Assessment and Implementation of Treatment Escalation Plans (TEPs) at University Hospital Southampton (UHS)

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1. Background
- TEPs detail the appropriate ceiling of care in the case of clinical deterioration and aim to avoid unnecessary and invasive management
- There are no NICE standards on implementing TEPs, but TEP forms have been successfully introduced in several NHS trusts across the country
- Currently, formalised TEP forms are not implemented at UHS

2. Aims
- To perform an initial service evaluation of current TEPs within the Medicine for Older People (MOP) department, covering the following:
  ▪ Are TEPs being completed for patients?
  ▪ What narrative is documented in patient notes relevant to TEPs?
  ▪ Are clinicians, particularly “out of hours”, confident carrying out current TEPs?
  ▪ What is wanted by clinicians from a formalised TEP form?
- To implement a TEP form for use at UHS based on this data

3. Methods
1. Data collection from MOP patient notes across two MOP wards (n=47)
2. MOP clinician questionnaire regarding current TEPs in notes (n=25)
   ▪ FY1s (n=5), SHOs (n=10), SpRs (n=7), Nurse Specialists (n=3)

4. Results
1. Data collection
   ▪ See Figure 1
2. MOP clinician questionnaire, responses graded on a scale of 1 to 5 (1 - Strongly Disagree, 5 - Strongly Agree)
   ▪ Clinicians did not feel confident in actioning TEPs written in patient notes when patients they were familiar with deteriorated (median=3)
   ▪ They felt even less confident actioning TEPs written in patient notes for patients new to them and who were seen during “out of hours” work (median=2)
   ▪ Almost all clinicians wanted a formalised TEP form to insert into patient notes (median=5)
   ▪ Clinicians wanted this TEP proforma to:
     o Include information about relevant ward transfers
     o Include information regarding the extent of medical management in the case of “ward-based care”

5. Learning Points from Initial Service Evaluation
- TEPs are rarely documented, with no TEP in 70% of patient notes
- Clinicians do not feel confident actioning current TEPs written in patient notes, especially when they are limited to “ward-based care”
- There is a clear desire amongst clinicians for a formalised TEP form which can be inserted in a standardised location in patient notes
- From Aug 2019, TEP forms were approved by UHS to be trialled in the Acute Medical Unit (AMU) and in Division B medical wards (Figure 2)

6. Preliminary TEP Form Service Evaluation
1. MOP patient notes data collection (n=112)
   ▪ 17 TEPs documented in patient notes (15.2%), of which 6 were newly implemented TEP forms (35.3%)
   ▪ In patients where only Level 1 care is indicated, data collectors were confident in the extent of “ward-based care” in 100% of patients with TEP forms and in less than half (45.5%) in those without TEP forms
   ▪ Data collectors were confident in actioning TEPs “out-of-hours” for the majority of patients with newly implemented TEP forms (83.3%), compared to just over half of patients without a TEP form (54.5%)
2. MOP staff questionnaire (n=16), both nurses and doctors
   ▪ Most were aware TEP forms were available to use (median=5)
   ▪ Most had not encouraged teams to use a TEP form (68.7%) and most had not used a TEP form (87.5%)
   ▪ TEP forms are “clear”, “easy to use” and “straightforward”, but “increased education” was needed to encourage their use and to “raise awareness”

7. Next Steps
- Feedback trust-wide has been very positive and several other divisions have expressed an interest in using TEP forms routinely
- Education programs are needed for Division B and AMU teams to encourage clinicians to use TEP forms
- Further service evaluation across Division B and AMU is needed to gather data and views about TEP form use

If successful, and after feedback and iteration, TEP forms are planned for rollout across all of UHS in 2020

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