# Assessment of current approach to shared goals of care

With your project team, describe your current system components and processes related to each of the principles. Talk with patients, whānau and staff to capture their experiences. Review what your organisation information tells you about the system for example, from complaints, compliments, audits and reported adverse events.

Then recommend what to stop, adapt or start to align with the principle. Refer to the shared goals of care principles document for more detail about each principle. Note down any related change ideas that the project team would like to test through plan−do−study−act (PDSA) cycles. You may need to prioritise identifying where changes could occur more quickly than others and know where more time will need to be invested to change the culture of shared goals of care discussions and decision making.

You can use this template to document your assessment of your current approach and how you will align with each principle.

## Summary information

We recommend that shared gaols of care discussions should be held and documented with all adult patients, ideally within 24 hours of admission. Then reviewed and documented during the admission if there are changes in the patient’s condition. If patients have advance care plans and/ or advance directives, these need to support the discussion. We have provided some examples in grey in the first section.

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|  | Current approach | Recommendations to adapt, stop or start to align with the shared goals of care principles |
| 1. Who is your current approach for?
 | Only occurs with patients admitted acutely and identified as possibility to deteriorate | Adapt to all acute admissions no matter risk of deterioration and in committed timeframe move to planned admissions of adult patients |
| 1. What timeframes are required for discussions and decisions to be made?
 | Acute admission via ED, so within 6 hours or on ward transfer | Ensure a timeframe is given that is realistic and meets the needs of SGOC principles |
| 1. What is the process for reviewing if there are changes in the patient’s condition?
 | Ad hoc currently | Start a process for review of SGOC if patient stay longer than x number of days or if change in condition |
| 1. How are advance care plans and/or advance directives used to inform these discussions?
 | Currently rarely they often are not available | Work with ACP team on how to have these plans more readily and obviously available |

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| **Principle one: Shared goals of care are when patients, whānau and clinicians, explore patients’ values, the care and treatment options available and agree the goal of care for the current admission if the patient deteriorates.** |
| 1. **What happens currently in our hospital(s)?**
 |
| Describe who is involved, processes, components like documentation, technology |
| Describe the experiences of patients and whānau | Describe the experiences of staff | Describe what organisation information says about this, eg, complaints, compliments, audits etc |
| 1. **Recommendations about what to adapt, stop or start to align with this principle:**

What are our related ideas for improvement? |

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| **Principle two: Health service providers ensure that governance systems, organisational culture and structures encourage shared goals of care discussions through resourcing and by supporting patients, whānau and clinicians, to have these discussions.** |
| 1. **What happens currently in our hospital(s)?**
 |
| Describe who is involved, processes, components like documentation, technology |
| Describe the experiences of patients and whānau | Describe the experiences of staff | Describe what organisation information says about this, eg, complaints, compliments, audits etc |
| 1. **Recommendations about what to adapt, stop or start to align with this principle:**

What are our related ideas for improvement? |

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| **Principle three: Cultural safety is an essential component of shared goals of care discussions.** |
| 1. **What happens currently in our hospital(s)?**
 |
| Describe who is involved, processes, components like documentation, technology |
| Describe the experiences of patients and whānau | Describe the experiences of staff | Describe what organisation information says about this, eg, complaints, compliments, audits etc |
| 1. **Recommendations about what to adapt, stop or start to align with this principle:**

What are our related ideas for improvement? |

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| **Principle four: Patients, whānau and clinicians are supported before, during and after shared goals of care discussions.** |
| 1. **What happens currently in our hospital(s)?**
 |
| Describe who is involved, processes, components like documentation, technology |
| Describe the experiences of patients and whānau | Describe the experiences of staff | Describe what organisation information says about this, eg, complaints, compliments, audits etc |
| 1. **Recommendations about what to adapt, stop or start to align with this principle:**

What are our related ideas for improvement? |

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| **Principle five: Patients have those they want to have with them, including those who have decision-making responsibilities.** |
| 1. **What happens currently in our hospital(s)?**
 |
| Describe who is involved, processes, components like documentation, technology |
| Describe the experiences of patients and whānau | Describe the experiences of staff | Describe what organisation information says about this, eg, complaints, compliments, audits etc |
| 1. **Recommendations about what to adapt, stop or start to align with this principle:**

What are our related ideas for improvement? |

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| **Principle six: Shared goals of care discussions take place in appropriate environments to maintain patients’ privacy and dignity.** |
| 1. **What happens currently in our hospital(s)?**
 |
| Describe who is involved, processes, components like documentation, technology |
| Describe the experiences of patients and whānau | Describe the experiences of staff | Describe what organisation information says about this, eg, complaints, compliments, audits etc |
| 1. **Recommendations about what to adapt, stop or start to align with this principle:**

What are our related ideas for improvement? |

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| **Principle seven: Shared goals of care discussions are facilitated by the appropriate clinician/s and may include other members of multi-disciplinary teams involved in patients’ care.** |
| 1. **What happens currently in our hospital(s)?**
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| Describe who is involved, processes, components like documentation, technology |
| Describe the experiences of patients and whānau | Describe the experiences of staff | Describe what organisation information says about this, eg, complaints, compliments, audits etc |
| 1. **Recommendations about what to adapt, stop or start to align with this principle:**

What are our related ideas for improvement? |

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| **Principle eight: Shared goals of care discussions happen as early in the admission as possible and with the agreement of the patient. The patient, whānau or clinician can begin the discussion.** |
| 1. **What happens currently in our hospital(s)?**
 |
| Describe who is involved, processes, components like documentation, technology |
| Describe the experiences of patients and whānau | Describe the experiences of staff | Describe what organisation information says about this, eg, complaints, compliments, audits etc |
| 1. **Recommendations about what to adapt, stop or start to align with this principle:**

What are our related ideas for improvement? |

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| **Principle nine: Shared goals of care discussions result in a shared understanding through engaging with patients and whānau, sharing clinicians’ understanding and exploring patients’ values and what is important to them.** |
| 1. **What happens currently in our hospital(s)?**
 |
| Describe who is involved, processes and components like documentation, technology |
| Describe the experiences of patients and whānau | Describe the experiences of staff | Describe what organisation information says about this, eg, complaints, compliments, audits etc |
| 1. **Recommendations about what to adapt, stop or start to align with this principle:**

What are our related ideas for improvement? |

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| **Principle ten: Shared goals of care discussions and decisions are documented in a clearly identifiable and accessible clinical form, with information available to all clinicians caring for patients.** |
| 1. **What happens currently in our hospital(s)?**
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| Describe who is involved, processes and components like documentation, technology |
| Describe the experiences of patients and whānau | Describe the experiences of staff | Describe what organisation information says about this, eg, complaints, compliments, audits etc |
| 1. **Recommendations about what to adapt, stop or start to align with this principle:**

What are our related ideas for improvement? |