



Managing the deteriorating patient in a rehabilitation hospital: the role of treatment escalation planning

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Planning for management in the event of deterioration is vital to patient centred care. This is particularly important for frail older people in rehabilitation hospitals with less medical input out of hours.

Treatment escalation plans (TEPs) have been shown to reduce patient harm¹.

In our rehabilitation hospital, **54%** of patients had a **TEP** and **16%** a decision made about **repatriation** during acute illness.

Aim

To **increase the proportion** of patients in this setting with a **TEP to 80%** over six months.

Method

We formed a **Multidisciplinary** team of doctors, ANPs and senior nurses.

Discussion among stakeholders found that completion of TEPs was felt to be an effective way to improve communication out of hours.

ANPs raised CPR status and TEP for all new patients at the **weekly MDT**. We measured what decisions were made fortnightly. Outcome data on the overall **completion of TEPs** and **repatriation decisions** was collected monthly.

Conclusions

Motivated **permanent staff** across disciplines can ensure escalation plans are created and **sustain** the increase in recording repatriation decisions.

To be successful this will require a **multi angle approach** integrated into existing system.

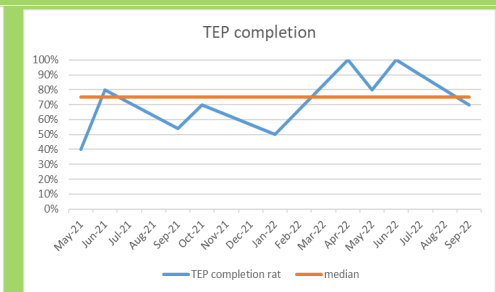
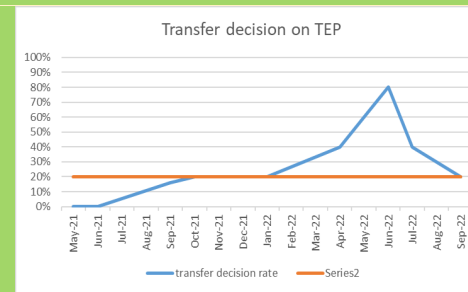
Results

Variation in percentage of patients with TEP

Increase in the proportion of TEPs with transfer decisions but not yet able to show a significant shift or trend

Challenges

- Ward staff awareness of TEP content
- Guiding unexpected events out of hours



Ongoing Challenges:

- **Engaging** all members of the **MDT** as stakeholders
- Ensuring TEP completion translates into effective decision-making out of hours.

Our next test of change will focus on the accessibility of TEPs to staff.

¹ Taylor DR, Lightbody CJ, Venn R, Ireland AJ. Responding to the deteriorating patient: The rationale for treatment escalation plans. *Journal of the Royal College of Physicians of Edinburgh*. 2022;52(2):172-179.