Compliance of treatment escalation plan in a district general hospital
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Introduction
Treatment escalation plans (TEPs) allow the clinician and patient to discuss treatment options prior to a potential deterioration.

Frailty is becoming increasingly common in the ICU, with frailty associated with higher ICU and hospital mortality [1,2].

Objectives
• To determine if TEPs are completed in acute medical admissions within 24 hours of admission. If not completed, we assessed if treatment escalation plans are completed throughout their ward stay.
• We aimed to evaluate if completion rates varied based on patient clinical frailty score (CFS) and national early warning score (NEWS).
• Furthermore, we aimed to determine if there were common themes as to possible reasons for non-compliance of TEPs completion.

Methods and Materials
• Ambidirectional analysis of acute medical admissions data between 09/12/2019 – 13/12/2019 was performed.
• Electronic and paper health records were used to collect treatment escalation plan, clinical frailty score and national early warning score.
• Admissions without a treatment escalation plan form were followed-up throughout the data collection period.
• Frailty was defined as CFS > 4.
• A questionnaire was given out to 11 acute medical doctors, from foundation doctors to consultants.

Results
• Out of the admissions (N=138) analysed, 83% (n = 114/138) did not have a TEP form completed within 24 hours of admission.
• Out of the 83%, TEP form was completed in 2.6% (n = 3/114) during a 5 day follow-up period.
• TEP form was completed in 33% (n = 18/54) and 7% (n = 6/84) in the frail (CFS > 4) and non-frail (CFS ≤ 4) respectively.
• TEP form was completed in 32% (n = 9/28) and 14% (n = 15/110) in patients with NEWS ≥ 5 and NEWS < 5 respectively. Among the frail patients, 37% (n = 20/54) had a NEWS ≥ 5.

Discussion
• A large proportion of acute medical admissions are not having TEPs discussed and documented.
• If ceilings of care are not documented within the first 24 hours of admission, TEPs are unlikely to be completed.
• Opportunities might be being missed to explore patients’ wishes before deteriorating, with less than half of the frail and unwell patients having TEPs completed.
• There is a need to have greater emphasis on clinical engagement in this vital aspect of patient care.
• Plans need to be put in place for increased collaboration between acute physicians and other specialties including critical care.

Conclusions
• Early consideration and completion of TEP is essential to ensuring that appropriate escalation plans are set.
• There is also an opportunity to start the decision-making process for frail multi-morbid patients in chronic disease clinics and primary care to aid discussion during an acute admission.

References