

LIBERATING THE VOICES OF ALL

Recovery coaching within an acute older persons ward

Authors:

Kibble SE., Gray D., Pratt-Sala M., Ross K., Johnson K., Packer J., Cross R., Harden B.

Clifton Ward, Hampshire Hospital's Foundation Trust, Winchester, Hampshire, UK

Context

Sally's story:

'Mum had a fall, she was admitted to hospital and in a week I saw my lovely mum go from the confident independent woman she was, to being scared to get out of her chair. She got weaker and less confident as the days progressed. Everyone was so busy, it was quicker to do things for her. Once better it took 2 weeks to get her walking and safe to go home with a carer twice a day. It seems we are making work for ourselves at her expense.'

This was a common story and considered unfixable without resources. Our objective was to change Sally's story.

Response

Root cause: it appeared that we paid little consistent attention to individual/family engagement in recovery and what we did, we did too late.

The innovation: to translate the concept of health coaching into 'recovery coaching'. This involves working alongside patients and their families to be clear about agreed goals to be achieved and enabling the patient to develop their own plans around how to achieve this, working in partnership, raising awareness and increasing responsibility to be active participants in the care relationship.

All staff on an acute elderly care rehabilitation ward undertook recovery coaching training and to investigate the effect of the intervention on patient care, a series of validated metrics were taken from consenting patients prior to the training taking place and after the training. (See **Figure 1**, right)

Results

A number of validated questionnaires were analysed by the University of Winchester, These were the

What the team said

"We are using the time we have with patients in a more constructive and useful way, not so much more as different"

"This approach feels very caring and dignified, we are working with individual concerns, that gives patients time and support to develop a plan"

Hospital Depression & Anxiety Scale, The Barthel (ADL) scale, The Elderly Mobility scale and the Modified Falls Self Efficacy scale.

In total sufficient data was available from 46 participants. 22 in the pre-intervention stage and 24 in the post intervention stage. Although due to these small numbers no statistically significant changes could be found there was some evidence of change in the post recovery coaching group in their Barthel (ADL) scores and their self efficacy scores. (See **Figure 2**.)

The mean scores indicate that there was a slightly higher growth in the patients independence in terms of their Barthel(ADL) scores in the post intervention group, and that they reported higher feelings of self efficacy on discharge.

Changes to place of residence and care needs between admission and discharge were also examined by group. The findings are presented in **Figure 3**.

The findings suggest that the intervention is supporting an overall improvement in functional ability and independence on discharge, reducing pressure on care services.

The staff reported coaching conversations with patients/relatives feel more purposeful, they feel skilled to have the trickier conversations in a constructive way and value tools to frame these conversations.

Lessons Learnt

Changing the calibre of conversations had with patients and their relatives has the potential to be transformational in building active participation in recovery and improving clinical outcomes.

Building a common dialogue at ward level appears to reduce professional silos and liberates staff to see the team focussed around the individual patient.

"Earlier conversations with families and involving them more in talking things through, has been a game changer"

"We used to present patients with the solutions now we work together to help them to find their own solutions, this way they own them"

Figure 1.



Figure 2. Table 1

| Group | Barthel Score Admission Mean (SD) | Barthel Score Discharge Mean (SD) | Self Efficacy Score Discharge Mean (SD) |
|-------------------------|-----------------------------------|-----------------------------------|---|
| Pre-intervention Group | 50.5 (20.76) | 63.0 (18.87) | 77.1 (28.35) |
| Post-intervention Group | 45.2 (19.39) | 63.7 (23.12) | 84.0 (32.09) |

Figure 3. Table 2

| Group | Discharge home with same level of care as on admission | Discharge home with additional care packages | Discharge to Residential Care |
|--------------------------------|--|--|-------------------------------|
| Pre-intervention Group (n=22) | 9 (40.9%) | 7 (31.8%) | 6 (27.3%) |
| Recovery Coaching Group (n=25) | 15 (60%) | 8 (32.0%) | 2 (8.0%) |

"Patients have often lost so much confidence, this is about recognising that and working back from there"

"Our healthcare assistants are transformed, they are engaging more with the team to develop and achieve the goals, what is striking is the increase in team working across the professions as we all share the approach, it puts the patient central to the team"

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Further information: beverley.harden@hhft.nhs.uk