Increased self efficacy
Living & dying well
Involve patients from the outset
http://www.sicsag.scot.nhs.uk/
Enhancement of leadership, organisational, motivational & communication skills
Be visible, be reachable, maintain momentum
Embed into every day practice & strive to make the process easier
Enthusiastic support from junior medical staff & nurses
Failure is learning
Diplomacy, thick skin & tenacity are essential ingredients for success
Increased resilience
Engagement of nursing staff
Interest from other organisations

Aim: 95% of patients admitted to MHDU at Crosshouse Hospital will have a Treatment Escalation Plan completed within 24hrs of admission, by August 2014.

Method
• Staff opinion survey on climate for change prior to project commencing
• Established clinicians as being voice of customer
• Concept developed
• Specific indicators identified
• Operational definitions established
• PDSA testing of TEP tool
• Planning for data collection by team
• PDSA testing of data collection template
• Weekly sampling of all patient notes for process measures – 12 bed unit

Process Change
• Design of HDU specific Treatment Escalation Plan
• Every patient has clear decision making on escalation level within 24hrs
• Every patient has clear decision making on appropriate ceiling of treatment
• Daily review for all patients on ceiling of treatment & escalation level
• Standardised communication tool

Achievements
• Increased self efficacy
• Enhancement of leadership, organisational, motivational & communication skills
• Increased resilience
• Engagement of all acute care physicians & clinical lead
• Engagement of nursing staff
• Endorsement from ICU consultants & Associate Medical Director
• Enthusiastic support from junior medical staff & nurses – they welcome the clarity that the TEP brings, especially out of hours
• Feedback from clinicians to say that project is positively influencing decision making on escalation level throughout the medial unit
• Interest from other organisations - sharing the learning/networking

Key Reference Materials

Results
MARK THE DATE - Launch date Wednesday 21st May

No process or outcome data to display as yet........anticipate that some outcome measures may prove problematic:
• score to door time (HEWS trigger to admission time to ICU)
• personal experience of TEP for patients & next of kin
• down side to colour version of TEP is potentially cost, but testing highlighted that staff disliked black & white version as less easy to identify & read

Next steps
• Completion of project – other secondary drivers & measurement
• Spread of Treatment Escalation Planning - avoid the 7 spreadly sins!
• ONE TEP AT A TIME
• Further learning & development around Person Centredness – staff well being is integral to patient well being, QI & safety
• Become a Values Based Reflective Practitioner (VBRP)
• Utilise this VBRP learning to facilitate cardiac arrest reviews
• Revival of project for sepsis recognition in ADOC/primary care
• Board engagement of Fellows for various organisational initiatives:
  - QI Hub
  - human factors teaching, learning & integration

Key Learning Points
• Involve patients from the outset – patient centred leadership, nothing about me, without me – missed opportunity
• Improvements must be owned by the clinicians - they are the experts in their processes
• Embed into every day practice & strive to make the process easier
• Diplomacy, thick skin & tenacity are essential ingredients for success
• Not to over react to the person in the room who may disagree – LISTEN as it’s not personal & they may have a valuable point to make
• Be visible, be reachable, maintain momentum
• Failure is learning - simply reflect, rethink and redo!

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Conclusion
Clarity around communications for ceiling of treatment and escalation level is crucial to ensure that we provide care that individual patients will benefit from and that they would wish for. It is integral to ensuring person centred care for all. Health care professionals must understand that patients can remain for active treatment even when a DNACPR decision is in place. Earlier discussions and decision making are essential in our drive to reduce the number of preventable cardiac arrests. It is anticipated that Treatment Escalation Planning & improved communication can and will address these issues.