

Platform Presentations

Clinical Quality - Patient Safety

776 INTRODUCING TREATMENT ESCALATION PLANS (TEP) FOR OLDER PERSONS: RESPONSE TO THE COVID-19 PANDEMIC

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Introduction: TEP detail appropriate ceilings of care and guide treatment of patients based on shared decision making. TEP documentation was not standard within our trust up to 2018. We aimed to design and introduce a standardised TEP proforma and evaluate its use in older persons aged ≥ 80 .

Methods: Data was obtained from patient notes and questionnaires within the Medicine for Older Persons department (MOP) from four PDSA cycles between 2018–2020. Cycle 1 was a service evaluation. Based on this data, a TEP form was created and approved for use in all adult patients. Cycles 2, 3 and 4 evaluated TEP after introduction of the proforma.

Results: There was a 239% increase in TEP after introduction of the proforma, compared to baseline (cycle 1: $n = 14/47$ [29.8%], cycle 2: $n = 17/112$ [15.2%], cycle 3: $n = 30/97$ [30.9%], cycle 4: $n = 42/59$ [71.2%]). The increase in TEP between cycles 3 and 4 coincided with the COVID-19 epidemic. Clinicians were more confident in actioning TEP based on the proforma, compared to those written in the notes (cycle 2: 83% confidence vs 54%, cycle 3: 100% vs 35%, Cycle 4: 98% vs none written in the notes). An improvement in understanding the purpose, comprehensiveness and location of TEP forms was observed. Feedback suggested TEP provided clear guidance for 1. ceilings of care; especially useful out of hours 2. discussions with critical care and 3. patient handover between staff and successive shifts.

Conclusion: TEP forms offer clear guidance on ceilings of care. Introduction of the TEP proforma has led to more frequent and proactive discussions with patients on ceilings of care and have facilitated a culture change in the management of older persons. Use of the forms increased during the COVID-19 pandemic but are now viewed as an essential component of patient safety and have been successfully implemented trustwide.