POLICY APPLIES TO:

All Mercy Hospital Nursing/Allied Health Staff
Compliance by Credentialed Specialists will be facilitated by Mercy staff

RELATED STANDARDS:

Ngā Paerewa Health and Disability Service Standard.
Policy to permit that systems exist to ensure that care of the dying person is respectful of their wishes and personal dignity and comfort (refer to the 'Death of a Patient' Policy).

In keeping with the HDC Code of Health and Disability Services Consumers' Rights Regulation 1996

RIGHT 7; Right to Make an Informed Choice and Give Informed Consent
Every consumer has the right to refuse services and to withdraw consent to services.

RATIONALE:

Shared goals of care are when the patient, their 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.
This decision describes (in advance) what will be offered if the patient deteriorates.
This is a move away from the binary decision-making of 'for/not for resuscitation'.
As Mercy Hospital is an elective surgical hospital the likelihood of an unexpected deterioration is less than that of an acute admitting hospital. For any patients where this conversation is appropriate to their care, the standard would be for this kōrero to occur with their surgeon and/or anaesthetist before they are admitted to Mercy Hospital, rather than at the time of admission.

CULTURAL CONSIDERATIONS:

Cultural considerations are key to this Policy, so are therefore woven throughout this document.

DEFINITIONS:

Advance Directive

This is defined in the Code of Health and Disability Services Consumer's Rights as *'a written or oral directive – (a) by which a consumer makes a choice about a possible future health care procedure; and (b) that is intended to be effective only when he or she is not competent.*
Right 7 (5) of the Code states that: *'Every consumer may use an advance directive in accordance with the common law.'* (refer Consent Policy)

Advanced Care Plan

A document that includes what is meaningful to a person, such as people and pets, their values and the ways they would like those caring for them to look after their spiritual, cultural, and emotional needs. It also tells their loved ones and medical staff about the treatment and care

they want if they are no longer able to communicate.

Competent

A person is competent when there are reasonable grounds for believing that the patient has the capacity to understand the information, appreciate the situation and manipulate the information.

"The doctor should consider whether at the time the patient had a capacity which was commensurate with the gravity of the decision which the patient purported to make. The more serious the decision, the greater the capacity required." Lord Donaldson, M.R., cited pgs 174 and 175, "Medical Law in New Zealand", Skegg Paterson Ed, 2006, Thomson Brookers. (Refer to Mercy Hospital Consent policy).

Enduring Power of Attorney (EPOA) for personal care and welfare.

A legal document that a person (donor) uses to authorise someone else (called an 'attorney') to make decisions on their behalf about personal care and welfare if they become mentally incapable. The attorney is often a whānau member or trusted friend. The EPOA starts once the person has been declared mentally incapable. A relevant health practitioner or Family Court must decide that the person is not capable of making decisions about their care or welfare.

SHARED GOALS OF CARE PRINCIPLES (SGOC)

1. When the patient, their whānau / family, 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. (shared mind)
2. Governance systems and organisational culture and structures encourage shared goals of care discussions through resourcing and by supporting patients, whānau and clinicians to have these discussions.
3. Cultural safety is an essential component of shared goals of care discussions.

   Consider:

   - The effect of your own culture, history & attitudes.
   - Ongoing development of your own cultural awareness and understanding of how your sociocultural influences inform biases that impact your interactions with patients, whanau & colleagues.
   - Consciously not imposing your cultural values & practices.
   - Recognising power imbalances.

Aligning with the articles of the Tiriti o Waitangi and the use of the Te Whare Tapa Whā framework (developed by Sir Mason Durie) provides a useful link with shared goals of care discussions.

4. Patients, whānau and clinicians are supported before, during and after shared goals of care discussions.
5. Patients have those they want to have with them, including those who have decision-making responsibilities.
6. Shared goals of care discussions take place in appropriate environments to maintain patients' privacy and dignity.
7. 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.
8. Shared goals of care discussions happen where possible, prior to admission and with the agreement of the patient. The patient, whānau or clinician can begin the discussion.
9. 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.
10. Shared goals of care discussions and decisions are documented in a clearly identifiable and accessible clinical form, (see appendix 1) with information available to all clinicians.

Table 1: Shared goals of care options and interventions

	Treatment aims to	Cardiopulmonary resuscitation	Rapid response calls	Referral for ICU-level care	Other options
A: Curative and restorative	Prolong life	Attempt as this is clinically recommended and in line with the person's known wishes	Appropriate	Appropriate	All appropriate life-sustaining treatments
B: Curative and restorative	Prolong life and enhance its quality	Do not attempt as this is likely to cause more harm than benefit or is not desired by the person	Appropriate	Decide if appropriate	Appropriate treatments
C: Improving quality of life	Control symptoms, enhance wellbeing, and should be easily tolerated	Do not attempt as this is likely to cause more harm than benefit	Decide if appropriate	Unlikely to be appropriate	Appropriate treatments
D: Comfort whilst dying	Alleviate suffering in the last hours or days of life and allow a natural death	Do not attempt as this is likely to cause more harm than benefit	Not appropriate	Not appropriate	End-of-life guidelines like *Te Ara Whakapiri* and other appropriate treatments

The care options and interventions that are outlined above form the basis of the Shared goals of Care conversations. There are guides and training that can help with these discussions, for example, the Serious Illness Conversation Guide (see appendix 5).

IMPLEMENTATION:

For Credentialed Specialists;

- Policy available on the public Mercy website
- At credentialing interview
- At time of re-credentialing

Staff education on Shared Goals of Care.

EVALUATION:

- Where appropriate SGOC conversations occur and are documented prior to admission.
- Shared Goals of Care pack sent out to all credentialed specialists.
- Shared Goals of Care are documented on the SGOC care plan
- SGOC are re-documented on each admission
- Patient/family feedback on SGOG process is sought

ASSOCIATED DOCUMENTS

External

(This is not exclusive)

- Crimes Act 1961
- Code of Health and Disability Service Consumers' Rights 1996-update
- Human Rights Act 1993
- Mental Health (Compulsory Assessment and Treatment) Act 1992
- New Zealand Bill of Rights 1990
- Protection of Personal and Property Rights Act 1988
- *"Medical Law in New Zealand",* Skegg Paterson Ed, 2006, Thomson Brookers.
- HQSC Resources:
  - ✓ Shared goals of care page
  - ✓ Guide to preparing and implementing your shared goals of care approach (April 2021)
  - ✓ Shared goals of care principals for health service providers (April 2021)
  - ✓ Shared goals of care frequently asked questions (May 2021)
  - ✓ Serious Illness Conversation Guide Aotearoa
  - ✓ Factsheet for nurses and allied health workers supporting shared goals of care decisions (March 2020)
  - ✓ Factsheet for senior clinicians responsible for shared goals of care decisions (March 2020)
  - ✓ Factsheet for patients and whanau when having a shared goals of care discussion (June 2020)

Internal

- Cultural Policy
- Consent Policy
- Death of a Patient Policy
- Mercy Hospital Ethics Directives
- CPR Policy

Appendices to this Policy

- Appendix 1 – Shared Goals of Care Plan
- Appendix 2 – Shared Goals of Care Process
- Appendix 3 – Factsheets for patients and whānau
- Appendix 4 – Factsheet for clinicians
- Appendix 5 – Serious Illness Conversation Guide