An Investigation of Goal Setting and Rehabilitation in Palliative Care

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Background

The World Health Organisation defines palliative care as "a support system to help patients live as actively as possible until death" (WHO 2004)
National guidelines recommend that rehabilitation should be an intrinsic part of palliative care and that patients should “receive an active and planned approach to rehabilitation that involves assessment, goal setting, care planning and evaluation” (NICE 2004)
However, there is little guidance on what that means in practice and patients in palliative care settings do not always receive rehabilitation in the right way or at the right time (NICE 2004, NCPC 2006)

There is a lack of sound evidence for rehabilitation in palliative care (Eva et al 2009)
The study

Aim:

To identify the key components and underlying mechanisms of the goal setting process in one hospice setting.
Question one:

How is goal setting delivered in practice to patients who are admitted to one hospice for symptom control, ‘maximising potential’ or ‘therapeutic assessment’?
Question two

What are multidisciplinary staff team members’ experiences and perceptions of goal setting as an intervention for patients who are admitted to the hospice for symptom control, ‘maximising potential’ or ‘therapeutic assessment’?
Question three

What are the expectations, experience and perceptions of patients who are admitted to the hospice for symptom control, ‘maximising potential’ or ‘therapeutic assessment’ with regard to goal setting?
For each professional (RQ’s 1 & 2)

Interview with professional

Professional

Analysis of patient notes

Patient Professional Observations

Patient 1
Patient 2
Patient 3
Patient interviews

A separate sample of 15 patients were interviewed to find out their expectations and experiences with regard to goal setting.
Data analysis

- Case studies are currently being coded using three main themes:
  - What goal setting *means*
  - The *process* of goal setting
  - *Barriers* to goal setting
Main messages:

There are differences between what professionals say and do in terms of:

- Setting short term goals;
- Balancing risk;
- Picking up on patients’ goals

Professionals focus on *problems* rather than what patients are *managing*;

Documentation of goals is inconsistent
Short term goals:

- Many professionals *talked* about the importance of setting short term goals with patients
- Only *one* professional actually did this in practice
Balancing risk

Only *one* professional talked about the importance of balancing risk, but *several* professionals explicitly talked about risk when working with patients:

Case 9 (observation): ‘*we’re focusing on how safe you are. We don’t want you falling.*’

Case 6 (observation): ‘*If you’re not safe, we’ll tell you and make suggestions.*’
Identifying problems:

Professionals tended to focus on identifying *problems* rather than what patients were *managing*.
“Just sitting here. It’s driving me mad. Watching TV all the time.” He then adds “I’m going to talk to my wife – we’re going to do things we never get done. Going out, seeing people, the pictures, a meal. We’ll just do it. That’ll make my life more meaningful. I don’t know”.
Documentation

Documentation of goals seemed to be important to professionals, but many felt that this could be improved. Comments from interviews and findings from the case note analysis raised the same issues:
Documentation:

- Goals are not documented explicitly (sometimes called ‘plans’) – they were difficult to find in the notes;
- Goals tended to be about medical management (e.g. Pain, nausea, mobility);
- Goals can get lost in the notes, as different professionals write in different sections;
- Goals are not always reviewed;
- There was little reference to goals on discharge.
Summary

- Professionals see patient centred goal setting as important, but how this happens varies;
- Patients set their own goals, but these are not always articulated to staff;
- Although goals are often acknowledged, they are not always picked up on or followed up on discharge by community services.
Next steps:

- Continue with data analysis:
  - Comparison of cases
  - Comparison with data from patient interviews

- Stage two of research:
  - to develop a research based intervention to enable staff and patients to effectively engage and participate in patient centered goal setting.
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References


