Improving escalation of care decision making on the acute medical take
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Introduction and Aim
National guidance recommends that all patients admitted to hospital should have a plan for treatment escalation made no later than the first consultant review. In acute medicine this is usually the post take ward round. ReSPECT forms provide opportunity for clinicians to work through these decisions with patients and make clear plans about ceilings of care and are used in place of traditional DNACPR forms.

During routine practice we observed that decisions surrounding escalation and resuscitation status were made inconsistently, and we encountered deteriorating patients where a clear plan could have prevented inappropriate resuscitation or referral to critical care.

We aimed to evaluate decision making in our acute medical unit and identify barriers to decision making.

Method
For each round data were collected prospectively over two weeks for patients admitted to the acute medical unit. We identified if patients had a plan made at the post take ward round for escalation of care should they deteriorate, and if a ReSPECT form had been completed including whether a specific ceiling of care was specified. Acute medical consultants were surveyed to identify decision making barrier themes.

Results
In both audit rounds, patient mix was similar (elderly and multi-morbid, typical of the local population). Around half of patients in each round were SPICT (supportive and palliative care indicators tool) positive suggesting they were approaching the end of their lives (within a year). A specific ceiling of care (e.g. not for ITU) was only documented in around half of patients (round 1: 50%, round 2: 58%).

Conclusion
Acute medical consultants perceive a number of barriers to making decisions about escalation of care and resuscitation. Despite an elderly multi-morbid patient population with many at risk of deteriorating or dying, few patients had a clear decision about treatment escalation.

By improving awareness and including better prompts in patient documentation we have demonstrated an improvement in frequency of decision making in a busy acute medical department.