

IMPROVING DOCUMENTATION OF TREATMENT ESCALATION PLANS FOR EFFECTIVE PATIENT MANAGEMENT



Respiratory Medicine, Aberdeen Royal Infirmary, NHS Grampian

V May_a, N Shahid_{ac}, L Thomas_b

INTRODUCTION & AIMS

Treatment Escalation Planning (TEP) ensures timely clinical decision making and appropriate responses to patient deterioration. This project aims to assess compliance with TEP documentation in acute respiratory ward, identify gaps, and implement strategies for effective documentation.

METHODS

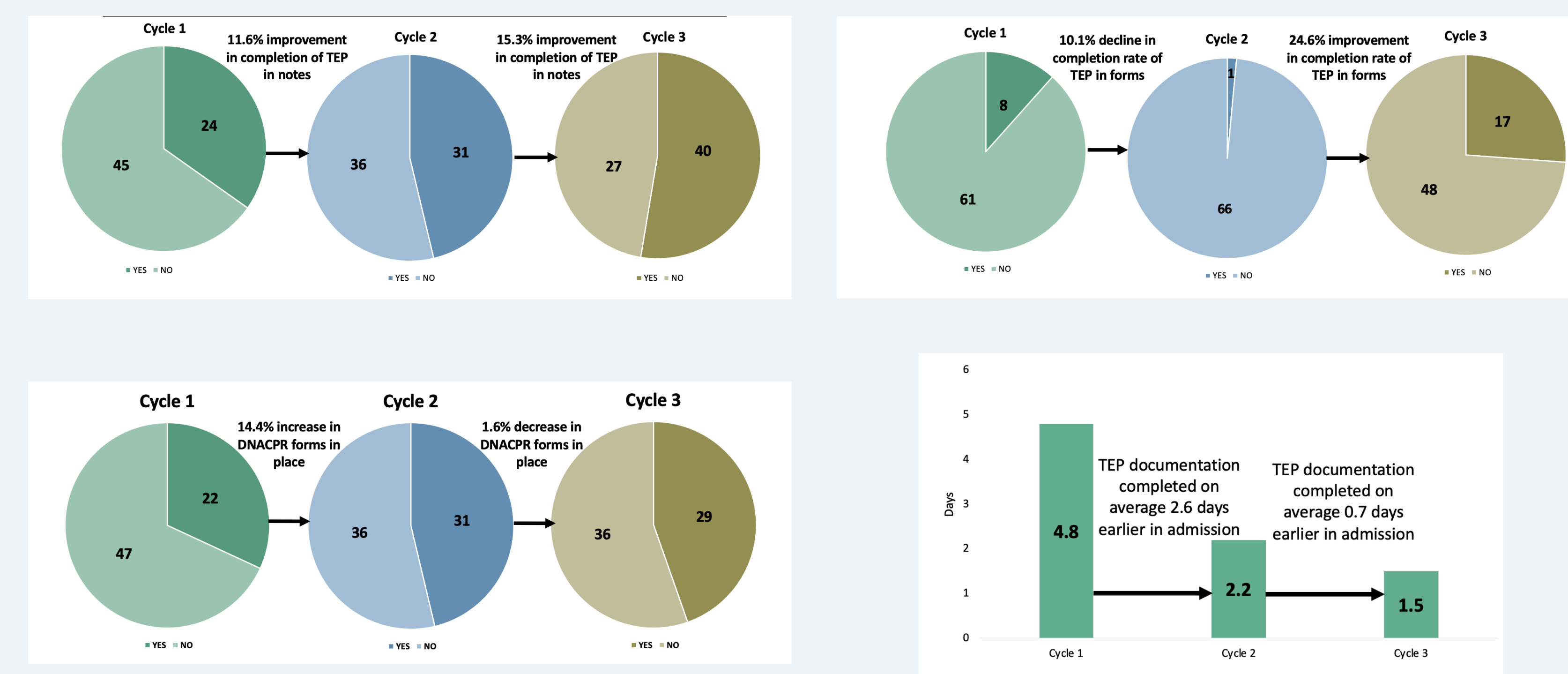
3 PDSA cycles were completed using a quality improvement strategy, each for 5 days. Data was collected retrospectively using the patient's electronic records, assessing key metrics such as TEP presence in patient's notes and TEP TAB, DNACPR documentation, and time from admission to TEP completion. An intervention followed each cycle. The first cycle focused on awareness to consider TEP completion on admission, second cycle focused on educational sessions highlighting the importance of TEP discussion and documentation in a timely manner.

RESULTS

The results show steady improvement in TEP documentation across all cycles. TEP in patient's note completion increased by 11.5% in Cycle 2 and 15.3% in Cycle 3, reaching 61.5%. However, TEP in TEP TAB completion drops by 10.1% in Cycle 2 but recovers with a 24.6% increase in Cycle 3, reaching 26.1%. DNACPR documentation improves by 14.4% in Cycle 2 but decreases slightly by 1.6% in Cycle 3. The average time to TEP completion decreases by 2.6 days in Cycle 2 and 0.7 days in Cycle 3, reaching 1.5 days. These findings indicate significant progress but highlight areas needing attention.

Metric	Cycle 1	Cycle 2	Change (%)	Cycle 3	Change (%)
TEP in Notes Completion	34.7%	46.2%	↑ 11.5%	61.5%	↑ 15.3%
TEP in Forms Completion	11.6%	1.5%	↓ 10.1%	26.1%	↑ 24.6%
DNACPR Documentation	31.8%	46.2%	↑ 14.4%	44.6%	↓ 1.6%
Avg. Time to TEP Completion	4.8 days	2.2 days	↓ 2.6 days	1.5 days	↓ 0.7 days

Table 1 TEP Documentation and DNACPR Performance Across Cycles



CONCLUSION & RECOMMENDATIONS

- Ensuring the completion of both TEP in notes and TEP TAB is crucial for effective patient management. To improve compliance, the implementation of a ward-round documentation template is recommended to prompt TEP status when seeing new patients with the Consultant on-call.
- Additionally, TEP status should be considered during patient clerking to ensure early documentation and prompt discussions should take place if a patient's clinical condition deteriorates.
- Sustained improvements can be achieved through structured documentation workflows and ongoing clinician training.

Footnote: a First author, b Second author, c Presenting author.