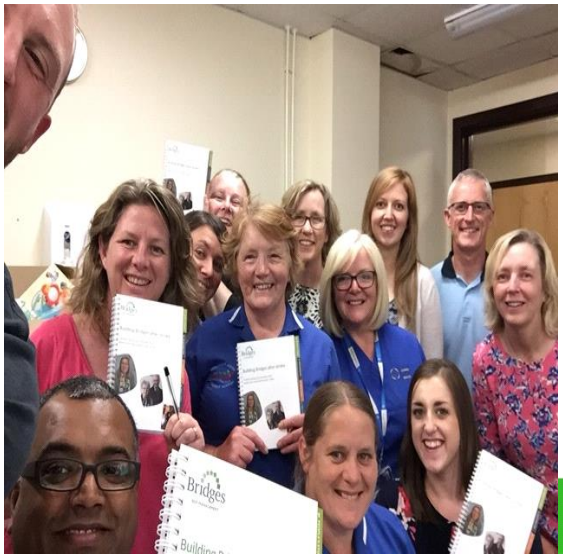
Bridges 'All Wales' final report
January 2017 to July 2018



Introduction

In 2016 Bridges delivered self-management support training to 86 Stroke practioners from multidisciplinary teams (MDT's) within three out of the seven Welsh Health Board. These Health Boards included Aneurin Bevan Local Health Board, Cardiff & Vale University Health Board and Powys Teaching Health Board

Following further funding from the SriF in 2017, training was extended to the remaining four health boards Abertawe Bro Morgannwg; Hywel Dda; Cwm Taf and Betsi Cadwaladr Health Boards – and an additional 158 staff from across all AHPs groups and nurses received Bridges self-management training.

More than 30 champions from Aneurin Bevan Local Health Board, Cardiff & Vale University Health Board and Powys Teaching Health Boards attended masterclasses to support spread and sustainability and their experiences and advice was used to inform content and focus of workshops for the remaining masterclasses held for staff from Abertawe Bro Morgannwg; Hywel Dda; Cwm Taf and Betsi Cadwaladr Health Boards

Evaluation pre and post training showed several changes made by staff both on a personal level to their practice but also service level changes to local processes which facilitated methods to sustain self-management support practice over time. Staff were more knowledgeable about different aspects of self-management and

were able to apply Bridges principles in both acute and community settings, their beliefs and attitudes about the relevance of self-management changed to a more inclusive tailored approach.

What is Bridges?

Bridges is a person-centered approach to Self-Management which:

- moves the focus from treatment to creating meaningful relationships between patients, their families and health care staff.
- reduces dependency on services, isolation and feelings of helplessness.
- easily combines with existing practice – quickly becoming a routine part of what health care staff do every day.

Bridges focuses on the quality of interactions by practitioners to support knowledge, confidence and skills in patients living with stroke. Bridges facilitators worked alongside practitioners to support them to embed this ethos into their everyday clinical practice.

The use of mastery experiences is woven into every care and rehabilitation interaction helps patients understand their own contribution to progress and self-management and are an important 'active ingredient' of the approach.

Patients hold a Bridges workbook to record what matters to them, this also contain stories of other people living and managing their stroke.

Bridges is firmly rooted in over 12 years of research and used to support people with a range of long-term conditions using Adult Health and Social care services. Guided by the Medical Research Councils Framework (2000) for developing and evaluating complex interventions, Bridges stroke self-management program has shown proof of concept, efficacy, acceptability and feasibility as an approach integrated into care and rehabilitation (Jones et al., 2016, 2017; McKenna et al., 2013)

For more information about Bridges research and publications see http://www.bridgesselfmanagement.org.uk/bridges-publications/

Self-management in Stroke Services:

There is increasing evidence of psychological factors that influence confidence and adjustment to life after stroke. Fryer et al (2016) demonstrated that after participating in self-management programs people with stroke reported improvements in their ability to live the way they wanted and felt more empowered to take charge of their lives, rather than be dependent on other people for their happiness and satisfaction with life.

For people with stroke the RCP Stroke guidelines (2016) recommends that 'People with stroke should be offered self-management support based on self-efficacy, aimed at the knowledge and skills needed to manage life after stroke, with particular attention given to this at reviews and transfers of care.' The guideline concludes that stroke services need to consider how to develop the knowledge and skills in rehabilitation staff to support self-management.

Our approach to improvement:

Murray et al (2010) responded to the issue of evaluating complex interventions outlined in research into practice by developing Normalisation Process Theory (NPT). NPT identifies the factors which promote and inhibit the incorporation of complex interventions into everyday practice.

There are four main components to NPT:

- coherence (or sense-making)
- cognitive participation (or engagement)
- collective action (work done to enable the intervention to happen)
- reflexive monitoring (formal and informal appraisal of the benefits and costs of the intervention)

These components are not linear but are in dynamic relationships with each other and with the wider context of the intervention, such as organisational context, structures, social norms, group processes and conventions.

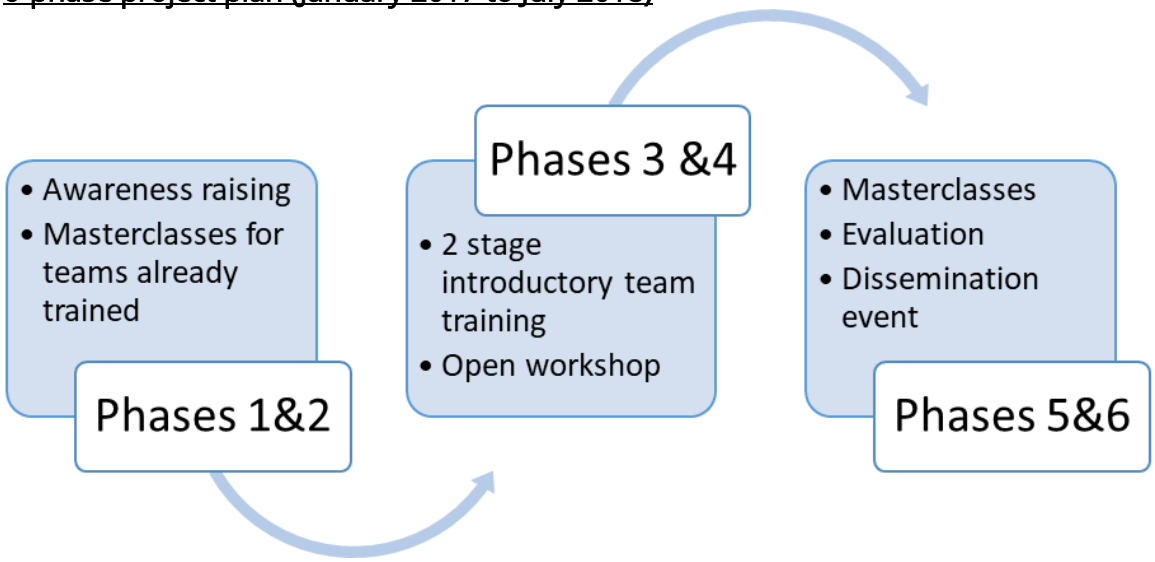
Ahmad et al (2014) reviewed how to embed shared decision making and self-management support into mainstream care. He suggested that the focus at the beginning of the process should be on measuring the impact of the change and considering sustainability from the beginning.

Project Aims:

The aim of this project was to:

- To deliver an integrated approach to self-management support for stroke across Wales.
- Extending the reach and impact of self-management support to a greater number of stroke survivors and their families.
- Use a whole systems approach to implementing Bridges and support teams so that self-management becomes integrated into everyday practice.

6-phase project plan (January 2017 to July 2018)



Phase 1: Awareness raising included 1:1 conversations, group sessions or presentations with staff in every stroke unit within Abertawe Bro Morgannwg; Hywel Dda; Cwm Taf and Betsi Cadwaladr Health Boards. This helped us understand the teams in more detail and essential to developing context specific training (Ahmad et al 2014). Not only the function that they provide to patients but also their challenges on a local and wider system level. These sessions gave staff an opportunity to share some of their challenges and hopes prior to training, and consider the practical arrangements for training delivery (numbers, timing, venue etc).

Phase 2: Strengthen Self Management skills of 30 'Bridges champions' from Aneurin Bevan Local Health Board, Cardiff & Vale University Health Board and Powys Teaching Health Board already trained in self-management approach through completing Masterclasses.

The development and further education of Bridges Champions has been identified as one of the key factors in supporting sustainability & spread (Makela 2014)
This concentrates the NPT elements of developing collective action but also reflexive monitoring . we supported champions to consider Bridges as a whole systems approach to self-management by building strategies and training for staff into Induction, in-service training, and MDT processes. These earlier adopters also helped spread to other stroke services across Wales, by sharing experiences (successes and challenges) – see appendix 1 for masterclass action plans

Phase 3: Two-stage (10 hours) Bridges Training sessions were completed in 4 health boards stroke MDT's from Abertawe Bro Morgannwg; Hywel Dda; Cwm Taf and Betsi Cadwaladr Health Boards. This provides an opportunity for staff to understand more about Bridges approach and explore ways to integrate into usual ways of working- the focus is often on the language used by staff during care and rehab interactions. (see appendix 2). This is when staff start to get a sense of what might be different to their usual ways of working, engage with the ideas and strategies and how they can be fitted to their day to day practice. – this relates to cognitive participation and coherence aspects of NPT

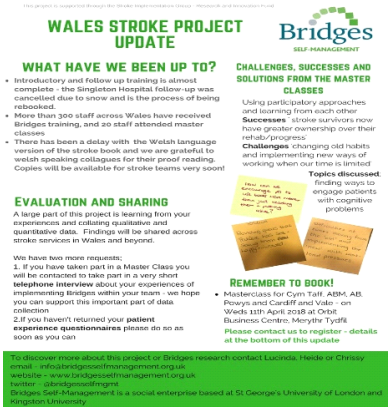
Phase 4: Support for implementation was provided through telephone contact for discussing patients and service change ideas and self-management focused research evidence. Staff were sent reminders about pledges and plans they had made about changes to their practice nb: Bridges sends individual participants top tips they have written on postcards 6 weeks after the follow-up sessions. This helps to keep the ideas live and encourage reflection on what has worked/hasn't worked

Phase 5: Strengthen skills of staff already trained in self management approach through completing Masterclasses in Abertawe Bro Morgannwg; Hywel Dda; Cwm Taf and Betsi Cadwaladr Health Boards.

Phase 6: Evaluation of the project against key metrics and range of dissemination strategies.

All clinical staff had access to the Bridges team throughout the project period and moving forward which included:

- Quarterly Newsletters were sent to all teams outlining what had been going on, next steps and outlining challenges successes & solutions to issues the teams were having with implementing the approach. Dates: July 17, October 17, December 17, March 18



WALES STROKE PROJECT UPDATE

Bridges SELF-MANAGEMENT

WHAT HAVE WE BEEN UP TO?

- Introductory and follow up training is almost complete - the Singleton Hospital follow-up was cancelled due to snow and is the process of being rebooked.
- More than 300 staff across Wales have received Bridges training, and 20 staff attended master classes
- There has been a delay with the Welsh language version of the stroke book and we are grateful to welsh speaking collagues for their proof reading. Copies will be available for stroke teams very soon!

EVALUATION AND SHARING

A large part of this project is learning from your experiences and collating qualitative and quantitative data. Findings will be shared across stroke services in Wales and beyond.

We have two more requests;
1. If you have taken part in a Master Class you will be contacted to take part in a very short **telephone interview** about your experiences of implementing Bridges within your team - we hope you can support this important part of data collection
2.If you haven't returned your **patient experience questionnaires** please do so as soon as you can

CHALLENGES, SUCCESSES AND SOLUTIONS FROM THE MASTER CLASSES

Using participatory approaches and learning from each other
Successes - stroke survivors now have greater ownership over their rehab/progress
Challenges -changing old habits and implementing new ways of working when our time is limited
Topics discussed: finding ways to engage patients with cognitive problems

REMEMBER TO BOOK!

- Masterclass for Cym Taf, ABM, AB, Powys and Cardiff and Vale - on Weds 11th April 2018 at Orbit Business Centre, Merythr Tydfil

Please contact us to register - details at the bottom of this update

To discover more about this project or Bridges research contact Lucinda, Heide or Chrissy
email - info@bridgesselfmanagement.org.uk
website - www.bridgesselfmanagement.org.uk
twitter - @bridgesselfmgmt
Bridges Self-Management is a social enterprise based at St George's University of London and Kingston University

- Ad hoc patient focused discussions using Bridges principles, when clinical staff were struggling on how to support patients and their families when taking a Bridges Approach.
- Sharing of ideas for developing new ways of working e.g. Using Bridges principles to support initial assessments/contact with the team, new ways of settings goals with patients and patient v clinician focused discharge reports.
- Putting colleagues in touch with each other to promote sharing of new ideas.
- Quality improvement and sustainability method support using evidence from NPT framework and NHS sustainability modelling.
- Support to develop posters and conference abstracts.

<u>Project evaluation measures -</u>

Project evaluation was carried out using both qualitative & quantative sources at three levels:

- Patients and families
- Practioner
- Organisation/service

Patient and families received a survey which was co-designed with other stroke survivors. It focused on their confidence to manage the ups & downs of life after stroke, evaluating their own progress and utilising their own skills. This was issued pre & post Bridges training by the teams.

All **practitioners** completed quantative pre & post Bridges training questionnaires focusing on changes to their knowledge, attitudes and beliefs regarding self-management support.

On an **organisation or service level** Bridges champions summarised specific improvements they have made in their teams e.g. changes processes, meetings, paperwork that reflect how Bridges self-management principles has been embedded. These were written up and disseminated by the Bridges team for further learning.(appendix 1)

What we achieved

What we learnt from patients

Clinical staff were asked to encourage patients to complete this survey (at two different time points. Firstly, before the patients treating team received Bridges training and secondly after they had receive Bridges training.)

The survey was 3 questions where patients were asked 'to help us know how best to support you after your stroke' using a Likert scale 1 = not confident to 10 = fully confident.

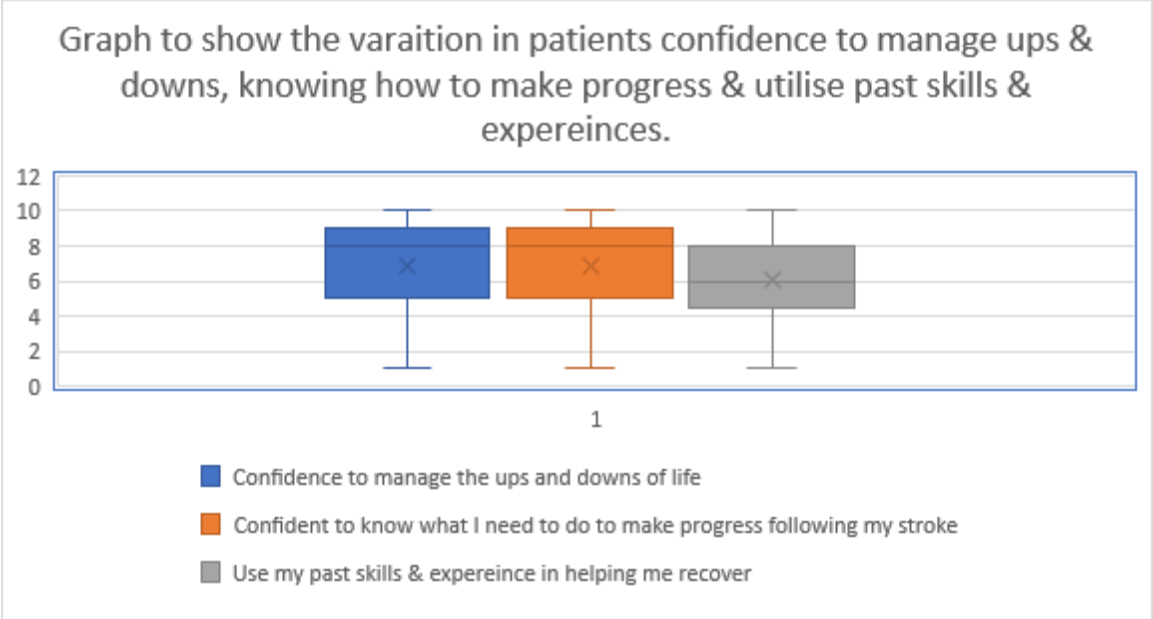
1. Right now I feel confident I can manage the ups and downs of life after stroke?
2. Right now I feel confident about what I need to do to make progress following my stroke?
3. At the moment, how much are you using your past skills and experiences (rather than those of the stroke team) in helping you recover?

65 patient questionnaires were returned but we were unable to extrapolate specific improvements from individual patients. We used a case study approach, taking a snapshot in time as to how cohorts of patients were feeling about their confidence to self-manage.

Results showed that on average patients scored themselves:

1. 6.9/10 confident to manage the ups and downs of life after stroke?
2. 6.8/10 confident to know what I need to do to make progress following my stroke?
3. 6/10 confident to using your past skills and experiences (rather than those of the stroke team) in helping you recover?

This finding suggests that patients value input from clinical staff & see input from teams as key in their recovery.



What we learned from practioners

3 data collection methods used to learn from practioners:

1. Pre-& post training questionnaires
2. Qualitative Reflective accounts
3. Semi structured interviews on understanding practitioners' perceptions of the barriers and facilitators to implementing Bridges

All practitioners completed **quantative pre-& post Bridges training questionnaires** focusing on changes to their knowledge, attitudes and beliefs regarding self-management support.

We collected practioner questionnaires (Appendix ???) prior to training and post training which we used to get a snapshot of their knowledge skills & confidence develop over the training period.

Practioners agreed that the training had improved their **knowledge** on:

- **had improved their knowledge** around **self management** in the acute setting
- have **more self management tools & strategies** to use with patients especially when they have low mood
- can **measure the impact of self management support** with patients. **used self**
- **management tools and strategies more** in rehabilitation

- the MDT had a **better understanding of how the approach can be used as a team**
- they felt **more confident to promote self-management approach** to untrained colleagues.

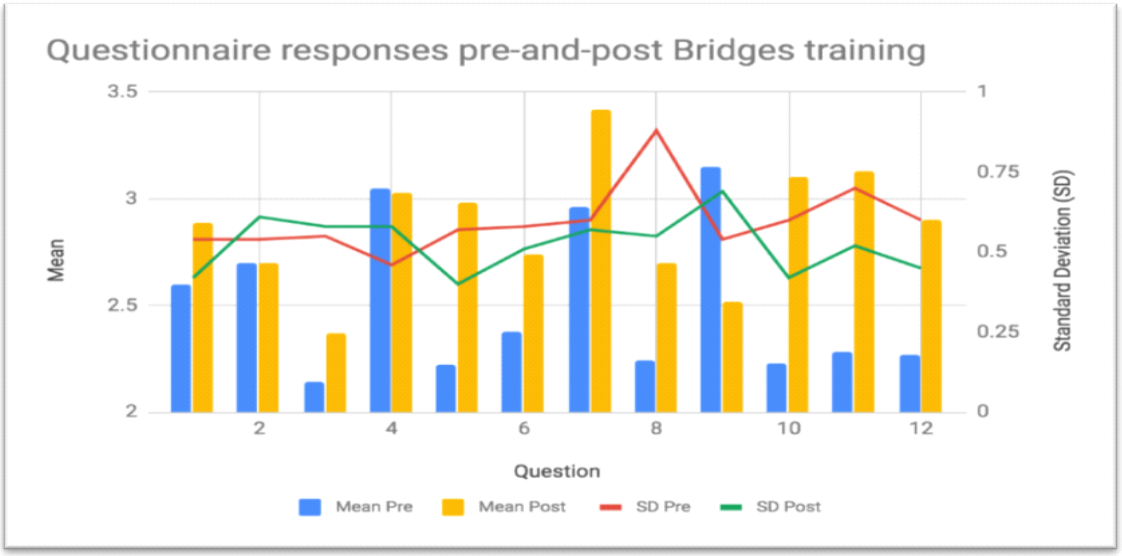
The training had changed **attitude** in relation to:

- **what patients want from healthcare interactions**
- assuming that practioners were the experts and that **self management is about whether patients comply with advice from professionals**
- attitudes towards **disagreeing that it is important to tell patients if their goals are unlikely to be achieved.**

Where there was no change in their opinion was around:

- **self-management style interactions taking more time**
- that they **have other priorities** which stop them supporting self management.

Graph to show changes in knowledge, attitudes and beliefs regarding self-management support.



Qualitative Reflective accounts were completed by all participants to add more depth to issues identified in the questionnaires. Each workshops participant wrote 100 words at the follow-up workshops to reflect on one things they had done differently since Bridges training.

Qualitative interviews with Bridges champions- these were undertaken by MSc students from St Georges University of London,, and date were analysed thematically

The following themes were identified

1. misunderstanding of what self-management is
2. changes in 'what we do' and how we talk about 'what we do'
3. feeling less pressure to have the answers
4. the impact of being in hospital

Theme 1: Misunderstanding of what self-management is

All practitioners believed self-management was important before Bridges training but post training identified that they had **misunderstood what self management really is .**

'We can't just leave our patients to get on with it, I think that that reservation was also fuelled by the wider team as like 'ah there you go, we've got no more money we've got no more staff, you (patients) just need to get on with it yourself' (Katie)

'I think to start off with, [the barrier was] what are they gonna teach me, cause I'm already giving the patients independence as much as I can…'cause that was what my understanding of SM was' (Joan)

Post-Bridges practitioners recognised that SM support was co produced and were more aligned in their understanding, with descriptions such as *"person-centred care"*, "[*the patient] in the driving seat"*, and *"guided by the patient"*.

Theme 2: Changes in what we do and how we talk about it was a theme with Penny recognised that she was doing different tasks in rehabilitation.

"It also made my job easier in that I felt that I didn't have to push some of the activities... it was nice being able to focus on what was important to her"

With the Bridges approach now, I'll kind of ask the person at the beginning of each session 'what do you want to focus on today'

Several practitioners noticed changes in their communication style such as asking open-ended questions, spending more time listening to patients and changes in feedback.

Theme 3: An interesting finding was how using self-management principles had **relieved pressure from practitioners to have the answers** …. the idea of not predicting recovery, which helped practioners not feel responsible for recovery

You do feel under pressure that you have to give a yes or a no to a patient or a professional or a consultant...It [Bridges] did feel like it gave us permission to be a bit more pragmatic and a bit more open ended…because of course people do sometimes end up surprising you

It's taken a real load off…[since Bridges] it's a bit easier to accept that you know we're not responsible and that recovery rehab is an ongoing process...and I'll say you know the emphasis is really now for you [patient] to be in charge

Theme 4: Impact on patients of being in hospital can result in patients becoming overly dependent on healthcare staff. However, Bridges training had provided them with strategies to overcome this.

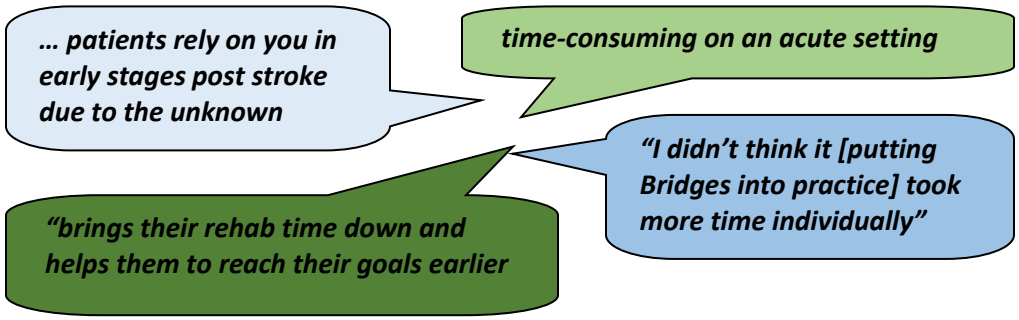
…. my job is to sit down with you and plan together, to figure out what you need to do to help yourself get better and what's important to you…because I'll continuously ask it every session, they're already starting to think about it afterwards….

6 Semi structured interviews on understanding **practitioners' perceptions of the barriers and facilitators to implementing Bridges** were completed with nominated practioners.

Five themes around the Practitioners' perceptions of the barriers and facilitators were identified

1. time
2. team cohesion
3. the patient and their family
4. peer support
5. the practioners

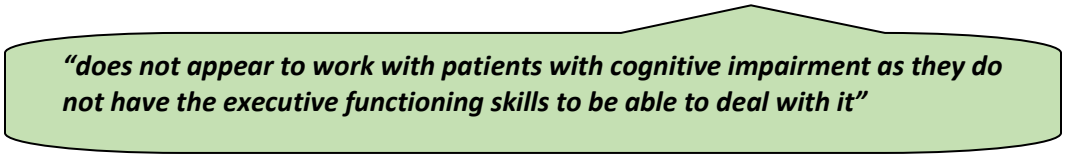
Theme 1: Time was seen as both a facilitator and a barrier with inconsistent statements around whether the approach impacted on time spent with patients.



But it was recognised that it was the implementation on a team level which would be resource intensive.

Theme 2: Team cohesion was identified as a key theme linking it to Bridges offering the MDT a shared language. But also discussed the importance of peer support to develop their self management skills alongside the benefits of training all team members to develop a consistent approach.

Theme 3: The patient and their family and how the stroke had affected them with issues of mood and cognition dividing opinion as to whether the approach was appropriate. Many practitioners commented on the difficulty of getting patients to reflect, set goals and problem-solve, as patients often wanted guidance and feedback, with some practitioners associated these attitudes and expectations with older patients.



Also, practioners believed another barrier to be how supportive and engaged **their family** was, influenced the uptake of self-management strategies.

Theme 4: Peer support was recognised as a key aspect of rehabilitation with the benefits of the peer support book being identified. Some practitioners described being inspired by the Bridges book as it reinforced the need for peer support. Subsequently, they set up a weekly therapy group for patients to share stories and support each other.

I met a new patient on the ward who was very scared and weepy…I told him of the bridges book…when we next met, he had opened the page to a stroke case very like his own and just wanted to thank me for showing him he wasn't alone in his thinking and that he was going to get back to his old ways the best he could.

Theme 5: The **practitioners** identified that this approach challenges what is expected of them within their professional role or what they consider to be good care may be a barrier to self-management support. They also reflected on the difficulty of breaking habits and sustaining changes in their own practice.

I need to take a step back so I can give the patient ownership over their care

Changes on an Organisation/ team level

Service level changes were captured and disseminated through the process of key 'Bridges Champions' attending masterclasses. The focus of the masterclasses was to ask and answer

'How can we embed and sustain Bridges in practice within our stroke services?'

"Small changes can help to implement Bridges, it doesn't have to be big changes."

"Masterclass has helped me redefine the changes that we have talked about as a team and also borrow some ideas from other teams."

Examples of changes different teams made to their practices

The following ideas developed and shared at Masterclasses can be grouped into themes

Supporting colleagues to understand Bridges principles

- Sharing skills through completing Joint sessions.
- Presentation to colleagues on what Bridges is.
- Developed Bridges evidence-based folder.

- Develop a 'Bridges principles section' to staff induction.

Changes that support integrating Bridges principles into documentation

- Changes to initial conversation/assessment to focus on what's important to the patient helps us get to know people better
- Developed 'Talking about home': Questions for staff to use to discuss going home from stroke unit for people who are anxious about discharge. What are your concerns for going home? What do we need to do for you to feel ready to go home?
- Development of health beliefs questionnaire
- Implementation of patient held rehab folders with a Bridges feel
- Integrating Bridges principles into patient passport

Developing sustainability of Bridges through a visible ethos

- Established Bridges phrases on ward whiteboard phrases of the week
- Developed Bridges Posters on the ward *'one small thing you would like to do today'*
- Copying the St Georges Stroke unit poster …. *'Things for you to do, things for your family to do, things we will work on together'*
- Using the communications team to support developing more 'patient stories.

Changes to process

- Changing MDM paperwork to focus on what's important to the patient
- Using the Bridges icon on electronic notes to indicate that someone had introduced Bridges approach to the patient

Things that we are finding challenging

- How can we engage colleagues with this way of working?
- How can we focus more on the bigger picture in MDMs?
- How can we overcome difficulties to integrate Bridges into everyday practice caused by a strong risk management culture?
- How can we ensure sustainability without all staff being trained?

- How can we integrate Bridges into our everyday documentation?
- How can we integrate Bridges across the pathway?
- What are strategies to engage colleagues with this program?
- How can we integrate Bridges principles into groups?
- How can we prove that the changes we make improve outcomes?

Masterclasses discussions and outcomes were written up and disseminated to attendees, their colleagues who were Bridges trained and their managers.

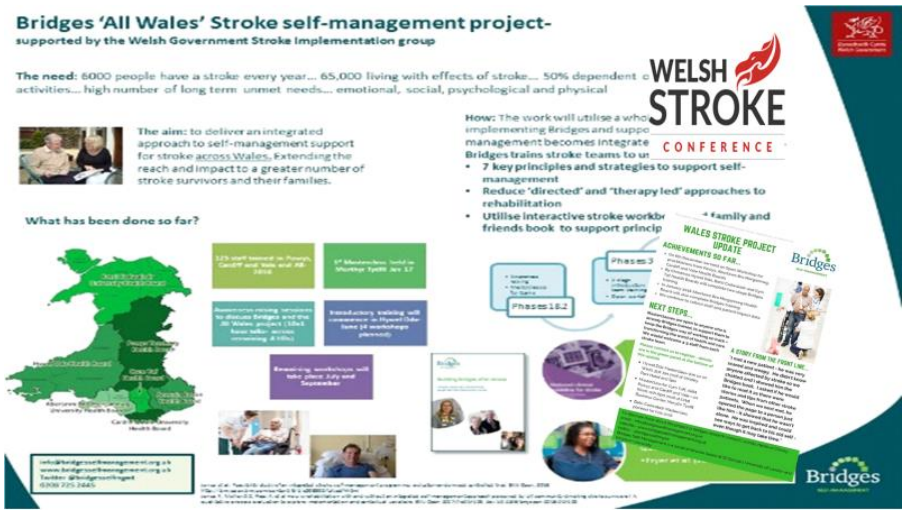
Developing a new peer support option for Wales

As part of this project the Bridges team alongside Stroke survivors and clinical staff from Cardiff & Vale Health Board developed the Stroke peer support workbook in Welsh. 14 patient and their families attended a focus groups to review Bridges Stroke book. People who attended were from 2 weeks -26 years post stroke. It was designed together with Dyscover (charity for people with Aphasia)

Those who wished participated in one-to-one interviews which were then thematic analysis and returned to the participants for their feedback. The penultimate version was completed in English and then finally was translated into Welsh. This component of the project was presented at the Welsh Stroke conference and supported by the Welsh Government Stroke Implementation group.

Dissemination methods included:

- Quarterly news letters
- Sharing of knowledge and successes via masterclasses
- Project updates to the Stroke implementation group
- Presentation from Welsh stroke conference 2017
- Presentation & poster at Stroke Implementation Group Showcase Event Wednesday 3rd May 2017



Key learning points

- It is possible to implement a shared approach to self-management at scale but each area and stroke unit is different
- Contextualisation and awareness raising is key to engagement
- It is necessary to modify delivery of training, and provide shorter sessions for frontline staff who cannot be released for workshop
- Stroke practitioners in Wales are welcoming, receptive to new ideas and will give things a go!

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Ahmad et al Person-centred care: from ideas to action

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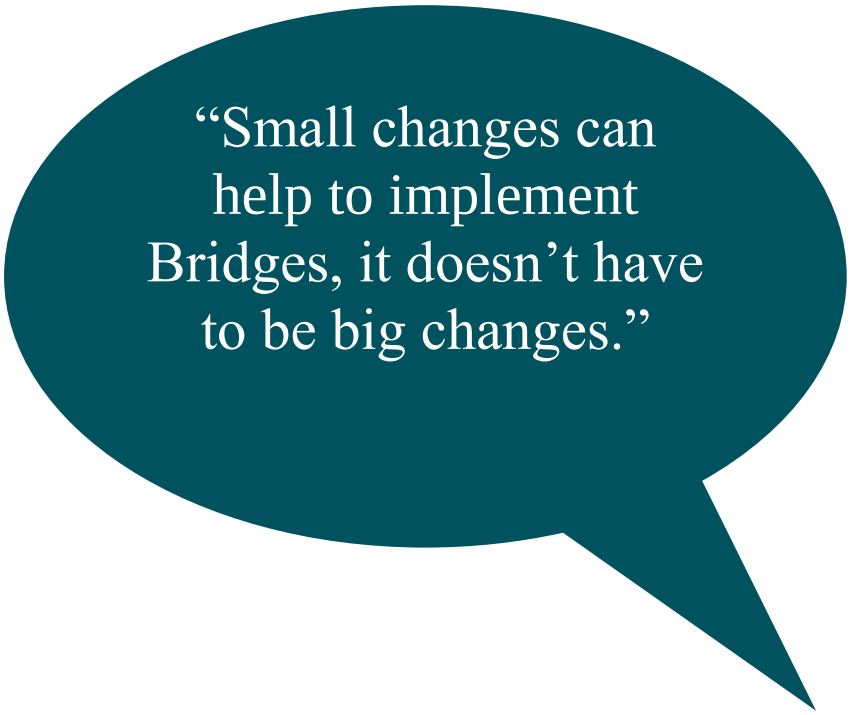
Appendix 1

Bridges Master Class Report – 24.01.2017

– Bridges 'All Wales' Stroke Self-Management project –



Master class participant

Introduction

The Bridges Master Class took place at Orbit Business Centre in Merthyr Tydfil on 24th January 2017. The a one-day interactive workshop was facilitated by the Bridges trainers Heide Pöstges and Tess Baird.
The 15 workshop participants were healthcare practitioners from various professions including Rehab Assistants, Health Care Assistance, Occupational Therapists, Physiotherapists, Speech and Language Therapists and Nurses. The range of pay grades covered Band 3 - 7. All had completed the two-stage 'Introduction to Bridges Self-Management in Stroke' training in 2016.
The *overall aim* of the Master Class was to develop new sustainable strategies to integrate Bridges into everyday team processes by

- deepening the knowledge and skills to work in a Bridges way,
- developing bespoke evaluation tools and
- beginning the process of identifying Bridges champions.

This report covers the main discussion points from the interactive sessions throughout the day.

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Feedback on using Bridges in practice

What has been going well?

Working more collaboratively/ person-centred:

- We take more time to listen to patients
- We are thinking more about the wider picture for patients
- Keeping the start of the session open – so that it is guided by what the patient wants
- Prioritising the needs of each patient by using Self-Management language
- Helping people to reflect on the progress they have made
- Framing conversations differently – e.g. "What's important to you?"; "What's stopping you from doing this?"
- Better relationship with patients

Helping people to develop core Self-Management skills:

- Peer support: listening to other people's experiences through the book to help with low mood and improve understanding about life after stroke; Group sharing of experiences; MOAS (Moving On After Stroke) = Bringing community and ward patients together and using the Bridges approach to Self-Management
- Giving people mastery experience e.g. getting up of the floor, using self-rating pre-and post task
- Activity specific self-efficacy scoring on a scale 0-10
- Self-rating: "How well on a scale 1-10?"; "How did that feel?"; "What did you do to improve your score?"
- Using the self-rating to gain understanding of the patient's ability to reflect
- Helping people with mood and anxiety problems – Positive thinking, focus on what you can do
- People ringing weeks after discharge to tell how they got on

Changing team processes:

- Integrating Bridges into documentation – Subjective part increased
- Communicating to the whole team what is important to the patient
- Provides a multidisciplinary framework – Facilitates better working together/discussion
- Those that work in rehab and haven't been on the training still understand the concept
- Incorporating more peer review opportunities with CPD to review approach

What is needing strengthening?

Engaging all patients/supporting goal setting:

- What works for people with minimal abilities to engage?
- Breaking down big goals into smaller steps is difficult

Changing team processes:

- Strengthening intra team communication – who is using Bridges with who/how and how do we communicate this to each other
- The whole MDT taking positive, managed risks
- Engagement from the whole team – nursing staff who haven't been trained are difficult to engage
- Need to educate other staff members who work on the ward
- Point of contact/key worker role to facilitate Bridges

Integrating Bridges into documentation/paperwork:

- Integrating Bridges into the paper work, e.g. adapting language used and layout of information
- Not discussing the word goals – changing practice when writing notes as still using the word goal when writing notes

Using Bridges in the acute setting:

- Inpatient setting is "institutionalised" – needs whole MDT taking Self-Management strategies forward
- More work needed on how to integrate principles in acute setting

Using the Bridges books:

- Actually documenting the stepping stones/encouraging patients to record +/- support from therapist
- Encouraging more use of the book – referring to it during session
- Patients acceptance of workbook

Burning Questions

- How can we focus more on the bigger picture in MDMs?
- How can we overcome difficulties to integrate Bridges into everyday practice caused by a strong risk management culture?
- How can we introduce and use the Bridges books most effectively?
- **How can we ensure sustainability without all staff being trained?**
- **How can we integrate Bridges into our documentation?**
- **What are strategies to facilitate difficult goal setting sessions?**
- How can we integrate Bridges across the pathway?
- **What are strategies to engage colleagues?**

Workshop participants rated the questions in bold as most important and decided to devote most time to finding answers to these four questions throughout the day.

Strategies for putting Bridges into Action…

Sustainability:

- **Have a sustainability plan!**
  - NHS sustainability framework
  - Induction

- **Embedding the Self-Management "ethos" across all professions**
  - E.g. via documentation
  - Coaching
  - Teaching
  - Joint sessions
  - Role models
  - Peer review
  - Structure for reflection/feedback

- **Mastery experience for everyone (staff as well as patients)**
  - Pre-and post-measures

- **Communication skills training**
  - E.g. active listening
  - Reflective skills
  - Motivational interviewing

- **Making the "ethos" visible**
  - Patient stories
  - Catchphrases and principles on posters and cake tin

- **Supporting each other across pay grades**
- **Self-evaluation skills/self-reflection**
- **Self-Management "champions"/link-person**

Integrating Bridges into documentation:

- **Initial ax – goal setting**
  - Aims and wishes of the patient should be given priority
- **Stroke passport incorporates**
  - Goal setting
  - Reflection
  - Resource utilisation
  - Knowledge
  - Some problem solving
- **Mood screens – initial ax and d/c**
  - Reflection
  - Self-discovery
  - Cognition screens
  - Knowledge
  - Reflection
  - Self-discovery
- **Service user leaflet**
  - "support" rather than "help"

- **Notes – Documenting discussions**
  - Incorporating Bridges language into notes so that they reflect the core Self-Management skills; ie/self-rating, mastery experiences, physiological feedback etc.

Engaging colleagues:

- Posters, boards, books available
- Champions
- Joint sessions across specialities
- Continuity of "ethos" between shift changes
- Promoting of UHB core values underpinning all service provision (quality care, compassion, patient voice)
- Using patient's personal goals as a common ground to work around. Stress the importance of their point of view.
- Use of correct language and terminology across specialities to promote rehabilitation
- Roles across professions
- **Induction**
  - Papers
  - Patient stories
  - Videos
- **Education**
  - Videos
  - Tests

Facilitating difficult goal setting sessions:

- Making the time to build a rapport, so they can tell you what they really want
  - Patient knowledge of your service – What can you offer?
- **Make sure it is the patient's goal**
- **Which part of what the patient said is the most important?**
  - Is it the walking? Continence? Independence? Socially active?
  - If initial goal seems "unrealistic"
- **Opening with "What's important to you?"**
  - What are you interested in?
  - What do you like doing?
- **Keep giving examples**
  - To help break it down into steps
  - Ask them to visualise how they would do it
  - Give options
- **Writing it down – using different formats (Bridges sheets)**
- **Ask family and friends to help, especially if cognitive impairment**
- **Start the 'goal setting' with an activity and asking them how it went/how to improve it**
- **Challenge their expectation based on previous experience that if you are a physio it needs to be a physio goal**
- **Ask them what would be one thing that would make them feel good today (positive psychology)**
  - Can be something really small
  - Ask 'How did it feel?' to help them reflect and have a mastery experience

Bespoke evaluation tools (example)

Aneurin Bevan

1. How supported did you feel to work on the things that matter to you?

1 2 3 4 5 6 7 8 9 10

Very supported — Not at all supported

2. How confident do you feel to continue with the things that are important to you?

1 2 3 4 5 6 7 8 9 10

Very confident — Not at all confident

3. What have you learnt from your experiences that can support you in the future?

Cardiff and Vale

Purpose of the team:

- Supporting people to live well with a neurological condition

UHB core values

- Personal responsibility
- Caring
- Respect
- Kindness
- Integrity

Questions:

1. Did you feel involved in decisions about your health, recovery and care?
2. I felt well supported and prepared for discharge
3. Did you feel confident to carry on at home, and when + where to get help when you needed it?
4. Did you get the help you needed, when you needed it?

Powys

I feel I have been given the support and skills to do what's important to me.

1 2 3 4 5 6 7 8 9 10

Strongly agree Strongly disagree

I feel I have the inner strength to continue to challenge myself.

1 2 3 4 5 6 7 8 9 10

Strongly agree Strongly disagree

Supporting self-management through the language we use

Taking action

Supporting people to do more in their everyday lives, even small things, and appraising their efforts.

- What have you managed to do since I last saw you?
- What would you like to be doing more of?
- What would you like to be doing less of?
- What things are you doing to help yourself?
- What are your interests/hobbies, and how can we build these into your day?
- Tell me about your usual daily routine…
- What do you feel up to doing by yourself today?

Supporting people to develop greater self-awareness, and giving people meaningful information.

- What are you having difficulties with?
- What are your concerns?
- What has worked before?
- What might work for you this time?
- What would you like to know? How would you like that information?
- What's your understanding of…?
- What are you learning about yourself through this?
- What affect is …. having on you?

Goal setting

Finding out what matters most the person, focussing on sm steps in the here and now as well as acknowledging future Achievement is not as important as learning from efforts.

- What do you care about most right now?
- What's important to you right now?
- What's bothering you right now?
- What could be the first step?
- What's one small thing that would make you feel more li yourself/like you're moving forward (etc)?
- How confident are you that you can do that?

Reflection

Supporting people to reflect on what's working, to recognise and record their strengths and capabilities. some cases, this can build insight over time.

- How did that make you feel?
- How do you think you did?
- How did you do it?
- What are you pleased about?
- What's going well?
- How might you like to record that?
- How confident do you feel about…?
- What have you tried already?

Self-discovery

Supporting people to try new things, or approach old tasks in new ways. May involve risk taking.

- Give it a go!
- See how it feels…
- What went well?
- Show me how you did that…
- What's the worst that could happen?
- What's stopping you?
- What would happen if you tried it like this?

Support

Supporting people to access their support network (family, friends, community) as well as community resources.

- Who could support you with that?
- Who's at home with you?
- Who do you see regularly?
- What do you know about the things available to you?
- How do you feel about contacting this service/group?
- How do you normally find out about things e.g. internet, books, speaking to people?
- Who or what could help you with this?

Problem solving

Supporting people to think through problems and come up with strategies together.

- What felt right/wrong about that?
- What are you struggling with?
- What worked well?
- What has worked before?
- What else have you tried?
- Here are my ideas, what do you feel may work?
- What do you remember about how to do this?
- How would you normally tackle this?
- Other people have found it useful to…