



CLIENT OVERVIEW

King's College Hospital NHS Foundation Trust

LONDON, UK

Client Profile

- One of London's largest and busiest teaching hospitals
- 1,700 beds
- 2 emergency departments with 750 visits per day
- 1 million outpatient visits annually

Allscripts Solutions

- Allscripts Sunrise™ platform

"Everything is linked together in a one-stop shop...100% of patients deemed 'not for resuscitation' now have a treatment escalation plan in place, which prevents inappropriate interventions as they near the end of their lives."

—Richard Yorke, Head of EPR

SUCCESS STORY

Improving clear, consistent documentation of treatment escalation plans

As part of its commitment to patient safety and quality of care, King's College Hospital NHS Foundation Trust designed clear, consistent processes to document clinical decisions about resuscitation. It created an electronic tool to capture the clinical resuscitation decisions for each acute patient admission. This consists of a 'do not attempt cardiopulmonary resuscitation' (DNACPR) form and treatment escalation plan (TEP), which defines appropriate levels of intervention. The percentage of monthly admissions with documentation of these clinical decisions improved from 18% on paper-based forms to reach nearly 100% with an electronic tool that uses an intelligent Allscripts Sunrise order set.



MORE CONSISTENT DOCUMENTATION

Percentage of monthly admissions with documented DNACPR and TEP increased from 18% to 100%.



INCREASED COLLABORATION

Clear documentation optimises multidisciplinary communication, particularly amongst intensive care, critical care outreach teams and the ward team.



EMPOWERED CLINICAL STAFF

After six months, clinicians report feeling more empowered to make early CPR/TEP decisions and nurses feel more confident in escalating care.



Challenges of paper-based clinical directives

Every time a patient is admitted to a hospital in the UK, standards require clinicians to clearly document the resuscitation status of the patient. This information helps care teams make appropriate decisions for patients in emergency situations.

King's College Hospital NHS Foundation Trust had developed two forms to meet the standard and guide care decisions. The Trust engaged teams from across the organisation to design documentation for all acute patients, to be completed within the first 14 hours of admission.

Richard Yorke, who heads up the Trust's electronic patient record (EPR) initiative, explains, "We developed this concept of 'ceilings of care' to help ensure patients receive appropriate levels of intervention...good processes around these clinical decisions help multidisciplinary teams find this information when they need it."

A baseline measurement of the acute medical unit before implementing change found that clinicians documented CPR status 11.8% of the time and a treatment escalation plan 11.2% of the time. Initially the organisation deployed two forms – a 'do not attempt cardiopulmonary resuscitation' (DNACPR) form and treatment escalation plan (TEP) – using a paper-based system, which presented challenges.

"With a paper-based system we saw some improvement, but fewer than 20% of patients had CPR status documentation and even fewer had treatment escalation plans," Yorke said. "Paper forms were either incomplete or absent when needed."

Unified electronic tool for better clinical decisions

Moving to an electronic documentation process rapidly improved results. The programme's collaborative design, a dedicated training effort and high visibility within the EPR combined to create a clear, widely understood process around CPR and treatment escalation.

The Trust also electronically linked the resuscitation status order with the DNACPR document and the treatment escalation plan to help ensure completion. Within the first few months of implementing an electronic tool for documentation, the percentage of monthly admissions with documented DNACPR and TEP increased from 18% (on a paper-based system) to between 60% and 70%.

"We were able to make some configuration improvements once we implemented Allscripts Sunrise," Yorke said. "We grouped the order for resuscitation status and the separate order for treatment escalation

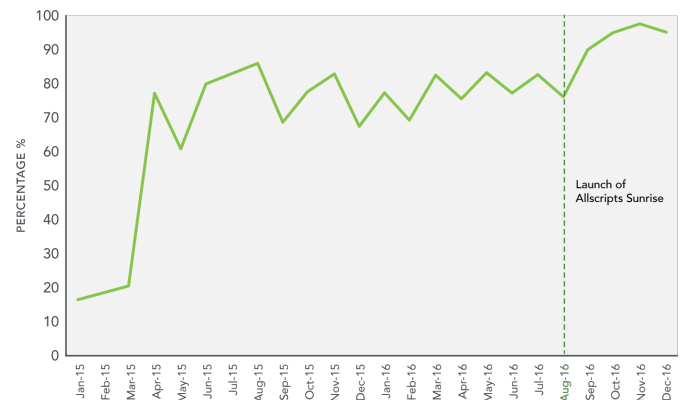
plans." These changes helped improve compliance with both forms, which King's College Hospital NHS Foundation Trust maintains at close to 100%.

Not only does this save making treatment escalation plans in a rush but also potentially saves patients from interventions that are unlikely to improve outcomes and in some cases may prolong their discomfort.

"There was a nice steep jump in documentation after August 7, 2016, which is when we enhanced the form and implemented Allscripts Sunrise."

—Richard Yorke, Head of EPR

PERCENTAGE OF MONTHLY ADMISSIONS WITH DOCUMENTATION OF CPR STATUS



King's College Hospital NHS Foundation Trust plans to refine this process, including standardising the approach to reviewing and updating DNACPR and TEP decisions to reflect the patient's current needs.

"Everything is linked together in a one-stop shop," Yorke said. "One-hundred percent of patients deemed 'not for resuscitation' now have a treatment escalation plan in place, which is very good for patients."

*Johnson M, Whyte M, Loveridge R, et al. A Unified Electronic Tool for CPR and Emergency Treatment Escalation Plans Improves Communication and Early Collaborative Decision Making for Acute Hospital Admissions. *BMJ Quality Improvement Reports* 2017; 6:u213254.w6626. doi:10.1136/bmjquality.u213254.w6626

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