Treatment Escalation Plan: Design and Implementation using QI Methodology

Laura Munglani, Sarah Oram

Elizabeth Shermon, Linda William & Julian Abel
Background

- Do Not Attempt Resuscitation (DNAR) Forms - current gold standard in UK for treatment escalation decisions

- Currently under public scrutiny as they lack patient involvement

- DNAR forms encourage tick box plans leading to high patient and relative dissatisfaction

- Complaints surrounding DNAR forms are a **NATIONAL** issue
  - Highlighted by End of Life Care Strategy 2008
  - No successful intervention thus far to reduce complaints
Common themes (PALS complaints 2013-2016)

- Communication issues (83%)
  - Patient/family not informed of DNAR
  - Patient agreed with DNAR, but not relayed to NOK
  - Incorrect information on DNAR re: comorbidities

- Discharge issues (17%)
  - Copy of DNAR not sent with patient to discharge destination
Project Aims

- By August 2016 we aim to:
  - **Primary outcome:**
    - Reduce the number of DNAR/resuscitation complaints
  - **Secondary outcomes:**
    - Develop the TEP form to increase doctor and patient satisfaction
    - Improve TEP discussions and documentation
    - Introduce TEP form across all patients with a DNAR
Process Mapping

Current DNAR process

Identification

Form in notes? indefinite
?community DNAR

Preliminary medical decision

Patient/NOK should be informed of DNAR

DNAR completed +/- discussion

Ideal TEP process

Identification

Preliminary medical decision

Update and re-assess for each admission

Jointly agreed TEP documented

Discussion with patient/NOK

Weston Area Health NHS Trust
Aim/Primary Outcomes:
Reduce the number of DNAR/resuscitation complaints

Primary Drivers:
- TEP/resuscitation discussions
- Identification of suitable patients
- Staff education

Secondary Drivers:
- Junior doctors communication skills and confidence
- Senior doctor communication skills
- Privacy for discussions on ward
- Medical staff identification
- Place of identification – ED/MAU/ward
- Relevant to current admission
- Dealing with uncertainty

Balancing Measures:
- Might make complaints worse
- Time – discussions too long

Measures:
Demonstrate good quality process with reduced harm

Secondary Outcomes:
Develop TEP form
Improve quality of documentation
Hospital wide use of TEP forms alongside DNAR
PDSA cycle highlights over 1 year

PDSA 1 - TEP column added to handover sheet

PDSA 4 – Changes to TEP form and MAU staff education

PDSA 7 – Ward “TEP champions”

PDSA 9 – Peer feedback

PDSA 10 – Doctor, patient and relative feedback

PDSA 11 – Ongoing run charts & feedback
Current TEP form

Stage 1: Preliminary team decision on level of care

- Ceiling of care (please circle):
  - High care
  - Ward Care

- Investigations (Blood tests, endoscopy etc.)
- Treatment (Medical/surgical)
- Cardiopulmonary resuscitation

Reasons for Treatment Decision:

Record of discussion:
(e.g. IV fluids, IV antibiotics + duration, nutrition (NG/TPN), NIV, inotropes, RRT/haemofiltration, CPR, Intubation)

Stage 2: Agreed ceiling of care

- Intensity of care (please circle):
  - ICU referral
  - Ward Care

- Investigations (Blood tests, endoscopy etc.)
- Treatment (Medical/surgical)
- Cardiopulmonary resuscitation

Consultant signature verifying discussion and decision

DATE

COPY OF FORM GIVEN TO PATIENT/RELATIVE: YES/NO

Stage 4: Is advanced care planning on discharge appropriate?

Yes / No

High care removed

Removed unused tick boxes

To highlight importance

Date added

Prompts
Run chart:
TEP form number on medical wards

Number of TEP forms

Date
Feb 2015 – June 2015

- TEP Introduced to MAU
- TEP Introduced to Berrow and Kewstoke ward
- Data collected from Berrow and Kewstoke only
- Regular meetings with the MAU team

Number of TEP forms
Run chart:

PDSA 1 - Care of the Elderly ward

Number of TEP forms

Date
June 2015 – Oct 2015

Astronomical data point

TEP form onto ward round sheet
PDSA 4 to 6 - Quality of TEP forms

Provided prompts above discussion section also.

Removed unused sections and provided treatment plan prompts.

Average score of quality (0 – 3)

PDSA cycles 4 – 6
What difference has been made?

DNAR complaints

- No DNAR complaints this year
- No complaints regarding use of TEP since project commenced

Number of complaints

Quarters of year (2014 – 2016)
What difference has been made?

Junior doctor feedback

- TEP forms assist me in making decisions for deteriorating patients whilst I am on call

Patients/Relatives feedback

- “useful to have copy of final plan to look at and read”
- “felt involved in treatment planning”
- “felt better having a conversation with a person and the opportunity to ask questions”

Currently gathering further feedback
What difference has been made?

- Reduction in DNAR/resuscitation complaints
- Improved communication
- Improved quality of documentation
- Increase in junior doctor confidence in leading advance care planning discussions
- Demonstration of the value of the junior-led QI projects
Next Steps

- Address barriers to implementation we have identified this year

- Continued hospital-wide TEP form use
  - TEP champions
  - New intake of junior doctors
  - All specialties – including surgery!
  - Hospital-wide TEP form availability

- Tick-box DNAR to be replaced by TEP to focus on patient-led care planning
Any Questions?

Thank you!
Laura Munglani & Sarah Oram