

PROJECT BACKGROUND

The Intermediate Neuro-Rehabilitation Unit (INRU) is a 30 bedded inpatient unit where specialist rehabilitation is provided by a multi-disciplinary team (MDT) to patients with neurological impairments including major trauma. It is one of 4 such units within Greater Manchester (GM) and is overseen by the Greater Manchester Operational Delivery Network (GMODN). The role of the GMODN is to enable a whole system approach to neuro-rehabilitation services within GM ensuring high quality care, positive patient experiences and efficient patient flow across the region (GMODN, 2017a). Following a peer review of the regional INRU's the GMODN found significant differences with each unit's patient length of stay (LOS) with this INRU having the longest LOS by 50 days. It also highlighted disparity in how goal planning was carried out (GMODN, 2016). As a result the GMODN made various recommendations for improvements, one of which was to formulate a region wide goal planning strategy, which reflected current guidelines and evidence (GMODN, 2017). Each INRU was instructed to implement this strategy in a way that met the needs of their individual services whilst ensuring all the units adopted a similar robust goal and reviewing process. In doing so the GMODN anticipated this would also bring more parity to LOS within each INRU alongside the implementation of new discharge planning standards across the region.

Goal planning is described as the establishment or negotiation of realistic goals with patients and their families/carers in conjunction with healthcare professionals (Wade, 2009). It is considered an integral part of the neuro-rehabilitation patient pathway as it can improve patient motivation and experience and overall outcome post injury (Levack et al., 2015; Maclean & Pound, 2000; Plant, Tyson, Kirk, & Parsons, 2016). Consequently, multiple guidelines recommend a robust approach to goal planning and that goals are reviewed on a regular basis and involve patients and carers (British Society of Rehabilitation Medicine [BSRM], 2009; Department of Health, 2005; Royal College of Physicians & BSRM, 2003; NHS England, 2013b). Despite some authors questioning the link between effective goal planning and reduced LOS (Malec, Brauning-Mcmorrow, Groff, & Oros, 2016; Thomson & Black, 2008), it is still considered a vital component of rehabilitation by aiding more efficient throughput of patients (Black, Brock, Kennedy, & Mackenzie, 2010; Wallace & Kendall, 2014). This poster demonstrates how this INRU implemented the new goal planning process as one of the ways to reduce LOS.

Project aim

To implement the GMODN's new goal planning process to ensure parity of services in GM and reduce this INRU's LOS to the national average of 80 days.

Objectives

- To meet the GMODN's recommendations for goal planning within 5 months
- To reduce LOS from 157 days to the national average of 80 days
- To improve efficiency of patient flow by increasing yearly admissions from 71 to 140
- To reduce the waiting list of the unit from 10 weeks to 1 week
- To achieve >70% patient and family/carers satisfaction
- Ensure no adverse impact on FIM/FAM outcomes following project implementation

Benefits

- Improved patient engagement and motivation in the rehabilitation process
- Improved efficiency and parity of services across GM INRU's
- Ensure local and national neuro-rehabilitation guidelines are followed

SWOT ANALYSIS (Pre-Project Implementation)

Strengths

- Positive feedback from recent peer review
- Well staffed therapy team with good skill mix
- Specialist rehab knowledge and skills
- Regular MDT meetings
- Positive patient feedback
- Specialist rehab nurse
- Accept complex patients

Weaknesses

- Limited contact with multiple consultants
- Goals not reviewed in a timely manner
- Whole MDT not involved in goal planning
- Long estimated date of discharge and LOS
- Numerous delayed discharges
- No discharge coordinator
- Long established team

Opportunities

- Large MDT
- Large unit - 30 beds
- More efficient throughput of patients
- Able to set more realistic estimated date of discharge
- Reduced LOS
- Accept out of area patients
- High percentage of team players in MDT
- Provide patients with realistic expectations for recovery

Threats

- Stakeholder engagement
- Increased LOS
- Multiple geographical areas and external agencies
- Complexity of patients
- Constraints of the neuro-rehabilitation pathway
- Variety of approaches to writing goals

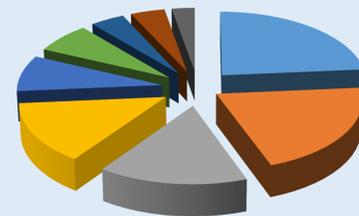
Businessballs, 2017

VISION AND VALUES



Manchester University Hospitals, 2018

TEAM ROLE ANALYSIS



- Team Player
- Executive
- Chairman
- Explorer
- Completer
- Innovator
- Analyst
- Driver
- Expert

123best, 2017

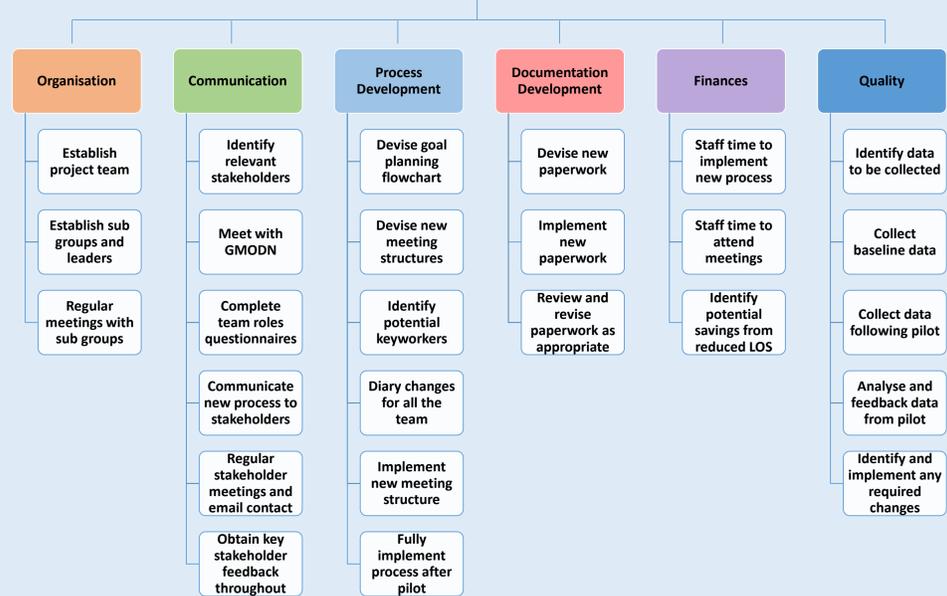
FINANCE

No additional funding is available for the project to backfill staff time. Consequently, patient contact will reduce in the short term whilst staff attend meetings and develop the pathway and paperwork. However, efficiency will improve over time with the implementation of more effective goal planning. Releasing staff to implement the project will cost approximately £840 (based on 6 hours of band 8a, 25 hours of band 7 and 15 hours of band 6 time). This equates to approximately 46 patient sessions.

It is anticipated LOS will be reduced from 157 to 80 days resulting in each patient costing an average of £30,800 instead of the current cost of £60,445. This improved efficiency would enable the unit to take an additional 67 patients per year.

WORK BREAKDOWN STRUCTURE

Goal Planning Implementation

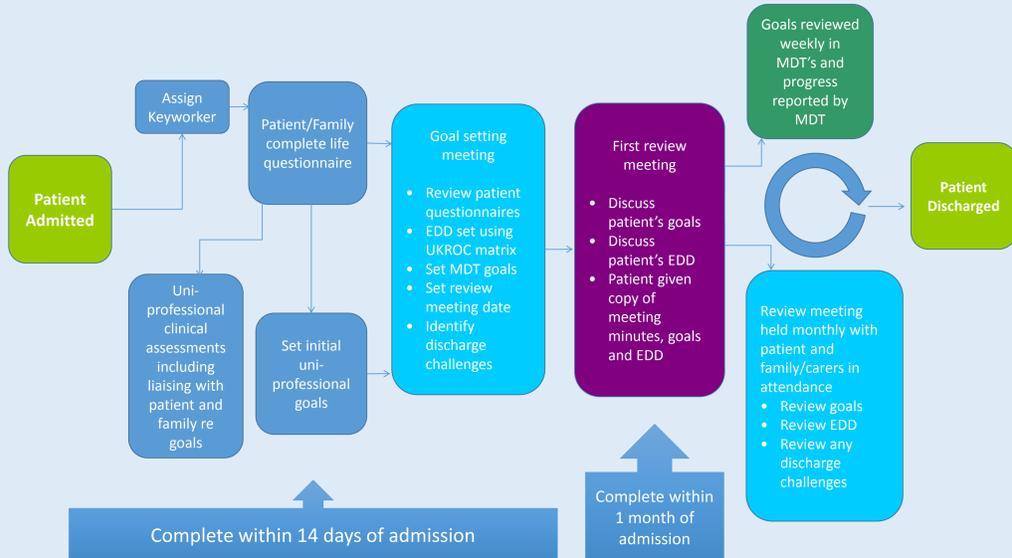


RISK ASSESSMENT

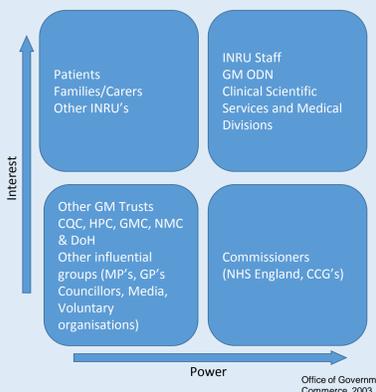
Nature of Risk	Likelihood of Risk High (3) Medium (2) Low (1)	Impact of Risk High (3) Medium (2) Low (1)	Likelihood x Impact (score)	Actions Required
1. Staff not engaged in the process	Medium	High	6	Project manager to fully involve staff and provide regular updates at every stage Utilise change management strategies Liaise with management as required
2. Poor attendance of staff at goal review and family meetings	Medium	High	6	Project manager to continually engage staff Liaise with managers, other INRU's and GMODN
3. Poor attendance of families/carers at family meetings	Medium	Low	2	Keyworker to reinforce importance of the meetings Offer meeting times outside of normal working hours Provide advanced notice of meetings Consider alternatives to face to face meetings
4. Reduced clinical time with patients	Medium	Medium	4	MDT and management to monitor patient outcomes and complaints Aim for shorter goal review and family meetings
5. Fewer keyworkers than patients	High	Medium	6	MDT to take 2 patients each as key worker Project manager to engage staff in benefits of a keyworker system
6. Patients not able to engage in goal setting process	Medium	Low	2	Key worker to engage patients as much as possible and liaise with family/carers when not possible Liaise with other INRU's

GOAL PLANNING FLOWCHART

Keyworker maintains effective communication with patient and family/carers

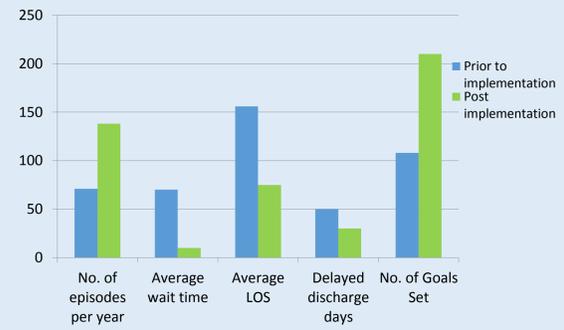


STAKEHOLDER MATRIX



OUTCOMES

- Improved KPI
- MDT engaged in goal planning process
- Patient and families report increased engagement with goal planning process
- Improved efficiency of patient throughput on the unit



MOVING FORWARD

- Continued engagement from whole MDT to ensure sustainable goal planning process
- Maintain effective communication with MDT
- Audit of documentation and adherence to guidelines of the goal planning process
- Regular review of LOS, number of admissions and average wait time

Right patient
Right bed
Right time

References

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Greater Manchester Neuro Rehabilitation Operational Delivery Network. (2017b). Goal Setting Standards. Retrieved 29 April, 2017, from <http://www.gmrodn.org.uk/download/goal-setting-standards/>
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