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 INRUs by the GMODN found significant differences in staff patient length of stay (LOS) within the GMODN being the longest in GM). 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 formalise a region wide goal planning strategy which reflected current guideline and evidence (GMODN, 2017). Each INRU was involved in implementing 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 INRU’s 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 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 integrated on a regular basis and involve patients and caregivers (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 (Braunling, Brachmann-Emms, Groff, & Orsa, 2016; Thomsen & Black, 2008), it is still considered a vital component of rehabilitation by enabling more effective 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 BACKGROUND**

**STRENGTHS**
- Positive patient feedback
- Positive patient feedback
- Specialist rehab knowledge and data
- Regular MDT meetings
- Patient feedback
- Specialist rehab knowledge
- Complete within 14 days of admission

**OPPORTUNITIES**
- Large unit – 30 beds
- Significant throughput of patients
- Ability to set more realistic estimated date of discharge
- Lead the patient
- Lead the patient
- Lead the patient

**THREATS**
- Stakeholder engagement limited due to geographical areas
- Competency of patients
- Complexities of the individual rehabilitation pathway
- Sources of outcomes to writing goals

**WEAKNESSES**
- Limited contact with multiple stakeholders
- Insufficient information to fully understand the goal planning
- Long estimated date of discharge and LOS
- Insufficient discharge
- No discharge criteria

**STAKEHOLDER MATRIX**

<table>
<thead>
<tr>
<th>Patient</th>
<th>Family</th>
<th>Councillors</th>
<th>Media</th>
</tr>
</thead>
<tbody>
<tr>
<td>INRU</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDT</td>
<td>MDT</td>
<td></td>
<td></td>
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<tr>
<td>GMODN</td>
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</tbody>
</table>

**SWOT ANALYSIS**

**SWOT ANALYSIS**

**(Pre-Project Implementation)**

**FINANCE**

No additional funding is available for the project to facilitate staff time. It is anticipated LOS would be reduced in the short term whilst staff adapt to new schemes and develop the pathway and paperwork. However, this will improve over time with the implementation of more effective goal planning. Releasing staff to implement the project will cost approximately £400 (based on 6 hours of band 5 and 15 hours of band 6). This equates to approximately 46 patient sessions.

It is anticipated LOS will be reduced by 150 days or 50% to 80 days resulting in patient cost saving an estimated £200,000 (based on £30,000 per LOS after the current cost of £454,500. This projected efficiency would enable the unit to take an additional 67 patients per year.

**TEAM ROLE ANALYSIS**

<table>
<thead>
<tr>
<th>Team Player</th>
<th>Executive</th>
<th>Chairman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explorer</td>
<td>Completer</td>
<td>Innovator</td>
</tr>
<tr>
<td>Analyst</td>
<td>Driver</td>
<td>Expert</td>
</tr>
</tbody>
</table>

**WORK BREAKDOWN STRUCTURE**

**GOAL PLANNING FLOWCHART**

Keyworker maintains effective communication with patient and family/carer

**VISION AND VALUES**

**Heritage value seeds of others**

**RISK ASSESSMENT**

**Nature of risk**
- Staff not engaged in the discussions
- Poor attendance of staff at family meetings
- Poor attendance of families in family meetings
- Reduced clinical time with patients
- Fewer keyworkers than previously
- Patients not able to engage in goal setting process

<table>
<thead>
<tr>
<th>Likelihood of Risk</th>
<th>Impact of Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>Medium</td>
<td>Medium</td>
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<tr>
<td>Medium</td>
<td>Medium</td>
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<tr>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Low</td>
<td>Medium</td>
</tr>
</tbody>
</table>

**Actions Required**
- Staff not engaged in the discussions
- Poor attendance of staff at family meetings
- Poor attendance of families in family meetings
- Reduced clinical time with patients
- Fewer keyworkers than previously
- Patients not able to engage in goal setting process

**Outcomes**

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve MDT engagement</td>
<td>Improve MDT engagement with goal planning process</td>
</tr>
<tr>
<td>Improve MDT engagement with goal planning</td>
<td>Improve efficiency of staff/patient through the unit</td>
</tr>
</tbody>
</table>

**Implementing a New Goal Planning Process on an Intermediate Neuro-Rehabilitation Unit**

Amy Boyer, Senior Physiotherapist, Manchester University Hospitals NHS Foundation Trust

**REFERENCES**

5. Plant, T., Tyson, K., Kirk, D., & Parsons, J. (2016). I yet to meet the GMODN’s recommendations for goal planning within 5 months.