

Treatment Escalation Plans and Anticipatory Care Planning in the GORU Wards at GGH

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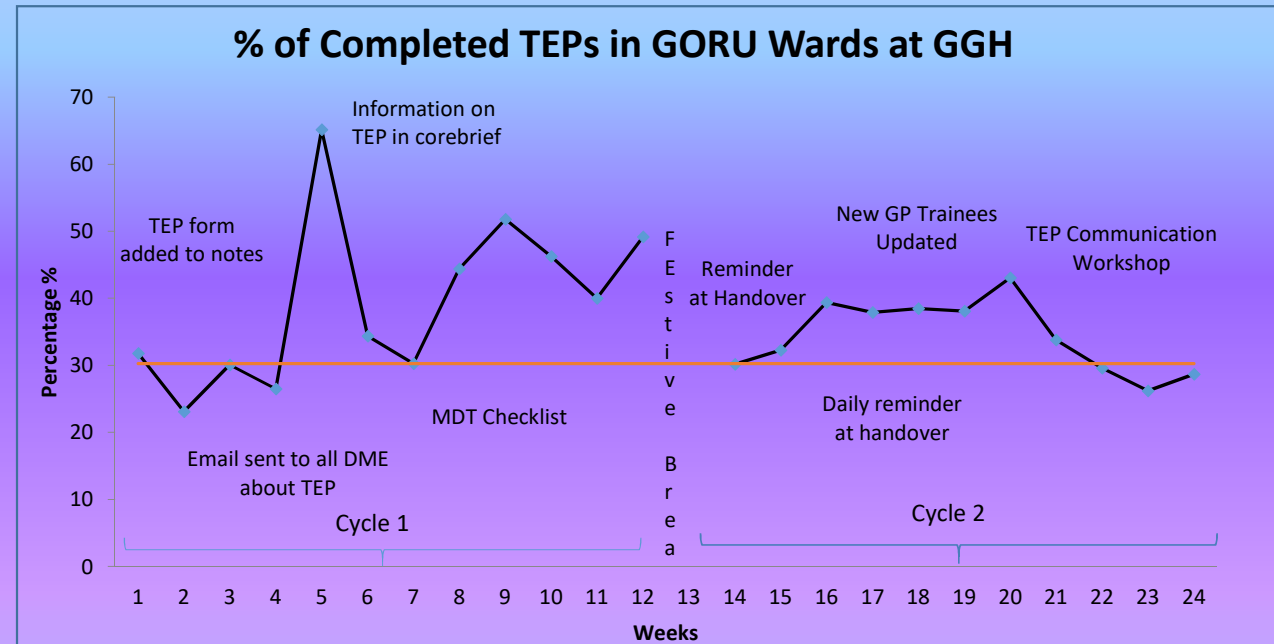
Background: The GGH GORU wards are offsite wards with less consultant presence and acute care interventions with junior medical staff cover. Discussions with junior doctors suggested treatment escalation plans (TEPs) are beneficial for looking after patients within GGH to highlight appropriate interventions and escalation when unwell. The anticipatory care planning discussions facilitated by TEPs are useful for our frailest patients and can be communicated to primary care on discharge.

Method: We have collected data in GGH since September 2020 for patients with a TEP form within wards 4C, 3C, 3A. Our interventions occur monthly on average and the number of TEP forms counted weekly and displayed on a run chart.

Interventions so far include:

- Emails to consultants and charge nurses
- Information targeted at junior doctors in emails, teaching sessions and online simulation sessions regarding anticipatory care discussions.
- Reminders at handover and within the core brief.
- Trial of an MDT checklist that highlights whether patients have a TEP form and whether those discussions are required.

Conclusion: Our project has increased the number of patients with a TEP form and showed sustained improvement with continued intervention. This enables patients to receive personalised care and helped junior doctors out of hours identify patients who would benefit from invasive intervention or transfer back to the acute hospital site.



Results: Our results were collected by counting the number of TEP forms and creating a percentage of the total patients on the ward. Our results suggest a shift in culture and improved the number of patients with a TEP form however starting with a 30% baseline we still have work to do. The results are more successful in some wards than others and we have plans to survey the reasons behind this with consultants and trainees discussing the barriers to TEP discussions.