

WE WORK TOGETHER

Devon Treatment Escalation Plan & Resuscitation Decision Record (TEP)

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Purpose

- *Aid for communication between professionals
- *As a guide to clinical care
- *Aid continuity of care approach across settings

Challenges

- * Application and completion of forms was variable.
- * Although anecdotal evidence of benefits in clinical practice, also examples of problems e.g. missing identifying data, scant clinical rationale and lack of reference to capacity decisions and best interest discussions.
- * Assumptions about level of understanding of these issues in advance of launch of TEP form.
- * Some have misinterpreted the TEP form as a means to reduce unscheduled admissions. This should be a consequence of broader advance care planning with TEP forms as part of that planning.
- * Confusion of dual role of form for recording resuscitation decision and TEP.

Next steps...

- *Development of county wide multiple health setting development group, including OOH and ambulance, mental capacity and safeguarding teams.
- *Development of a new form to replace all versions (there were many) of DNR forms and extend remit to include Treatment Escalation Plan.
- *Agreement across all health settings to use this form (4 DGH, multiple community hospitals, care homes, and in the community).

Lessons learned

Application of the form has posed some problems but the form itself is a very useful tool. Without a structured education to support the introduction of this tool, there have been different interpretations of its application. A formal evaluation would inform next steps.

Issues that have been uncovered and now need to be addressed include → → → →

Origins

Devised in an acute hospital setting to replace DNR form.

Aim to improve and aid communication between medical staff, patients and families - and facilitate 'difficult conversations' by broadening the issues covered.

Evaluated in this setting with positive findings for staff and patients.

TEP form is part of a range of tools to enhance delivery of excellent end of life care in Devon. Others include:

- * Countywide Advance Care Planning booklet incorporating patient wishes
- * Advance decision to refuse treatment and related advice
- * Early use of EPaCSS using Adastra and anticipatory prescribing (Just in Case bags).

It was built on existing collaborative working across all sectors involved in the delivery of end of life care.

With a broad acceptance of the approach by professionals:

- * Care home staff provided enthusiastic response, felt empowered by appropriate application of TEP
- * Ambulance trust staff supported the change as they value uniformity of approach

Treatment escalation plan and resuscitation form is a means to facilitate an appropriate conversation and record that clinical guidance to enhance patient care.

"It's not about the form, it's about the conversation."

- Education about purpose and use of tool across all care settings
- Clarity of capacity decision making process and best interest discussions
- Recording of those discussions and decisions in accessible format
- Appropriate use of IT to support use of TEP form