

***Community Hospitals Association Improving Practice***

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| **Innovation and Best Practice Award 2018 Summary** |
| **Title:** |
| Treatment Escalation Plans |
| **Background:** |
| Patients are often transferred from an ‘acute’ hospital trust following on from either a new presentation of illness or an exacerbation from an existing illness with a ‘Do not Attempt Cardiopulmonary Resuscitation’ (DNACPR) order. Although this is clear from a resuscitation perspective, often there is little clarification on advanced care planning incorporating the patient’s wishes from the outset. It became apparent patients can be on a long journey between being transferred to an acute trust setting and back to a community hospital without fully taking into account their own views. I have recently left a busy acute hospital trust and I was aware that patients presenting with increased frailty, multiple co-morbidities and a poor physiological reserve would have limited treatment options, to which most of these can be achieved through the ‘modern’ community hospital location.  Following on from discussion with patients’ I was clerking in during their admission it became apparent most patients are aware of their co-morbidities and recurrent illness and wanted to make a more informed choice regarding their escalation status.  Patients’ with multiple co-morbidities and increased frailty often deteriorate rapidly due to a lack of physiological reserve. This can result in clinical decisions being made ‘out of hours’ and with staff who are unfamiliar with the patient. |
| **Description:** |
| I designed a Treatment Escalation Plan (TEP) to be completed during the patient’s initial clerking in, involving the patient themselves and their family.  This tool goes hand in hand with a DNACPR order with 100% emphasis focused on the patient’s wishes, so they feel heavily involved in their own care and treatment options in advanced care planning.  This acts as a guide for staff working ‘out of hours’ if a patient should deteriorate. |
| **Outcome and Impact:** |
| The TEP has been piloted throughout Crawley Hospital and within Horsham Hospital (which is a more standalone unit and had a lot of transfers back to an acute trust if patients became more unwell).  The guide was very welcomed by patients and staff. Patients feel more ‘in control’ of their treatment options and grateful to have their opinions listened to.  There has been a marked reduction in patient’s being transferred back to an acute trust. Continuing work on from the pilot is a benchmark audit comparing the winter months of Dec 2017 to the same time frame in Dec 2018 (Currently underway).  Staff feedback has also been positive stating “it often acts as a useful tool to aid advanced care planning discussions from their initial presentation”.  The Clinical Site coordinators’ have greatly welcomed the plan as it acts as a useful guide to them out of hours. |
| **Supporting Information:** |
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| **Organisation:** |
| Sussex Community NHS Foundation Trust – Piper Ward, Crawley Hospital |
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| **CHA Judges Comments:** |
| *This innovation followed a well-designed process to reduce the number of patients being transferred back to the acute sector inappropriately. The benefits to patients was demonstrated in a case study where disruption of transfer gave peace of mind to patients and family. We were impressed that this plan has been developed through wide consultation by the MDT and is being ‘rolled out’ to other wards.* |