AUTHORS

James Farley | Registered Nurse
james.farley@kilbrydehospice.org.uk

Julie Muir | Registered Nurse
julie.muir@kilbrydehospice.org.uk

PERSON – CENTRED GOAL SETTING HEALTH CARE RECORD REDESIGN

BACKGROUND

The hospice had an opportunity to review the current paper based In-Patient Unit (IPU) healthcare record. Following an education session on goal setting, it appeared that goal setting documentation in the IPU unit could be strengthened.

NHS Scotland (2024) Design Principles to Create Person-Centred Records states that all patients' individual needs and goals must be captured. A project team of hospice registered nurses supported by the Clinical Administration undertook the review with organisational

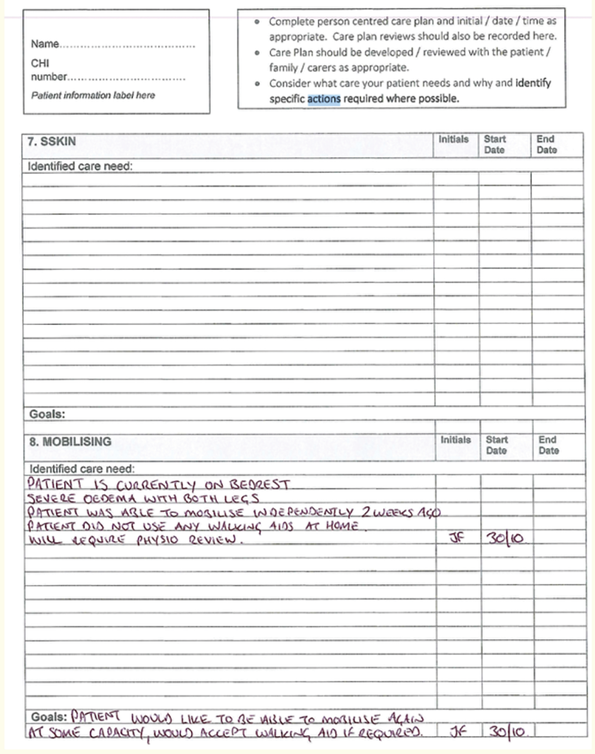
AIMS

- Create a more person-centred individualised care plan.
- Incorporate Goal Setting in to daily practice.
- Create a user-friendly Goal Setting document.
- Use the NHS Scotland: Design Principles to Create Person Centred Records

METHOD

Review of SMART goals setting frameworks in current use. Based on these reviews, the team drafted a Kilbryde specific Goal Setting framework to enable staff to establish realistic achievable goals.

The SMART (NHS Scotland) system will enable organisations to establish practical goals for palliative care. SMART is an acronym for *SPECIFIC, MEASURABLE, ATTAINABLE, RELEVANT and TIME BASED*		
Smart	“I want to be able to go to the toilet”	What is the patient goal?
Measurable	“You will need a walking aid and physio review”	What do I need to achieve this? Who needs to be to be involved?
Attainable	“I have severe oedema in both legs”	What might get in the way? “What if” plan of action required
Relevant	“Will I be able to do this?”	Is this a realistic goal? Will it keep me motivated?
Time Based	“How long will this take?”	Is there time to achieve this goal?

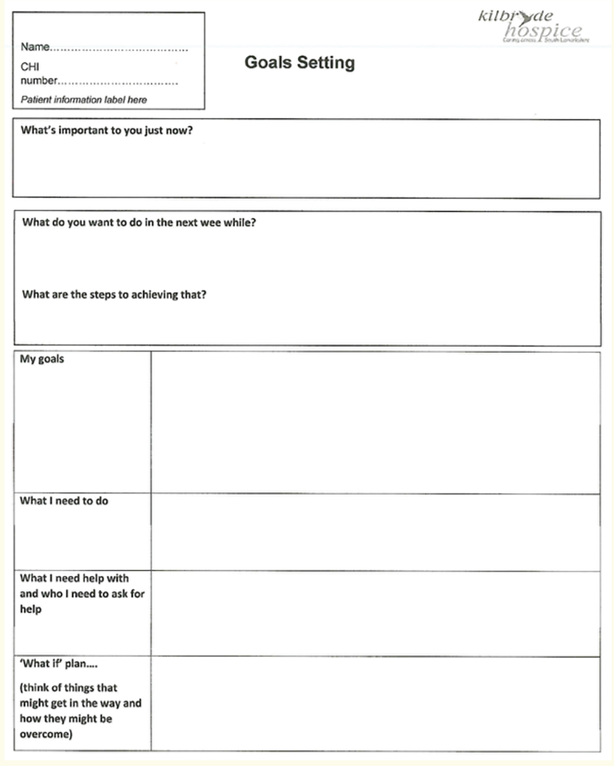


Name.....
CHI number.....
Patient information label here

- Complete person centred care plan and initial / date / time as appropriate. Care plan reviews should also be recorded here.
- Care Plan should be developed / reviewed with the patient / family / carers as appropriate.
- Consider what care your patient needs and why and identify specific actions required where possible.

7. SSKIN	Initials	Start Date	End Date
Identified care need:			
Goals:			

8. MOBILISING	Initials	Start Date	End Date
Identified care need:			
PATIENT IS CURRENTLY ON BEDREST			
SEVERE OEDEMA WITH BOTH LEGS			
PATIENT WAS ABLE TO MOBILISE INDEPENDENTLY 2 WEEKS AGO			
PATIENT DID NOT USE ANY WALKING AIDS AT HOME.			
WILL REQUIRE PHYSIO REVIEW.	JF	30/10	
Goals: PATIENT WOULD LIKE TO BE ABLE TO MOBILISE AGAIN			
AT SOME CAPACITY, WOULD ACCEPT WALKING AID IF REQUIRED.	JF	30/10	



Name.....
CHI number.....
Patient information label here

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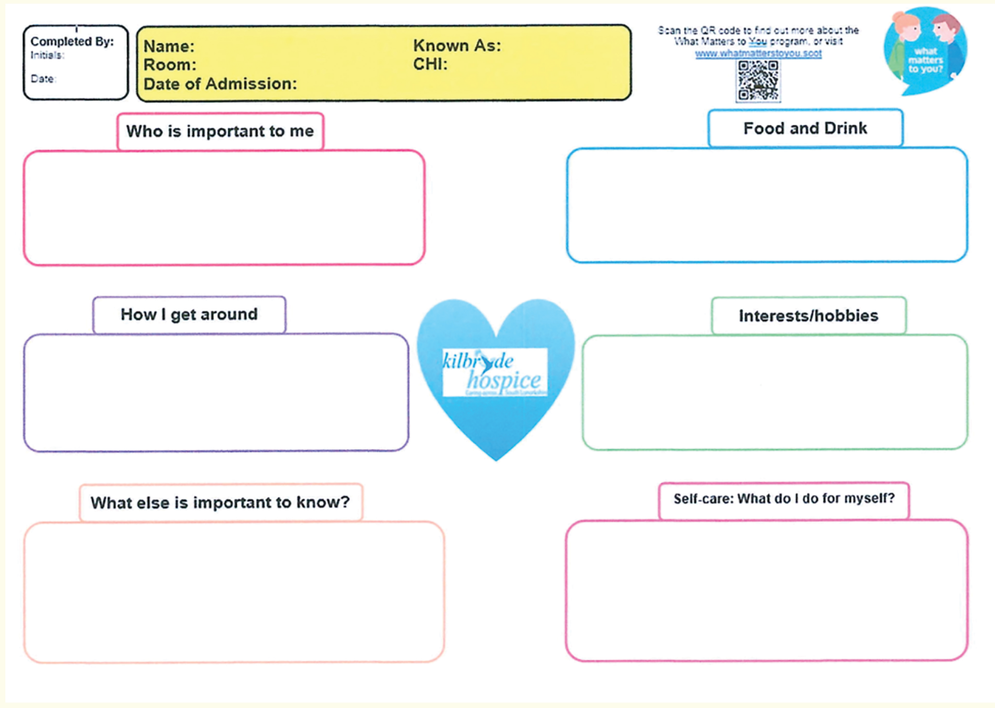
Goals Setting

What's important to you just now?
What do you want to do in the next wee while? What are the steps to achieving that?

My goals	
What I need to do	
What I need help with and who I need to ask for help	
'What if' plan.... (think of things that might get in the way and how they might be overcome)	



Completed By:
Initials:
Date:

Name: **Known As:**
Room: **CHI:**
Date of Admission:

Scan the QR code to find out more about the What Matters to You programm, or visit www.whatmatterstoyou.scot

what matters to you?

Who is important to me

Food and Drink

How I get around

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Interests/hobbies

What else is important to know?

Self-care: What do I do for myself?

RESULTS

The Goal Setting document was implemented into the improved Patient Care Plan to encourage discussion about each individual’s Activities of Daily Living. This helped the patient/nurse/carer relationship and encourage patient choice and decisions, as well as the following:

Improve patient quality of life	Facilitation of end-of-life conversations/decisions
Enhanced support for bereaved families	Reduce patient anxiety
Boost access to community services	Encourages patient independence and autonomy
Enhance teamwork and collaboration	Ensure effective communication
Implement appropriate care interventions	Improved access to resources

CONCLUSION

Effective goal setting enhances communication and patient outcomes by tailoring care to individual needs.

Our improved Goal Setting documentation promotes collaboration with the Multi-Disciplinary Team to support patients and families/carers throughout their palliative care journey. This delivers better outcomes and effective patient care in our IPU.

REFERENCE

Healthcare Improvement Scotland (2024) NHS Scotland: Design principles to create person centred records. Version 2. Published March 2024.

(Accessed: 22 October 2025)

REFERENCE

NHS Education Scotland (NES) (no date) Improving SMART Goal Setting to achieve outcomes [online].

(Accessed: 30 October 2025)