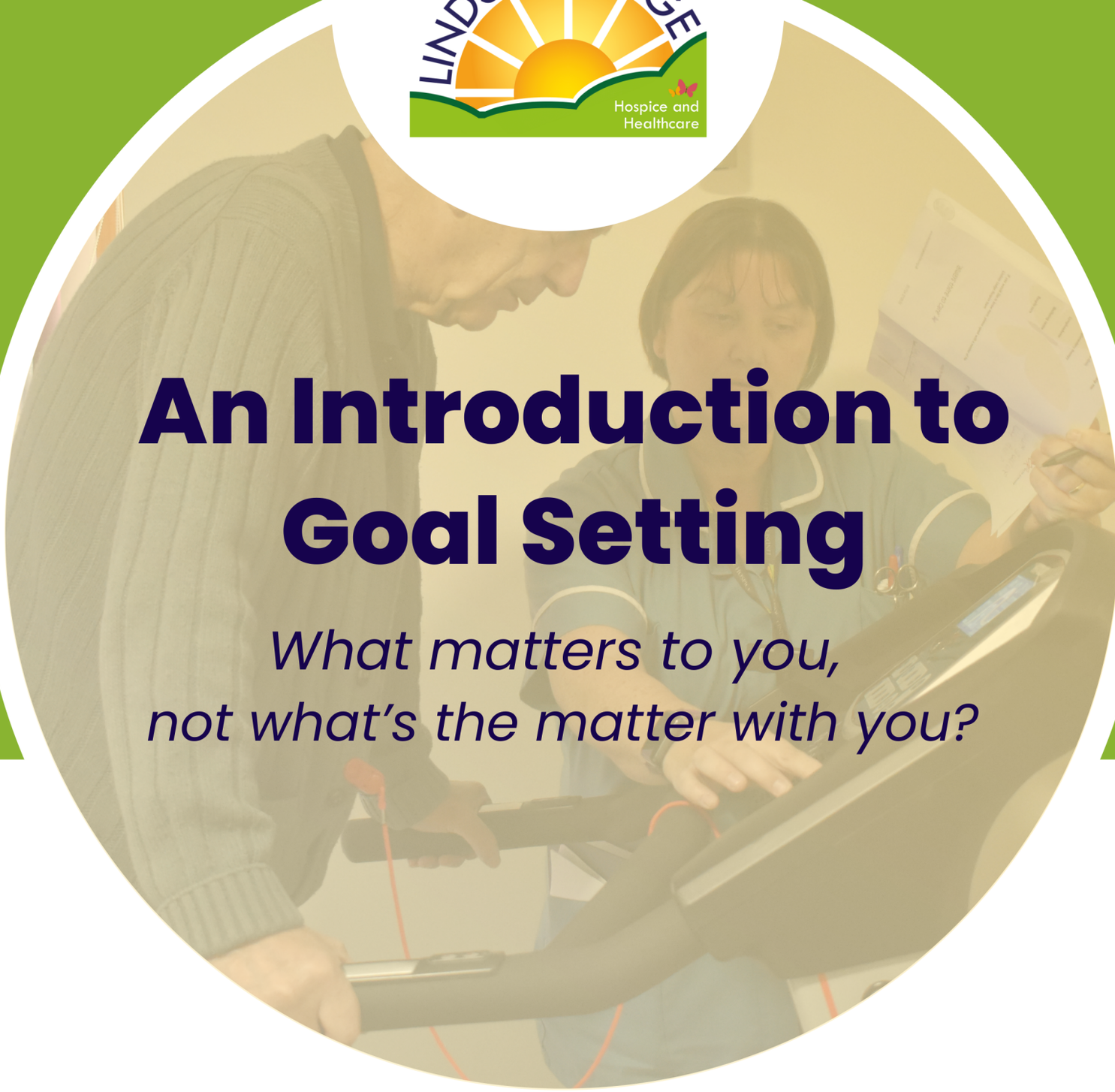

An Introduction to Goal Setting

What matters to you,
not what's the matter with you?

Always there to care

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An introduction to goal setting

Goal setting is the process of identifying something that you would like to accomplish and establishing a realistic way to achieve it. Within palliative care, goal setting can help support people living with an advanced disease or illness to live well despite their condition and related symptoms.

As we are aware, when we ask 'what matters to you?' to the patient and their family, they often reply with answers such as:

- I no longer feel like who I was and would like to get some of that back
- I would like to be able to get washed a bit more independently
- I'd like to spend time with my dog
- I want to sort out my pain
- I would like to maintain my dignity
- I do not want to be a burden on my family

The things that matter to people go far beyond the physical impact of their condition and setting goals with a person aims to maximise their function, independence and choice

We believe that goal setting is a key part of rehabilitative, multidisciplinary palliative care whatever the diagnosis or prognosis. It also helps team working, as it underscores how each person, profession or discipline involved in someone's care is working towards the same purpose.

Benefits of using goal setting

Goal setting offers several potential advantages for palliative care including:

- Enhanced communication and collaboration between the multiprofessional team who are striving towards the same patient-led goal
- Improve patient involvement in their care (there is lots of evidence that goal setting has positive value in empowering the patients to reach their goals)
- Direct individual patient care towards the most appropriate services and treatments (ensure the right professional at the right time!)
- Support reflective learning for both patients and professionals, especially when thinking through the working process of goal setting and reviewing when a goal is achieved

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How can we set goals with patients and their families? (A 4-step process)

The first thing to do is to introduce goal setting as part of the person's admission or initial assessment.

Step 1: Introduction

- Language is key! Helpful opening questions might be;
- What matters to you?
- What would you like to achieve or work on?
- What would you like to do that you have difficulty doing now?
- Why do you want to do that?
- Why is managing that symptom important to you?

Goals should be owned by the person, not the clinician, and could be related to:

- Social function (hobbies, interests, meaningful activities)
- Emotional function (confidence, anxiety)
- Basic or personal activities of daily living (toileting, transfers)
- Instrumental activities (shopping, food prep)
- Symptom management (pain, fatigue, breathlessness)
- Planning for the future (advanced care planning)

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Step 2: Assessing Baseline Function

Once a goal area is identified, it is important to recognize the patient's level of function in relation to their goal. For example if their goal is 'I want to be able to get back upstairs at home' we would need to consider aspects like; How are they currently doing it? Can they do it at all? How mobile are they? Is it painful? Is their current ability likely to improve? What's preventing them from climbing the stairs now?

You are then at an appropriate point to formalise and make the goals clearer and we can do this through the process of SMART goal setting (Figure 1).

Step 3: SMART Goal Setting - Specific, Measurable, Achievable, Realistic, Time

Figure 1: Patient goal vs SMART goal

Patient-Set Goal	Smart Goal Statement
Control pain on walking	To decrease pain on walking by two points on numerical rating scale from 6/10 in 8 weeks
To be able to climb stairs independently	To achieve one step assistance and/or equipment within one week
To go out for dinner with friends	To go out for dinner to level access restaurant with friends for an hour in three weeks
Walk to the Mosque everyday on my own	To walk to the Mosque and back independently every day without a walking stick within six weeks

Once a SMART goal has been set, we can then explore how confident the person feels working towards the goal, and what support can we put in place for them.

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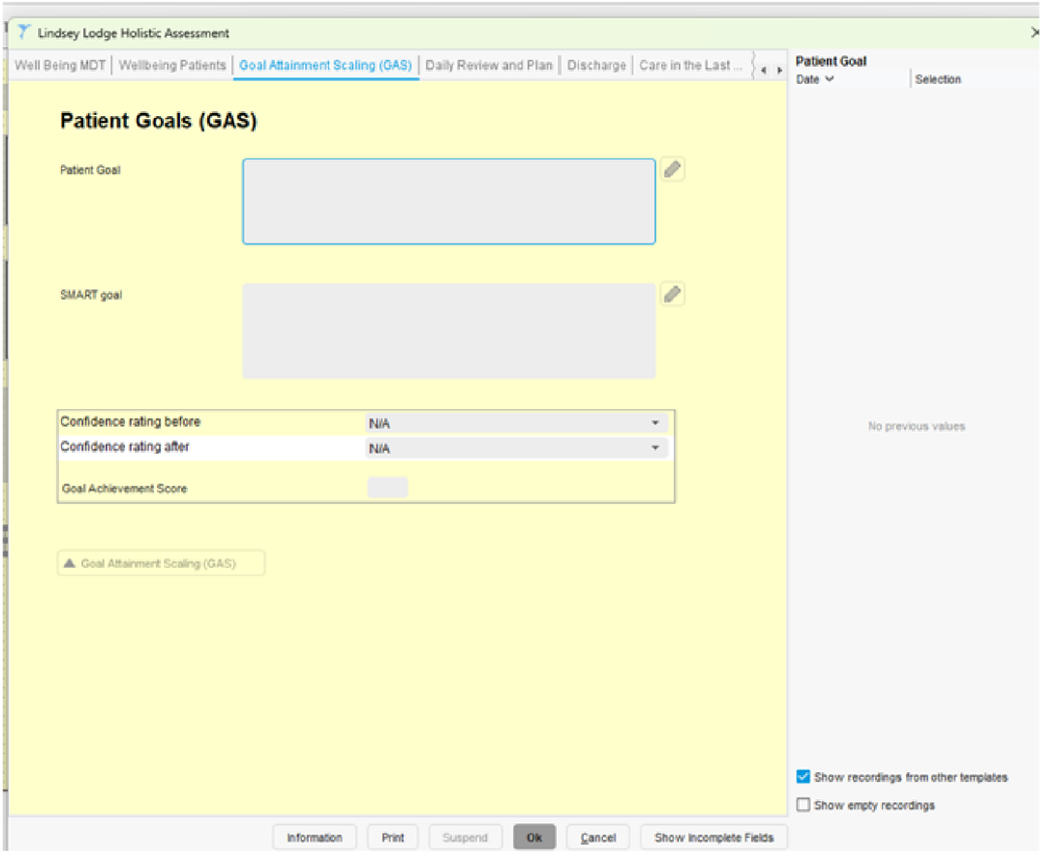
Step 4: Tailor the Intervention

When considering the support and intervention required, it would be preferable to look at MDT involvement so you are not doing it all on your own. Furthermore, it may be worth thinking how all hospice services could support, for example, could an in-patient attend the wellbeing centre? Do they need to see a registered nurse? Do they require therapy?

How do we record goals?

We should be recording patient goals on Systmone via the 'Goal Attainment Scaling (GAS)' tab on the Lindsey Lodge Hospice Holistic Assessment Template (Figure 2):

Figure 2: GAS tab



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The GAS should be filled in:

- At assessment/admission
- If there has been a change in the person's condition
- If a goal has been achieved (as we need to keep setting them to help inform direction of care)

As part of the GAS, we want to be able to understand how 'confident' and in control a person feels with achieving the goal. This is scored before and after intervention and is scored out of 10 (0 being not confident or in control at all to 10 being the most confident and in control).

The idea of the GAS is for it to be used in line with the Integrated Palliative Outcome Scale (IPOS) and Karnofsky/Phase of Illness score.

If a person is struggling to think of a goal, you may as a professional make suggestions. For example, you could review the person's IPOS and establish difficulties with symptoms such as pain, breathlessness, fatigue, mood or poor mobility. This could then be a trigger to set goals in certain areas of their life (Figure 3):

Figure 3: Areas to focus goal setting based on the person's condition/location

	INPATIENT	OUTPATIENT	COMMUNITY
Population	**Phase of Illness** - Deteriorating - Stable **Australian-Modified Karnofsky Performance Status** - Median: 50 - Range: 20-80	**Phase of Illness** - Stable **Australian-Modified Karnofsky Performance Status** - Median: 70 - Range: 40-90	**Phase of Illness** - Stable - Unstable - Deteriorating **Australian-Modified Karnofsky Performance Status** - Median: 60 - Range: 30-80
Goal Setting	**Goal Area** 1 Functional tasks 2 Mobility 3 Self-care 4 Community, social and civic life 5 Mental functions **Goal Timeframe** - 1 day to 2 weeks	**Goal Area** 1 Mental functions 2 Community, social and civic life 3 Mobility 4 Functional tasks 5 Respiratory systems **Goal Timeframe** - Up to 6 weeks	**Goal Area** 1 Mental functions 2 Functional task 3 Community, social and civic life 4 Self-care 5 Mobility **Goal Timeframe** - 1 day to 6 weeks
Rehabilitation	**Rehabilitation intervention** 1 Task practice 2 Mobility 3 Equipment/aid provision **Delivery** - Multi-professional team approach	**Rehabilitation intervention** 1 Exercise programme 2 Self-management 3 Mobility **Delivery** - Therapy-led - Multi-professional team approach within groups	**Rehabilitation intervention** 1 Mobility 2 Exercise programme 3 Self-management **Delivery** - Therapy-led - Supported by multi-professional team

Measuring the impact of goal setting

Patient goals are reviewed on a regular basis by the medical team and advanced care practitioners. This helps us to understand the type of support we are providing for patients, and if there are any themes as to why patients are admitted and/or attend the hospice.

We can also use GAS scores to demonstrate the important work we do as a clinical team beyond that of 'symptoms.' For example, a patient may be admitted to the in-patient unit and remain with us until the end of their life. As a result, their IPOS and Karnofsky scores may worsen, however they may have achieved specific goals prior to their death which in turn demonstrates a positive impact.

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