

A QUALITY IMPROVEMENT PROJECT TO IMPROVE COMPLETION RATES OF TREATMENT ESCALATION AND RESUSCITATION FORMS AT ST GEORGE'S HOSPITAL

Aim

To improve completion rates of TEP and resuscitation forms in medical inpatients at St George's Hospital, London.

Methods

An audit of 200 medical inpatients admitted through the medical take was used to identify current rates of form completion (Sept 2021). A qualitative survey of 26 junior doctors was used. A demonstration of online form completion (on iClip) was given to 9 doctors with flowchart hand-out during AMU induction. A pre and post-induction survey assessed impact of the intervention.

Results

Audit

46% of patients had forms completed during their admission. 17% had previous forms which were not reviewed or re-implemented. In 11% , there was an error in documentation in the form.

Survey Results

61% of respondents felt form completion was 'very important'. 38% usually completed the form in their clerking. Figure 3 shows common reasons for not completing forms. Figure 4 shows 14% felt induction materials would help, however, 48% felt that Consultant discussion would be beneficial.

Post—intervention

Figures 1 and 2 shows after intervention 88% of doctors felt more confident in completing TEP and resuscitation forms and 100% gained confidence in viewing previous forms.

Discussion

The majority of medical inpatients did not have a documented escalation plan. The qualitative survey identified broader challenges to TEP and resuscitation form completion. In accordance with wider literature, we found seeking opinions of doctors can help design interventions that are practical, sustainable and with greater chance of improving patient care.²

Fig 1. Bar chart showing confidence in completing forms

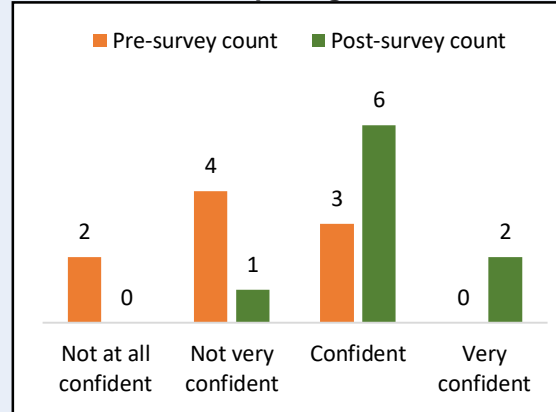


Fig 2. Bar chart showing confidence in viewing previous forms

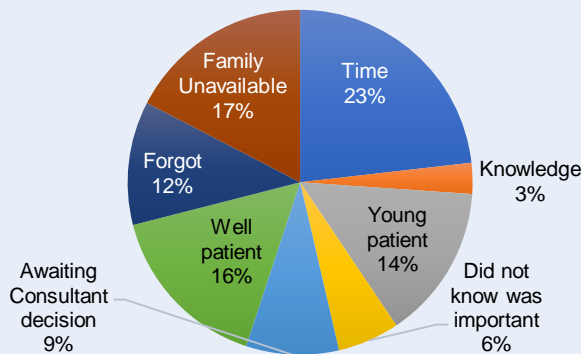
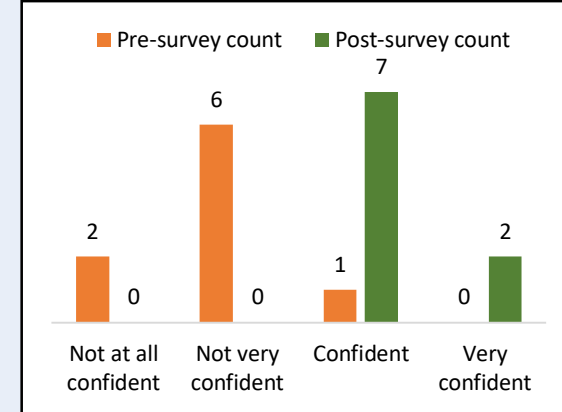


Fig 3. Pie chart showing reasons for not completing TEP forms from qualitative survey

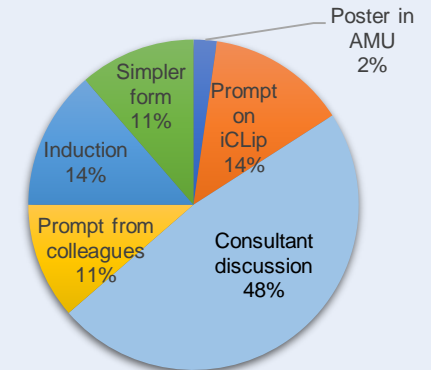


Fig 4. Pie chart showing ideas for interventions from qualitative survey

Conclusion

Completion of TEP and resuscitation forms is important to support individualised treatment goals and "to protect people from receiving CPR that they did not want, that would not work, or would not give them overall benefit".² Our results show induction materials can increase confidence in completion of forms. However, there remains wider barriers including lack of knowledge, lack of time, and delay in senior decision making.

References

- Elias Ibrahim J, Jeffcott S, Davis M et al. Recognizing junior doctors' potential contribution to patient safety and health care quality improvement. *Journal of Health Organization and Management*.2013;27(2):273-286.
- Pitcher D, Fritz Z, Wang M et al. Emergency care and resuscitation plans. *BMJ*. 2017;356:j876.