An EPIC Search: Where is the Advanced Care Plan?

Ensuring accessibility for improved patient care. Was change sustained and how do we move forward?

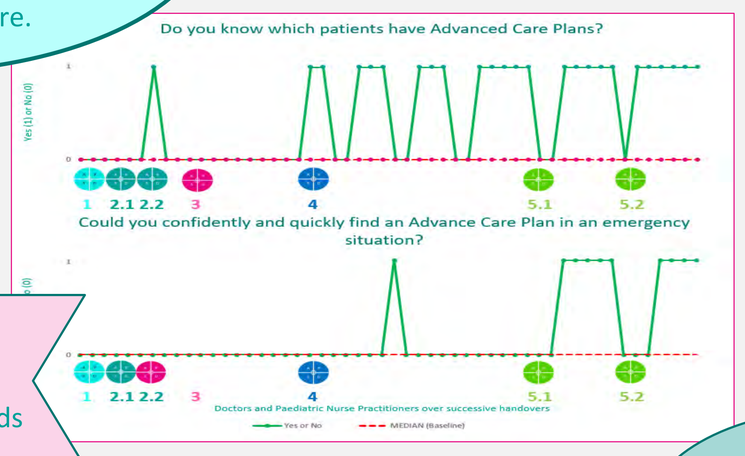
Dr Emily Titherington (Paediatric Palliative Medicine ST6), Dr Gwenllian Williams (Paediatric & Medical Education JCF), Dr Lawrence Wright (Paediatric ST3)
Evelina London Children's Hospital

Advanced Care Plans (ACP's) for children with life limiting conditions (LLC) are difficult to locate leading to anxiety amongst junior doctors and potential delays in patient care.

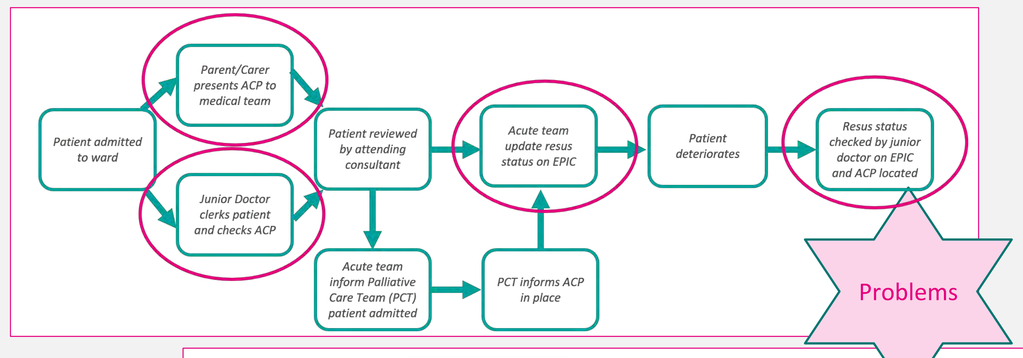
New Junior doctor cohort

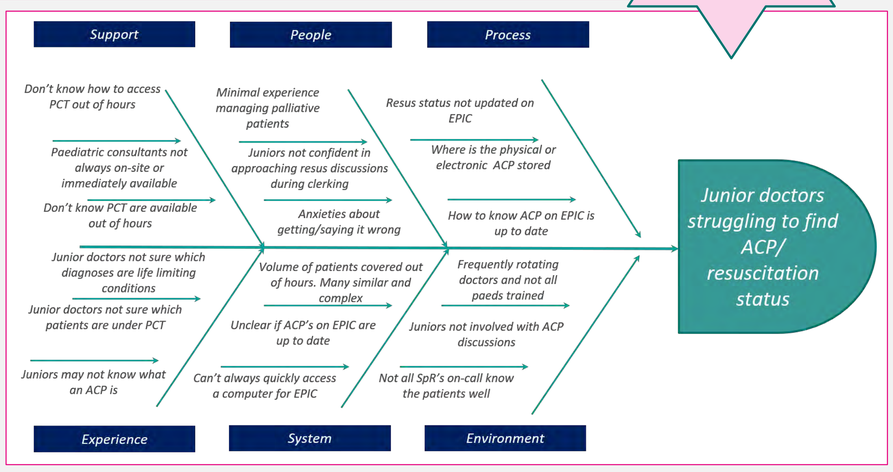
New EPIC electronic patient records

ONE YEAR AGO



DIAGNOSTICS





What do the junior doctors think?

JUNIOR DOCTOR OPINIONS

- 7% knew where to find ACP's on EPIC
- <50% knew where to find resus status on EPIC
- Rarely ask the resus status of a patient with LLC on admission
- Report lacking experience in ACP's
- Do not feel confident in identifying which patients have LLC
- Feel not very confident seeking ACP support out of hours
- **Felt NOT VERY CONFIDENT managing children with LLC and an ACP out of hours**

AIM & MEASUREMENT DEFINITION

AIM:
To ensure by April 2024 all on-call junior doctors know the ACP status of patients & can quickly & accurately locate the ACP in the acute setting

Chosen Measure
Patients on the general paediatric handover with an ACP identified by initials
Where can an ACP be found on EPIC?
Can you quickly find a patients ACP in an emergency situation?

Inclusions
Patients with a LLC on the general paediatric out of hours ward list

Exclusions
Children without a LLC
PICU/NICU/Day case/Specialties

Sampling method and frequency
Anonymous questioning at end of each handover

CHANGE IDEAS

Gen Paediatric & Palliative Care	EPIC (Electronic patient records)
Teaching to address deficit in knowledge	Simplify resuscitation banner
Simulation training in ACP discussions	Clarify who responsible for resus status on EPIC
Resus status on EPIC handover	Consistency in ACP location (Media)
Stop documenting resus status on jobs list	Workflow for rescinded/updated ACP's
Senior/junior updates of changes to resus status	**Excluded Change Ideas: Safety Concerns**
Acute team document resus status on admission	Physical ACP or a sign at bedside
Post handover safety flagging of patients	Fill in a TEP (Treatment Escalation Plan)

PDSA CYCLES

Address these through teaching and simulation sessions

Baseline data collection & share and learn highlighted some confusion amongst doctors about ACP's and aspects surrounding the management of patients with LLC

Common themes of deficits in knowledge and confidence identified (see appendix)

Junior doctor survey to learn more about their confidence and knowledge

Undertake change looking at ways to improve clinician knowledge regarding ACP's

Baseline data suggested unexpectedly good knowledge of which patients had ACP's.

Reduction in doctors correctly identifying patients who had ACP's

On questioning patients couldn't be identified individually. Measures question changed to ask for initials

Teaching only captured a small subset of junior doctors. To complete formal departmental teaching

Teaching session by Paediatric Palliative Medicine Consultant introducing Palliative Care and ACP's

Following this teaching there appeared to be an increase in knowledge of who had an ACP, but no improved knowledge of where to find it

Teaching session at "Clinical Audit Knowledge Exchange" Club attended by the general paediatric doctors

Consideration of how we can educate doctors on where the ACP is kept. Challenging considering we feel the current process is not optimal or safe and needs addressing

During data collection, concerns raised that our measure of where the ACP is kept was not being accurately answered

Following the change in measure we saw a reduction in knowledge of where ACP kept and confidence in finding it quickly

Measure changed to ask "Where is the ACP found on EPIC"

Ongoing encouragement to create this as a handover culture and monitor the effect over a longer time period once the handover safety flag becomes institution

Consideration of ways to flag patients with ACP's. Some Consultants believed this happened at handovers, but it was only evidenced once during our QIP data collection

Look for any change in knowledge of patients with Advance care plans in data

Introduce a handover safety flag of patients with ACP's.

Consider ways of informing junior doctors of change

Doctors previously documenting resus status on handover jobs list (unsafe). Prevent duplication of documentation

No changes seen as doctors may not be aware of presence. Yet anecdotally one junior doctor pointed out learning about a patients resus status from the column changing on handover list

"DNAR Status" column added to EPIC General Paediatric Handover. Automatically updated from patient banner

RUN CHARTS

WHAT'S NEXT?

Ongoing patient safety risk
Junior doctors;
- **DO NOT KNOW THE ACP/RESUS STATUS OF ALL THEIR PATIENTS**
- **CANNOT LOCATE ACP's ON EPIC**

Junior doctors need more teaching on LLC & ACPs
- ✓ Teaching series planned
- ✓ Simulation session planned

EPIC resus documentation & ACP storage requires urgent attention
- ✓ Contact EPIC team & present issues highlighted in QIP to instigate trust wide change

REFLECTIONS AND LEARNING

- Knowledge of QIP increases awareness – cannot blind
- Data collected can be subjective due to "Unknown unknowns"
- Measures may need adapting after use to capture exact data needed
- Sustainability challenging with frequently rotating doctors
- **Value of small scale change "failure" providing the data and evidence to drive larger scale change**

Acknowledgements: Nicola Davey (Director QICLearn)