

Development and evaluation of a new model for person-centred goal setting using Practice Development and Appreciative Inquiry approaches in a Rehabilitation setting.



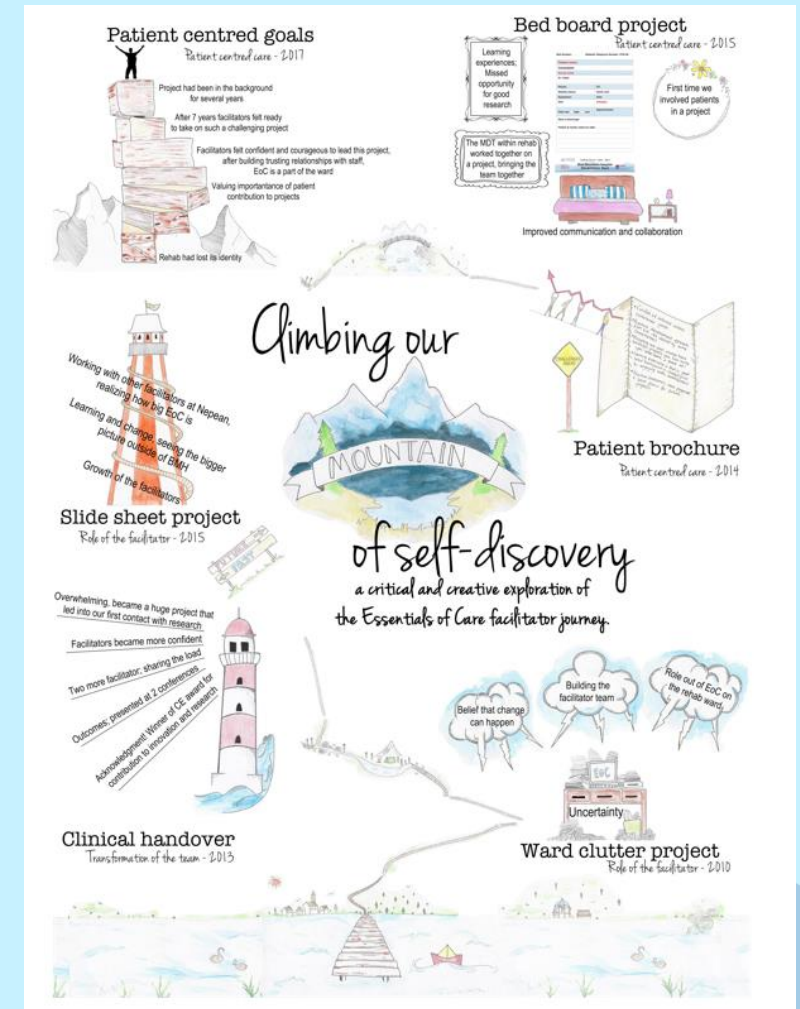
Health

Nepean Blue Mountains
Local Health District

Nicola Drayton & Assoc. Prof. Virginia Stulz

The Rehabilitation Unit

- ▶ 18 bed Sub-acute Rehabilitation unit.
- ▶ A multidisciplinary team.
- ▶ Involved in the NSW Health Essentials of Care program for 10 years.



Goal setting within rehabilitation is a key component of the goals of rehabilitation in improving the quality of life for individuals following injury or illness.



Aim

- Develop a patient centred goal setting model of care.
- Develop person-centred approaches to assist patients in identifying goals that were important to them.
- Bring all members of the MDT together.



Follow our journey....

- The vision of the Rehabilitation team was created when the team became a part of the Essentials of Care program (EoC) (NSW Health, 2014).
- *‘Together as a team, our care and your commitment will maximise independence and achieve personal goals.’*

- During a team brainstorming session to come up with ideas for a new project, the team went back and look at their vision statement.
- What screamed at them was the word *personal* they felt patients didn't have personal goals, these were determined by different members of the healthcare team.
- There was no cohesiveness and the patient definitely wasn't at the centre of care.

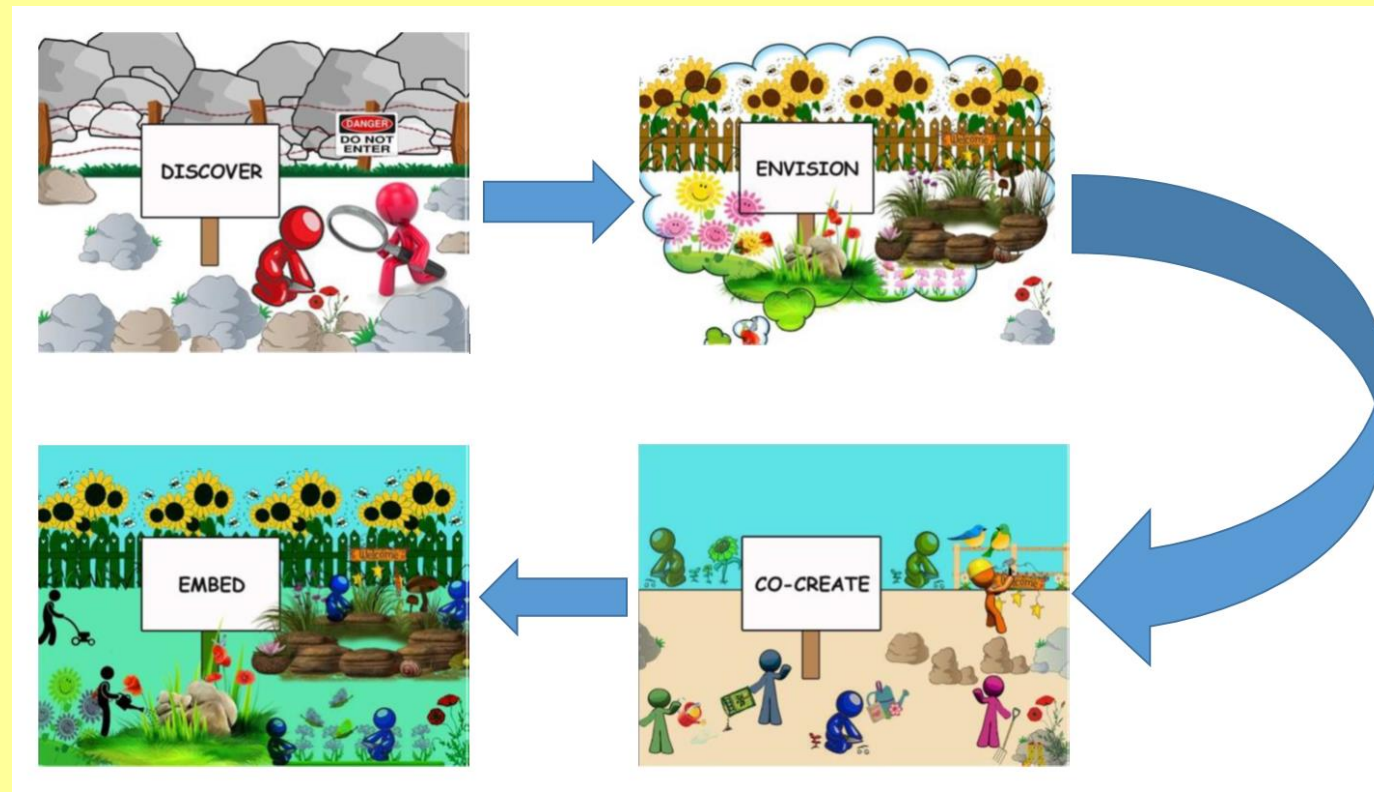


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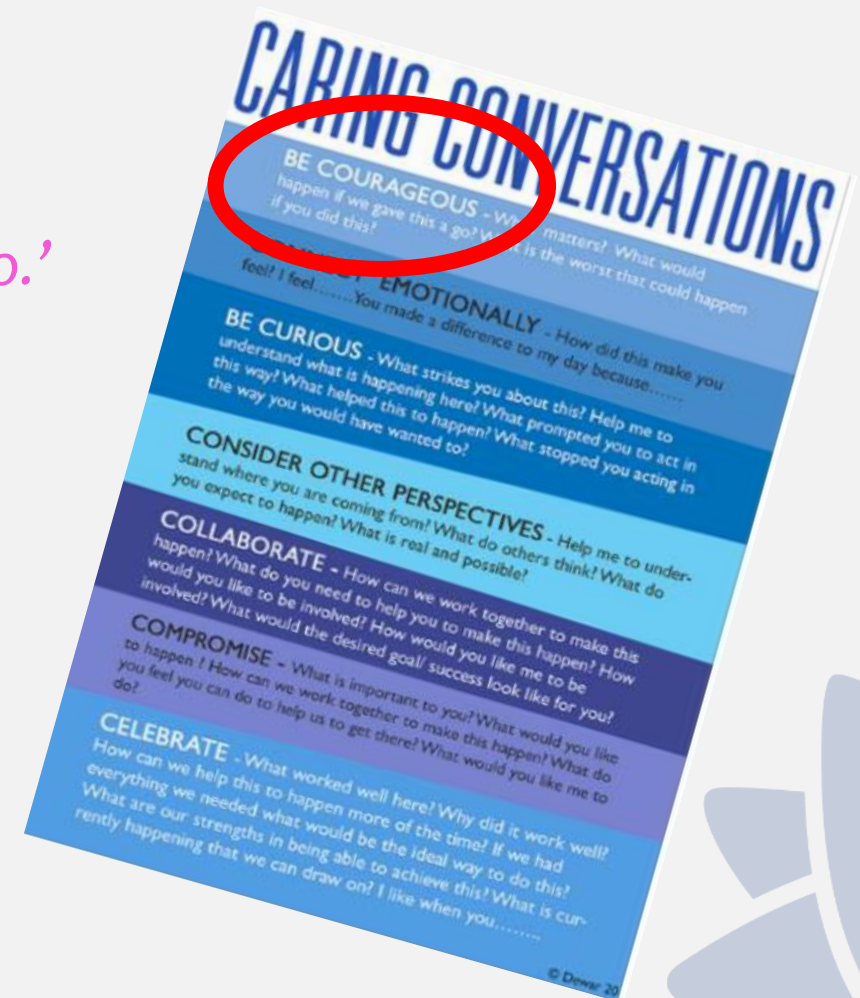
They had identified their new project along with a keen interest to use the EoC framework alongside Appreciative Inquiry (AI) phases to conduct the project in addition to conducting research to ensure data captured could be shared with the wider rehabilitation community.



Myself & Virginia had recently been introduced to AI through work with NaMo and Prof. B. Dewar.

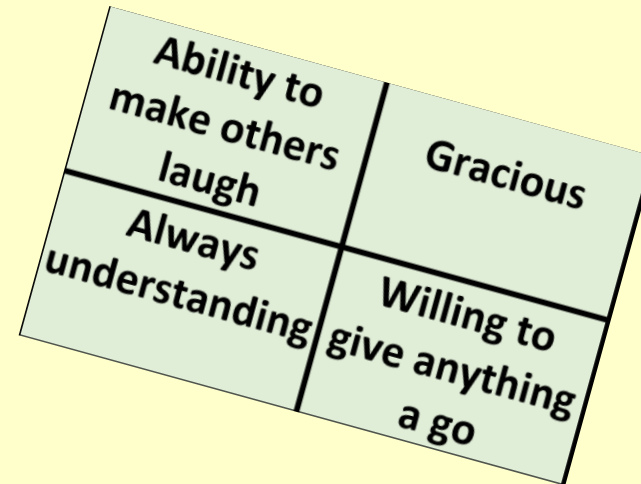
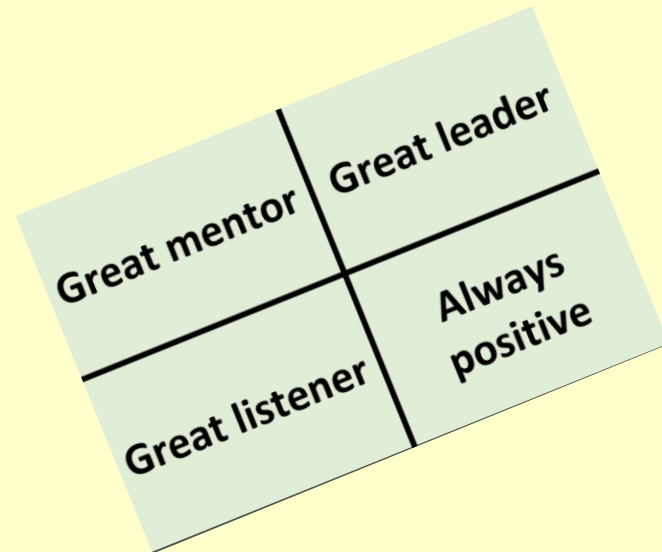
Taking her words we were feeling brave

‘to give things a go.’



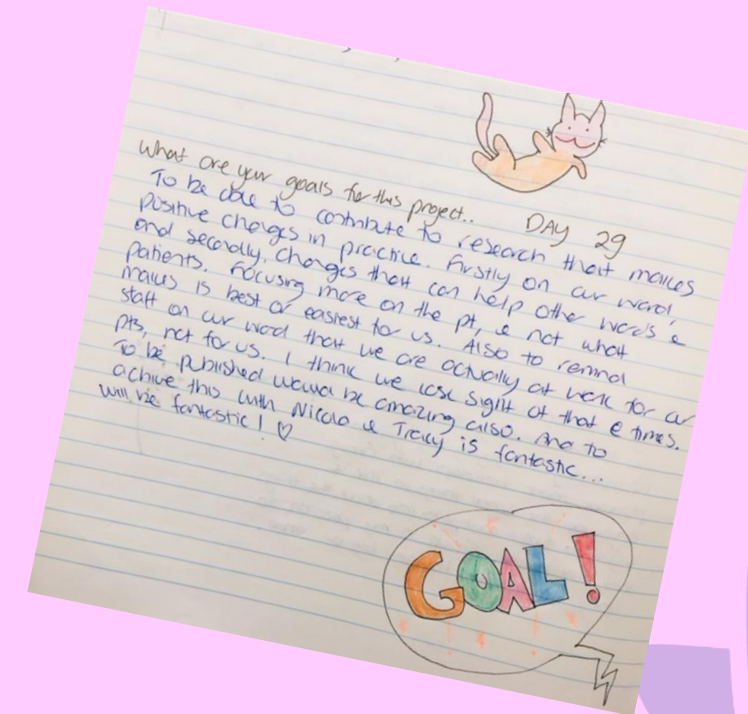
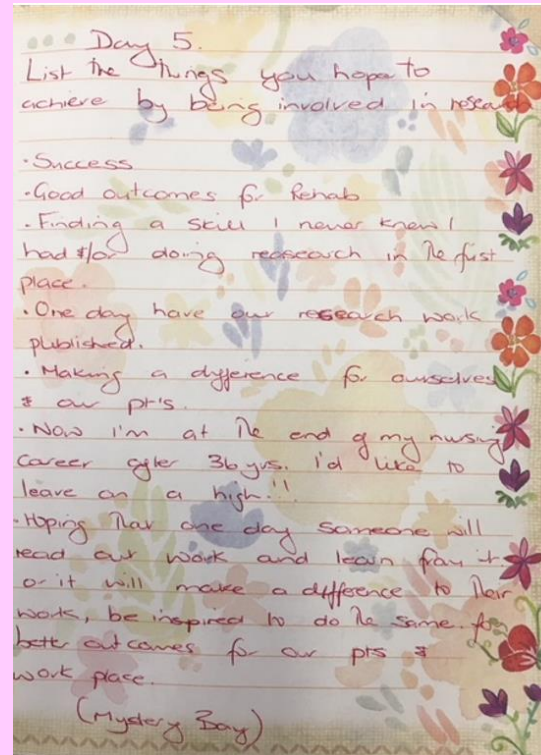
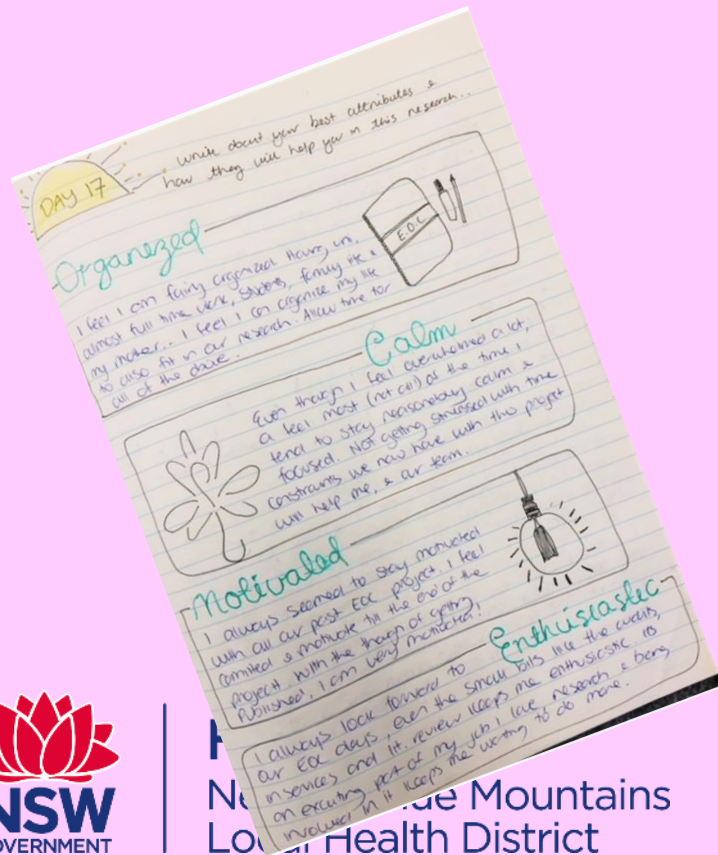
We wanted to bring to life the experiences of staff and patients in developing the new model of care.

AI is perfect in discovering what gives life amongst teams and the strength based approaches used to bring about the change.



Prior to commencing the project the research team decided to complete a 30 day writing challenge.

This was aimed to help explore beliefs and perceptions of themselves as researchers.



This led to both nurses developing a deeper understanding about their abilities and contributors as researchers.

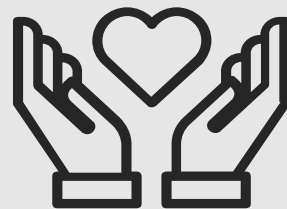
Leading to confidence and self-belief in conducting the research.

‘As I reflected it helped me to understand the important role I have as a clinical nurse in contributing to research.’

‘Acknowledging my fears in the writing challenge was quite powerful and it helped me to feel brave in discussing this with the other researchers. I was relieved to not be alone in my fears and this led to discussions about support for one another during the project.’



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- We agreed on a mixed methods approach for the research, using PD and AI approaches to guide, facilitate, support and evaluate each phase of the project.
- We spent time mapping out the project phases and the approaches to be used to achieve the project aim.

Essentials of Care framework (NSW Government Health, 2014)	Appreciative Inquiry phases (Sharp et al., 2017)	Practice development and appreciative inquiry approaches	Participants	Time frame
Preparing Engaging all stakeholders	Discover (what gives life to organisation, appreciating and valuing what works well)	Monthly team sessions (icebreakers used at the beginning of every session). The focus was on discovering what is occurring in practice via: <ul style="list-style-type: none"> • Reflection • Team strengths • What is working well • Samoan circle* 	Doctor (1) Occupational therapists (5) Physiotherapists (7) Nurses (20) Nurse unit manager (1)	Four months
Assessing (gathering information about care and culture)		<ul style="list-style-type: none"> • Client semi-structured interviews • Team sessions • Corridor conversations • Observations 	Clients (6) Doctor (1) Physiotherapists (3) Occupational therapists (1) Nurses (4)	
Feeding back (critically reflecting and identifying themes)	Envision (envisioning what might be, affirmative exploration)	A focus on what changes needed to occur to develop a new person-centred model. What would this look like? <ul style="list-style-type: none"> • Claims, concerns and issues • Circle of concern, circle of influence 	Doctor (1) Physiotherapists (3) Occupational therapist (1) Nurses (7)	Four months
Action planning (prioritising and actioning themes)	Co-create (co-constructing what the ideal should be)	<ul style="list-style-type: none"> • Team sessions 	Doctor (1) Nurses (4) Occupational therapist (1)	
Implementing (ongoing, implementing and evaluating actions)		<ul style="list-style-type: none"> • Team sessions • Reflections 	Doctor (1) Nurse unit manager (1) Physiotherapists (4) Occupational therapist (1)	Four months
Re-evaluating (care and culture at the end of each cycle)	Embed (sustaining what will be, the envisioned future)	<ul style="list-style-type: none"> • Interviews- story collection using emotional touchpoints • Team sessions • Reflections 	Client survey (60) Clients receiving care (6) HCP (6) Doctor (1)	12 months

*A Samoan circle is a facilitated activity aimed to generate discussion among teams

All team members played an active role in co-designing the project, along with the patients perspectives contributing to the design of the project.

Along with all the data that would be collected from field notes, interviews and stories, the team emphasised a desire to have a formal process for patients to evaluate their care. As a result a validated tool 'The client centred rehabilitation questionnaire' was used as part of the evaluation.



Towards patient centred goals

A collaborative project underway at Blue Mountains Hospital aims to develop a new model of care in which patients are better involved in the decision making surrounding their rehabilitation goals.

This Essentials of Care initiative links patients directly with a case manager throughout their journey from admission to discharge.

It involves both practice-based and research components, relying on a team approach with the involvement of allied health, medical and nursing staff. The project will help better align rehabilitation with recommendations by the Agency for Clinical Innovation (ACI) and other best practice guidelines.

For more information contact members of the research team: Nicola Drayton (Nurse Manager Practice Development), Kirsty Blake (Clinical Nurse Specialist CNS) or Tracy Gilbert (Enrolled Nurse).



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What did we find.....

Essentials of Care framework (NSW Government Health, 2014)	Appreciative Inquiry phases (Sharp et al., 2017)
Preparing Engaging all stakeholders	Discover (what gives life to organisation, appreciating and valuing what works well)
Assessing (gathering information about care and culture)	
Feeding back (critically reflecting and identifying themes)	Envision (envisioning what might be, affirmative exploration)

Two aspects about current practice:

The role of the healthcare professional in goal setting:

'We don't all work closely together, to be person-centred we need to stop with individualised discipline goals, we need to discuss it together.'

Establishing person-centred goals:

This highlighted patients weren't included in choosing their goals:

'We don't ask the patient what they want, we have our own expectations of what we want them to do, but often they are not relevant to their home or them, not person-centred at all.'

PATIENT CENTERED REHABILITATION GOALS INFORMATION SHEET

TOGETHER
ACHIEVING
BETTER HEALTH

NSW Health
Nepean Blue Mountains
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Rehabilitation is the process of helping a person who has suffered an illness or injury to restore lost skills and regain maximum independence



The rehabilitation ward is very different from the acute care ward you may have just come from. Rehabilitation is about maximising your independence to your capabilities.

On admission to the ward you will be allocated a staff member advocate who will follow your rehabilitation journey during

your stay.

On arrival you will be given a goal planner to fill out with the assistance of your advocate. This will be the foundation for planning your goals.

Your advocate will follow your progress through out your stay and inform the team (doctors, nurses, physiotherapists, occupational therapist) of your progress so that all members, including your family/carers will be involved in assisting you to reach your goals.



Developing the model:

In the rehabilitation ward you will be expected follow daily routines. These routines include attending the dining room daily for lunch, dress in your day clothes, attend the physio gym twice per day, and sit out of bed for most of the day.

Your physiotherapist will set you an exercise program for the weekends. This will align with the goals you have set. We encourage your family, friends and carers to assist you, along with the nursing staff.

Some patients may be asked to attend a breakfast club with the occupational therapists at intervals during the week.

An AI tool known as Emotional Touchpoints was used collect the stories and experiences from patients and staff (Dewar et al 2009).

Essentials of Care framework (NSW Government Health, 2014)	Appreciative Inquiry phases (Sharp et al., 2017)
Implementing (ongoing, implementing and evaluating actions)	
Re-evaluating (care and culture at the end of each cycle)	Embed (sustaining what will be, the envisioned future)



What the patients had to say.....

They wanted more time to discuss their goals:

'I've just had a stroke so cognitively things are confusing. What would be helpful is having to sit with my case manager and discuss my goals.'

They noticed the times when goals were discussed:

'I found discussing my goals happens in the moment, for example when they are helping me to shower, this helps me raise concerns.'

Acknowledging patients goals made them feel proud that they were making progress:

'The nurses make me hopeful, they are like your little cheer squad.'

Communicating goals with patients helped them understand the rehabilitation process:

'I came to rehab after my total knee replacement, because of my Huntington's Chorea I often get treated differently. I was told I could do my rehab like other people, it made me positive about getting back to my normal life.'



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What the staff had to say.....

They felt more person-centred in their delivery of care:

‘This new approach in being person-centred engages the person in taking smaller steps, progressing towards their goal and giving them a say.’

They felt value in connecting with patients and families, discussing goals gave them a way to find out what was important to them:

‘It is important the person knows someone is taking the time to find out what matters to them and what they want from their recovery.’

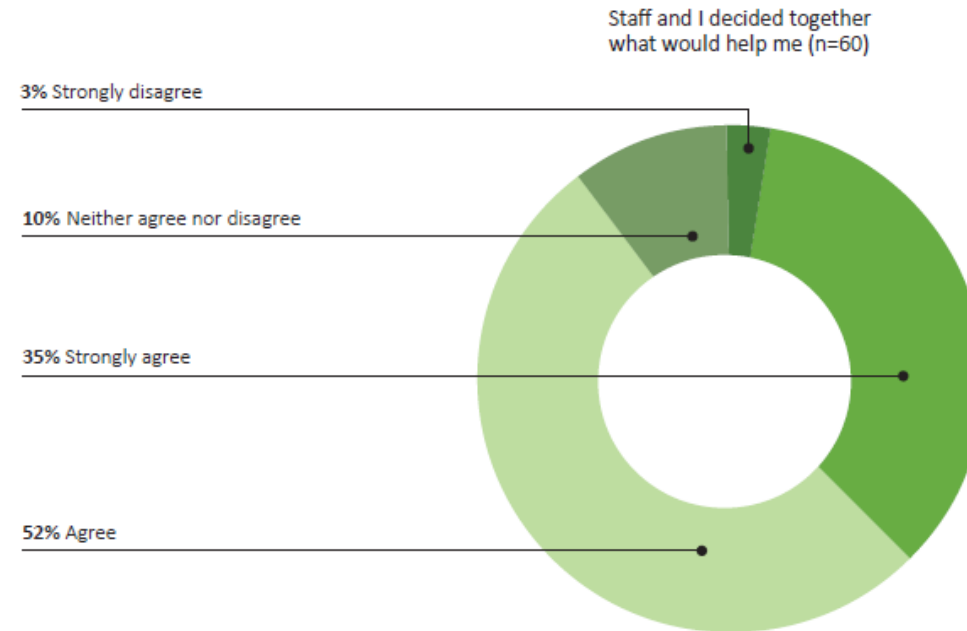
Working together as a unified team was seen as vital for person-centred outcomes:

‘It’s important for the person to see all the healthcare professionals working together, they need to know we all do different bits, but we are all working towards the same goal.’



Results from the Client-centred questionnaire

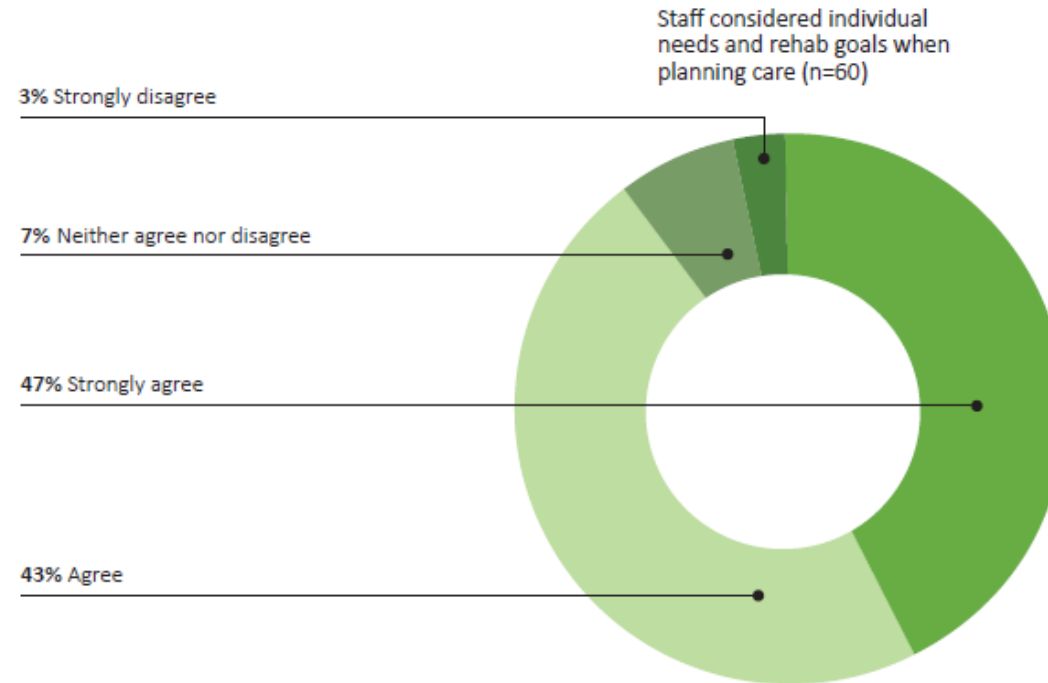
Figure 1: Staff and client deciding what would help



The majority of clients (87%) agreed that joint decisions were made about what would assist them in their journey.

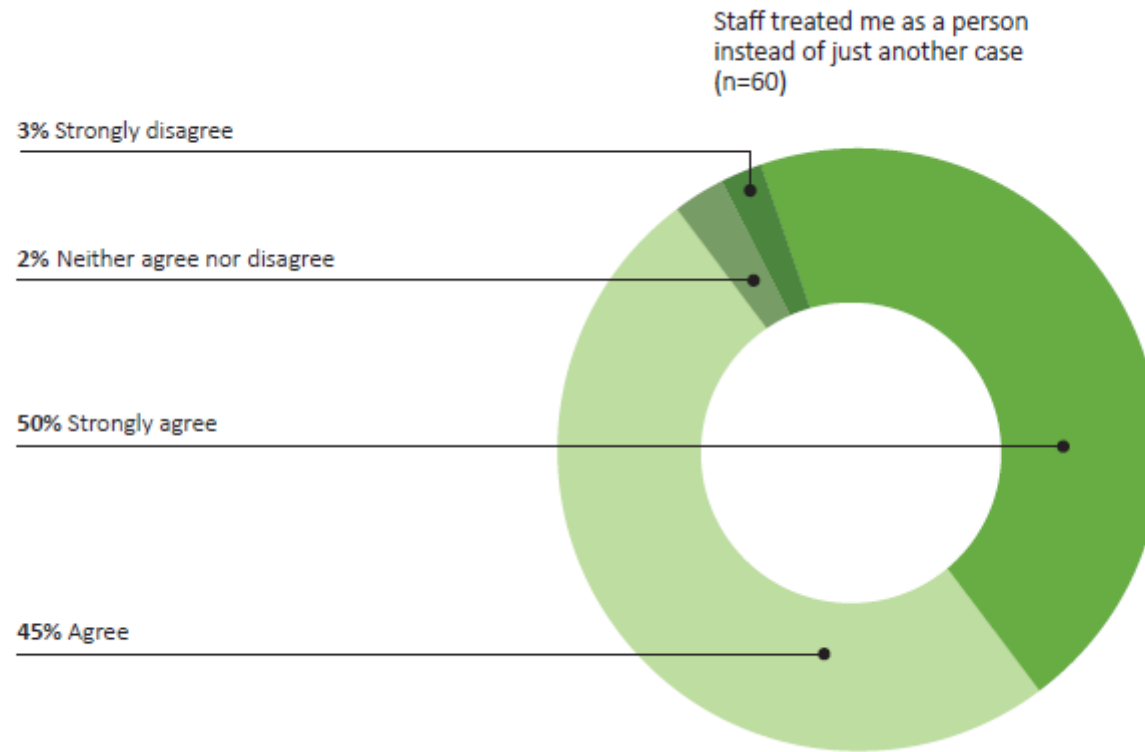
Results from the Client-centred questionnaire

Figure 2: Staff considering individual needs for planning rehabilitation



The majority (90%) of clients receiving care reported that staff considered their individual needs when planning their care towards Rehabilitation goals.

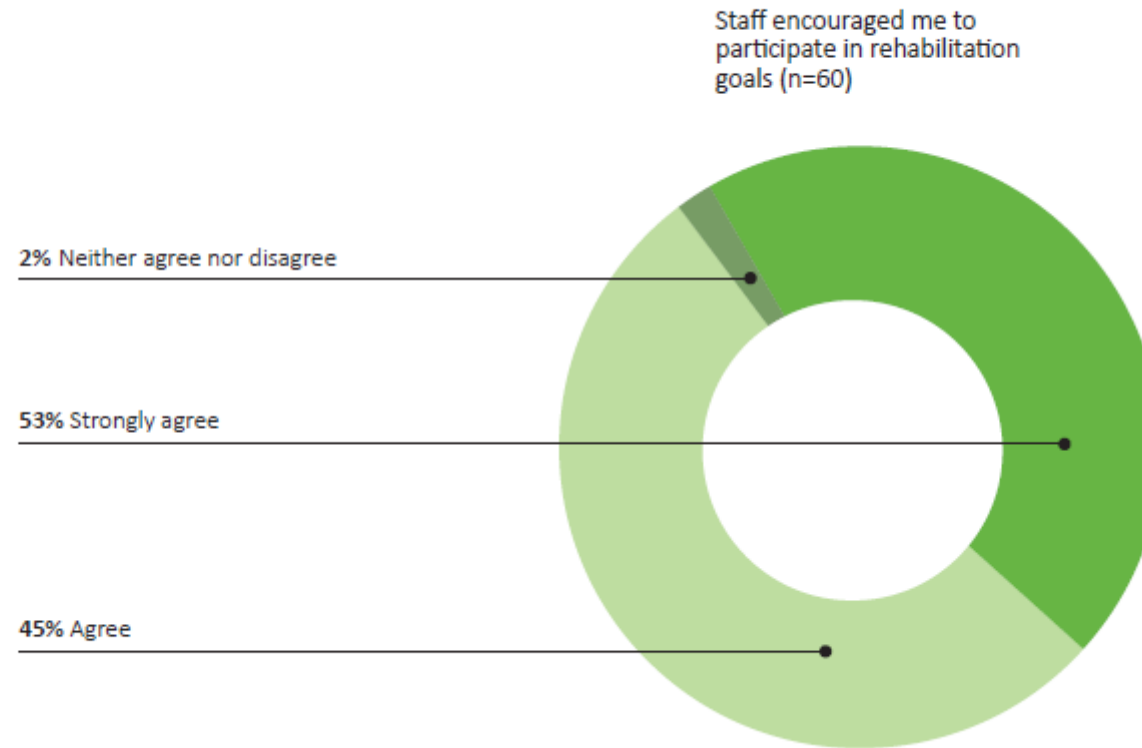
Results from the Client-centred questionnaire



The majority (95%) of individuals reported that they were being treated as a person rather than as just another case. This offers evidence that staff were providing person-centred care and taking clients' emotional needs seriously (Figure 3).

Results from the Client-centred questionnaire

Figure 4: Feeling encouraged to participate in rehabilitation goals



The majority (98%) of clients receiving care felt encouraged to participate in their rehabilitation goals (Figure 4).

Implications for practice:

- ▶ Using the PD principle of developing collaborative partnerships among healthcare teams leads to greater involvement of patients in their care.
- ▶ Involving patients in goal setting leads to greater success and improved patient satisfaction.
- ▶ AI and PD approaches are effective in developing partnerships between team members.
- ▶ Staff who treat patients with dignity and respect improve participation in goal setting.
- ▶ Creating a space in which emotional needs of patients can be heard and acted on is crucial for success in goal achievement.
- ▶ AI generates a greater appreciation and understanding on how to deliver person-centred care.

Patient goal planner

Below is a list of *possible* goals to assist you in planning your own goals during your stay in rehabilitation Unit. We would like to invite you to decide your own goals in your own words.

LIFE ROLES: Return to my life goals, for example work, caring for others, volunteering.
Return to activities I enjoy, for example gardening, sports, knitting.
Accessing the community, for example driving, catching public transport.
MY HOME: Cooking my own meals.
Accessing my home, for example being able to move around home freely, access to the garden.
Doing the house work.
Getting up off the floor (after a fall).
Making my home easier to get around, for example installing a ramp.
MY BODY: Improve my balance.
Walk outdoors.
Walk with or without a walking aid.
Shower and dress myself.
Manage my pain.
Manage my bladder and bowels.
Feel less tired.
MY MIND: Improve my memory.
Improve my speech.
Improve my reading and writing.
Improve my confidence in feeling safe at home.
Manage my medications.
Return to managing my finances.

Start date: _____

What is a goal? _____

Case Manager: _____

A goal is something that you would like to do to improve Your quality of life.
Choose something that is important to you, something that matters most to you.

My personal goals, in my own words:

Discharge date: _____

Discharge survey completed:
Yes _____
No _____

Our thanks to you for listening today

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ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Development and evaluation of a new model for person-centred goal setting using practice development and appreciative inquiry approaches in a rehabilitation unit

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Abstract
Background: This article explores the use of a mixed-methods participatory approach to bring about transformative change to goal setting in an 18-bed, subacute rehabilitation unit in New South Wales.
Aim: To use a blended approach underpinned by practice development and appreciative inquiry approaches, to develop and evaluate a model of person-centred goal setting for rehabilitation clients.
Methods: Evaluative methods were co-designed and co-agreed by members of the rehabilitation team, based on what the team hoped to achieve in terms of establishing goals for clients in their care and what this meant to clients and each other. Data sources included team discussions, semi-structured interviews with individual team members and clients, a survey and stories using emotional touchpoints. Interpretation of the data involved content analysis for generation of themes and the use of Statistical Package for Social Science software for analysis of the survey.
Results: Nine themes emerged. Clients highlighted: barriers to goal achievement; incorporation of goals into daily care; goal achievement; and a sense of purpose. The rehabilitation team highlighted: becoming person-centred; their role in goal setting; and barriers to establishing goals. The survey responses showed the team used person-centred approaches to achieve person-centred goals.
Conclusion: Changes to goal setting allowed staff to feel person-centred in their care delivery and gave them the satisfaction of knowing they were doing something meaningful for those in their care. There was strong agreement that a unified team approach to goal setting was key to client satisfaction and achievement of the goals. Clients felt valued and included in making decisions surrounding their care.
Implications for practice:

- Using the practice development principle of developing collaborative partnerships among healthcare teams leads to greater involvement of clients in their care
- Involving clients in goal setting leads to greater success and improved client satisfaction
- Appreciative inquiry and practice development approaches are effective in developing partnerships between team members
- Staff who treat clients with dignity and respect improve participation in goal setting by the clients
- Creating a space in which the emotional needs of clients can be heard and acted on is crucial for success in goal achievement
- Appreciative inquiry generates a greater appreciation and understanding of how to deliver person-centred care

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IDEAS AND INFLUENCES

A 30-day writing challenge

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Keywords: Writing, reflection, learning, research, journal, experiences

A 30-day writing challenge was developed as a precursor for two nurses embarking on a research journey. The idea for the writing challenge came from the work of Tara-Nicholle Nelson, creator of the '30-day writing challenge for conscious leaders' (taranicholle.com). This idea was supported by knowledge of the importance of allowing learners to create their own insights and understanding by engaging in creative activities. Journal writing has historically featured widely in the literature as an effective tool for developing self-awareness (Cornish and Cantor, 2008; O'Connell and Dymont, 2013). The hope was to stimulate self-reflection, which would lead to a sense of self-worth and belief that conducting research was achievable.

The writing challenge asked exploratory questions surrounding beliefs about research, previous nursing experiences, values and perceptions of self. A daily purposeful question provided the structure for capturing thoughts and experiences. Finding a way to create a space in which the nurses could make sense and meaning from their words and thoughts was important (Dewey, 1997; O'Connell and Dymont, 2013). Both nurses were able to gain an appreciation for their own skills and knowledge and this led to a realisation that they had already been engaging in research and could make valuable contributions to the project.

The following provides insights into the questions the nurses felt were most valuable in preparation for their upcoming research journey. They have been identified as co-authors 1 and 2.

Co-author 1 (KB)
Q. Write about your best attributes and how they will help you in this research journey
I was able to identify four key attributes that I believed could help me on my journey: organised, calm, motivated and enthusiastic. Whenever I began to feel stressed or overwhelmed I would go back to my journal and read what I had written to remind myself that I did have the attributes and confidence to continue.

Q. List the things you hope to achieve by being involved in research
As a clinical nurse I felt stressed and overwhelmed about the whole process. Writing about what I hoped to achieve led me to reflect on my values and beliefs about being a nurse. This confirmed my

