

Goal-Writing Guidelines for Home Health Therapists

Home Health

a product of the Home Health Section of the American Physical Therapy Association

Guidelines Work Group Members:

Kenneth L Miller, PT, DPT, CEEAA, Chair
Michele Berman, PT, DPT, MS
Jonathan Talbot, PT, MS
Paula DeLorm, PT, DPT, CEEAA

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Home Health Section Executive Committee (at time of project development):

Diana Kornetti, PT, MA, President
Chris Chimenti, PT, MS, Vice-President
Matt Janes, PT, DPT, MHS, OCS, Secretary
Philip Goldsmith, PT, DScPT, COS-C, Treasurer

Robin Childers, CAE, Executive Director

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Introduction

The Centers for Medicare and Medicaid Services (CMS) provide ongoing oversight of healthcare providers through audits and medical reviews. Establishing clearly defined, objective goals, is essential to support that the reasonable and necessary criteria have been met.¹ Specifically, the Medicare Benefit Policy Manual, Chapter 7, states that “For each therapy discipline for which services are provided, a qualified therapist (instead of an assistant) must assess the patient’s function using a method which objectively measures activities of daily living...” Evidence-based tools provide valid and reliable objective measurements that lay the foundation for appropriate goals.

According to *The Physical Therapist Guide to Practice*, “the plan of care identifies the individual's goals”. Goals are the intended impact on functioning (body functions and structures, activities, participation) as a result of implementing the plan of care. Goals should be measurable, functionally driven, and time limited.”² This document provides instructions and case scenarios to assist clinicians with developing well-written goals as part of the care plan.

The SMART acronym is a well-known and widely used tool designed to guide physical therapists in establishing patient-centered goals. It is important to note that the SMART acronym has been adopted to have multiple versions and meanings. For example, the A may mean “attainable” or “achievable”, depending upon the version of the tool.^{3,4} This resource will emphasize the use of SMART goals to ensure that all necessary elements of a goal are included.

SMART:

- **Specific** – Target a specific area for improvement
- **Measurable** – Quantify an indicator of progress
- **Achievable** – Can the measurable objective be achieved by the person
- **Relevant** – Should it be done, why , and what will be the impact
- **Time-oriented** – Specify when the result can be achieved

When developing goals consider the following:

Specific:

1. **Who?** Does the goal pertain to the patient or to the caregiver? Sometimes patients may need ongoing assistance even after discharge from therapy and/or the goal of therapy may be to improve the caregiver’s ability to care for the patient.

Measurable:

2. **Objective measure.** Include standardized tests and objective measures to assess the status of a patient’s strength, balance, falls risk, endurance, and other impairments. The standardized test measures need to be documented in the goal to demonstrate progress throughout the episode of care. Reference the *Home Health Section Toolbox of Standardized Tests & Measures* for more detail.⁵

Achievable:

3. **Score interpretation.** To demonstrate effectiveness of the care plan, there needs to be a conclusion or professional opinion based on an interpretation of the test measure that the patient has the potential to progress towards meeting the goal. This assessment should drive modifications to the care plan and/or discharge.

Relevant

4. **Functional improvement.** This element ties the objective test and score interpretation into something functional and meaningful for the patient and reviewer.

Time oriented:

5. **Time frame.** Document how long you anticipate it will take for the patient to reach the goal. This element is important during re-assessments to determine if present interventions are will be effective in attaining the goals or if the interventions and/or goals need to be modified. Consider whether the goal is unrealistic or the intervention is ineffective. Both of these reasons necessitate modifications to the plan of care.

Examples of Goals Using Narrative and SMART Formats.

Case Scenario 1: During evaluation, balance was measured using the Berg Balance Test (BBT), and score interpretation revealed patient to have balance impairment with positive (+) falls risk (BBT score = 37/56). The evaluating therapist determined through assessment and report of prior level of functioning, that the patient has recently been restricting normal activities of daily living (ADLs) due to feeling unstable on his/her feet and verbalizing reduced balance confidence.

Goals in narrative format: The patient will demonstrate an increased BBT score from 37/56 to $\geq 48/56$ within 4 weeks to improve safety with tub/shower transfers and reduce fall risk.

SMART:

- **Specific** – Reduce fall risk for safe tub transfer
- **Measurable** – Increase BBT score to $\geq 48/56$
- **Achievable** – Clinician determined based on evidence based practice
- **Relevant** – Improve safety with tub/shower transfers and demonstrate safe ambulation in the home
- **Time – oriented** - 4 weeks

Case Scenario 2: Patient completes 3 sit to stand reps during 30-Second Chair Stand Test. The patient demonstrated functional limitations in transfers and stair climbing.

Goals in narrative format: Patient will demonstrate an increased 30 Second Chair Stand Test score of ≥ 10 repetitions within 8 weeks to show lower extremity strength within normal range (age gender norm of 10-15 repetitions for women 75-79 years of age). The patient has improved transfer ability and stability during stair climbing.

SMART:

- **Specific** – Improve lower extremity strength to improve transfers and stair climbing ability
- **Measurable** – 30 Second Chair Stand Test of ≥ 10 repetitions;
- **Achievable** – Clinician determined based on evidence based practice
- **Relevant** –Eliminate need for caregiver assistance with transfers and stair climbing
- **Time-oriented** – 6 weeks

These guidelines are not all inclusive, but reflect the recommendations of the Practice Committee of the Home Health Section of the American Physical Therapy Association.

References

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3. Doran GT. There's a S.M.A.R.T. Way to Write Management's Goals and Objectives. *Management Review*. 1981; 70:11,35-36
4. Writing Measurable Short and Long Term Goals. 2012. Available at: <http://fl.eqhs.org/Portals/1/Goal%20Writing%20for%20Therapy%20Provider%20with%20Final%20AHCA%20edits%20%201%2013%2012.pdf>. Accessed on 3/17/17
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