Introduction

- Treatment Escalation Plans (TEPs) are essential to ensure that every patient has their care discussed and documented formally, in line with the national initiative.
- TEPs allow the patient and staff members to be aware of the limits of treatment in the event of the patient deteriorating.
- At Medway Hospital, we introduced TEP forms in September 2016 which are to be completed by the relevant Consultant within 24 hours of admission.
- We carried out a PDSA cycle to evaluate whether TEP forms had been effective at improving escalation planning and whether they had a subsequent impact in resuscitation decision-making (comparing to DNACPR data collected in 2015).

Objectives & Methods

- Assess the quality of documentation and staff awareness of the escalation plan for their patients and DNACPR status.
- Retrospective review of TEP/DNACPR forms at Medway Hospital carried out in January 2017.
- 80 patients (mean age 71.9 years; range 18 - 97 years) divided equally across medical and surgical wards.

Information obtained from patient notes:
- Demographics, admission details and performance status.
- Whether there was a valid TEP/DNACPR decision in place, if it was clearly identifiable and signed by a Consultant.
- Identification of patients without a TEP/DNACPR decision made.

Results

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<tr>
<th>Treatment Escalation Plans</th>
<th>DNACPR</th>
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<td>- TEP forms were found in 66% (medical 90% vs surgical 42%) of the notes (target was 100%). 34% (40 vs 28%) were completed appropriately (figures 1 and 2). Fig. 1 – the percentage of TEP forms found in notes and appropriately completed.</td>
<td>- 70% of DNACPR decisions were made within 24 hours of admission (62% in 2015).</td>
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<td>Fig. 2 – the percentage of patients without a TEP form appropriately completed according to their performance status (0 = fully active; 4 = bedbound).</td>
<td>- 7 patients (9%) should have had a DNACPR decision but did not have one in place. This was a 9% improvement compared to the data collected in 2015 (figure 3).</td>
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<td>- Of those forms completed, 68% (medical 63% vs surgical 73%) were completed within 24 hours. 50% (82 vs 18%) were signed by a Consultant.</td>
<td>- DNACPR documentation scored higher in all areas in 2017, other than communication with patients (79% in 2015 vs 50% in 2017) and relatives (94 vs 67%).</td>
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<td>- All staff members were aware of the patients that had a DNACPR decision, compared to 94% in 2015.</td>
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Discussion

- TEPs are proving to be an effective way of formalising timely clinician decision-making and communicating ceilings of care, but there is room for improvement.
- TEP forms have encouraged doctors to consider DNACPR decisions for patients who otherwise would not have been considered.
- We have revised the TEP form in light of these results through extensive collaboration with senior clinicians, Quality Improvement Group and the Executive Board.
- The new TEP form is being presented at patient safety conferences, audit/departmental and junior induction meetings to increase staff awareness in the Trust.

Action Plan

- The second TEP and third DNACPR cycle will occur once the new form has been fully implemented. We anticipate higher completion rates and clarity amongst staff regarding escalation planning which should improve patient safety outcomes and clinical effectiveness. We believe that staff engagement is key to the success of this venture.

References: