

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.

Percentage of patients with TEP completed according to clinical frailty score

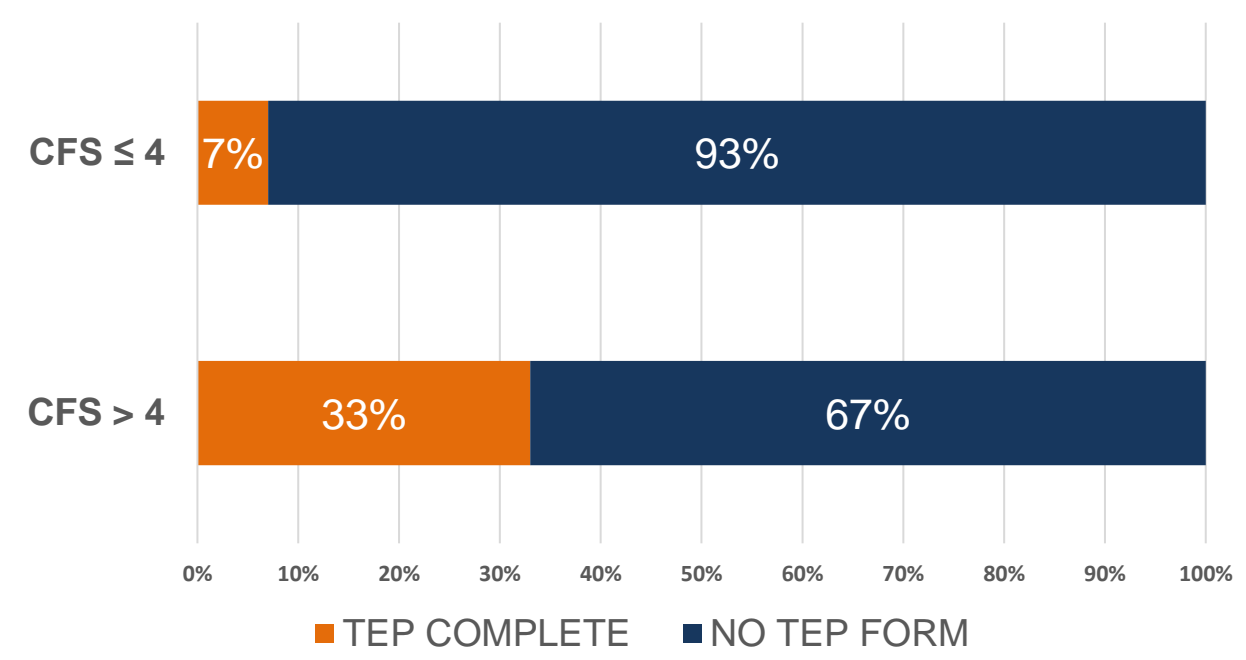


Figure 1: TEP form completion and non-completion in the non-frail (CFS ≤ 4) and frail patients (CFS > 4)

Percentage of patients with TEP completed according to national early warning score

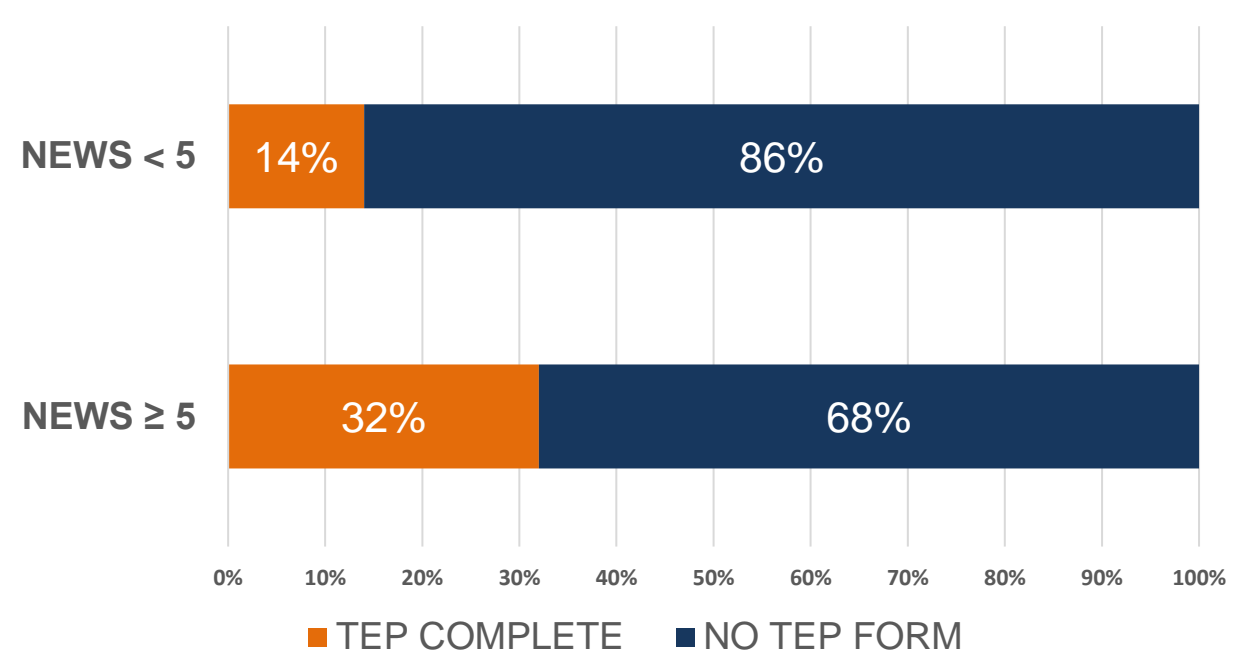


Figure 2: TEP form completion and non-completion in patients with NEWS ≥ 5 and those with NEWS < 5

Themes identified on thematic analysis include:

- Time constraints during acute take
- Reluctance in discussing ceilings of care with patients/relatives
- Hesitancy in deciding TEPs during first 24 hours of care

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

1. De Biasio Justin C., Mittel Aaron M., Mueller Ariel L., Ferrante Lauren E., Kim Dae H., Shaafi Shahzad. Frailty in Critical Care Medicine: A Review. *Anesthesia and Analgesia*. June 2020;130(6): 1462 – 1473.
2. Kahlon S., Pederson J., Majumdar S. R., Belga S., Lau D., Fradette M., Boyki D., Bakal J. A., Johnston C., Padwal R. S., McAlister F. A. Association between frailty and 30-day outcomes after discharge from hospital. *Canadian Medical Association Journal*. August 2015; 187(11): 799 – 804.