

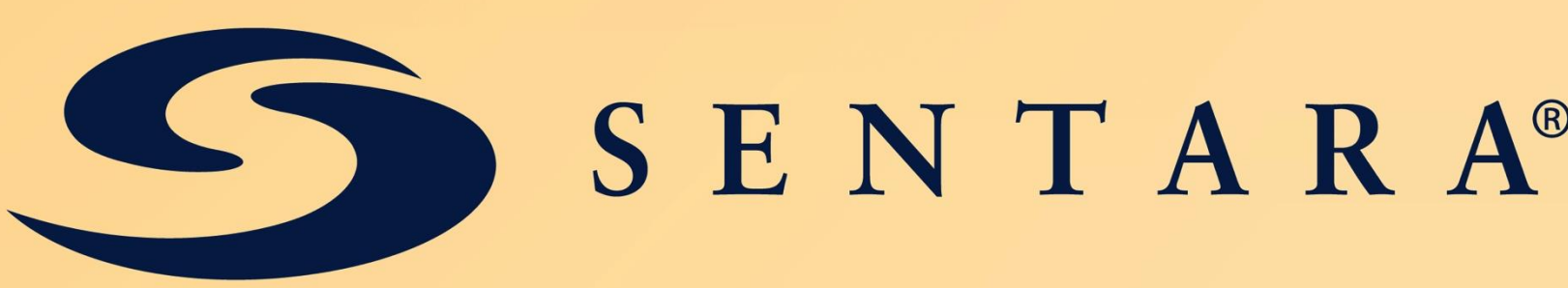


# GOALS OF CARE

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## BACKGROUND / PROBLEM

Physicians and registered nurses involved with Acute Care of the Elderly (ACE) as part of the Nurses Improving Care for Hospital Elders (NICHE) Program have identified several gaps in documentation of baseline functional status, advanced care planning (ACP), and concordance of goals of care (GOC) with patients/families along with the integrated medical team in the critical care setting for hospital elders.

## QUESTIONS

Our team assessed two issues surrounding goals of care for elderly patients within 48 hours of intensive care unit (ICU) admission:

- How often are healthcare providers documenting goals of care and pre-hospital functional/ living status?
- What percentage of the healthcare team self-report addressing goals of care and pre-hospital functional/living status?

## PURPOSE

The aim of this quality improvement initiative was to:

- Validate and quantify ACE/ NICHE team observations.
- Develop a process to improve concordance of care plan with critically ill hospital elders.
- Develop a process to document care plans on the patient’s pre-hospital functional status, spiritual/ cultural influences, and validate ACPs in the electronic medical record.

## METHODOLOGY

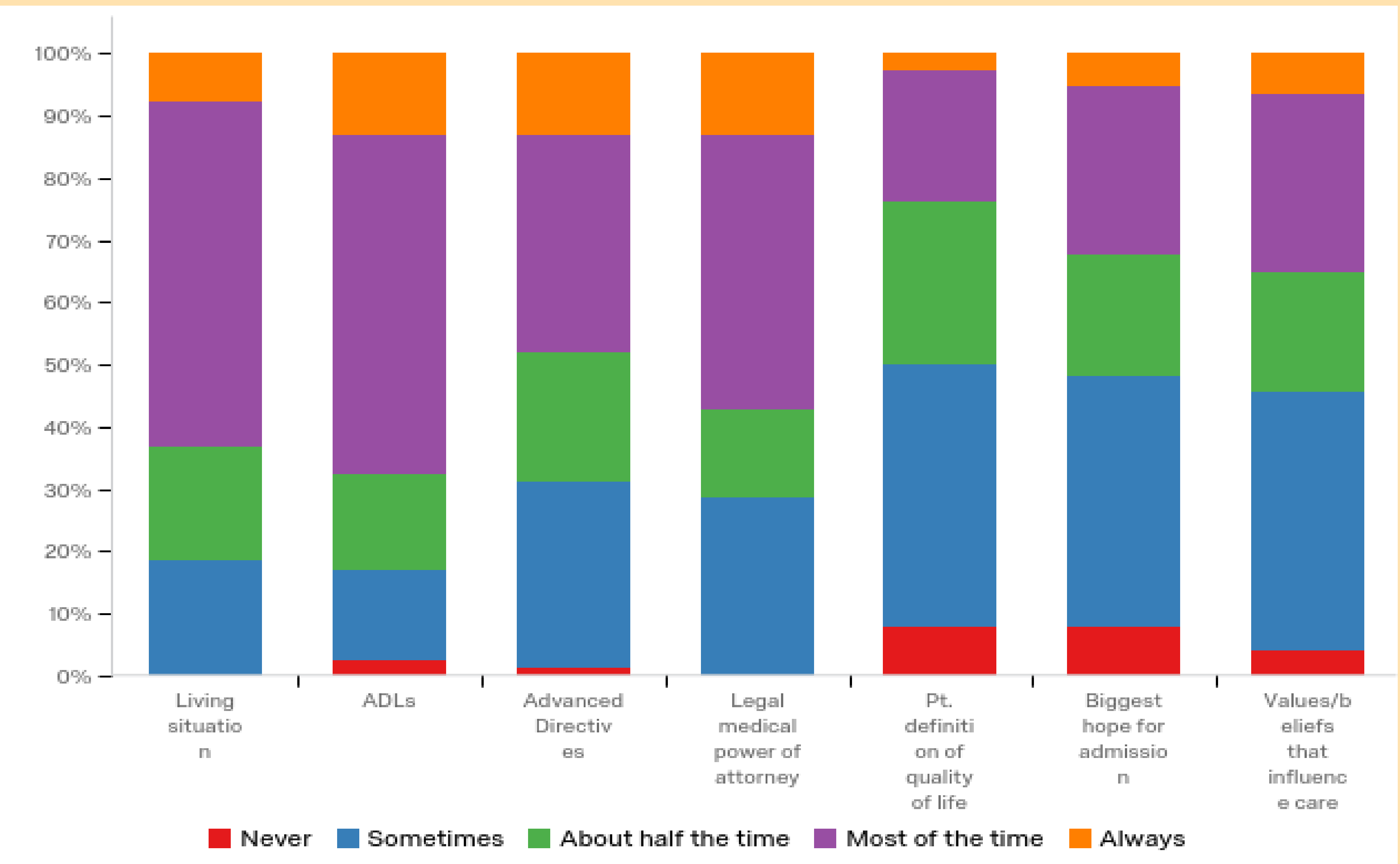
The GOC team includes two ICU RN leaders, pharmacist, board-certified chaplain, and a Geriatrician. The setting was two ICU’s at a large, urban teaching hospital with a level 1 trauma center and a nationally ranked heart hospital in Norfolk, VA: a 16-bed general ICU and a 10-bed cardiac medicine ICU. A letter of determination was obtained by the Eastern Virginia Medical School Institutional Review Board.

- 2-week chart review of all patients  $\geq 65$  years was completed to identify documentation of goals of care conversations with any health care provider.
- A paper survey was distributed to all members of the health care team, which included demographic questions and asked how often they know the following for patients who are 65 years and older in the first 48 hours of ICU admission in the first 48 hours of ICU admission:
  - Living situation
  - Pre-admission functional status
  - Advanced care plan
  - Legal medical power of attorney
  - Patient/family’s definition of good quality of life
  - Patient/family’s biggest hope for this hospitalization
  - Personal values/belief system influences on their health care

## RESULTS

- Chart review (n = 47) revealed that 9% of pts.  $\geq 65$  years had a documented goals of care conversation in the electronic medical record.
- Survey respondents (n = 77) included: attending physicians (8%) , physician assistants (3%), medical residents (4%), medical students (3%), nurses (56%), rehabilitation therapy (11%), social work (1%), case management (1%), advanced practice nurses (5%), and other (6%).

Do You Know the Following in the First 48 Hours of ICU Admission?



## CONCLUSIONS

This initiative confirmed observations from ACE rounds regarding the need for improved assessment of pre-hospital functional status and connection with elderly patients/families in these two critical care areas of this hospital. The team has moved forward to create a standardized goals of care interview template to address all of the above mentioned topics in this patient population.

## IMPLICATIONS FOR PRACTICE

After review of literature, the team developed a “Goals of Care” script and created an Epic note template. Nurse leaders from 2 ICU’s are piloting scripted interviews with patients 75 years of age and older. The interview addresses all seven questions from our survey. Any discordance between the patient and the medical team are immediately addressed. The team is tracking the following metrics:

- ACP
- Hospital and ICU LOS
- Code status conversions
- Discharge disposition
- Concordance with plan of care
- Length of interview
- Referrals to Palliative medicine
- Referrals to Chaplaincy

## REFERENCES

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