

Treatment Escalation Plans (TEP)- The benefit in adult in-patient facilities

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Introduction

Background

TEP were developed to improve timely care planning and serve as a communication aid for life sustaining treatments on patient admission to hospital. Illness trajectory and life sustaining treatment options should be discussed and reviewed regularly as well as being well documented. In a world where the number of patients living with multi-morbidity and frailty is increasing, the requirement for advanced care planning, and use of palliative care services is imperative.

Aims

- To determine the benefits and usefulness of using TEP to personalize care, particularly in acute settings
- To evaluate whether TEP reduce the number of non-beneficial interventions being used.

Research Methodology



Inclusion criteria:

- Full text
- English
- Containing Treatment Escalation Plans and Palliative care in the themes
- In-patient facility research

Exclusion Criteria:

- Published before 2007
- Systematic reviews
- Letters to trust leads
- Case studies containing 1 case only



Databases:
EMBASE, OVID Medline,
Web of Science and
Scopus.



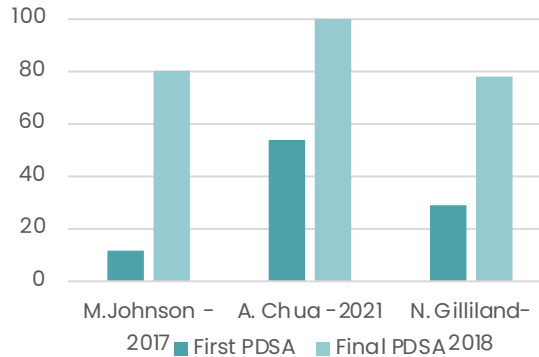
Search terms

Concept	Search Terms	MeSH terms
TEP	Treatment escalation plan* OR treatment limitation OR Therapy escalation	Therapy escalation/
Escalation of care	Escalation of care OR Therapy escalation	Exp Advanced cardiac life support/ OR Exp advanced trauma life support
Terminal care	Palliative OR terminal OR End of life OR EOL OR advanced care plan*	Terminal care/ OR advanced care planning/

Results

Ten studies were selected for the review using 8 different TEP proforma across the board. 3 of these studies used PDSA cycles to monitor improvement in use of TEP, a further 3 studies used PDSA cycles to measure different utilities surrounding TEP and 2 studies were retrospective case-control studies. Evidence suggested that there was a drastic improvement in use of TEP by clinicians from the first PDSA cycle compared to the final PDSA cycle in all of the quality improvement studies identified in this review. Many different interventions were used to achieve this increase.

QI study improvements



Treatment Escalation Plan (TEP)
 For adults >18 years

Hospital number: _____
 NHS number: _____
 Name: _____
 D.O.B: _____

Use addressograph label

* Complete TEP if patient is unwell or clinically indicated
 * This form is for clinical guidance and DOES NOT replace clinical judgement
 * The TEP is only valid for the duration of this current admission
 * The TEP should be reviewed as the patient's clinical condition changes and anew form completed appropriately. Score through the old form.

3 ICU

CONSIDER GICU/CICU AFTER DISCUSSION

- Invasive ventilation
- Multorgan support

2 HDU settings

Non-invasive ventilation: BiPAP / CPAP / OPTIFLOW

- Single organ support

1 Active Ward

IV antibiotics	Y	N	NEWS 2 activation	Y
PO antibiotics	Y	N	NEWS 2 activation	N
IV fluids	Y	N	But perform observations to inform subsequent patient management.	
Blood transfusion	Y	N	OD <input type="checkbox"/> BD <input type="checkbox"/> TDS <input type="checkbox"/> QDS <input type="checkbox"/>	
Oxygen	Y	N	Comment	

SYMPTOM DIRECTED / PALLIATIVE Complete EOL care bundle if appropriate

The following types of procedures should be considered in an emergency situation

Any procedure necessary including major abdominal and thoracic surgery	Medium intensity surgical procedures e.g. laparoscopic cholecystectomy, small bowel resection	Less intense procedures e.g. other laparoscopic procedures, hernia repair	Endoscopic or interventional radiological procedures e.g. OGD or radiological drain	This patient would not wish to have invasive procedures	Not discussed as part of the TEP at this time - Use clinical judgement if the situation arises
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There is a legal requirement that the TEP is discussed with the patient or their health and welfare attorney (LPA, beneficiaries, care giver) and that this is documented in the patient notes.

Has this been done? Yes No

Healthcare professional making this TEP

Name _____	Position _____	GMC/NMC _____
Signature _____	Date / /	Time _____

If decision has been made by a delegated professional, the decision needs to be verified at the earliest opportunity.

Name _____	Position _____	GMC/NMC _____
Signature _____	Date / /	Time _____

Review (Select ONE box only) This is an indefinite decision Needs reviewing

Review date if appropriate / / Outcome of review: TEP to continue Yes No

Name _____	Position _____	GMC/NMC _____
Signature _____	Date / /	Time _____

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Analysis

As shown in the research above, the uptake of TEP increased in each successive PDSA cycle due to different techniques around education, training and highlighting the important of reducing NBI. Correct and supported implementation of TEP proforma can reduce patient anxiety and increase autonomy of care. TEP benefits clinicians by increasing communication between them and their patients by incorporating ethical considerations with practical application as standard practice

The timing of when a TEP is implemented and reviewed can alter the decisions made and is an important factor to consider when implementing the system into trusts. Not only does this improve patient care and allow for better patient autonomy, it also proved to be financially beneficial to the trusts using the templates as it reduced the number of non-beneficial interventions used and thus cost of care.

CONCLUSION

TEP are increasingly being implemented across the UK with clear improvements in uptake being evidenced. The TEP proforma seen in the top right corner is that of UHS which has been implemented trust wide, adapted for teenage cancer care and for local use in mental health institutes. UHS are also currently conducting audits on the use and effectiveness of TEP across the trust as well. The benefits of TEP can be seen across all aspects of medicine and benefit both the patient and clinician alike. Financially there have been some initial signs to suggest benefit for trusts. TEP can be seen to have a positive impact on patients by encouraging end of life care. The use of these proforma across all hospital trusts can provide a platform to allow better shared decision making amongst the clinical team, patients and their care givers.