

Achieving client-centred goals with community stroke survivors

Smart Strokes - August 2019 - Hunter Valley

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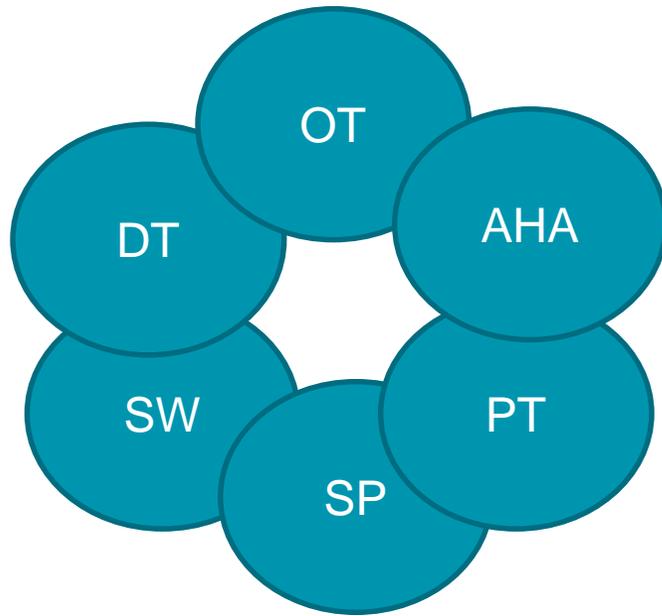
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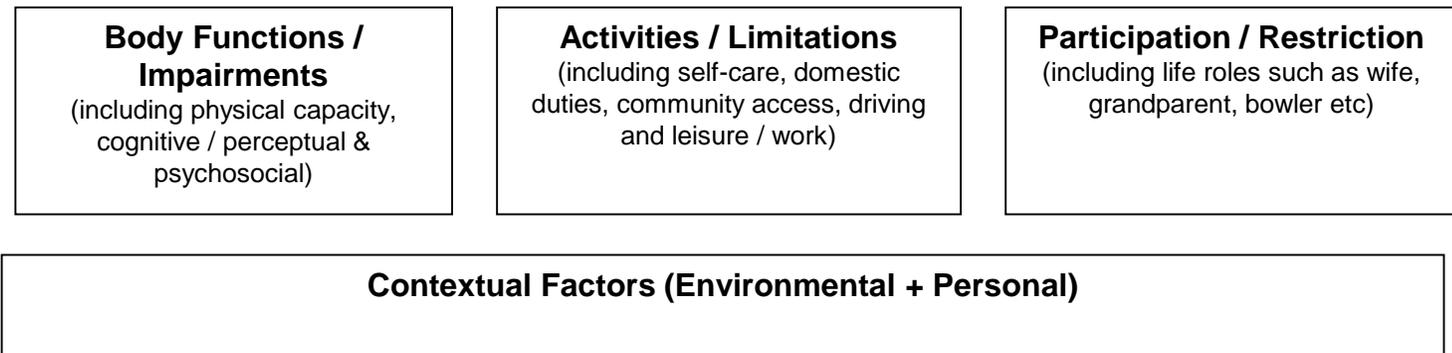
Who are we?

Community Adult Rehabilitation Service (CARS)



- Sub teams across Southern suburbs of Brisbane and Logan
- Clients typically recently discharged from hospital
- Approx. half are stroke survivors
- Service provides group-based and individual services
- 12 week multidisciplinary rehab program dependent on goals
- Our ultimate goal is maximising client's participation in the community
- Use ICF framework to guide goal setting process

ICF Framework



Introduction – Goal Setting

- Problem: goal-setting and formalised process

Goal setting in rehab is not new however need to think about how we are setting goals

Is the client actually setting the goal or is the clinician?

Is it measurable can we see change over time?



MGAM : Goal setting in action

- Goals are set routinely to guide service delivery
- Goals must be meaningful empowering clients to drive their recovery
- Use the self-rated MGAM scale to capture individual outcomes



PERFORMANCE SATISFACTION



Not at all



Extremely

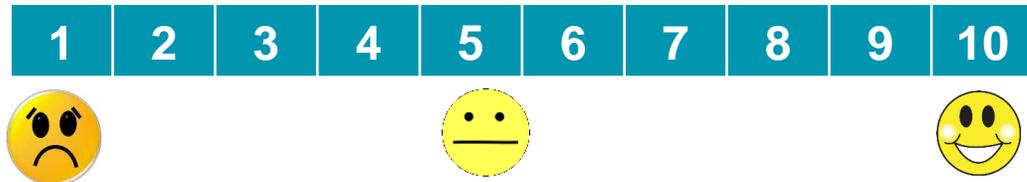
Method

Pre

Post

Client:

Self-rated performance and satisfaction score on individualised goals



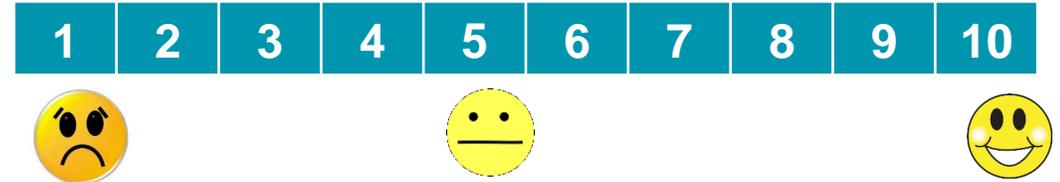
Staff:

Staff Training + Staff Survey



Client:

Self-rated performance and satisfaction score on individualised goals



Staff:

Staff Survey



Results: Client Data

- Time period = Oct 2016 - Dec 2018
- Demographics = 48 stroke survivors
 - Mean age in years = 65 years (range 37- 81 years)
 - Gender (M:F) = 29 : 19
- Mean LOS = 89 days (range 20 – 215 days)
- All clients diagnosed with stroke, varying types including single lesions, multiple sites and locations.

Results: Client Data



Paired t-tests

$t = -10.83, p > .001$

$t = -11.20, p > .001$

No. of stroke clients recorded = 48



Significant positive correlation between performance and satisfaction ($r=.87, n=48, p=.000$)

3-5 goals

Results: Client Data

Goal type	Initial Performance Mean (SD)	Final Performance Mean (SD)	t	p
Total (no. = 171)	3.56 (2.06)	6.95 (2.35)	-17.58	.000*
Impairment (39%)	4.18 (1.88)	7.03 (1.84)	-12.35	.000*
Activity or Participation (54%)	3.13 (2.14)	6.83 (2.74)	-12.54	.000*
Knowledge (4%)	2.57 (1.27)	7.71 (1.89)	-5.21	.002**

*denotes significance at $p > .001$, ** denotes significance at $p > .05$

Goal type	Initial Satisfaction Mean (SD)	Final Satisfaction Mean (SD)	t	p
Total (no. = 171)	3.20 (2.57)	6.95 (2.35)	-16.41	.000*
Impairment (39%)	3.63 (2.87)	7.28 (2.07)	-10.38	.000*
Activity or Participation (54%)	2.89 (2.41)	6.80 (2.93)	-11.99	.000*
Knowledge (4%)	2.29 (1.25)	7.00 (2.94)	-3.90	.008**

*denotes significance at $p > .001$, ** denotes significance at $p > .05$

Results: Client Data - Types of goals



- Improving strength / movement / speech
- Walking
- Memory / thinking
- Managing fatigue / endurance

- Activities of daily living
- Conversations and communication
- Domestic tasks and shopping
- Playing musical instruments / hobbies

- Participation in band / groups
- Paid work or volunteering
- Parenting / grandparenting

- Will / EPOA
- Transport options
- Healthy lifestyle

Results: Client Data - Correlations with other routine outcome measures

- No significant correlations were found between change scores of performance and satisfaction and:
 - Frenchay Activities Index
 - WHO-QoL physical score
- No correlation with LOS and change scores of both performance and satisfaction

Results: Client Data – Clinical Significance

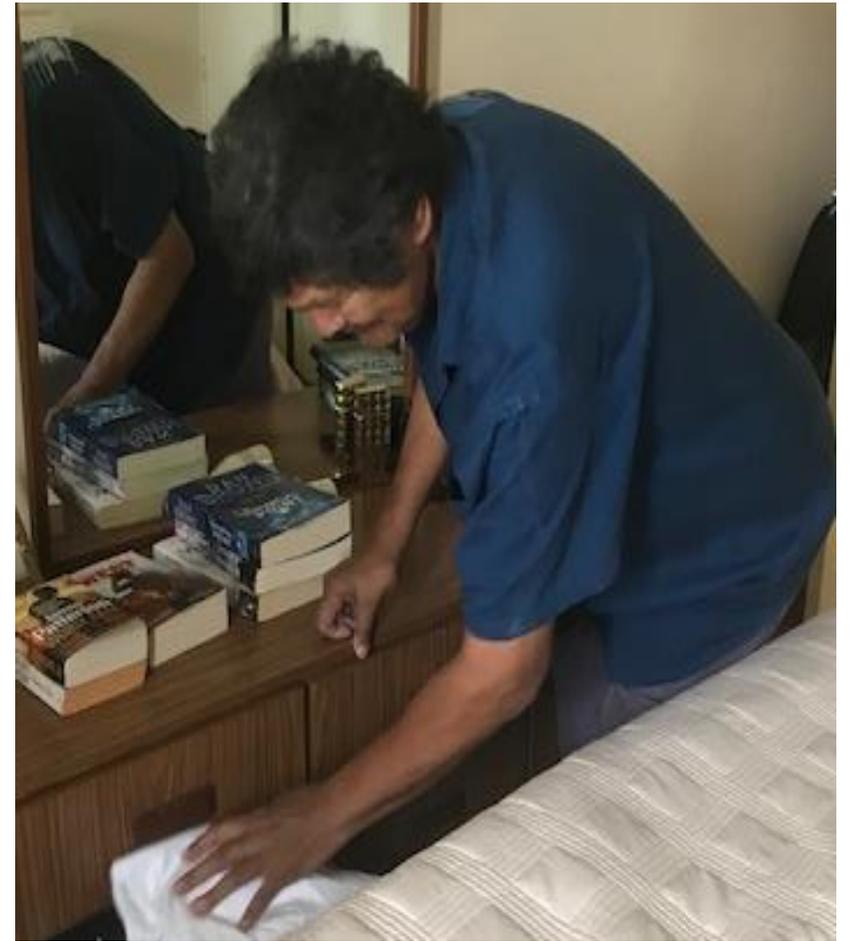
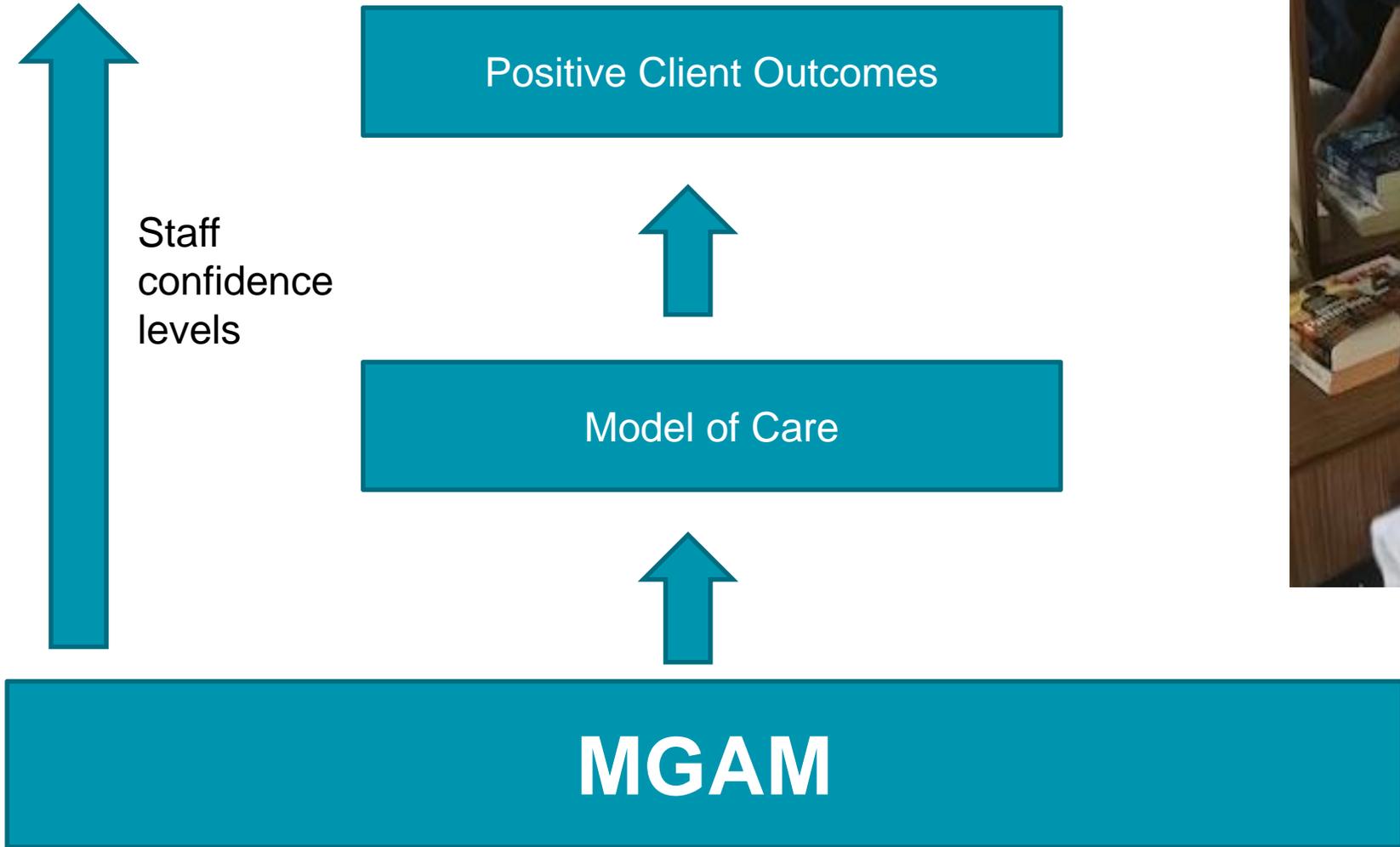


- Clinical significance value
 - Comparison to COPM – change scores over 2.5 on COPM are described as clinically significant (Law et al 2014).
 - Comparison to published MGAM works (Kendall & Wallace 2016): average change scores in SCI rehabilitation cohort was 3.44 and 3.42.

Results: Staff Data

- Survey revealed significant change in staff confidence in administering MGAM over time ($t = 2.31, p = 0.01$)
- Comments on staff survey indicated an improvement in goal setting practice
- Prior to training, comments on frequency of goal setting were:
 - *“Not often enough sometimes”*
 - *“Initially set. Process doesn’t usually involve review of goals”*
- Post training and implementation, comments on frequency of goal setting were
 - *“Case conference: Initial, review, final”*
 - *“Regularly ... check with client at each visit”*

Conclusion



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