An Audit of Hospital Anticipatory Care Planning in Oncology during the 2020 COVID-19 Pandemic

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Abbreviated abstract: New Hospital Anticipatory Care Plans (HACPs) were introduced during the COVID-19 pandemic. We assessed HACPs in oncology in-patients during May 2020 (peak pandemic) and August 2020 (new normal). HACP completion, treatment escalation documentation and accessing community Key Information Summary (KIS)/Emergency Care Summary (ECS) was examined. Suggested improvements include using significant information tab on TRAK, embedding escalation discussions into first consultant review and moving towards a national anticipatory care planning approach for greater clarity and consistency.

Related publications:

-Hall, CC. *et al, BMJ Supportive & Palliative Care,* 2019;**9**:1-11

-Hall, CC. *et al, BMJ Open Quality,* 2017;**6**:e000114.

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Aims, Background + Methods

Audit Aim: To audit completion of Hospital Anticipatory Care Plans (HACP); documentation of treatment escalation; as well as access to community ACPs (KIS/ ECS) in Oncology Dept during May/Jun '20 ('first wave') and subsequent period Aug/Sept '20 ('new normal').

Background:
During the COVID-19 pandemic, new HACP guidance was released which aimed to:

- Provide continuity of care and good communication especially for on-call staff out of hours.

- Provide information about, as well as appropriate limitations to, interventions which are likely to be **FUTILE AND / OR BURDENSOME OR CONTRARY TO THE PATIENT'S WISHES. Interventions in these categories are unethical.**

-To **MINIMISE HARM** due to overtreatment or under treatment.

-To provide for shared decision-making as much as possible in the context of acute or acute-on-chronic illness.

Method:
Retrospective audit of case records using the electronic notes on TRAK+ SCI store.

Audit standards: 100% of HACP should be filled in during patients admission (and the same for KIS and ECS access).

Population:
20 consecutively admitted patients via Cancer Assessment Unit from May 1st 2020 and 20 from Aug 1st 2020.

Exclusions: admission < 48 hours/,elective admissions / procedures.

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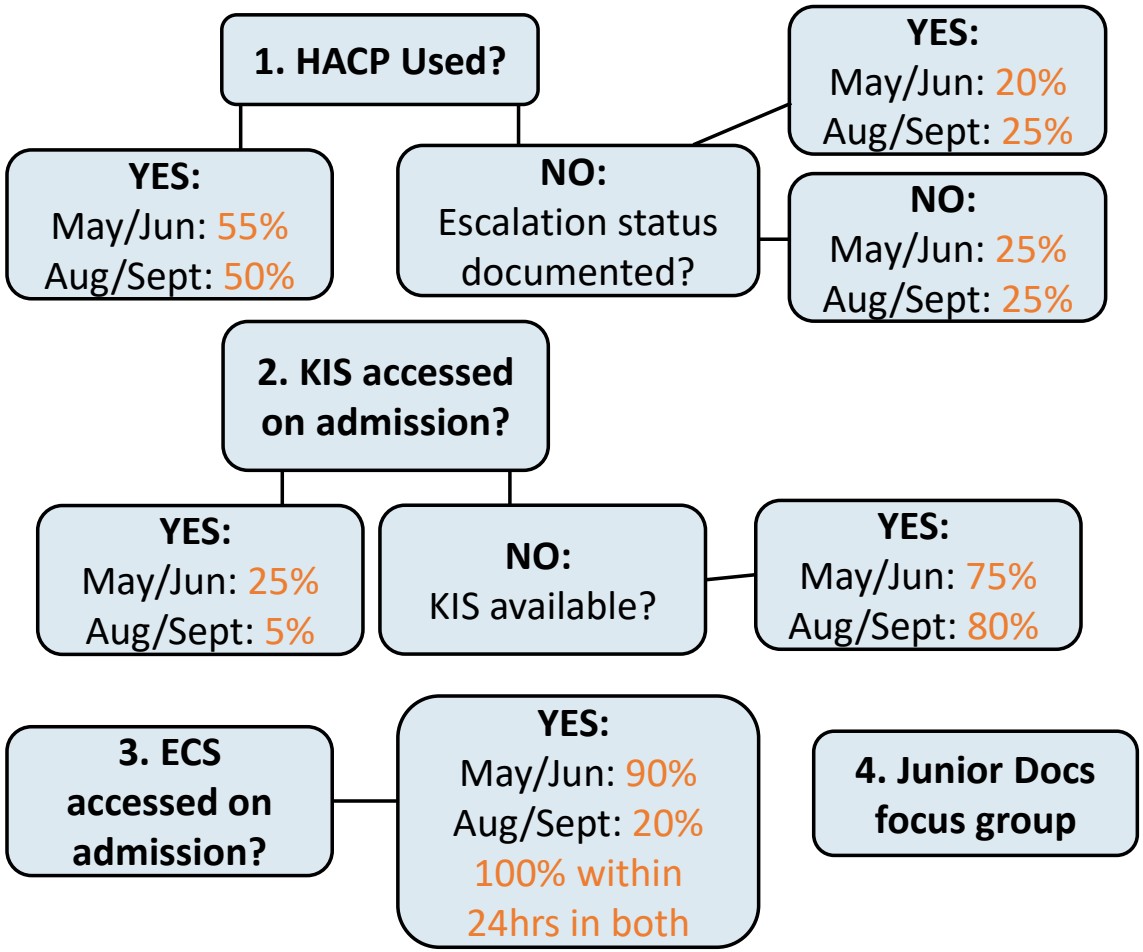
Results



Summary of findings:

HACP

-25% of patients had no clear escalation status during admission

KIS access low compared to number of KIS available

-KIS availability consistently 75-80% of Oncology patients

-KIS content variable but may include important clinical info

ECS access higher but variable

- Does not include full KIS info

Significant Information

Highly valued by Junior Drs for clarity/ ease of access

-More often done when patient ending active Rx

-Scope for consistent use in tandem with HACP

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Conclusions

Our results suggest HACPs and escalation plans have not been consistently embedded into routine clinical practice.

Future work:

1. Support HACP use during the first consultant review after admission and for it to be regularly updated.

2. To use the significant information box in TRAK to clearly flag significant conversations and escalation plans. This has been incorporated into our junior doctor's induction.

3. The appointment of the Lothian ACP Lead and / or a move towards a national ACP approach (eg RESPECT) may lead to greater clarity and consistency in the use of HACPs.

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