Executive Summary: Nurses' Role in Goals of Care

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- Nurses rarely document goals-of-care (GOC) information. Chart review of patients at risk of 30-day mortality revealed GOC documentation in 82% of charts, yet nurses mentioned GOC in only 11% of these charts.
- A formal process and embedded SmartPhrase provided the Early Nursing Intervention Team (ENIT) nurses with a simple way to incorporate GOC review into their consults.
- The GOC SmartPhrase was used in 94% of consults over the 12-week implementation period.
- ENIT documented their advocacy for GOC conversations in 7 cases and goal-aligned care in 6 cases during the implementation period.
- In a post-implementation chart review, overall GOC documentation increased to 93%, and nursing GOC documentation increased to 24%.
- Survey results showed an increase in ENIT nurses' understanding of their role in GOC, confidence advocating for GOC, and self-reported documentation.
- The percentage of patients at risk of 30-day mortality who received a palliative care consult increased, and the percentage of these same patients who transferred to the ICU decreased following the implementation.

Backgrounds and Purpose

Goals-of-care (GOC) conversations help healthcare providers understand what matters most to their patients and provide care that supports their preferences. Nurses can play an important role in GOC. However, nurses often report a lack of role clarity, documentation guidance, and training as barriers to participation (Fliedner et al., 2021; Wittenberg et al., 2024). The purpose of this quality improvement project was to enhance nurses' involvement in GOC

through a formal process and increase their GOC documentation with a SmartPhrase. Results from this project will be used to guide future efforts to promote nurses' role in GOC.

Methodology

Intervention Design

Early Nursing Intervention Team (ENIT) nurses were selected as the target nurses for this project because GOC promotion supports their goal of reducing unplanned transfers to the intensive care unit (ICU). Additionally, ENIT nurses respond to rapid responses, and the Society of Critical Care Medicine recommends GOC training for rapid response team members (Honarmand et al., 2024).

Patients at high and critical risk of 30-day mortality, identified by an internal artificial intelligence-based algorithm, were selected as the target patient population because they are in urgent need of GOC conversations and review.

A formal GOC review process was designed for ENIT nurses based on the Modified Surprise Question, which prompts providers to ask, "Would I be surprised if this patient were to die during this hospitalization?" (Dock et al., 2025). Within the process, if the ENIT answered no (i.e., they would not be surprised), they would search the chart for GOC. If GOC were not found, or if GOC were found but the care plan did not align, the ENIT would escalate their concerns to the provider. They would then use the SmartPhrase embedded within their consult note to document their findings and actions taken.

Implementation

This quality improvement project was deemed exempt by the IRB at the project site and the university where the project lead was enrolled.

ENIT nurses were trained on the process during their staff meeting in January 2026. Hospital medicine providers and palliative care providers were notified of the project and its

potential impact on their services via email prior to the start of the project. Within the first two weeks of implementation, the project lead met with each ENIT nurse individually to review the process, answer questions, and promote participation. Visual cues were posted at their workstation. ENIT consults were reviewed weekly to identify compliance with the process, and results were shared with ENIT nurses at their monthly staff meetings. Case studies were collected and shared with ENIT nurses to demonstrate the clinical significance of their efforts throughout the 12-week implementation period.

Evaluation Methods

ENIT nurses were invited to complete pre- and post-implementation surveys. The survey asked the ENIT nurses to use a Likert scale to rate their understanding of their role in GOC, their confidence in identifying patients in need of GOC, their knowledge of how to search a chart for GOC, frequency of GOC documentation, and confidence advocating for GOC.

Charts of patients at high and critical risk of 30-day mortality were reviewed for the 6 weeks immediately before and after the implementation period. For each period, 45 charts were reviewed, for a total of 90. Charts were searched for key terms to determine whether GOC documentation was present and whether a nurse documented GOC information.

Palliative care referrals and ICU transfers among the identified patient population were pulled from the hospital's quality monitoring dashboards.

Results

There were 13 ENIT nurses who completed the pre-intervention survey and 7 who completed the post-implementation survey. The average scores increased from pre- to post-implementation for understanding of their role in GOC (3.69 to 4.43), their knowledge of how to search a chart for GOC (4 to 4.29), self-reported frequency of GOC documentation (2.92 to

4.43), and confidence advocating for GOC (3.77 to 4.43). The average score decreased for confidence in identifying patients most in need of GOC (4.23 to 4.14).

The SmartPhrase was used in 94% (380/402) of all ENIT consults over the 12-week implementation period. Within these consults, ENIT documented advocating for GOC conversations in 7 cases and for goal-aligned care in 6 cases.

Chart reviews for patients at high and critical risk of 30-day mortality showed an increase pre- to post-intervention for overall GOC documentation (82% to 93%) and nurses' GOC documentation (11% to 24%). All mentions of GOC by a nurse within these charts were documented by ENIT nurses. Of note, ENIT was consulted in 44% (20/45) of cases pre-intervention and 38% (17/45) of cases post-intervention.

The average percentage of patients at high or critical risk of 30-day mortality who received a palliative care consult increased from 25% in the four months preceding the intervention to 35% in the four months following implementation. Additionally, the average percentage of the same patients who transferred to the ICU decreased from 58% to 55% over the same periods.

Strengths and Limitations

Numerous strengths of this project contributed to its success. There are relatively few ENIT nurses; therefore, the project leader was able to connect directly with each one. The ENIT nurses' contributions to the workflow and wording of the SmartPhrase were essential. Additionally, this project did not specifically add additional tasks to their work. Rather, it provided them with a structured format and simplified charting for GOC need identification, advocacy, and documentation. Integrating the SmartPhrase into their existing consult notes made it easy to complete and harder to overlook, which led to a high compliance rate.

Additionally, this project took place alongside Hospital Medicine's efforts to improve GOC documentation. Having Hospital Medicine leaders' support for ENIT's involvement in GOC was crucial, as this understanding empowered ENIT nurses to advocate appropriately.

Several limitations must be acknowledged. As a quality improvement project, the results cannot establish causality. Additionally, the response rate for the post-implementation ENIT survey was much lower, so the results must be interpreted with caution. It is possible that the individuals who completed the post-survey were those who had already rated themselves higher. The project focused primarily on identifying needs, conducting chart reviews, and escalating concerns; it did not provide ENIT nurses with training to participate in GOC conversations, which can be a significant component of nurses' role in GOC.

Implications and Conclusion

Timely GOC information is vital, particularly when decisions about escalation or palliative care must be made quickly. Providing ENIT with a formal review process and standardized documentation led to improved nurse-documented GOC, making nurses' contributions more visible. ENIT's documentation of advocacy for GOC and goal-aligned care represents 11 separate patients whose care trajectories were impacted during their most vulnerable moments.

Findings on ICU transfers among patients at high or critical risk of 30-day mortality are significant for our patients and the healthcare system. The lower percentage of these patients requiring ICU transfer may suggest reducing transfers that are not aligned with patients' goals and improving ICU access for those who may benefit most.

The findings from this quality improvement project suggest it is feasible and beneficial to spread to similar nurses at other entities. Additionally, the workflow and documentation may be adapted to guide primary nurses in GOC review, advocacy, and documentation.

References

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