QI Project: Treatment Escalation Plan in General Surgical Patients in DGRI

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INTRODUCTION

• Treatment Escalation Plan (TEP) is a tool that provides guidance on how to respond to an individual when his/her condition deteriorates1.
• TEP has been shown to significantly reduce patient harm2 and complaints filed by patients/family3.
• Should be easily accessible to ensure continuity of care, especially during Covid-19 pandemic.

OBJECTIVES

• We aim to evaluate and improve the rate TEPs are filled in general surgical patients in DGRI

METHODS

• A prospective data set was collected for a total of 5 days (25/01 - 29/01/2021) for all patients admitted under the general surgical team in Ward B3, D9 and CCU
• Data on patients’ age, gender and TEP status were collected from their respective clinical notes
• Patients were followed up until the day of discharge when determining their TEP status
• Educational posters were displayed and a presentation was conducted to emphasise the importance of TEP documentation
• A second set of data was collected among similar set of patients in the same wards for another 5 days (19/04 - 23/04/2021).

RESULTS

• In the first set of data, a total of 50 patients were identified with the male to female ratio of 12:13 and the youngest patient aged 21 while the oldest was 96
• 8 out of 50 (16.0%) patients had their TEP filled in during their in-patient stay in DGRI
• In the second cycle, a total of 58 patients met the criteria, male to female ratio was 33:25, youngest aged 29; oldest aged 94
• 14 out of 58 (24.1%) had TEP filled in, showing an improvement of 50.6% as compared to the first cycle, and 105.9% from a cycle conducted last July 2020 (11.7%)

AGETEPCOMPLETIONRATES(%)  

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<th>AGE GROUPS</th>
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CONCLUSION

• TEP is an important tool to minimise harm from over or under-treatment and enable healthcare providers to make the right call when patients deteriorate, especially out-of-hours
• Improvement in TEP completion rates have been observed with simple interventions i.e. posters and educational sessions
• A better awareness and more active prompting will be needed to ensure improvement in TEP completion rate for general surgical patients

NEXT STEPS

• Consider implementing TEP checklist in surgical ward rounds
• Further auditing to monitor TEP completion rates

REFERENCES