Goal Attainment Scaling (GAS) in rehabilitation

Some early personal experiences

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 Measuring effectiveness of brain injury rehabilitation poses major problem due to the heterogenicity of patients deficits and desired outcomes. Particularly at the level of participation goals very much dependent on individuals lifestyle and aspirations, and standardised measures become increasingly difficut to apply.(Hum J, Kneebone J, Cropley M. Clin.J. Rehab. 2006)

- So the succes of rehabilitation may judged how the desires of client could been achieved.
- What can GAS offer as an outcome measure in rehabilitation
- -communication and collaboration between multidisciplinary team members as they meet together for goal-setting
- · -patient involvement
- It is not an outcome measure per se, but a measure of the achievement of intention
- The most important step in GAS is the setting of clerly defined priority goals, agreed by client and the team
- Goals sould be SMART (specific, measureable, achievable, realistic and timed)
- Goals may be weighted

How is GAS rated?

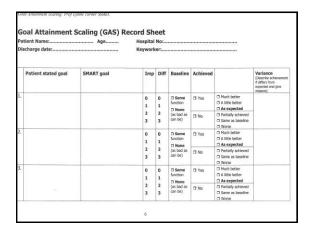
If the patient achieves the expected level, this is scored at 0. If they achieve a better than expected outcome this is scored at:

- +1 (somewhat better)
- +2 (much better)

If they achieve a worse than expected outcome this is scored at:

- -1 (somewhat worse) or
- -2 (much worse)

Goals may be weighted to take account of the relative importance of the goal to the individual, and/or the anticipated difficulty of achieving it.



How is the overall GAS score

Normally 3-4 goals are identified, which are incorporated into the single GAS score.

Overall Goal Attainment Scores are then calculated by applying a formula:

Overall GAS = 50 + $\frac{10 \Sigma(w_j x_i)}{[(1-\rho) \Sigma w_i^2 + \rho(\Sigma(w_i)^2)]^{\frac{1}{2}}}$

Where:

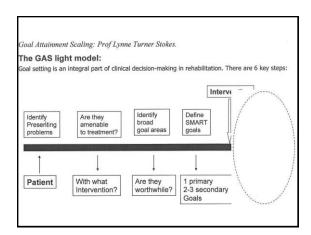
 w_i = the weight assigned to the *i*th goal (if equal weights, w_i = 1)

 x_i = the numerical value achieved (between -2 and +2)

p = the expected correlation of the goal scales

For practical purposes, according to K irusek and Sherman, ρ most commonly approximates to 0.3, so the equation simplifies to:

Overall GAS = 50 + $\frac{10 \ \Sigma(w_i x_i)}{\sqrt{(0.7 \ \Sigma w_i^2 + 0.3(\Sigma w_i)^2)}}$



Key steps	Clinical decision-making	Record
What are the pt's principal presenting problems?	Which, if any, are amenable to treatment with BoNT+T?	Key problem areas to address: Pain Passive function (caring for limb) Active function Mobility Involuntary movement Impairment (eg range of movement)) Other:
2. What do you expect to be able to achieve with BoNT±T?	Is this likely to be worthwhile? a) to the patient b) value for money Will you offer treatment?	If so, broadly define: Primary goal for treatment Secondary goals (limit to 2-3 max)
3. Is the team and the pt/family agreed on the expected outcome?	If not, can use GAS 5-point scale to negotiate realistic outcome for key goal areas	SMARTen goals as reasonably possible: Relate to a specific function and define • expected level of achievement* by • intended date (usually 3-4 mths) Goal weighting** is optional, but may be useful for oughtable interpretation
4. How will outcome be assessed?	Decide which, if any, outcome measures to use.	Baseline values of chosen measures eg Baseline GAS scores for each goal spasticity – Modified Ashworth Scale goal-related parameters*
5. Plan treatment	Decide what muscles to inject Make arrangements for therapy and follow-up review	Record procedure: muscles injected, agent and doses use of EMG/stimulation
6. Review	Have the goals been achieved? What, if any, further treatment is necessary?	Record level of achievement for each goal Enter in software to derive GAS T score

