

#### **Project Title**

Improving Resuscitation and Extent of Care Status Plan in Outram Community Hospital

#### **Project Lead and Members**

Author: Lai Wei Na

Team member:

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- Edmund Chan
- Ong Peng Shen

#### **Organisation(s) Involved**

**Outram Community Hospital** 

#### Healthcare Family Group Involved in this Project

Healthcare Administration, Medical

#### **Applicable Specialty or Discipline**

Post-Acute & Continuing Care

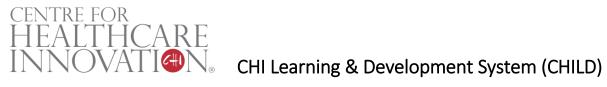
#### **Project Period**

Start date: March 2020

Completed date: May 2020

#### Aims

Our aim is to improve the uptake of RECSP documentation in Outram Community Hospital from 20% to 50% in three months (March to May 2020).



#### Background

See poster appended / below

#### Methods

See poster appended / below

#### Results

See poster appended / below

#### Conclusion

See poster appended / below

#### Additional Information

Singapore Healthcare Management (SHM) Conference 2021 – Shortlisted Project (Communications Category)

#### **Project Category**

Care Continuum, End-of-Life Care

#### Keywords

Communications, Resuscitation and Extent of Care Status Plan, RECSP Uptake, Resuscitation, Treatment Escalation Plans

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# Improving Resuscitation and Extent of Care Status Plan in Outram Community Hospital

Singapore Healthcare Management 2021 Author: Lai Wei Na Team member: Ong Chong Yau/ Aw JunJie/ Foo Jong Yi/ Edmund Chan/ Ong Peng Shen Singhealth Outram Community Hospital

### INTRODUCTION

- Resuscitation and Extent of Care Status Plan (RECSP) is a form of

advanced directive aimed at encouraging advanced plan currently used in

### - INTERVENTION AND RESULTS

- First intervention was education to raise the awareness and new culture among

doctors/physicians.

- A discussion was done on Feb 14,2020 among doctors in Outram Community Hospital

SingHealth Hospitals. It communicates ceiling of care and involves discussion about CPR and life sustaining efforts. It is similar to Treatment Escalation Plans (TEPs) in UK.

- Potential benefit of this project is to formal engagement of patients in discussion of their end-of-life care preferences (before acute deteriorating events take place).

- This will reduce resuscitation efforts on patients with poor clinical outcomes as well as patients who wish not to be on such measures.
- Collection of data showed that at baseline (operationalization of the

hospital), only 5.9 to 14.6% of patients in OCH have had RECSP done.

### **OBJECTIVES**

Our aim is to improve the uptake of RECSP documentation in Outram Community Hospital from 20% to 50% in three months where they were being educated on the importance and benefits of RECSP, on how to

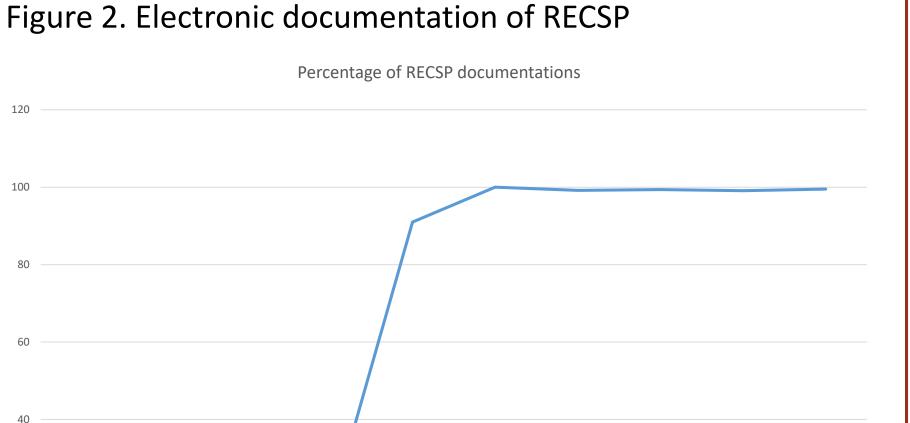
put up the electronic documentation and to trace it.

Doctors attending to patients on
admission to bring up and discuss
the resuscitation and end of life care
with patients (and family if patient
has no mental capacity) from 01
March 2020 for a period of three
months.

- The team leader collects data every month; on the percentage of RECSP completed over the total number of admitted patients in the previous month.

- The uptake of RECSP increased to

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### (March to May 2020).

almost 100% and this was

maintained throughout the period of project.



# **ANALYSIS AND METHODOLOGY**

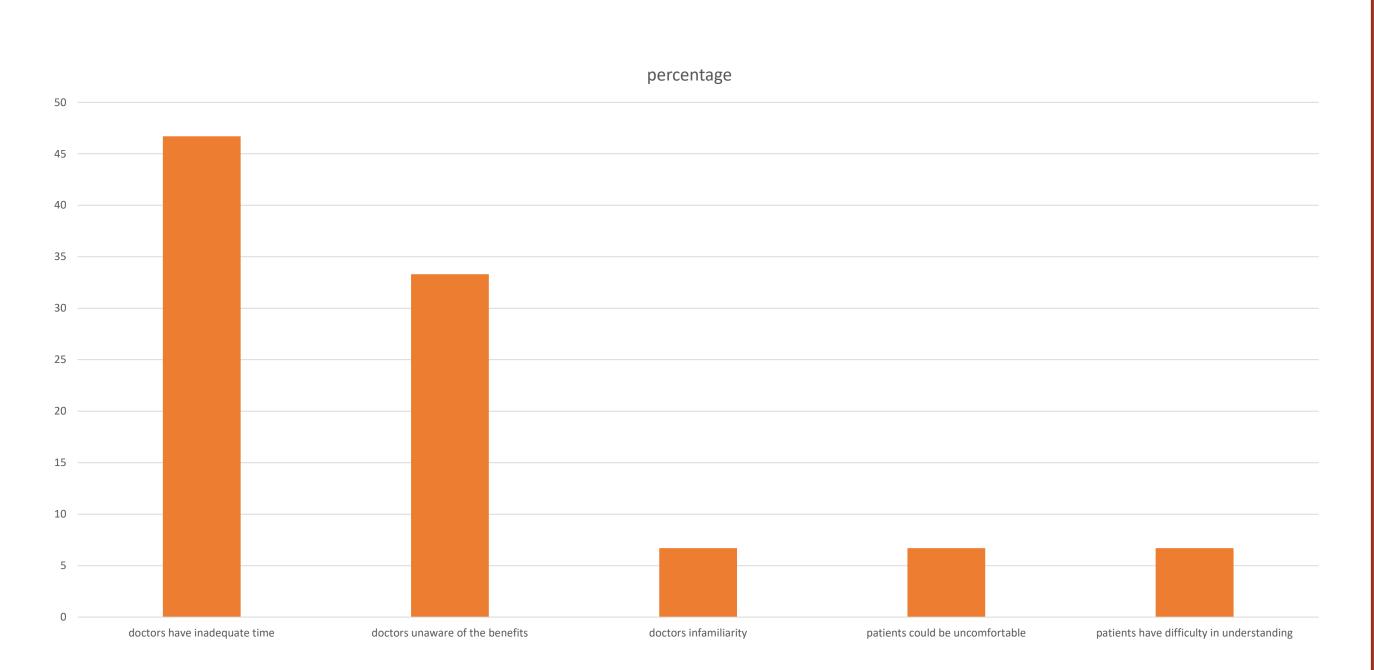


Figure 1. Causes of poor uptake of RECSP

## **CONCLUSION AND SUSTAINABILITY**

- The percentage of RECSP documentation in Outram Community Hospital was noted to

increase to above 99% over the six months upon initiation of the project/QI.

- We plan to share the findings and results within Singhealth community hospital and to

other SingHealth Hospitals via platforms such as IPE and SingHealth Quality

Improvement Day.

- The challenges faced were:

New initiatives that was not the 'norm' of usual daily work

Discussion of end-of-life care /resuscitation extent may be viewed awkward when patient are stable

Insufficient experience in initiating communication of this area with patients/family

- Root cause is identified to be human factor (lack of existing culture to discuss RECSP).

- The main cause of inadequate RECSP uptake was that doctors have inadequate time or are unaware of the benefits of RECSP discussion.

- The team generated the possible interventions through a brainstorm meeting.

members

- We plan to evaluate qualitatively on patient and staffs view on the importance and

their comfort levels as well as challenges in bringing up RECSP communications in hospital.

- We also plan to compare the rate of unnecessary code blue activation across

institution where RECSP is not routinely discussed in acute hospital.