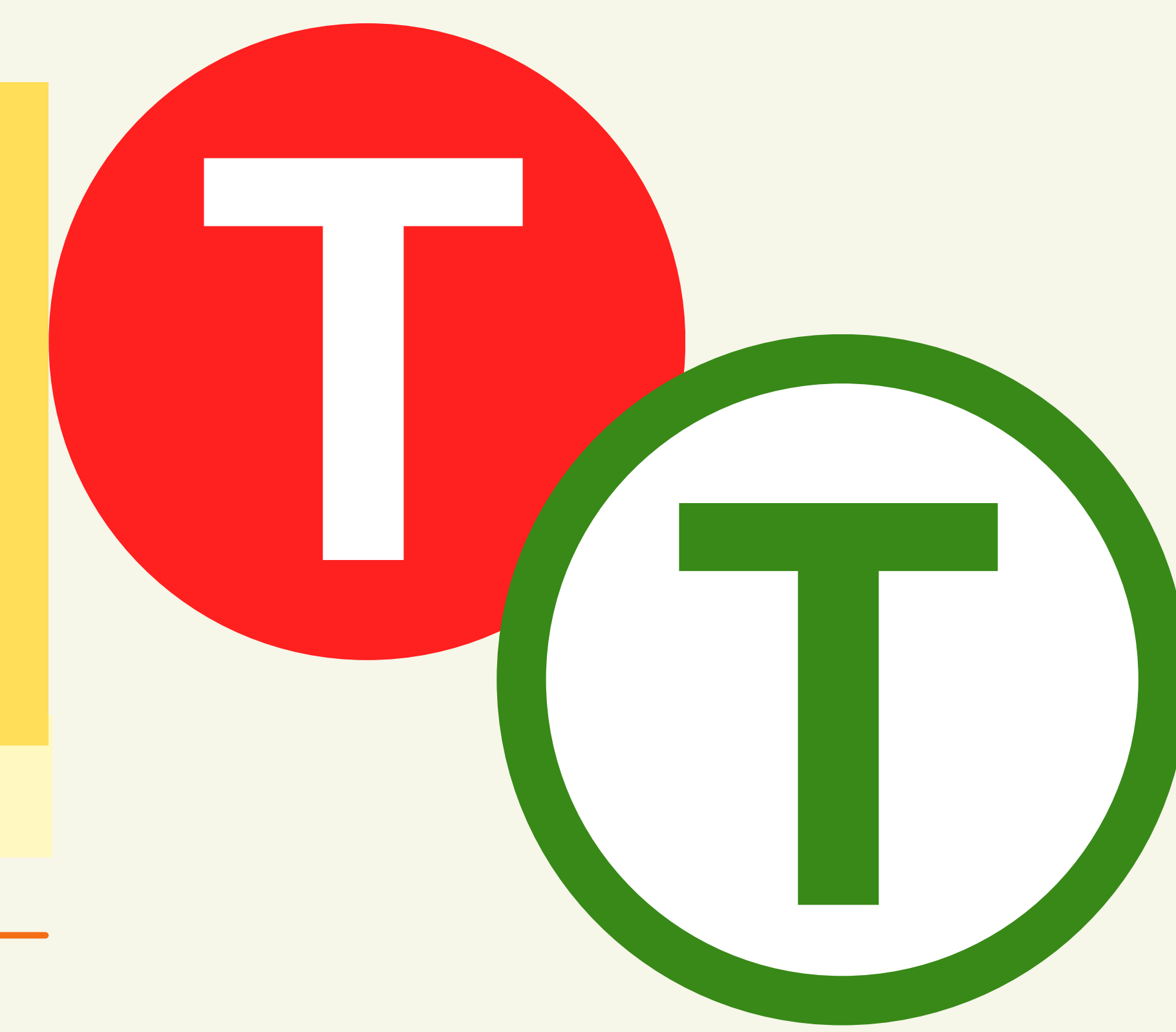


# ENCOURAGING THE USE OF TREATMENT ESCALATION PLANS (TEPs) IN THE HOSPITAL AT HOME EDINBURGH TEAM



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## WHAT IS A TEP?

- A Treatment Escalation Plan is a document on TRAK that records and communicates a patient's treatment goals and preferences if their general health or condition worsens
- This can include but is not limited to: resus status, preferred place of care, if imaging/blood tests/IVs are appropriate
- They are not legal documents but have many benefits for both patients and staff.
- Importantly, TEPs need to be reviewed and modified as clinical situations change and evolve over time. These discussions should be a routine part of our care for our patient group

### TEPS AIM TO:

**MINIMISE HARM FROM OVER OR UNDER TREATMENT**

**PROVIDE CLEAR CONTINUITY OF CARE**

**ALLOW INFORMATION TO BE SHARED QUICKLY AND EASILY BETWEEN PROFESSIONALS**

**PREVENT FUTILE OR BURDENSOME INTERVENTIONS WHICH MAY BE CONTRARY TO PATIENT'S WISHES**

## OBJECTIVE

An audit was undertaken to investigate Treatment Escalation Planning within the H@H team. It was decided to introduce the use of the TEP tab on TRAK to record patient wishes. Our aim was to have 80% of patients under the care of Hospital at Home (H@H) with a completed TEP.

## METHODOLOGY

One week of discharges was audited Monday 28th August - Sunday 3rd September 2023 yielding 35 patients. We investigated if patient's Key Information Summaries were accessed, if we had an ACP discussion, if the ACP section of the discharge letter was completed, and if GPs were subsequently updating the KIS.

It was then decided to use the TEP tab on TRAK to document TEPs. We encouraged staff to do this by:

- Hosting teaching sessions at morning huddles
- Creating a video on how to use the TEP tab which was included in H@H induction videos online
- TEP/ACPs were discussed in consultant led ward rounds and it was added to the plan if no TEP had been created yet

TRAK generated data for TEP completion is now recorded twice per week and was used to create the graph below using data from 10/5/24 - 22/10/24.

## RESULTS

- 1) Did the patient have a KIS already? Yes, 80% did (28/35)
- 2) Did we check the KIS? Yes, 100% of the time (35/35)
- 3) Did we discuss ACP with patients during admission with us? Only 63% of the time (22/35)
- 4) Did we update the ACP section of the IDL? Yes, 91% of the time (32/35)
- 5) Were there changes to be made to KIS/APC? Only 46% of the time (16/35)
- 6) If IDL not authorised on day of d/c was an email sent to GP practice to alert them of discharge? Yes, 100% of the time
- 7) Did the GP update the patients KIS? Only 23% of KIS were updated as per the IDL after discharge from H@H (3/13)

**80%**  
Already had a KIS

We discussed ACP with **63%** of patients

There were 3 errors in documentation where ACP discussions were had but did not make it to the IDL

**100%**  
We checked for a KIS

We had discussed ACP with **100%** of patients in 2020

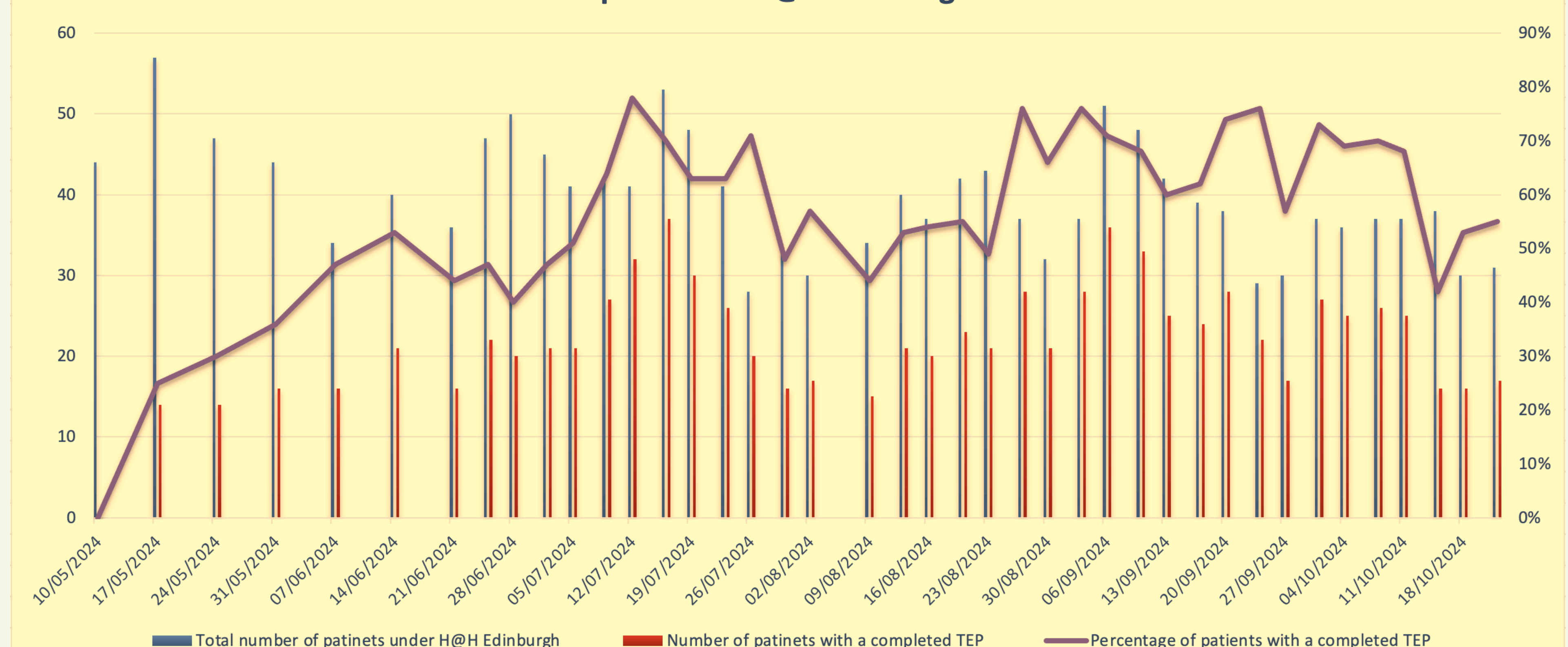
**23%**  
Only 23% of patients had their KIS updated as per our IDL

## ANALYSIS

Data showed that TEP use was increasing as they were introduced to the team which was to be expected. However there has been variable compliance with TEP creation in the first 5 months of use. TEP completion reached a maximum of 78% but average completion is 56%. Completion rates do not seem to correlate with the number of patients under our care.

Feedback from colleagues has been that they do not want to create a TEP in which a patient was documented as 'for resus' when this would not be appropriate but discussions were still being had with families etc or a DNACPR form was not in place - we emphasised that the purpose of a TEP is not just for resus status but also other aspects of care and that TEPs are dynamic and can, and should be, changed and updated as required.

TEP completion for H@H Edinburgh Patients



## CONCLUSION

Our goal of having 80% of patients under our care having a completed TEP has not yet been reached, but there has been a good response from staff starting to use the TEP function on TRAK. We must continue to raise awareness of how to create and record a TEP and encourage staff to have these conversations and then record the TEP. This will be continually monitored and reaudited biannually.