Goal Setting and Discharge Planning for Severe Mental Illness in an Inpatient Setting

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BACKGROUND

- Western Psychiatric Hospital's (WPH) Comprehensive Recovery Unit (CRU) and Transitional Recovery Unit (TRU) are designed for individuals with severe mental illness (SMI) who require long-term inpatient care
- Typical diagnoses include bipolar disorder, schizophrenia, and schizoaffective disorder
- Patients typically stay on the unit for three months to one year
- Findings from needs assessment:
  - Goals that patients generate are typically **not specific or measurable**
  - Negative symptoms of SMIs **affect participation in activities of daily living (ADLs)**[1]
  - A knowledge gap exists among staff regarding **community discharge sites' expectations**

SIGNIFICANCE

- Difficulty identifying specific goals leads to a lack of participation, resulting in a lack of appropriate and routine ADL engagement. [2]
- Hospital readmittance issues tend to occur due to a lack of ADL participation and independence; therefore, it is important to establish engagement in these tasks prior to hospital discharge. [2]

OBJECTIVES

1. Educate staff on how to use **motivational interviewing (MI) techniques** and visual aids to encourage patients to create **SMART and ADL goals** during daily goal planning.
2. Create a **resource binder** for the units to bridge the knowledge gap regarding discharge sites' expectations of patients
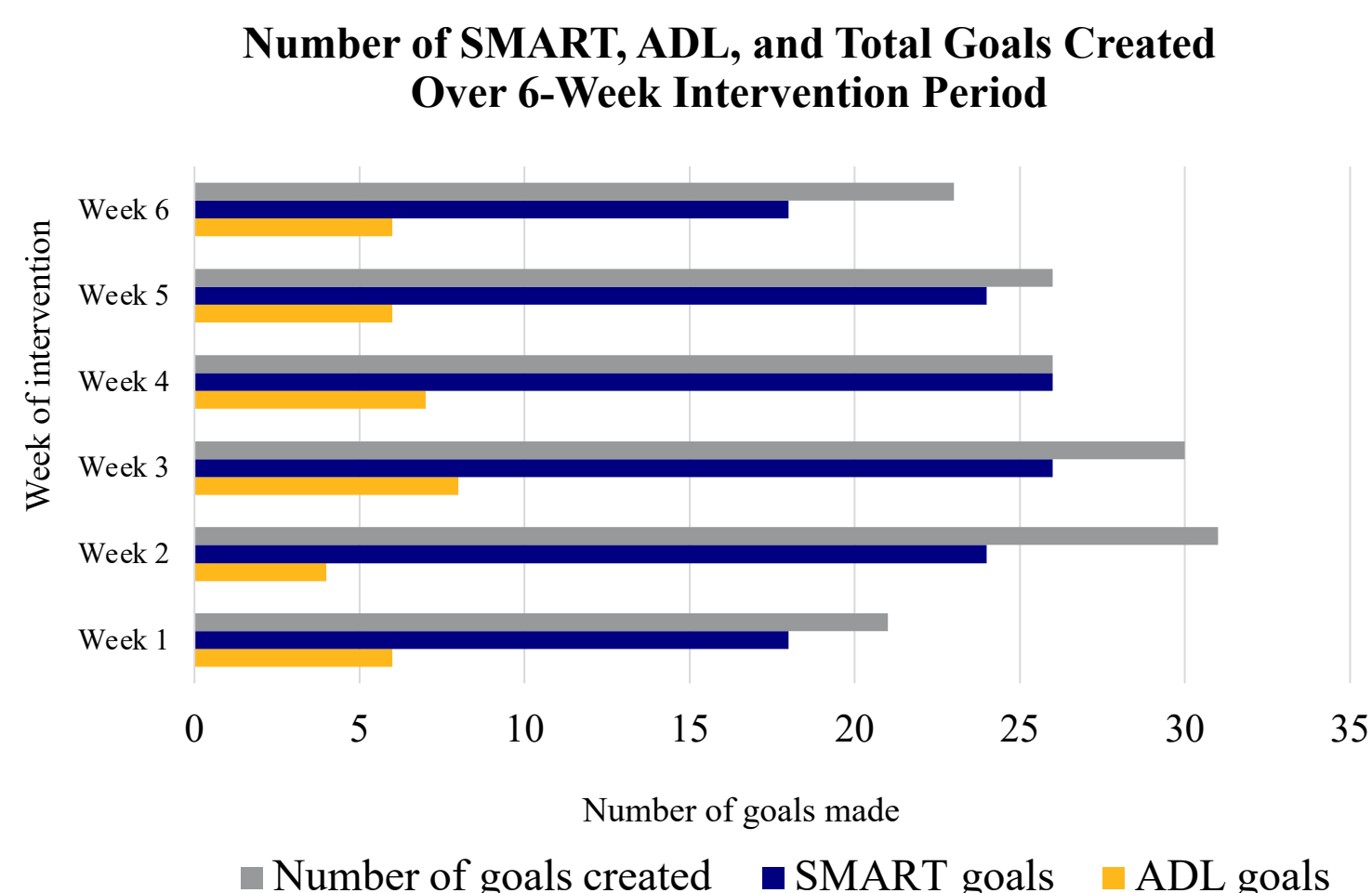
METHODS

	Objective 1: SMART Goal Setting	Objective 2: Discharge Resource Binder
Preparatory Tasks	• Administered **pre- and post-surveys** to staff members regarding staff engagement with patient ADLs • Created a **staff in-service** and materials on MI techniques for patient goal setting • Created **patient goal tracking sheets** • Designed **visual aids** for SMART goal setting • **Analyzed patient goals** for SMART components and ADL inclusion	• Administered **pre- and post-surveys** to staff members regarding patient discharge information • Gathered **information on discharge locations** from the county housing resource guide, WPH social work, and surveys completed by individual discharge sites • Organized information by **general sites** and **specific sites** • Adapted information to create **patient-friendly handouts** • Created **physical and electronic binders** of the information
Interventions	• Incorporated the use of **SMART goals** to improve patient participation in daily activities and self-care tasks • Educated staff to use **MI techniques during morning goals group** to create SMART and ADL goals • Incorporated **patient goal tracking sheets** during morning goals group and evening wrap up group • Distributed **visual aid to reinforce activity participation and ADL participation** through token system	• Educated staff on **purpose and use of discharge resource binder**. • Introduced **staff and patient versions** of discharge handouts • Collaborated with staff to find **best locations for physical and online locations** of discharge resource binders

RESULTS

SMART Goal Setting:

The graph to the right shows the number of goals created across a 6-week span. Goals are further categorized to show how many met SMART criteria and if they were related to ADLs. Data were extracted from goal tracking sheets and student attendance of goals groups.
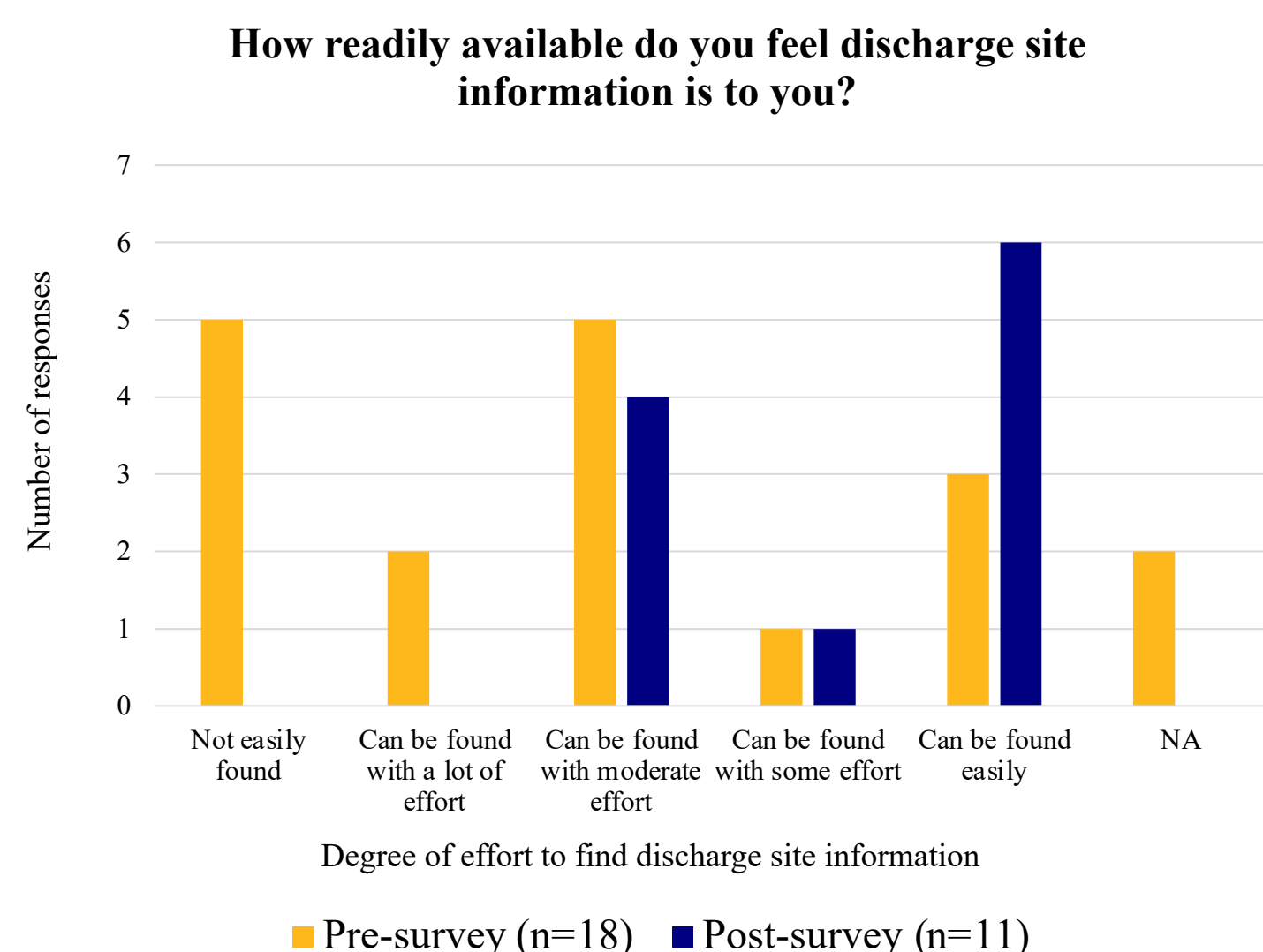
Number of SMART, ADL, and Total Goals Created Over 6-Week Intervention Period

Legend: Number of goals created (gray), SMART goals (dark blue), ADL goals (yellow). X-axis: Number of goals made. Y-axis: Week of intervention.

Post-survey results showed that **27.3%** of staff responses referred to the use of goal setting interventions to implement patient ADL routines.

Discharge Resource Binder:

The graph to the right shows staff perception of availability of discharge site information. Data were extracted from staff pre- and post-surveys.

After the implementation of the discharge resource binder, reports of discharge information being easily found increased by 38%.

How readily available do you feel discharge site information is to you?

Legend: Pre-survey (n=18) (yellow), Post-survey (n=11) (dark blue). X-axis: Degree of effort to find discharge site information (Not easily found, Can be found with a lot of effort, Can be found with moderate effort, Can be found with some effort, Can be found easily, NA). Y-axis: Number of responses.

Staff quote: "You guys hit the nail on the head with this binder! I think it will be really helpful when answering patient questions."

DISCUSSION

Trends:
- More measurable goals were set with **motivational interviewing strategies** where patients were asked how they intend to reach their goals
- Patients were more likely to set an ADL goal after having a **visual reminder** to set a self-care goal
- Staff expressed an **increase in confidence and knowledge** in accessing discharge site information

Barriers:
- Frequent unit transitions due to COVID-19 restrictions
- Short intervention duration hindered routine building
- Differences in intervention implementation approaches among staff
- Inconsistent use of visual aids in goal setting and tracking among patients

Future directions:
- This project focused on the act of goal setting to increase activity participation. Future projects could focus on goal attainment and connection to how goals impact daily roles and routines.

CONCLUSIONS

Occupational therapists are experts in taking a client-centered approach to address needs and participation in desired activities. This quality improvement project found that prompting patients to acknowledge how they know if they are meeting their goals led to **more measurable goal setting**. This project also found that providing staff with more comprehensive information of post-discharge expectations **increased staff knowledge for treatment planning**.

IMPLICATIONS FOR FUTURE PRACTICE

Motivational Interviewing	The use of motivational interviewing techniques can lead to more measurable goal setting
Post-Discharge Routines	Understanding daily routines and expectations at discharge sites can assist in discharge preparation

REFERENCES

[1]Correll, C. U., & Schooler, N. R. (2020). Negative Symptoms in schizophrenia: A review and clinical guide for recognition, assessment, and treatment. *Neuropsychiatric Disease and Treatment, 16*, 519–534. https://doi.org/10.2147/NDT.S225643

[2]Mutschler, C., Lichtenstein, S., Kidd, S., & Davidson, L. (2019). Transition experiences following psychiatric hospitalization: A systematic review of the literature. *Community Mental Health Journal, 55*(8), 1255– 1274. https://doi.org/10.1007/s10597-019-00413-9

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