

Getting There

Moving to Goal Centred Practice as an Organisational Change Process

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Why do goal focused CM?

- o Increased explicit agreement/communication
 - v CM
 - v Client
 - v Family
 - v Service Providers
 - v Funders
- o Focus for daily work with each client
 - v If client doesn't need goals, probably doesn't need you
 - v Clarity to why you are there
 - v Better record keeping




Why do goal focused CM? (con't)

- o Provides milestones for clients & case managers – to see how far you have come (or not...)
- o Key part of documenting impact/effectiveness (evaluation)
- o More and more programs (eg CACP) are requiring goal setting and measurement of goal attainment
- o Simply: it is central to good practice



Inter-related to all other aspects of your work...

- o Assessment ◇ Goal setting ◇ Care planning
◇ Implementation ◇ Review ◇ Discharge
- o Strengths/weaknesses in other aspects of your work will be highlighted and facilitate/hinder your goal setting efforts
- o It will change the way you work with clients and others, and how you think about your role



Inter-related to all other aspects of your organisation...

- o Cultural
- o Records & information management systems
- o Internal meetings, peer support, supervision, training, etc
- o Relationships with providers: contracts, conversations, etc
- o Relationships with funders



Goal setting basics

- o Negotiated goals done **WITH** clients and families (and service providers...)
- o How goals are identified & stated are critical and central
- o Some CMs find it easy, most find it difficult at first
- o No single ‘right’ way: will depend on the nature & context of your practice



SMART Goals

- o Specific
- o Measurable
- o Appropriate
- o Realistic
- o Time-oriented



Key requirements

- o Requires commitment by senior management: vision & resources
- o Long-term implementation plan (18-24 months)
- o Flexibility
- o Ownership by organisation, not external ‘experts’

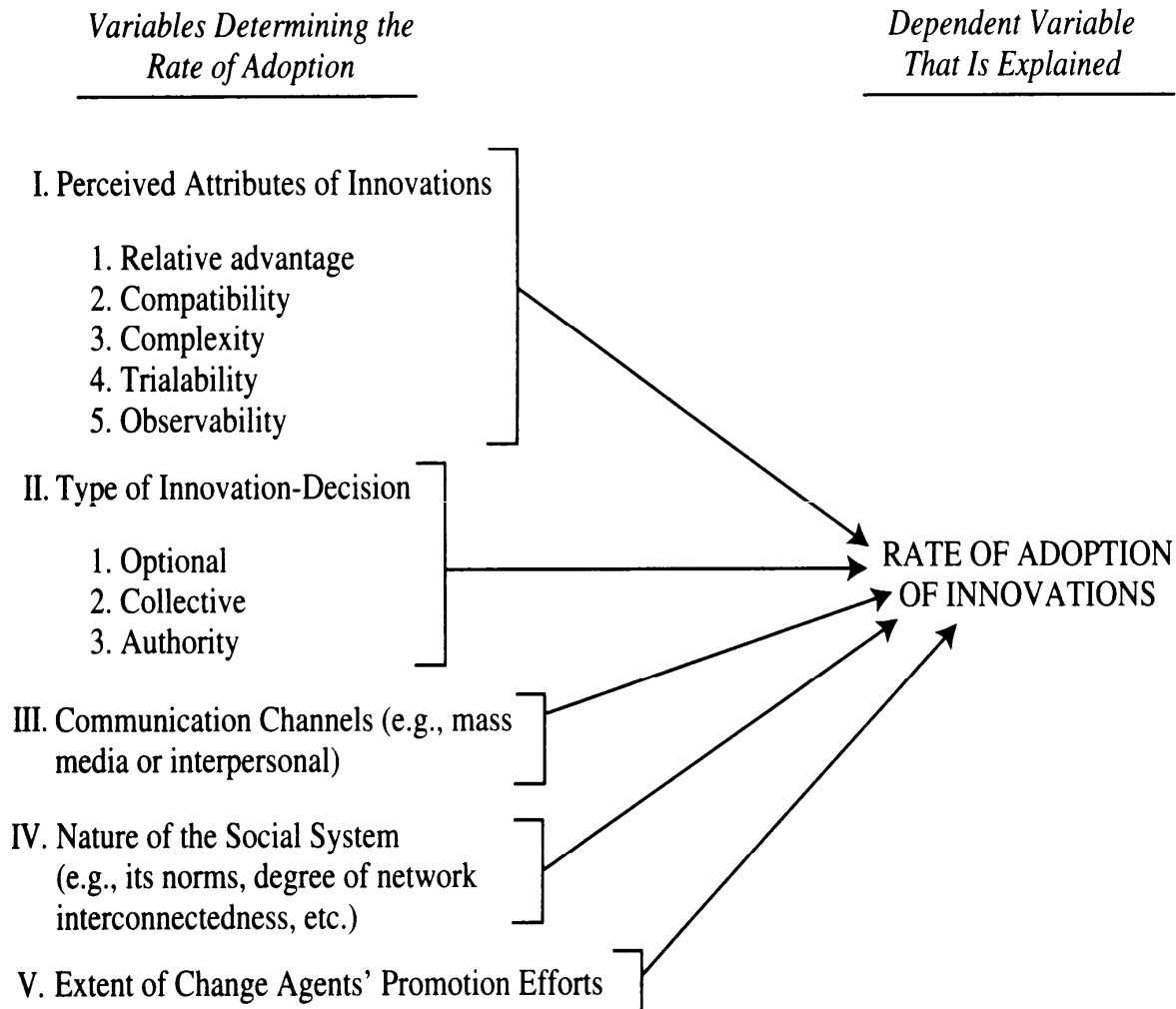


Key steps

- o Get CM to see and believe in need for change
- o Undertake developmental work on your goal setting model
- o Pilot implementation (incl. pre/post test)
- o Modify & roll-out

Diffusion of Innovation:

Determinants of the Rate of Adoption for Innovation (Rogers 1995: 207)





Project establishment

- o Delegation of project responsibility to a senior manager (Graham)
- o Commitment of budget and resources
- o Appointment of internal project officer (Wendy)
- o Appointment of external consultant (Michael)
- o Establish internal project committee



The Work – Stage 1

- o Identify Pilot sites
- o Design & implement pre-pilot self/peer review survey
- o Design goal setting & attainment template
- o Skill-up pilot site leaders (formal & informal)



Stage 2 – Roll out pilot

- o Train case managers
 - v Workshop
 - v Peer support
 - v Supervision
- o Set agreed targets/timelines (how many/by when)
- o Ongoing support & problem solving (project officer)



Stage 3 – Evaluate pilot

- o Re-do self/peer survey
- o Canvas views experiences informally
- o Workshop with whole group
- o Write report
 - v Lessons for roll-out across organisation
 - v What needs to change for success
 - v Timelines & resources required



Goal setting and management

- o Team building

Collaboration

Support on a clinical level

Shared learning



Goal setting and management (cont.)

- o Linking theory with practice

Documenting a person centred approach

Focus on client aspirations and diverse solutions



Goal setting and management (cont.)

- o Linking practice with policy

Highlighting Case Management's role

Measuring Case Management's role



Goal setting and management (cont.)

- o Linking systems

IT

Quality

Research and development



Where to now?

- o Evaluation

Positive aspects

Negative aspects and lessons

Time



Where to now? (cont.)

- o Roll out of pilot to the rest of organisation

Challenges:

Commitment to time

Commitment to resources

A staged approach

Where to now? (cont.)

