"Are they for escalation?"

Robbie Hair, Daniel Husni, Ariadne Saniklidou

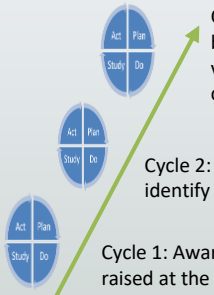
Department of Medicine, Inverclyde Royal Hospital, Glasgow, Scotland

INTRODUCTION

Prompt and clear decision making regarding treatment escalation in the acute admission setting is essential in safeguarding patient safety. It improves patient outcomes, reduces the incidence of undue harm and supports the delivery of optimal care. Treatment escalation plans (TEPs) have been especially topical within the quality improvement community in the current pandemic. This QI project began as cases of COVID-19 began to rise again in the 'second wave'. Our aim was 'for 100% of patients to have a documented TEP within the first 24 hours of admission'. We aimed to do this over a 4 month period.

METHODS

This project was undertaken between November 2020 and February 2021 at Inverclyde Royal Hospital, Glasgow, Scotland; utilising PDSA methodology. Two sets of baseline data looking for formal (NHS Greater Glasgow & Clyde TEP form) and informal documentation of TEPs were initially collected in 20 random patients' medical notes across two medical wards. A total of three PDSA cycles along with various interventions were made and above data re-collected in order to assess change.



Cycle 3: Breaking said barriers by broadcasting trust produced videos on approaching difficult conversations. (Jan 2021)

Cycle 2: Middle grade doctor survey to identify barriers (Jan 2021)

Cycle 1: Awareness and education raised at the hospital QI showcase (Dec 2020)

Baseline: Number of documented TEPs in 20 sets of medical notes within 24 ours

RESULTS

In summary, we demonstrated a 20% increase in TEP documentation, rising from 55% to 75%, over the course of four months. We also saw a dramatic rise in the use of the aforementioned trust-wide approved TEP forms from 0% to 55%. Interestingly, the peak of TEP documentation, 80% of patients, corresponds with the peak of COVID-19 cases in the country in January 2021. However, the use of TEP forms themselves continued to increase, nearly doubling in February.

RESULTS (continued)

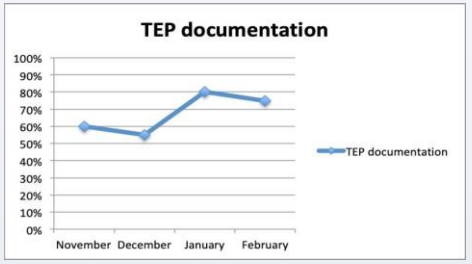


Fig. 1 Documented TEPs in medical notes within 24 hours of admission

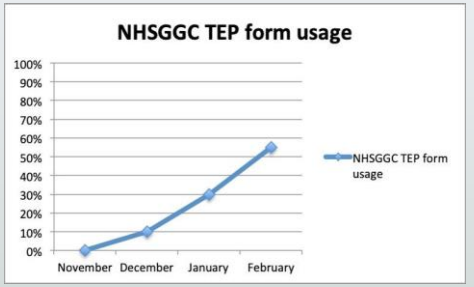


Fig. 2 NHSGGC TEP forms implemented within 24 hours of admission

DISCUSSION

Treatment escalation planning has always been a cornerstone of inpatient care. It appears COVID-19 has brought about a collective understanding on the awareness of treatment limitations and the importance of delivering optimal individualised care.

In addition to reaching our project aim - ideally with data collection on a larger scale - we hope to continue the success of this scheme. This project has been resumed with the new influx of Junior Doctors in August 2021. We are also looking to collaborate with another local QI project - documenting frailty scores - as this should aid in robust decision making especially in the context of escalation planning.