Buckinghamshire Healthcare
NHS Trust

# Moving forward not backwards with supportive decision making: How can a Medical Advance Plan help?

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# Introduction

- BHT has been on an EOL quality improvement journey following challenging CQC results in 2014
- Lots of training and education regarding DNACPR decisions
- Senior clinicians survey revealed lack of confidence in advance planning and DNACPR conversations

# Background

- Nationally Resuscitation Council reviewing Resuscitation guidelines on the background of Tracey case
- Ongoing challenge with LCP withdrawal
- Attended national meeting where some treatment escalation plans were presented
- No plans for national paperwork at that stage
- Decision as part of EOL work to develop our own TEP to help clinicians and patients plan what treatments are appropriate

# Treatment Escalation Plan

- A TEP form is a way of your doctor recording your individual **treatment plan**, focusing on which treatments may or may not be most helpful for you. A variety of treatments can be considered, such as antibiotics, artificial feeding or ventilation of your lungs.

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# TEPS can be:

- Compassionate
- Clarify for patient and family regarding their illness and treatments available
- Supportive to clinicians especially junior staff and out of hours colleagues

# First Steps

- A Group of interested clinicians
- Designing the form
- Who to use it for?
- How to get buy in

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# Treatment Escalation Plan

Name:

NHS/Hospital No:

Date of birth:

**Name of Dr (ST3 or above):** **Sign:**

**Lead Consultant:** **Sign:**

**Date of initiation:**

The patient **does / does not have capacity** (*if the patient does not have capacity you must follow Trust policy on the Mental Capacity Act*)

I have discussed the appropriate options for care with the patient **and/or** following people (*please include their name and their relationship with the patient*):

**If patient or carers were not involved in completing this form, you must record a reason why in the patient's medical records.**

| | | |
|---|---|---|
| **Would referral to ICU for management be appropriate?** If 'YES' **and** the patient is likely to require **imminent** ICU support, please bleep the on-call ICU registrar and notify the ward nurse in charge | **YES** ☐ | **NO** ☐ |
| **Is the patient for CPR?** **If you ticked 'NO', you MUST complete a Unified DNACPR form.** | **YES** ☐ | **NO** ☐ |

**'YES' or 'NO' and given the patient's current condition and prognosis please indicate if any of the following treatment options below would be appropriate**

| | | | | |
|---|---|---|---|---|
| **Nasal Hi flo humidified $O_2$ delivery?** | **Yes** | ☐ | **No** | ☐ |
| **Non-invasive ventilation?** | **Yes** | ☐ | **No** | ☐ |
| **Targeted IV therapy (e.g. antibiotics, fluids)?** | **Yes** | ☐ | **No** | ☐ |
| **Blood & blood products?** | **Yes** | ☐ | **No** | ☐ |
| **Assessment for PEG/NG feeding?** | **Yes** | ☐ | **No** | ☐ |
| **Are there exemptions to escalating a high NEWS score for e.g. patient has target SpO2 88-92%?** ***Specify level & rationale (for e.g. chronic health condition)*** | **Yes** | ☐ | **No** | ☐ |
| **For End of life care?** ***If 'YES' please refer to Trust guidelines for action*** | **Yes** | ☐ | **No** | ☐ |

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| Please document any other escalation decisions or management plans for any specific anticipated problems below (e.g. symptom management, nutrition, etc) |
|---|
| |

**Remember:**

- ✓ **The Treatment Escalation Plan should be completed within 48hrs of admission to the ward and certainly before the weekend for all patients in the pilot wards at Stoke Mandeville Hospital**
- ✓ **It should then be reviewed either when the patient's clinical condition changes, at least every 5 days, or when the patient is discharged to another ward, specialist team or home. The review must be undertaken by a Dr at ST3 or above and countersigned by a consultant within 48 hours**
- ✓ **In determining the level of intervention you should consider a range of clinical indicators, changes in performance status and functional changes in ADLs over time and where necessary seek specialist input for prognostication**
- ✓ **Please print name, sign and date to say you have reviewed the TEP above. If necessary, a new TEP should be completed.**
- ✓ **Obsolete Treatment Escalation Plans must be scored through twice and clearly marked INVALID**

| Date of review | Reviewer (Print name) | TEP valid? Y / N | Reviewer's Signature |
|---|---|---|---|
| | | | |
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# Pilot study

- Respiratory and MFOP wards – Discussed with relevant clinicians first
- Regular visits from palliative care team to encourage its use
- Requested feedback
- Agreed to use more widely as part of 90 day improvement project

# First Audit – June 2016

- Wards
  - Orthopaedics x2
  - MFOP x2
  - Respiratory X2
  - Gastroenterology x1
- 44% had a TEP
- 45% completed within the first 2 days
- Generally well completed
- Less well documented discussions with patient/family
- DNACPR forms correlated with TEP

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# Further developments

- Results shared and discussed though divisions
- TEP added to medical clerking proforma
- ITU TEP introduced with ventilation, dialysis and inotrope questions
- Ongoing education at every opportunity
- Several junior doctor reviews of ward practice

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# Second Audit – April 2018

- Orthopaedics 65%
- Respiratory 91%
- MFOP 85%
- Gastroenterology 68%
- 78% within 48hrs of admission
- Mainly completed by Consultants
- Well completed
- Full discussions 33%, capacity only 29%, nil 38%
- DNACPR correlated with TEPS
- Some completed for all treatments

# Benefits

- Clear plans in place
- Help on call teams and critical care outreach to guide treatment
- Raising profile of End of Life care

# Challenges

- Getting clinician buy in
- Time taken for busy senior clinicians to complete
- Ensuring conversations are had with patient/families not just completing forms

# Areas for future work

- Reengage the group – wider support
- Spread across whole trust?
- Everyone wants their own TEP!
- Use in the community
- How to fit it in with Respect?

# Thanks to:

- Champions around the Trust for their support
- Colleagues in BHT for persevering
- BHT management for supporting EOL care
- FNH colleagues for lots of coffee and support!

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