Improving the use of Treatment Escalation plans within Medicine for the Elderly

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Abstract: Actively involving patients and their families in anticipatory care discussions can help to improve patient care and can reduce unnecessary and potentially harmful interventions. NHSGGC have a widely available Treatment Escalation Plan (TEP) form to aid with these discussions, however from our observations the completion rates were very low. We aimed to increase TEP implementation within our department. Following two interventions we were able to increase numbers completed and highlighted areas for future intervention and development.

Related publications:

– Detering et al. The impact of advance care planning on end of life care in elderly patients: randomised controlled trial. BMJ 2010;340:c1345

– Lightbody et al. Impact of a treatment escalation/limitation plan on non-beneficial interventions and harms in patients during their last admission before in-hospital death, using the Structured Judgment Review Method. BMJ Open 2018;8:e024264

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This poster is part of the SPPC Poster Parade 2022

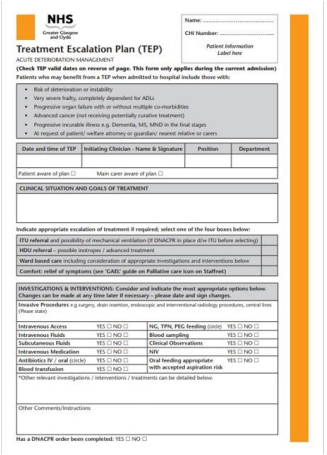
Background

- With almost half of all Scottish deaths occurring in hospital there has been recognition of the importance of Advanced Care Planning (ACP)

- Studies have shown improved outcomes in patient care and satisfaction with the implementation of ACP, by reducing anxiety for the patient and relatives and preventing unnecessary and potentially harmful interventions.

- NHS GGC have developed a Treatment Escalation Plan form as an aid to ACP
  - TEP does not replace DNACPR forms however should prompt discussion regarding understanding of illness and goals of treatment, including specific interventions.
  - TEP forms also aid to improve clinician decision making, particularly out of hours.

- We recognised the value of these forms especially within our department of Medicine for the Elderly during the Covid pandemic; we felt that the number of patients who had a completed TEP was lower than desired, we therefore undertook a QI project to increase the implementation of TEP forms



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Name: .....
CHI Number: .....
Patient Information Label here

Treatment Escalation Plan (TEP)

ACUTE DETERIORATION MANAGEMENT

(Check TEP valid dates on reverse of page. This form only applies during the current admission)

Patients who may benefit from a TEP when admitted to hospital include those with:

- Risk of deterioration or instability
- Very severe frailty, completely dependent for ADLs
- Progressive organ failure with or without multiple co-morbidities
- Advanced cancer (not receiving potentially curative treatment)
- Progressive incurable illness e.g. Dementia, MS, MND in the final stages
- At request of patient/ welfare attorney or guardian/ nearest relative or carers

Date and time of TEP	Initiating Clinician - Name & Signature	Position	Department

Patient aware of plan ☐ Main carer aware of plan ☐

CLINICAL SITUATION AND GOALS OF TREATMENT

Indicate appropriate escalation of treatment if required; select one of the four boxes below:

ITU referral and possibility of mechanical ventilation (If DNACPR in place d/w ITU before selecting)	
HDU referral – possible inotropes / advanced treatment	
Ward based care including consideration of appropriate investigations and interventions below	
Comfort: relief of symptoms (see 'GASS' guide on Palliative care Icon on Staffnet)	

INVESTIGATIONS & INTERVENTIONS: Consider and indicate the most appropriate options below. Changes can be made at any time later if necessary – please date and sign changes.

Invasive Procedures e.g surgery, drain insertion, endoscopic and interventional radiology procedures, central lines (Please state)

Intravenous Access	YES ☐ NO ☐	**NG, TPN, PEG feeding** (circle)	YES ☐ NO ☐
Intravenous Fluids	YES ☐ NO ☐	**Blood sampling**	YES ☐ NO ☐
Subcutaneous Fluids	YES ☐ NO ☐	**Clinical Observations**	YES ☐ NO ☐
Intravenous Medication	YES ☐ NO ☐	**NIV**	YES ☐ NO ☐
Antibiotics IV / oral (circle)	YES ☐ NO ☐	**Oral feeding appropriate with accepted aspiration risk**	YES ☐ NO ☐
Blood transfusion	YES ☐ NO ☐		

*Other relevant investigations / interventions / treatments can be detailed below.

Other Comments/Instructions

Has a DNACPR order been completed: YES ☐ NO ☐

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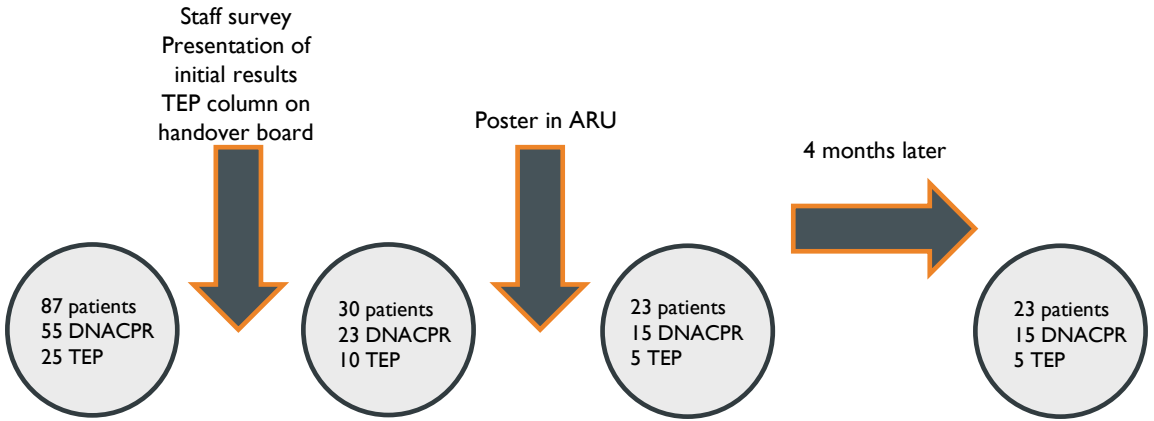
Methods

- We collected data from a DME ward noting presence of DNACPR and TEP forms
- An online survey was sent to staff to identify any barriers to completion
- 2 stages of intervention were carried out
  - Firstly, to raise awareness and staff engagement our initial data was presented to medical staff at a lunch time meeting; we then added a TEP column to our daily handover meeting to trigger consideration. Data was again collected to assess for change.
  - Secondly, we emailed all medical staff a poster to encourage staff to consider completion of TEP



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Results

- We were able to achieve an increased rate of TEP form implementation however, unfortunately this was not sustained over time
- We identified that most medical staff felt comfortable to start the initial TEP discussions however many felt that it should be formalised by someone more senior and that for some, communication around TEP was difficult.

Staff survey

"should be completed by someone more senior"

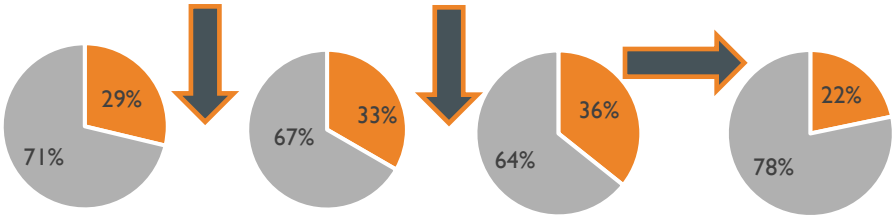
"conversations can sometimes be uncomfortable"

"don't know the patient well enough"

"need to clarify with NOK/POA in some situations"

Conclusions

- Despite an improvement in numbers, the overall total remained low
- Areas for future intervention: communication skills sessions for staff; patient and family satisfaction survey; nationally agreed form e.g. TEP vs ReSPECT



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