

Factsheet for nurses and allied health workers supporting shared goals of care decisions

Shared goals of care discussions:

- are facilitated by the appropriate clinician(s)
 - should happen close to admission
 - include those the patient wishes to have with them
 - take place in an environment that maintains patients' privacy and dignity
 - are supported by governance systems, organisational culture and resourcing
 - have cultural safety as an essential component
 - are clearly documented.
- Patients, whānau and clinicians are supported before, during and after the discussion.

Basing clinical treatment plans on shared goals of care reduces the risk of a patient receiving unwanted or unwarranted treatments if their condition deteriorates. Effective communication is necessary to draw out patients' values and preferences for care and allow informed choices to be made about complex medical treatment options. Ideally, such discussions occur prior to episodes of acute deterioration so patients, families, whānau and clinicians can participate fully in developing shared goals of care without the pressures of an evolving clinical crisis.

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, shared goals of care should identify the overall direction for an episode (for example, curative, restorative, improving quality of life or comfort whilst dying¹), 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.

What is my role?

Feedback from consumers has demonstrated that nurses and/or allied health staff have an invaluable part to play in the discussion and shared goals of care decision. This may include initiating (especially when promoted by the patient), preparing and supporting the discussion. There will be times when you may advocate for the patient within the clinical team or trigger further discussions if you note a change in the patient. Patients and whānau may wish to reflect on the discussion and then have further questions. This is also where you may have an important role. Your scope of practice will inform your involvement.

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.

How shared goals of care work

There are three parts to the discussion. All members of the clinical team have a role to play.

1. Prepare

Gather information, including the patient's capacity, privacy needs, wishes for support people they would like to have present and any cultural needs. Review the patient information to gain an understanding of their potential medical trajectory. Nursing and allied health staff can play a part in this stage of preparing for the discussion. There needs to be agreement from the patient to go ahead with the discussion. Plan having the discussion around who will be involved, including the appropriate environment and space for privacy and to maintain dignity.

2. Discuss

- Explore the patient's (and family and whānau's, as appropriate) current understanding of their condition and what may lie ahead, and find out how much information they would like to know.
- Share with the patient information about the clinical team's understanding of their current condition and what may lie ahead.
- Summarise and check for shared understanding.

3. Recommend and close

Explain your recommendation in plain language, outlining which treatments are more likely to cause benefit than harm. Then reach a decision with the patient and whānau for the goal of care for the admission. This decision and plan should be documented clearly on the patient's shared goals of care form. Any other follow-up actions should also be documented in the clinical record.

More information

Go to:

<https://www.hqsc.govt.nz/our-programmes/patient-deterioration/workstreams/shared-goals-of-care/>

or contact your local DHB's patient deterioration programme lead.