# IMPROVING THE DOCUMENTATION AND TRACKING OF PAEDIATRIC ADVANCE CARE PLANNING IN PATIENTS' DATABASE AND IN THE ELECTRONIC PATIENT RECORD IN A UK DISTRICT GENERAL HOSPITAL

E Harterink-Rojas[1], J Frost[2], J Roberts[3]
1.   Paeds Palliative care clinical fellow Poole Hospital(2019-2020)
2.   Paediatrics Palliative care Lead     3.     Community and palliative care lead nurse

## Background:

The Paediatric Palliative Care (PPC) patient list was updated and the ACPs were reviewed. Many ACPs were incomplete or out of date.  Some ACPs from patients who were either transitioned or passed away were still in the folder. I was also prompted to do this project after a complex patient who had an ACP presented to ED with status epilepticus in 3 different nightshifts, but the ACP was not found on EPR.

## Aims:

- Create an alert on EPR for patients who have a paediatric ACP.
- All patients who are part of PPC to have a completed and in-date ACP.  All
- ACPs to be scanned to EPR and distributed to all concerned.
- Modify the PPC patient's database according to the team needs.

**Abbreviations:**
ACP Advance Care Plan, PPC Paediatric Palliative care, ED Emergency Department, EPR Electronic Patient Record, QIP. Quality improvement project

## Methods:

PDSA cycles were implemented throughout 10-months.
The database was modified.
Data of the new added columns, the percentage of patients with an in-date, out of date and in progress ACPs were collected every 2 weeks during this period. *Summary of the interventions in table 1.*

| Date | Number of patients known to PPC | % of ptes having an ACP | % of ptes having an ACP in date | % of ptes having a not in date ACP | % of patients with no ACP | No of ptes with an ACP in progress | % of ptes having an Alert on EPR | % of ACP uploaded to EPR | % ptes having recorded distribution | % of ACPs in the folder |
|---|---|---|---|---|---|---|---|---|---|---|
| 12/11/2021 | 23 | 47%(11) | 13% (3) | 35% (8) | 43%(10) | 9%(2) | 13% (3) | 13% (3) | 0 | 69% (16) |
| 07/01/2022 | 24 | 58%(14) | 29% (7) | 29%(7) | 33%(8) | 8%(2) | 29%(7) | 29%(7) | 13%(3) | |
| 01/02/2022 | 24 | 58%(14) | 29%(7) | 29%(7) | 33%(8) | 8%(2) | 29%(7) | 29%(7) | 25%(6) | 10 |
| 11/02/2022 | 24 | 63%(15) | 33% (8) | 29%(7) | 33%(8) | 4%(1) | 33%(8) | 33%(8) | 29%(7) | 11 |
| 26/02/2022 | 23 | 61%(14) | 30% (7) | 30%(7) | 30%(7) | 9%(2) | 30%(7) | 30%(7) | 30%(7) | 13 |
| 20/03/2022 | 23 | 61%(14) | 30%(7) | 30%(7) | 30%(7) | 9%(2) | 30%(7) | 30%(7) | 30%(7) | 14 |
| 07/04/2022 | 24 | 63%(15) | 33% (8) | 29%(7) | 29%(7) | 8%(2) | 33%(8) | 33%(8) | 30%(7) | 14 |
| 27/04/2022 | 25 | 68%(17) | 40%(10) | 28%(7) | 28%(7) | 4%(1) | 36%(9) | 36%(9) | 32%(8) | 16 |
| 12/05/2022 | 24 | 67%(16) | 42%(10) | 25%(6) | 29%(7) | 4%(1) | 42%(10) | 42%(10) | 33%(8) | 16 |
| 27/05/2022 | 24 | 71%(17) | 46%(11) | 25%(6) | 29%(7) | 0 | 46%(11) | 46%(11) | 38%(9) | 17 |
| 10/06/2022 | 24 | 71%(17) | 38%(9) | 33%(8) | 29%(7) | 0 | 46%(11) | 46%(11) | 46%(11) | 18 |
| 24/06/2022 | 24 | 71%(17) | 38%(9) | 33%(8) | 29%(7) | 0 | 46%(11) | 46%(11) | 46%(11) | 17 |
| 07/07/2022 | 23 | 70%(16) | 39%(9) | 30%(7) | 30%(7) | 0 | 48%(11) | 48%(11) | 48%(11) | 17 |
| 22/07/2022 | 24 | 67%(16) | 33%(8) | 29%(7) | 33%(8) | 4%(1) | 46%(11) | 46%(11) | 46%(11) | 17 |
| 04/08/2022 | 23 | 65%(15) | 30% (7) | 25%(6) | 30%(7) | 13%(3) | 43%(10) | 43 %(10) | 43%(10) | 15 |
| 18/08/2022 | 23 | 65%(15) | 30%(7) | 22%(5) | 30%(7) | 17%(4) | 43%(10) | 43%(10) | 43%(10) | 15 |
| 02/09/2022 | 24 | 63%(15) | 29%(7) | 21%(5) | 33%(8) | 17%(4) | 42%(10) | 42%(10) | 42%(10) | 15 |

*Excel table from data collection.*

| Interventions | Date implemented |
|---|---|
| **To the database** | |
| • ACP in patient's folder | June 2021 |
| • ACP yes/no | June 2021 |
| • When the last ACP was done | September 2021 |
| • When the ACP needs reviewing | September 2021 |
| • When a patient has changed colour of life | September 2021 |
| • Electronic Records Alert | 12th November 2021 |
| • Tap for recording ACP distribution | 11th February 2022 |
| • Name of the CNN involved in the care of the patient | 18th August 2022 |
| • Reminding on CNN's calendar yes/no | 18th August 2022 |
| **To the process** | |
| • Creation of the ACP Alert on the electronic records | 12th November 2021 |
| • Tray of drawers for the office | January 2022 |
| • Change of review dates according to colours of life | 7th April 2022 |
| • CNN's calendar message to remind them when the ACP needs reviewing | 4th August 2022 |
| **To the health care providers** | |
| • Education for CNN's | 28th January 2022 |

Table 1



ACP in date


Database modifications


Alert on EPR, once the patient's record is open


ACP distribution and tracking
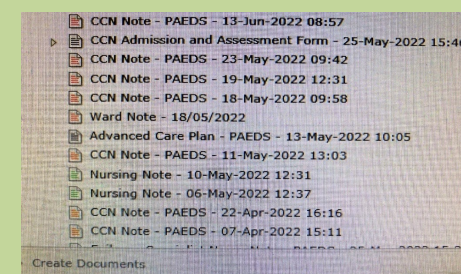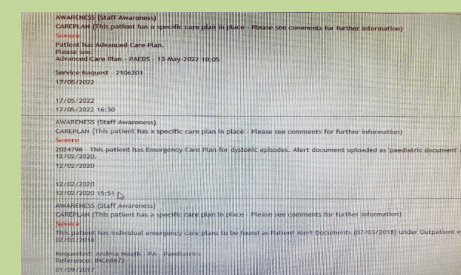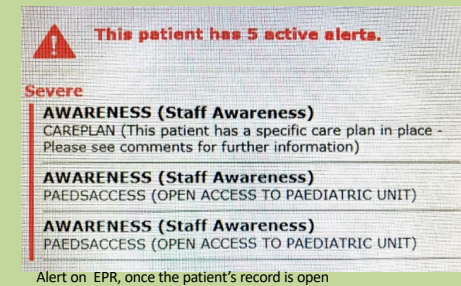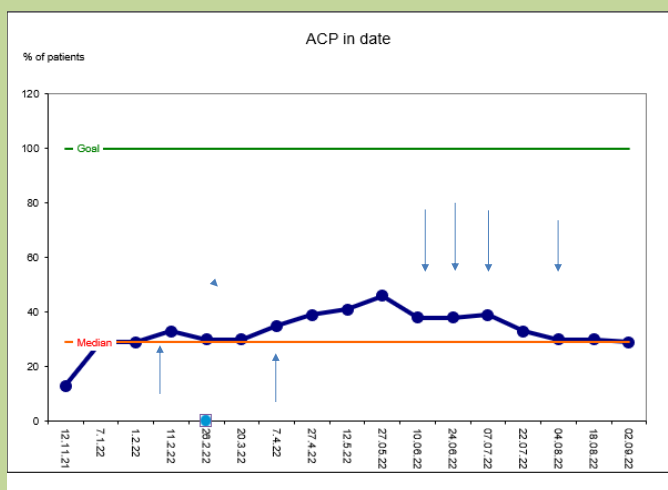



Advance care plan  on the tree

## Run Chart

1. 1st arrow  correlates to the CNN's talk, after which a marginal improvement is observed.
2. 2nd arrow corresponds to meeting with the PPC lead, when the ACP review and update date was modified.  Between the 20th of March until the 27th of May there was an upwards showing that there was a gradual improvement.
3. The 3rd, and 4th arrows percentage of patients who have had the ACPs done in 2021, that needed a review.
4. The 5th arrow corresponds to 3 new referrals, a busy time with an EoL case and  staff shortening.

## Results:

- The adjustments of the database were implemented. It records the patient information of the referrals to the PPC team.
- The number of in-date ACPs improved by 16%.
- 16% of patients had the ACPs in progress.
- 21% had an out-of-date ACP
- 33% still have no ACP.
- 46% of patients have and alarm, have had the ACP scanned to EPR and have had the ACP distributed.

## Conclusions:

Evidence regarding documentation of paediatric ACP on EPR is scarce. Teamwork and leadership are very important to achieve the aim of improving the standards of care we provide to our patients. It was also demonstrated all the challenges involved in managing change, which is possible despite happening at slow pace.   Although the improvement seems small in numbers, the process was established, and it is the base to continue to work on increasing the percentage of in-date ACPs.