Developing a goal setting process for Neuro-oncology patients in inpatient acquired brain injury (ABI) rehabilitation

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Background

Neuro-oncology prehab is beneficial to optimizing function prior to radiation therapy for patients with malignant brain tumours. Setting rehab goals is critical to optimizing outcomes in preparation for oncology treatments, however providers do not have ways to facilitate these goal setting discussions. The purpose of this project was to develop a process to enable goal setting with neuro-oncology prehab patients and to improve provider confidence with goal setting. The aims of this project were:

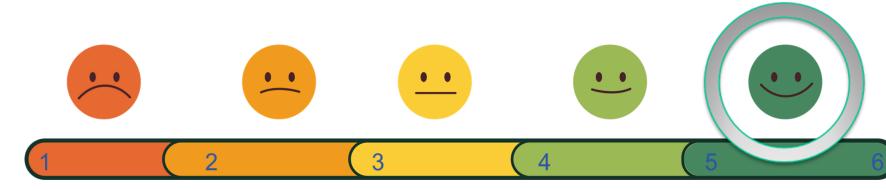
- •To increase the percentage of Neuro-oncology patients who set goals with their providers on admission by 75% in the inpatient ABI rehabilitation service.
- •To improve provider confidence with goal setting with Neuro-oncology patients in inpatient ABI rehabilitation by 50%.

Pathology and prognosis pending on admission Provider Short length confidence = of stay low Challenges with goal setting Lack of Goals may resources to use with change patients

Results

- 4 patients in pilot intervention; **3 out of 4** received a diagnosis of stage 4 malignant brain tumour
- 76% of ABI providers adopted the new goal setting process
- Goal setting amongst providers and neuro-oncology patients increased from 10% to 67%
- ABI provider confidence with goal setting increased from **55% to 98%**
- Patients rated being "completed satisfied" with the goal setting process

Patient experience with goal setting



"I liked that I could customize my independence"

"The examples were easy for people to understand"

"I had a sickening situation and this gave me comfort"

Rehabilitation

Methods

Phase 1

Needs Analysis

- Literature review
- Stakeholder engagement
- ABI provider focus group

Baseline Data Collection

 ABI provider confidence with goal setting survey

Pilot intervention

N=4

PDSA cycles

- ABI provider interviews
- Chart reviews

Change Ideas

- 1) Structured approach to goal setting
- 2) Goal setting resources to use with patients
- 3) Documentation consistency amongst providers

Discussion

- A structured approach to goal setting was achieved
- Patients felt comfort in having the opportunity to discuss goals
- Providers successfully adopted and implemented the goal setting approach
- Goal setting with neuro-oncology patients increased during the pilot
- ABI provider confidence with goal setting improved
- Despite improved confidence with the goal setting process, providers identified ongoing challenges to goal setting. These included, difficulty with re-discussing goals when patients learned their diagnosis, and challenges with cognition and communication.
- The sample size for this pilot was low, which impacts the generalizability of the findings

Phase 2

Intervention Developed

- 1) Goal setting process
- Patient goal setting resource package
- 3) Documentation template for providers
- 4) ABI Provider workshop for education on the goal setting process

Post Intervention Data Collection

- Patient satisfaction questionnaires
- Patient interview
- ABI provider interviews
- ABI provider confidence surveys
- Chart reviews

Future Directions

Goal setting and provider confidence improved over the 4 week pilot project. Despite these improvements, providers continued to identify gaps in knowledge of communication techniques needed to guide discussions about end of life care goals.

Future directions include:

- Ongoing PDSA cycles to trial and improve the goal setting process with a larger sample size
- Exploring additional palliative care resources and communication strategies for the team
- Exploring further opportunities to embed goal setting discussions into the patient's rehabilitation journey

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