Background

25-30% of acute adult beds in UK hospitals are occupied by someone in the last year of life. In Poole Hospital 28% of adult inpatients (excluding maternity) die within one year of their admission.

One of the greatest challenges to providing care for patients with uncertain recovery is deciding when to escalate treatment or when to withdraw or withhold treatments which are unlikely to provide overall benefit. The use of a Treatment Escalation Plan (TEP) to standardise documentation of these decisions can improve shared decision making and communication between health care professionals.

Treatment Escalation Plans provide a structured process for recording clinician led decisions for appropriate care of patients whose condition is unstable, there is risk of deterioration or recovery is uncertain. TEPs should be made in discussion with the patient and their family, focusing on which treatments may or may not be most helpful in the future.

Building on the best (Botb) has provided a platform to develop the Poole TEP, increasing the frequency of its use and the quality of information that populates it. We believe that this has had a significant impact on the quality and safety as well as the experience of end of life care provided for patients at Poole Hospital NHS Trust.

Method

Between September 2016 and February 2107 a Quality Improvement model using Plan, Do, Study, Act cycles was used to further develop and improve the electronic TEP tool. Engagement with the executive trust board, trust end of life group, junior and senior clinicians, patients, nonclinical staff and a public partnership group were used to inform cycles of change.

The TEP was relaunched in Oncology and Department of Medicine for the Elderly in October 2016, and then trust wide in January 2017. Presentations, education, awareness training and roll modelling were used to promote the re-launch of TEPs.

Discussion and further work

Treatment Escalation Plans are one way of improving shared decision making, documenting clinician led decisions and communicating these decisions. TEPs are supported by healthcare staff trust wide as well as patients and the public. The Poole Treatment Escalation Plan has been redeveloped and relaunched resulting in significant improvement in quality, awareness and frequency of use.

Further improvement work has been identified to build on the use of TEP in Poole Hospital NHS Foundation Trust to allow adoption of application cross settings, enabling its relevance for patients in the community as well as in the acute sector.

The feasibility of a collaborative project to combine the Poole Treatment Escalation Plan (TEP), with the Proactive Elderly Advance Care Plan (PEACE) to create TE-PAC (Treatment Escalation – Proactive Anticipatory Care plan) is currently being investigated.

References:

For full case study, visit www.hospiceuk.org/Botb