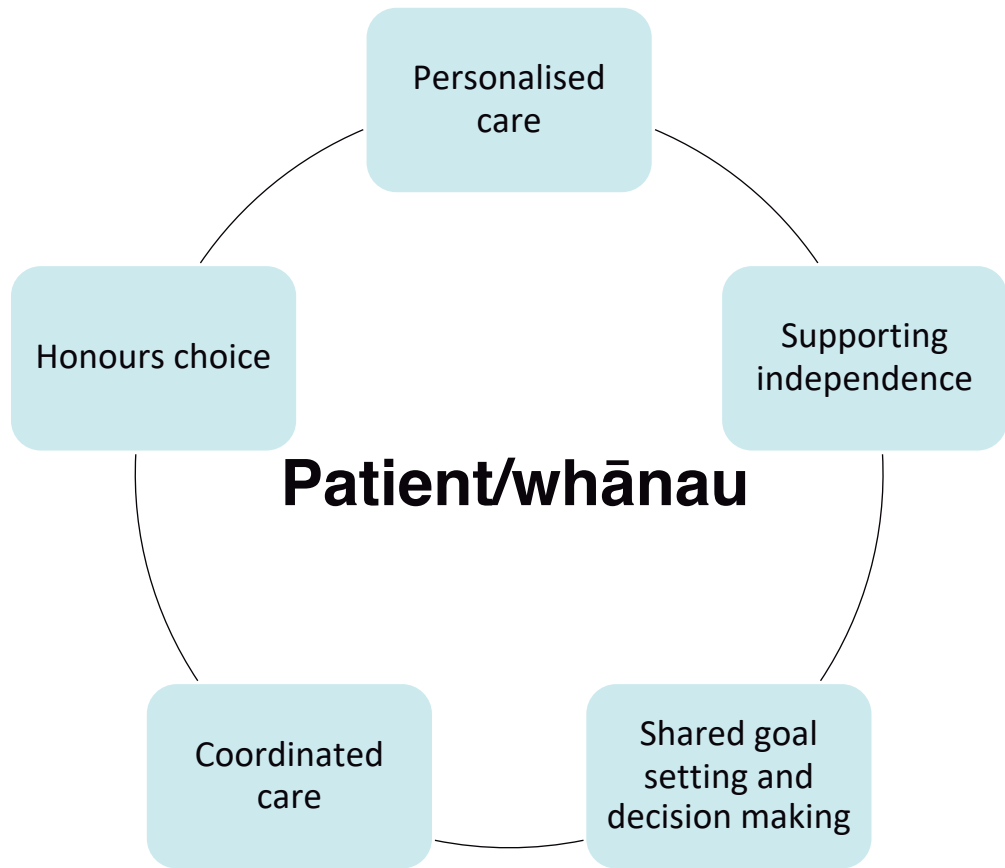
**Anchor** - how does therapy link to patient's aspirations? Link concrete goals, tasks, actions of therapy to the patient's aspirations

**Plan** - action plan to support a patient to achieve goals

From: AUT Centre for Person Centred Research  
[https://cpcr.aut.ac.nz/\\_\\_data/assets/pdf\\_file/0015/321270/Stroke-study-day\\_Goals\\_-Kayes.pdf](https://cpcr.aut.ac.nz/__data/assets/pdf_file/0015/321270/Stroke-study-day_Goals_-Kayes.pdf)

# Why this QI project?





# What this project has looked like so far

Informal and formal staff hui – MAP approach

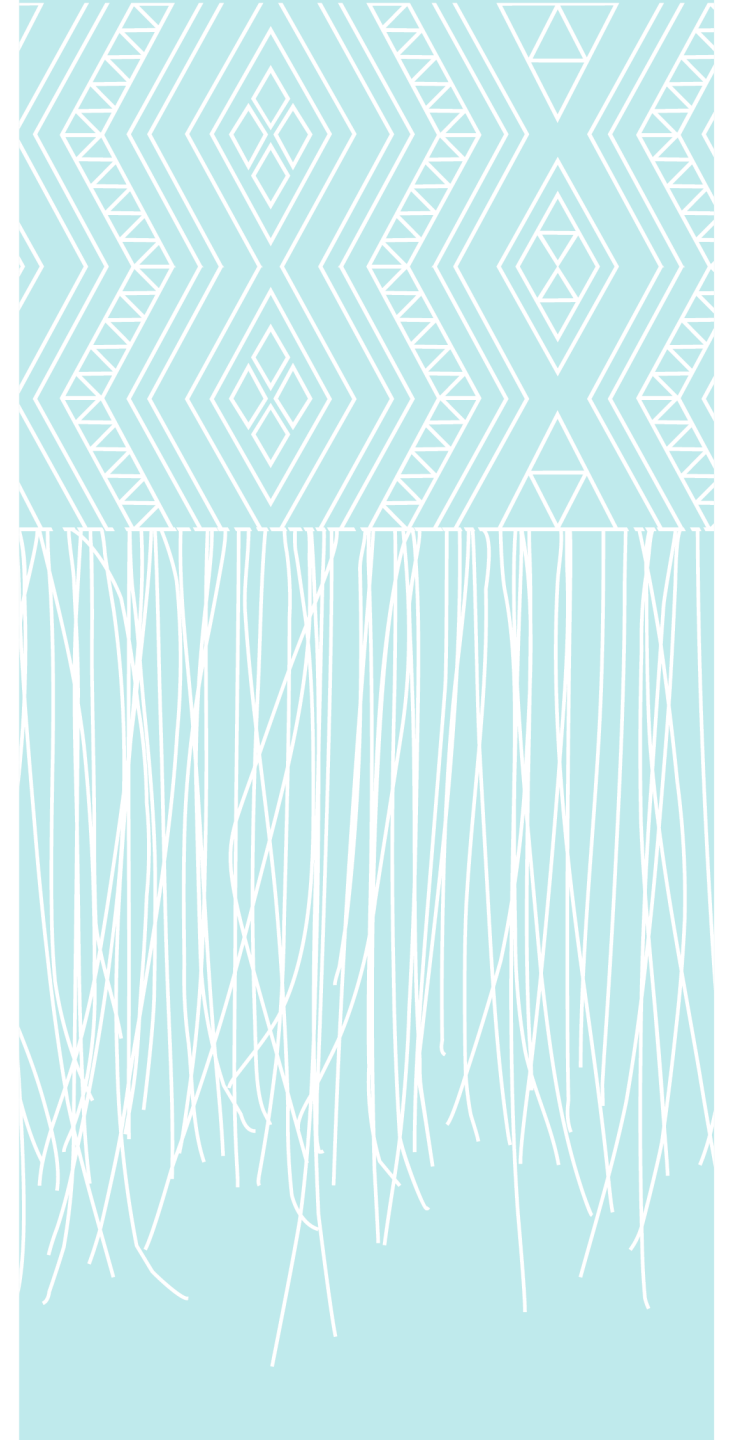
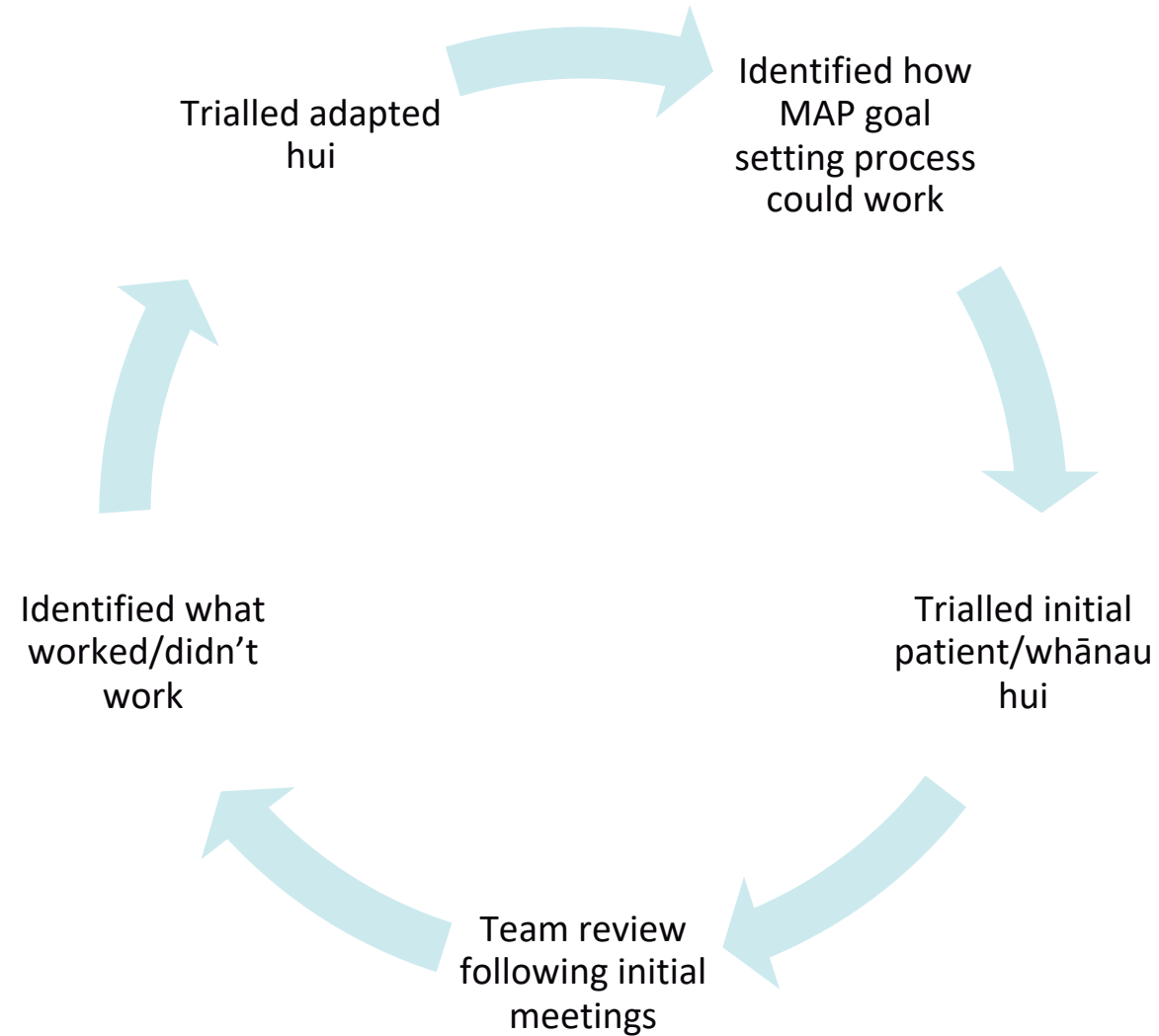
Small working group

- How to identify what is meaningful for patients
- Brainstorm potential format to allow these conversations to start

Pilot work with small group of staff



# Pilot to date

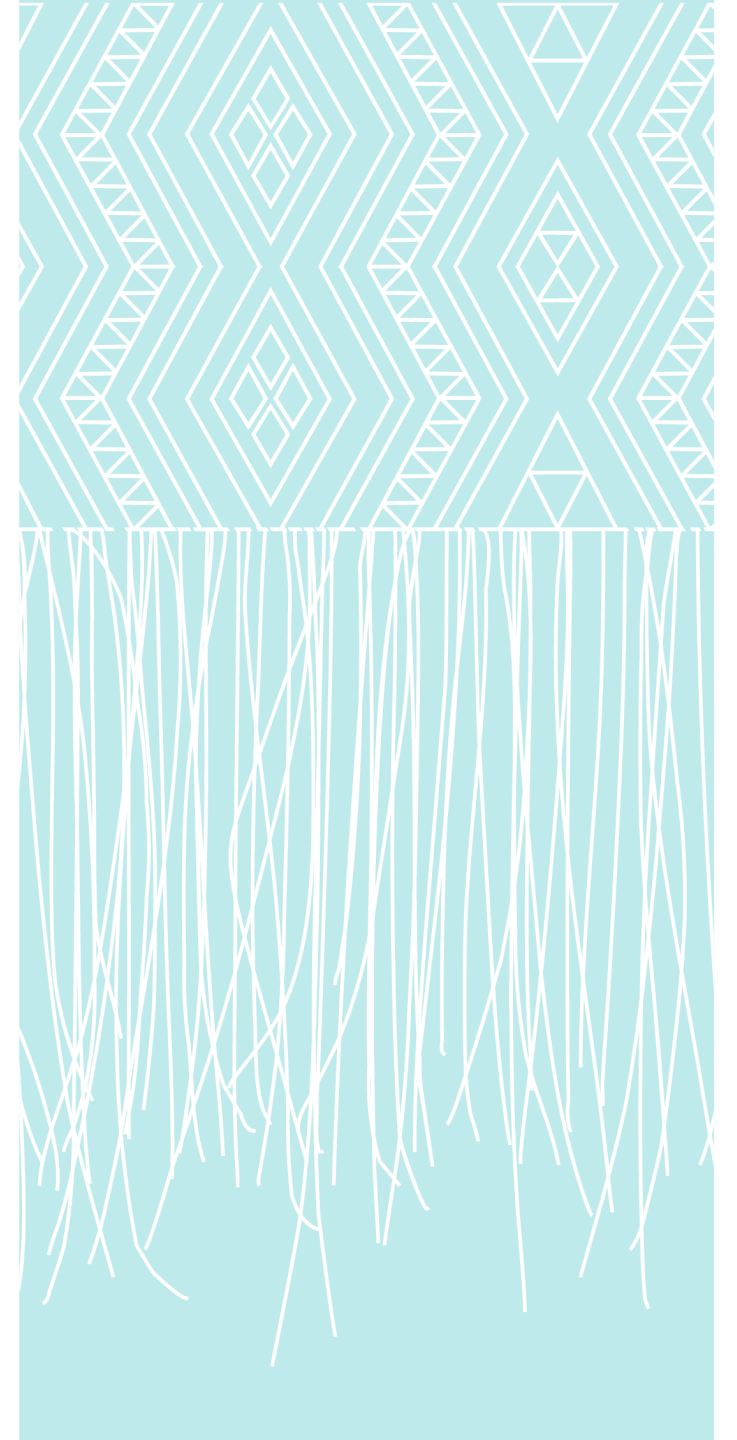


# Initial patient/whānau hui

Setting the scene

Relationship building and beginning to understand what is meaningful to the patient/whānau

Initial goal setting



# Goal planning template - pilot

Date	Patients Goal/Aspirations- what's meaningful?

Date	No	Anchor/ steps to achieve goals	By when	By whom	Outcome/progress						
					Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	

Date	Plan/ specifics that will help achieve anchors/steps

# Supporting a change in practice

- ....moving away from SMART goals
- ....prioritising therapeutic relationship
- ....rehabilitation as a ongoing journey
- ....supporting choice and harnessing patient/whānau strengths



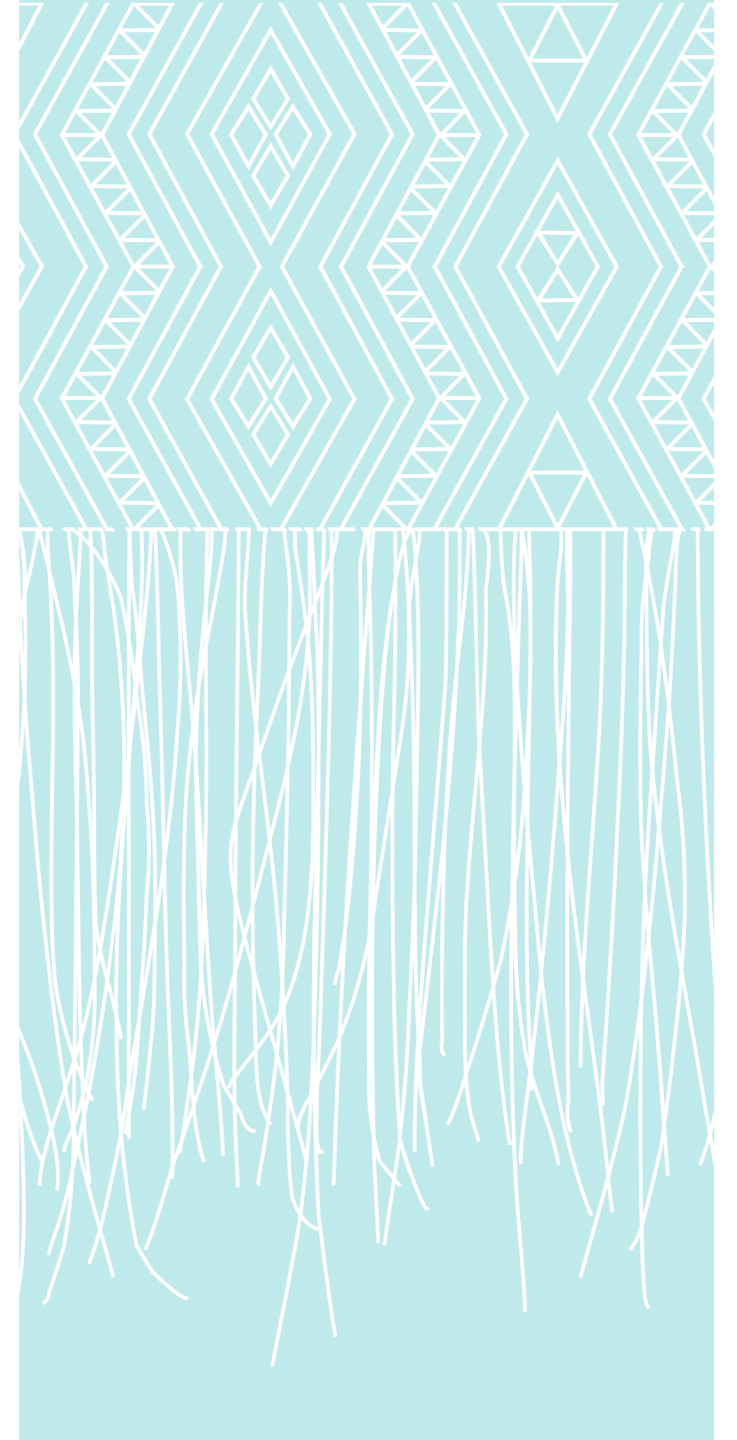


# Where are we at?

Understand the importance of meaningful patient-centred goals ✓

Started having conversations to understand what is meaningful to the patient and documenting this ✓

A trial process in place to facilitate these conversations ✓



# Reflections/what's next?

Relationship building vs. Completing goal planning template

Goal setting: an ongoing conversation – further work around MAP process and review of goals

?Use of GAS to 'anchor' aspirations

?Initial hui as a team vs. Keyworker role vs. Another method

