



## Adopting a “What Matters to Me” approach in rehabilitation

### Question 1:

**How are you involving people as active participants in their own rehabilitation? And how confident are you as a therapist in explaining the importance of this to the people you work with?**

- Occupational therapists working from home/working remotely/virtually. It can be easier to focus on an individual's home environment when you are working in your own home.
- Working in acute setting: trialing a tool called 'Patient Expectations' which focuses on a person's goals. Breaking down goals into manageable tasks e.g. want to be able to walk their dog; need to concentrate on being able to get out of bed first.
- Difficulty of not being able to do home visits. Not using SMART goals – feel that they can inhibit recovery and are not person-centred.
- Working in acute setting: focusing on more 'basic' PADL and DADL goals. Having to offer shorter treatment sessions in in-patient setting, before transferring to community rehab services. Feel that people are being discharged early not just because of COVID-19, but also to reduce costs. Lack of communication between health and social care staff.
- Collaborative working: ADL goals are now home-based. Short-term service – 6 weeks. Increased expectation on 'customers' to work on their goals, or they will be discharged. Reablement work focusing on working within financial constraints. Doing both generic and specialist work. Using a strengths-based approach.
- Acute and community services becoming integrated due to COVID-19. Short-term and long-term goals being worked on. 'Teething problems' initially. Using a 'Bridges Approach'. Working with people recovering from stroke – using self-management approaches via on-line therapy. Using risk assessments to determine who has a face-to-face home visit. Carers are given strategies and support to cope. Do not use SMART goals.
- Working at a charity for people with spinal cord and traumatic brain injuries. Patients use diaries to discuss what is important to them. Neuro OTs and Neuro Physios work together running group sessions. Occupational therapists need to utilise charities due to funding constraints and 'think outside the box'.
- Impact of COVID-19 for people who have had a stroke. Only admitted to hospital for a short time for 4-5 hours. People are also presenting late due to fear of going into hospital. People need education regarding their condition before planning goals. There can be pressure on OTs to set goals with people when they need time to talk and adjust to their health condition.



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### Question 2:

#### What enhances delivery of a ‘what matters to Me’ approach in rehabilitation?

- Assessments within an integrated service enhances the ‘What Matters To Me’ approach. Collaborative working
- Collaborative working: having the person and family members on board. Lack of home visits. Using PPE and virtual technology. People need help to become motivated regarding their recovery as they are often scared. People need emotional support to aid their wellbeing. Emotional state affects therapy. Enhanced care service can restrict work.
- Informed decisions. Very short in-patient stays. Therapy happens by phone. Older people are struggling with technology and not engaging in therapy via smart phones. OTs are consequently using landline phones.
- Listening and timing: working for a non time-limited service. Able to engage with people for a long time. Goal-led work. Sometimes people do not want to move on. Psychological adjustment. If people engage, there are better outcomes.
- Community Falls Team: Acknowledgement of different cultures. Communication – use of interpreters to enable people to explain what they want to do and what they miss doing. Enables open forums and co-production.

### Question 3:

#### What can or are you doing to promote and train other MDT member in this approach?

- Moving and handling training: providing 1:1 and group training to HCAs. Helping HCAs to appreciate effects of visual impairment e.g. where to position furniture. Revamping initial assessment to focus on ‘What Matters to You?’ Enabling risk. Managers putting pressure on occupational therapists to discharge people from hospital -- don’t understand their input.
- Working with other colleagues closely; learning from each other and increase respect. Working on patient goals together. COVID-19 restricting occupations – people are making new goals.
- Aversion to risk: Staff/MDT. People struggling to do tasks – perceived risk of falls. HCAs and nursing staff working alongside occupational therapists. Focusing interventions on ‘What Matters to You?’



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- Fire Service staff: adopting a more person-centred approach. Focusing not just on environmental risks of a person’s physical environment. PEO model used.
- Other people not understanding what occupational therapists do. Using both generic and core skills. Demonstrating to other staff what we do. Patients experiencing fatigue.
- Cultural sensitivity and cultural intelligence. BAME people more highly affected by COVID-19. Social justice #BlackLivesMatter
- COVID-19: impact on BAME people. Focus on wellbeing and lifestyle approach. Vitamin D deficiency linked to poor outcomes. Giving information on lifestyle.
- Institutionally racist organisations. Social determinants of health.
- Educating physio colleagues that occupational therapists don’t just give out equipment. Delivering case study presentations to reduce inappropriate referrals and explain PEO model.
- Annual service-development day enables cohesion.