Development, implementation and evaluation of a theory based goal setting framework in a hospice

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Background
Rehabilitation and goal setting can support one of the key principles of palliative care, to help people live actively until they die (WHO 2015). Until recently, no theory based practice framework has existed (Boa et al 2014). A framework for goal setting in palliative care (G-APPC) was therefore developed and implemented systematically, through 4 phases, in one hospice.

Aim
To develop and implement a theory based goal setting framework to guide and support patient-centred goal setting in practice.

G-AP PC, a theory-based framework

Pre-goal setting phase
Sort out immediate problems

Stage 1
What’s really important to you just now?
No opportunity to express what’s important in life just now

Stage 2
Goal negotiation and goal setting for: “What do you want to do in the next few weeks?”
Goal negotiation and goal setting (is) Agree on a meaningful short-term goal

Stage 3
Action and coping plan: "What’s your plan? "Who does what?" Progress: little or no progress

Stage 4
Carrying out the plan

Stage 5
Appraisal and feedback

Methods
Phase 1
Information was gathered about current practice through:
- a structured review of the literature
- a study of hospice practice using case study design (observation, interview and case note analysis)

Phase 2
Theories and frameworks were identified to underpin goal setting in palliative care.

Phase 3
An existing framework, G-APPC ‘Goal setting and Action Planning’ (Scobbie et al 2011) was presented to a task group of 8 hospice professionals who met on a monthly basis over six months. They tried the framework out in practice and changes were made based on findings from the literature and their experiences. It was then adapted for use in palliative care (G-AP PC: Goal setting and Action Planning for Palliative Care). A training package for hospice professionals was devised.

Phase 4
G-AP PC was implemented and evaluated over 3 months with one team in the hospice. During this time, it was used with 31 patients. Evaluation methods included interviews (patients and professionals), questionnaires (professionals) and analysis of case notes written during implementation of G-AP PC.

Results
G-AP PC was successfully implemented. It helped professionals to work as a team; shift their attention from a solely symptoms/problems/risk based approach to focusing on patients’ goals; act on what patients wanted to achieve, within short timescales, with documentary evidence of practice. Patients reported that use of G-AP PC allowed them to focus on goals that were important to them. There was also evidence that goal setting helped increase their motivation and self-efficacy.

Although the implementation of G-AP PC was largely successful, not all members of the multidisciplinary team engaged with it and its success relied heavily on ‘key players’ who were predominantly nursing or medical staff.

Conclusions and application to hospice practice
Use of an explicit, theory based goal setting framework provides a mechanism for ensuring that individual, patient centred goals are established, documented and reviewed. It also helps professionals focus on what is important to patients. Following successful implementation in one ward, G-AP PC is now being used throughout the hospice to support people to live until they die.

References