

# Shared goals of care as part of the patient deterioration recognition and response systems: A fact sheet for hospital executives

The Health Quality & Safety Commission (the Commission) has identified significant opportunities to improve the quality and safety of systems around not only recognising and responding to signs of deterioration among adult patients but also early conversations with patients and whānau about appropriate treatment options in the event of such deterioration. Framing conversations around shared goals of care for all episodes of planned and unplanned care may offer patient, clinician and organisational benefits.

Your support is needed to implement the principles of shared goals of care. Even more importantly, a change in the culture and system is necessary for shared discussions and decision-making to be sustained.

The shared goals of care principles embed the four articles of Te Tiriti o Waitangi and therefore fulfil our health and disability commitment to improving outcomes for Māori. More information about the principles is available on the website along with support for the organisation in undertaking this work: [www.hqsc.govt.nz/our-programmes/patient-deterioration](http://www.hqsc.govt.nz/our-programmes/patient-deterioration).

## Shared goals of care

Shared goals of care are when the patient, their family and whānau, and clinicians explore the patient's values along with the care and treatment options available and agree the goal of care for the current admission if the patient deteriorates.

At a minimum, goals of care should identify the overall direction for an episode of care (for example, curative, restorative, improving quality of life or comfort whilst dying<sup>1</sup>), outlining which treatments are more likely to cause benefit than harm.

Shared goals of care focus on providing appropriate care – what we can do – rather than what we won't do.

## Your role?

Your role is essential to the sustainable resourcing and governance to enable the culture change necessary for shared goals of care. This includes how shared goals of care are linked across the health and disability sector to reflect the health continuum, such as advance care planning and *Choosing Wisely*.

Shared goals of care are an integral part of the recognition and response systems and should already be part of the strategic plan to make a hospital safer.<sup>2</sup> Clinical, educational and administrative resources are required to support the sustainability and effective functioning of the system. Shared goals of care require a whole-of-system approach as they operate across specialty boundaries and at all times of day and days of the week. Visible, collaborative and ongoing executive, clinical and operational leadership are all needed to ensure that shared goals of care discussions and decisions are adequately resourced, supported and functioning successfully.

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1 Thomas R, Zubair M, Hayes B, et al. 2014. Goals of care: A clinical framework for limitation of medical treatment. *Medical Journal of Australia* 201: 452–5.  
2 DeVita M, Hillman K, Bellomo R (eds). 2010. *Textbook of rapid response systems: Concept and implementation*. New York: Springer.

## How will the Commission support this work?

The Commission is providing a package of tools, guidance and assistance for project teams to help implement the shared goals of care principles. These include access to the Serious Illness Conversation Guide Aotearoa, training (train the trainers) at a regional level, material to assist local implementation, and advice about necessary structures for ongoing clinical governance. Assistance includes providing expert clinical advice, building quality improvement capability in your organisation, and developing appropriate measures and evaluation strategies.

## Recommended reading

1. Cioffi J, Salter C, Wilkes L, Vonu-Boriceanu O, Scott J. 2006. Clinicians' responses to abnormal vital signs in an emergency department. *Australian Critical Care* 19(2): 66-72.
2. Endacott R, Kidd T, Chaboyer W, Edington J. Recognition and communication of patient deterioration in a regional hospital: A multi-methods study. *Australian Critical Care* 20: 100-5.
3. Van Leuvan C, Mitchell I. 2008. Missed opportunities? An observational study of vital sign measurements. *Critical Care and Resuscitation* 10(2): 111-5.
4. DeVita M, Hillman K, Bellomo R (eds). 2010. *Textbook of rapid response systems: Concept and implementation*. New York: Springer.

### Want to know more?

Please go to our website to find out more about the national patient deterioration programme:

<https://www.hqsc.govt.nz/our-programmes/patient-deterioration>