

## Posters: Clinical Quality

### Clinical Quality - CQ - Patient Centredness

#### 600 ESCALATION DECISIONS DURING THE COVID-19 PANDEMIC AMONGST OLDER ADULTS

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**Introduction:** NICE guidance recommends that during the COVID-19 pandemic all adults are assessed for frailty, suitability for resuscitation and escalation to critical care on admission to hospital. Risks, benefits and likely outcomes should be discussed with patients/relatives.

**Aim:** To investigate impact of intervention on treatment escalation plan (TEP) use during the first wave (W1) and second wave (W2) of pandemic.

**Intervention:** W1: An ethically approved TEP and a Critical Care Decision Aid (CCDA) was added to the admission booklet.

W2: The TEP update included a 'confirm discussed with patient/relatives' section.

**Method:** W1: We conducted retrospective review of 62 case-notes of patients admitted through COVID-19 pathway and grouped into >80 and ≤80 years old. Resuscitation, TEP, CCDA and communication with patient/relatives were collected.

W2: 60 further case-notes of patients with COVID-19 admitted in January 2021 were analysed.

**Results:** W1: 100% patients had resuscitation decisions and 95% had TEPs in both groups. Significantly higher proportions of Frailty scores were calculated in >80s (58% vs 35%  $p = 0.04$ ). On average resuscitation and TEPs were made within 13.8 hours of admission (range 1–72 hours). 53.2% of resuscitation decisions and 30% TEPs were discussed with patients of whom higher proportions were discussed in younger age group, majority were discussed at the time of deterioration.

W2: 98.3% patients had resuscitation decisions made and 96.7% had TEPs across both groups. On average resuscitation decisions were made within 14.9 hours of admission. In the >80s, 86.7% of resuscitation decisions were discussed and 63.3% of the TEPs were discussed with patient/relatives. In the <80s, 82.8% of resuscitation decisions were discussed and 71.4% of TEPs were discussed with the patient/relatives.

**Conclusion:** We significantly improved Treatment Escalation planning during W1 and W2 of pandemic by introducing the TEP in W1 and adding prompt to improve communication with patients/relatives in W2 ( $p = 0.02$ ).