



Measuring Our Impact

Lenora Nardelli, MEd
School Liaison Specialist
Cincinnati Children's Hospital

Debbie South, MEd CBIS
School Liaison Specialist
Cincinnati Children's Hospital

Measuring Our Impact

Great job!

I have no idea
what you do,
but it's great
work!

School services
will take care of
everything!




What is GAS?

Goal attainment scaling (GAS) is a tool used to monitor client progress (originated around mental illness and treatment).



Example of GAS in the Hospital Setting

Goal: To avoid accidents such as falls

	-2 Much Less than expected	-1 Less than expected	0 Expected level of goal attainment	+1 Somewhat better than expected	+2 Much better than expected
Goal: To avoid accidents such as falls	To have >1 fall scare in the next month	To have 1 fall scare in the next month Current State	To have no fall scares in the next month 	To have no fall scares in the next month and complete Physical therapy exercises 5 to 6 days in a week	To have no fall scares in the next month and complete physical therapy exercises every day

Smart Goal

GOAL SETTING

Specific
Measurable
Achievable
Realistic
Timely



SMART Goals and GAS

- **Specific** to the individual patient goals and outcomes
- Tracks individual outcomes with **standardized outcome measurement**
- Expectations are **clear and specific** – attainment is easy to define and measure
- Focuses on clarity in our work with a **start and end point**



Need for Quantitative Data...

- Data – how much we moved the needle
- Qualitative vs Quantitative change



Phase I

- Developed a SMART goal with the family
 - “What is your goal for our work together?”
 - “What does success look like?”
 - “What is the outcome you are seeking?”
- Place the goal on an agreed upon Likert Scale
- Upon completion, discussed with family regarding the final outcome of the goal.

-2	-1	0 Expected Level of Outcome	+1	+2
0-55% of the recommended accommodations were developed into a plan prior to the student's return to school	56-70% of the recommended accommodations were developed into a plan prior to the student's return to school	71-100% of the recommended accommodations were developed into a plan prior to the student's return to school	100% of the recommended accommodations were developed into a plan prior to the student's return to school, with addition to initiated school accommodations	100% of the recommended accommodations were developed into a plan prior to the student's return to school, with additional school initiated and community accommodations

Risk Level: 3

Baseline (Current State): ■ -1 0 +1 +2

Goal Attainment: -2 -1 0 +1 +2

Change in outcome: +2

Phase I (cont.)

Pros	Cons
<ul style="list-style-type: none">• Included family in every step of the process• True definition of goal attainment• Showed how much “we moved the needle”	<ul style="list-style-type: none">• Very time consuming• Difficult for follow-up• Biased responses due to not being anonymous• Subjective

Phase II

Phase two

- Example scales with general overarching themes of goals
- Placed on an Excel spreadsheet for all to use.



Phase II (cont.)

<i>Category/Goal</i>	Much Less than expected [-2]	Less than expected [-1]	Expected level of goal attainment [0]	Somewhat better than expected [+1]	Much better than expected [+2]
Passing of classes	Student does not pass class(es) and/or grade.	Student passes some classes (1-2).	Student obtains passing grades in most classes(3-4).	Student passess all classes.	Student passes all classes with average or above average grades.
Peer In Service	Pt/family haven't shared diagnosis/treatment with peers and pt is apprehensive about return to school	Patient/family <i>don't feel confident</i> in peers' understanding of diagnosis and treatment	Pt/family feels <i>somewhat confident</i> in the peers' understanding of diagnosis and treatment	Pt/family feels <i>confident</i> in the peers' understanding of diagnosis and treatment	Pt/family feels confident in the peers' understanding of diagnosis and treatment and pt feels <i>confident when returning to school</i>
Post-Secondary	Pt is not able to establish communication with university professors in regards to chronic condition and education is negatively impacted	Pt establishes communication with 1 or 2 of their university professors and creates a plan for pt needs.	Pt establishes communication with 3-4 of their university professors and creates a plan for pt needs.	Pt establishes communication with all of their professors and pt feels confident to provide appropriate documentation to university	Pt establishes communication with all of their professors and needs are documented with the department of disability services at the university.

Phase II (cont.)

Brief School Needs Inventory - GAS

HSP Reference Goals

Attendance

-2=Patient is failing classes due to attendance concerns and no school support plan

-1=Patient provided a supportive academic plan for managing absences but unable to follow 0=Patient somewhat following supportive academic absence plan

1=Patient following supportive academic absence plan 2=Patient with increased fidelity to comprehensive academic absence plan

Behavior (Written Support Plan)

-2=Patient is failing classes and receiving limited behavioral support at school

-1=Patient's diagnosis is understood by the school team but no additional supports are implemented

0=Patient's diagnosis is understood by the school team and additional supports are put into place to help patient be successful behaviorally

1=Patient's diagnosis is understood by the school team, the Patient is provided a written support plan inclusive of behavioral supports

2=Patient's diagnosis is understood by the school team, the Patient is provided a written support plan inclusive of behavioral supports that is being followed by the entire scho...

Engagement (Number of Lessons)

-2=Patient does not engage in lessons 0=Patient engages in lessons twice a week

-1=Patient engages in lessons one time each week

1=Patient engages in lessons 3-4 times each week 2=Patient engages in lessons 5 times each week

Engagement (Completing Work)

-2=Patient does not engage in completing work -1=Patient has initiated completing schoolwork

0=Patient engages in completing minimal modified required schoolwork - not enough to be on track to pass classes

1=Patient engages in modified required schoolwork - enough to be on track to pass classes

2=Patient engages in modified required schoolwork and additional schoolwork and is exceeding expectations for passing classes

Phase II (cont.)

HSP Results							
Baseline							
-2	-1	0	1	2	📄		
HSP Final Goal Attainment							
-2	-1	0	1	2	📄		
HSP Change in Goal							
-2	-1	0	1	2	3	4	📄

Phase II (cont.)

My Note
Progress Notes

Service: Date of Service: 3/25/2021 1429

Cosign Required

Insert SmartText

**CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER
CENTER FOR SCHOOL SERVICES
GOAL ATTAINMENT SCALING**

Patient Information
Patient Name: Ivan Abclabmaster
Patient MRN: 11874887
Date of Birth: 1/21/2007

HSP Goals

HSP Results
Baseline: -2
HSP Final Goal Attainment: 1
HSP Change in Goal: 3

SIP Goals

SIP Results

Blitzwing, Sandy
Center for School Services Staff

Refresh

Pend Share Sign Cancel

Phase II (cont.)

Pros	Cons
<ul style="list-style-type: none">• Easier to use with “canned” goals• More effective time management	<ul style="list-style-type: none">• Wasn't as patient specific• More subjective and outcome biased• Not all patient's situation fit into a specific scale

Phase III: Current

GOAL

Program

[SIP=SIP Goal](#) ◀◀ taken 1 month ago

HSP=HSP Goal **SIP=SIP Goal** 📄 📄

Goal Type (SIP)

[New](#) ◀◀ taken 1 month ago

New **Recurring** Additional 📄

Improve Patient's Educational Outcomes (SIP)

[Problem-Solving a School Concern](#) ◀◀ taken 1 month ago

- Accomodations/Supports Attendance Concerns Behavior Concerns Disease/Diagnosis Education Medical Documentation On Track Academic Support Participation/Engagement in Learning while Hospitalized Problem-Solving a School Concern **✓ Transition Planning** Other 📄

SIP Goal Outcome

-1: Goal was not met-patient outcome declined as compared to the time of intake 0: No change-patient outcome remained unchanged 📄 📄

1: Goal was partially met-patient outcome showed some improvement 2: Goal was met-patient outcome showed improvement as expected

SIP Possible Barriers

- Lack of communication with family Lack of communication with school personnel Unavailable for follow up Lack of sufficient supports/resources in school Lack of understanding by school staff/family Due to change in medical condition Family/patient preference Provider preference Transitioned to another care provider Another hospital provider intervened Other 📄

◀◀ Restore **✓ Close** ✗ Cancel

↑ Previous ↓ Next

CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER
CENTER FOR SCHOOL SERVICES
GOAL ATTAINMENT SCALING

SIP GOALS The patient/family will obtain support from the School Specialist for **Transition Planning** to improve patient's educational outcomes.

SIP RESULTS

SIP Change in Goal: 1: Goal was partially met-patient outcome showed some improvement

What we learned...

- Must be patient specific
- Time efficient
- Quantitative for data collection
- Demonstrate barriers to reaching goals
- Too subjective
- Documents the total time of working with the patient from initial progress note to case closure

Phase IV

Where do we go from here?



Group Discussion

- What are you currently doing at your institution to track/monitor patient progress?
- What are you currently doing to track patient outcomes?
- What barriers have you encountered when you've attempted to measure your impact?

Contact Us

Lenora Nardelli
Cincinnati Children's Hospital
513-636-8618
Lenora.Nardelli@cchmc.org

Debbie South
Cincinnati Children's Hospital
513-636-3884
Deborah.south@cchmc.org

