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CONFERENCE ABSTRACT

Implementation of a Multidisciplinary (MDT) Goal Setting Programme for Inpatient Neurosurgical Patients

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Introduction: Neurosurgical patients are a complex and diverse population of patients requiring involvement from several members of the MDT. The complexity of the surgical interventions that this population of patients undergo has the potential to create a significant degree of morbidity.

Practice change implemented: The process of implementation of the MDT initiative involved the formulation of an MDT working group, involving senior neurosurgical representation from the three disciplines. A standard operating procedure was developed that outlined the process involved in the implementation of the initiative. An initial pilot phase was introduced that aimed to trial the process with three patients, to allow reassessment of the process and allow modification and adjustment as required.

Aim of change: The implementation of the GAS (goal attainment scale) goal setting programme was a collaborative initiative undertaken by the neurosurgical physiotherapy, occupational therapy (OT) and speech and language therapy (SLT) services, to formalise and optimise MDT goal setting in the neurosurgical rehabilitation department.

Target Population and stakeholders: Suitable patients for inclusion in the process were identified as inpatient neurosurgical patients that required involvement of at least two of the rehabilitation disciplines. A core worker was also identified for each patient that acted as a liaison with the patient and family members.

Timeline: The proposed timeframe for establishment and implementation of the goal setting programme was two years, to allow a pilot study to be completed, with the process to be implemented as part of routine practice.

Highlights: (innovation, impact, outcomes) Establishment of the MDT goal setting process was aimed to reduce duplication of interdisciplinary goals, optimisation of goal setting by enhancing collaborative rehabilitation practices across disciplines, facilitation of interdisciplinary communication, facilitation of goal reviewing structures, optimisation of inter-hospital communication and handover and facilitation of optimal patient focussed goals, with patient involvement.

Comments on sustainability: Implementation of the goal setting has been achievable by streamlining the process, between disciplines, resulting in a reduction in the timeframes spent independently setting goals. The goal setting process has as a result been more effective and efficient, due to its implementation.

Comments on transfer ability: This goal setting process has the potential to be implemented in any rehabilitation service in which at least two disciplines set patient orientated rehabilitation goals, with very little guidance or extra resources required.

Conclusion: This neurosurgical MDT goal setting process has enhanced the setting of patient goals, reduced therapist duplication, enhanced MDT communication and facilitated patient engagement in their rehabilitation process.

Discussion: This programme has facilitated the involvement of patients in setting their rehabilitation goals and subsequently enhanced patient engagement in their rehabilitation. It also facilitated interdisciplinary communication and reduced duplication of assessments and treatments.

Lessons learned: Facilitating active patient engagement in the goal setting process ensured patients were maximally engaged in the achievement of their targets.

Collaboration in goal setting across disciplines reduced the burden of participation on the patient and released increased therapist time to rehabilitation.

Keywords: goal setting; neurosurgical patients; mdt