How are we doing in Queensland?

Results

Participants

A total of 181 responses were received of which a total of 174 completed responses were included for analysis. There were 3 incomplete data sets, data from all participants where provided, was included. Responses were received from all hospital and health services across Queensland. The majority of the responses were from inpatient rehabilitation (n=90, 51.7 per cent) followed by community inter hospital facilities (n=34, 19.5 per cent), transition service staff (n=16, 9.2 per cent), day therapy staff (n=14, 8 per cent), extended rehabilitation units (n=5, 2.9 per cent) and 19 staff reported being from other facilitates (10.9 per cent). Clinicians reported using goal-setting always or most of the time (n=150, 86.2 per cent) with client’s attending rehabilitation services, only three respondents (1.7 per cent) stated goal-setting was rarely used.

How goal-setting was undertaken

Goals were set predominantly by individual discipline team members with the patients present (n=115, 66 per cent). Respondents stated goal-setting was undertaken with the team and the patient together in 39.08 per cent of cases (n=68). The majority of rehabilitation staff stated a high priority for setting rehabilitation goals (n=147, 84.5 per cent) and involving patients in the process (n=155, 89.1 per cent). A high priority was given in consulting family members in the goal-setting process by 57.5 per cent of respondents (n=100). Rehabilitation staff used goal-setting; to establish the rehabilitation program, to ensure patient-centered care, to evaluate outcomes, to improve team communication and as an intervention strategy to increase engagement and support adjustment.

Goal related activities

Respondents reported consistently giving clients information about goal-setting in 52.3 per cent of survey responses (n=91) however, only 36.2 per cent (n=63) of staff reported consistently (always or most of the time) giving copies of goals to clients. The Canadian Occupational Performance Measure (COPM)® or Goal Attainment Scaling (GAS)® was used regularly by 23 per cent of respondents (n=40) whilst 34.5 per cent of respondents (n=63) stated no particular tool was used when goal-setting.

Barriers and enablers to goal-setting

Barriers to implementing goal-setting included: lack of training and staff confidence in goal setting and lack of knowledge of what tools or resources should be used. Client factors and a lack of coordinated interdisciplinary processes to support goal-setting and differing team member values were also seen as barriers. Staff identified enablers to goal-setting practices including a joint team philosophy for goal-setting (n=90, 51.7 per cent) and organizational support (n=86, 49.4 per cent).

Conclusion

Rehabilitation staff prioritised goal-setting practices with clients but did not consistently report conducting activities that demonstrate this in practice. Future contextual analysis of goal related activities and barriers to implementing goal-setting is needed to develop and implement tailored strategies to improve client engagement in goal-setting and rehabilitation team action planning.