Whose outcome is it anyway? Shifting the balance of power- trialling a Personal Outcomes Approach on a stroke unit

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Drivers
- Government policy
- Wellbeing model
- Person centred practice
- Increase in ageing population
- Complex long term conditions
- Need to do something different

Solution talk Not problem talk
Asset based not deficit based...no fixing!

What are your best hopes?
What is important to you?
How have you coped with issues in the past?

Evaluation
The team have been informally collecting patient stories

A patient on the ward was disengaged, with low mood. Following outcome and solution focused questions a joint plan was made to support, “reconnecting with my family” and “feeling more confident that they understand me”. Staff followed patient lead and enabled patient to work toward these outcomes. Staff supported shopping on line, contacting the bank, referring to an advocate, accessing the café and using the phone. Mood and engagement increased. Staff felt positive to be enabling these changes.

Aims
To improve quality of patient care and patient satisfaction
Clinical interventions are more effective and efficient

Key Principles of the approach
- See the person not the disorder
- Expert patient, patient led
- Have skilful conversations using principles of solution focused therapy
- Ask 'what matters', not 'what's the matter?'
- Search for outcomes not outputs

Method
- Key staff on unit received 2 days of training
- Regular staff mentoring
- Paperwork to support/prompt
- Unit information leaflet explaining the principles/ethos
- Using the approach in MDTs and family meetings

Discussion
We can improve documentation for outcomes, planning and reviews
Early evidence that patients prefer a personal outcome approach

Actions
- Trial new paperwork to support ‘good conversations’ and implement review process
- Formally collect patient and clinician stories
- Continue to audit notes for evidence of the approach

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