

Content

Department Name: Somerset ICB

Process Name: TEP (Treatment Escalation plan) Process Maps

Change History:

Version	Draft	Date	Author	Comments
0.1	YES	13/03/24	L Derrick	Current maps completed sent to Shelley
0.1	YES	18/03/24	L Derrick	Completed maps sent to Shelley
1.0	NO	08/04/24	L Derrick	Maps 18/19/20 signed off by Kate Shorthose
0.1	YES	15/05/24	L Derrick	Maps 25/26/27/28/29/30 sent to Chelsey for review
1.0	NO	05/06/24	L Derrick	Map 11 updated for Weston Hospice
1.0	NO	19/06/24	L Derrick	Maps 1,2,3,4,25,26,28,30 updated after review



INDEX

Map 1 Somerset ICB – TEP Process Maps – Primary Care - Map No 1 – As Is.....	Page 6
Map 2 Somerset ICB – TEP Process Maps – Primary Care – Proactive Care - Map No 2 – As Is.....	Page 7
Map 3 Somerset ICB – TEP Process Maps – Primary Care Recommendations & Concerns - Map No 3 – To Be.....	Page 8
Map 4 Somerset ICB – TEP Process Maps – Community (Start/Amend) - Map No 4 – As Is.....	Page 9
Map 5 Somerset ICB – TEP Process Maps – Community (Create TEP Form) - Map No 5 – As Is.....	Page 10
Map 6 Somerset ICB – TEP Process Maps – Community - Map No 6 – To Be.....	Page 11
Map 7 Somerset ICB – TEP Process Maps – SWAST - Map No 7 – As Is.....	Page 12
Map 8 Somerset ICB – TEP Process Maps – SWAST - Map No 8 – To Be.....	Page 13
Map 9 Somerset ICB – TEP Process Maps – Weston Hospice Care – Inpatient Admissions - Map No 9 – As Is.....	Page 14
Map 10 Somerset ICB – TEP Process Maps – Weston Hospice Care – Community Patients - Map No 10 – As Is.....	Page 15
Map 11 Somerset ICB – TEP Process Maps – Weston Hospice Care – Inpatient Admissions - Map No 11 – To Be.....	Page 16
Map 12 Somerset ICB – TEP Process Maps – Weston - Recommendations & Concerns - Map No 12 – To Be.....	Page 17
Map 13 Somerset ICB – TEP Process Maps – St Margarets Hospice - Community - Map No 13 – As Is.....	Page 18
Map 14 Somerset ICB – TEP Process Maps – St Margarets Hospice – IPU (Inpatient Unit) - Map No 14 – As Is.....	Page 19
Map 15 Somerset ICB – TEP Process Maps – St Margarets Hospice Recommendations & Concerns – Map No 15 – To Be.....	Page 20
Map 16 Somerset ICB – TEP Process Maps – Public Health Nursing (Somerset Council) – Map No 16 – As Is.....	Page 21
Map 17 Somerset ICB – TEP Process Maps – Public Health Nursing (Somerset Council) (2) – Map No 17 – As Is.....	Page 22
Map 18 Somerset ICB – TEP Process Maps – Public Health Nursing (Somerset Council) – Map No 18 – To Be.....	Page 23
Map 19 Somerset ICB – TEP Process Maps – Local Authority Border – Map No 19 – As Is.....	Page 24
Map 20 Somerset ICB – TEP Process Maps – Mental Health – Older People & Adults – Map No 20 – As Is and feedback.....	Page 25
Map 21 Somerset ICB – TEP Process Maps – Acute – Map No 21 – As Is.....	Page 26
Map 22 Somerset ICB – TEP Process Maps – Acute (2) – Map No 22 – As Is.....	Page 27
Map 23 Somerset ICB – TEP Process Maps – Acute (3) – Map No 23 – As Is.....	Page 28
Map 24 Somerset ICB – TEP Process Maps – Acute – Map No 24 – To Be.....	Page 29
Map 25 Somerset ICB – TEP Process Maps – Workshop 2 – Recommendations and Concerns – Map No 25 – To Be.....	Page 31
Map 26 Somerset ICB – TEP Process Maps – Workshop 2 – Recommendations and Concerns (2) – Map No 26 – To Be.....	Page 32
Map 27 Somerset ICB – TEP Process Maps – Workshop 2 – Recommendations and Concerns (3) – Map No 27 – To Be.....	Page 33
Map 28 Somerset ICB – TEP Process Maps – Workshop 2 – TO BE PROCESS – Map No 28.....	Page 34
Map 29 Somerset ICB – TEP Process Maps – Workshop 2 – TO BE PROCESS (2) – Map No 29.....	Page 35
Map 30 Somerset ICB – TEP Process Maps – Workshop 2 – TO BE PROCESS (3) – Map No 30.....	Page 36

Contacts

SWAST – Tom Hart – tom.hart@swast.nhs.net / Keziah.Pietersen@swast.nhs.uk / matthew.care@swast.nhs.uk

Weston Hospice Care – Dr Charlotte Field – charlotte.field3@nhs.net




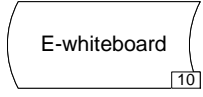
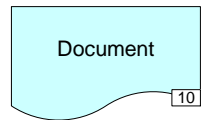
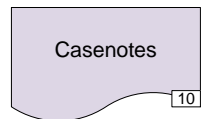
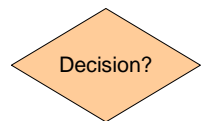



St Margarets Hospice – Dr Kate Shorthouse – kate.shorthouse@st-margarets-hospice.org.uk / ian.lintern@st-margarets-hospice.org.uk







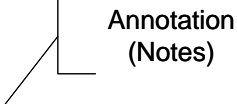
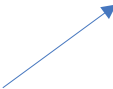


Primary Care – Toni.fooks@nhs.net / mihaela.dragon1@nhs.net / sarah.pumfrey@nhs.net / dawn.mancini@nhs.net / beth.berry2@nhs.net

Local Authority Border – sian.davies38@nhs.net / andy.grigg@somerset.gov.uk / philip.wells@somerset.gov.uk / sarah.bourne@somerset.gov.uk


Acute – thomas.macconnell@somersetft.nhs.uk / dilal.ahmed@somersetft.nhs.uk / charles.davis@somersetft.nhs.uk / lucy.pollock@somersetft.nhs.uk / Barney.kyle@somersetft.nhs.uk / sarah.waters@somersetft.nhs.uk

Legend


	Symbol used to Indicate the start or end of a process
	Symbol used to indicate an event, task or action
	Symbol used to indicate whiteboard actions
	Symbol used to indicate e-whiteboard actions
	Symbol used to indicate paper documents and proforma activity excluding patient Case Notes
	Symbol used to indicate Case Note activity
	Symbol used to indicate a decision point. The question is shown in the icon and there will be two options
	Symbol used to indicate a choice as to which path to take. There can be multiple outputs.
	Symbol used to indicate a point whereby all output paths should be actioned.
	Symbol used to illustrate Diary/Whiteboard Updates , labelled accordingly i.e Admission Diary = AD Receptionist Diary = RD Transfers Whiteboard = TW Patient Whiteboard = WB

	Symbol used to Indicate the start or end of a process
	Symbol used to indicate a system where data is captured inc. emails
	Symbol used to indicate a reporting point i.e. system generated reports or escalation points to management etc.
	Symbol used to indicate a link to another map
	Symbol used to indicate a link from another map
	Symbol used to illustrate link to maps within other Visio documents
	Symbol used to include a comment or additional information
	One-way arrow used to show sequence of events and what is produced by an event.
	Symbol used to illustrate multiple issues , numbered accordingly
	Symbol used to illustrate multiple ideas , numbered accordingly


Legend

 Symbol used to Indicate Happy


 Defects

 Symbol used to Indicate Indifferent


 Over Production

 Symbol used to Indicate Unhappy

 Waiting

 Symbol used to Indicate Worried

 Un-utilised Skills

 Symbol used to Indicate Angry

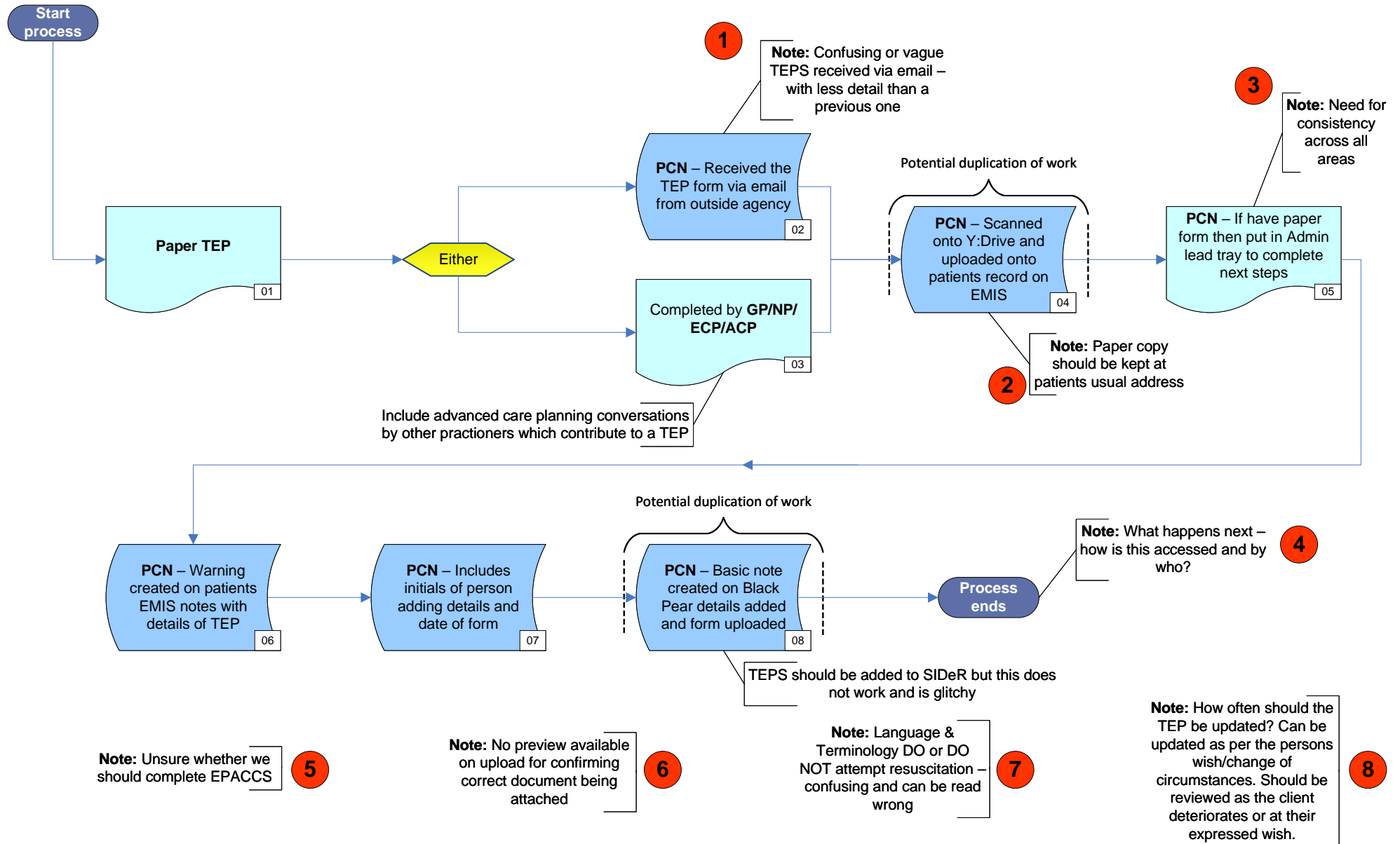
 Transportation

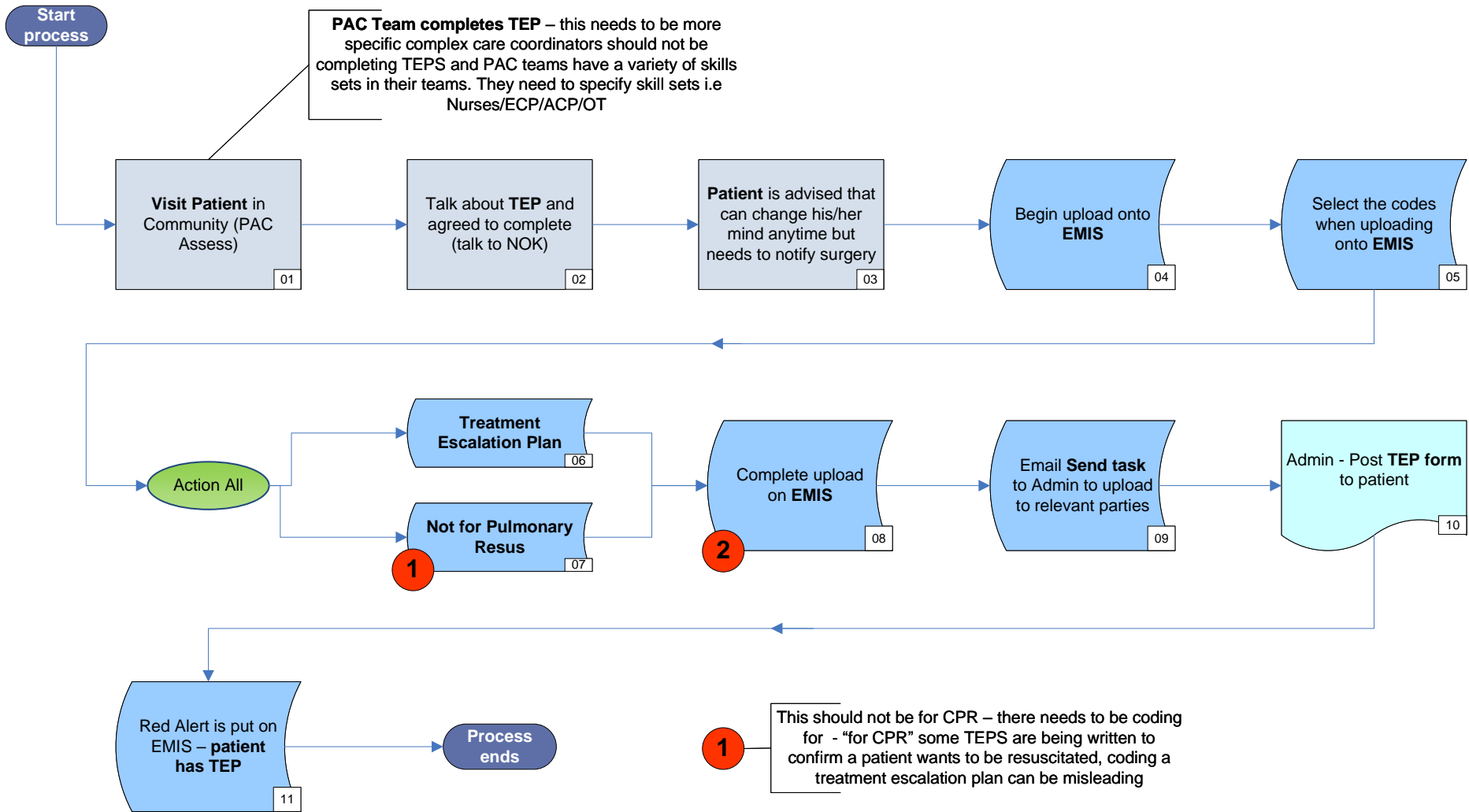
 Inventory

 Motion

 Extra Processing

Primary Care As Is





PAC Team completes TEP – this needs to be more specific complex care coordinators should not be completing TEPS and PAC teams have a variety of skills sets in their teams. They need to specify skill sets i.e Nurses/ECP/ACP/OT

1

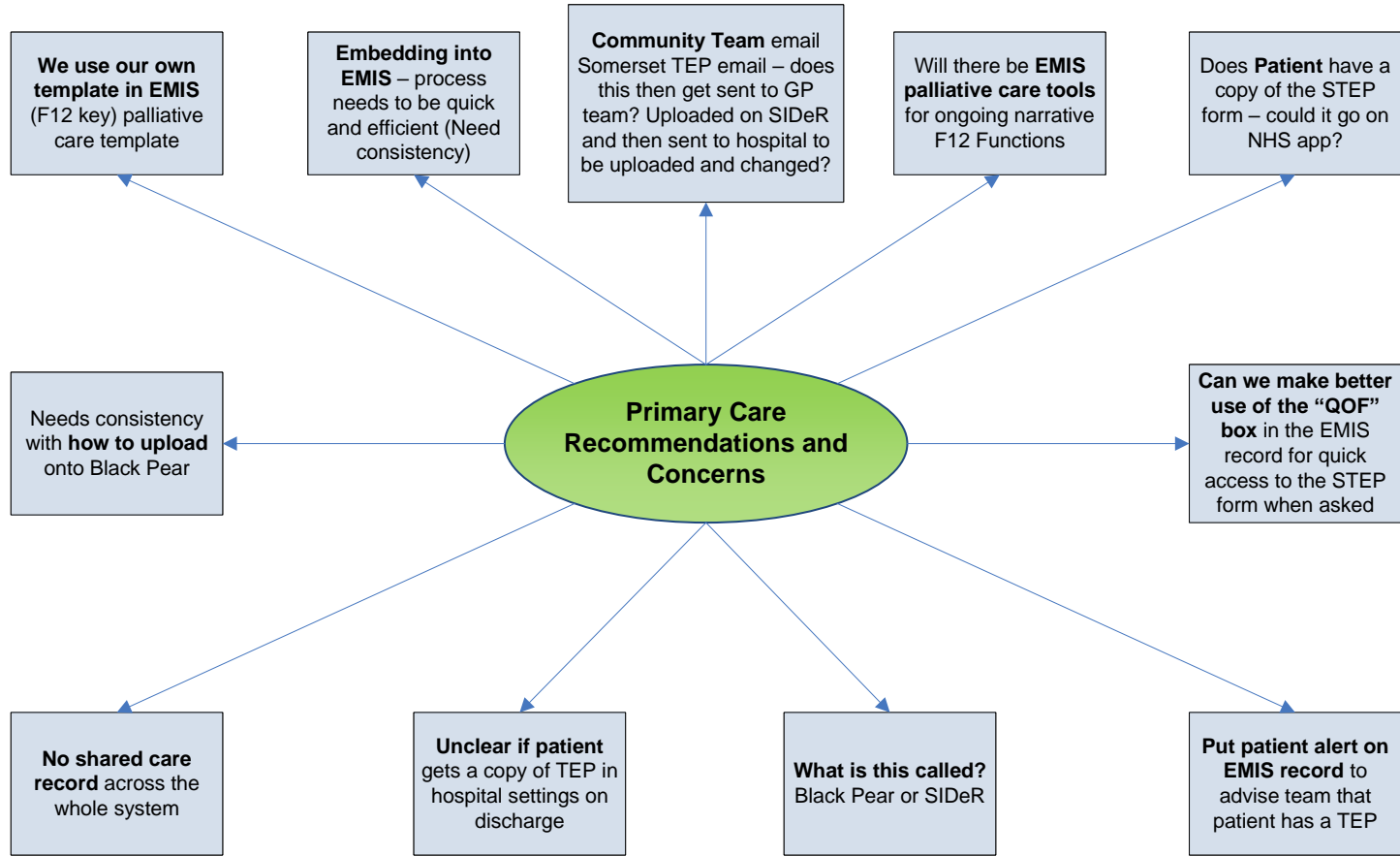
1

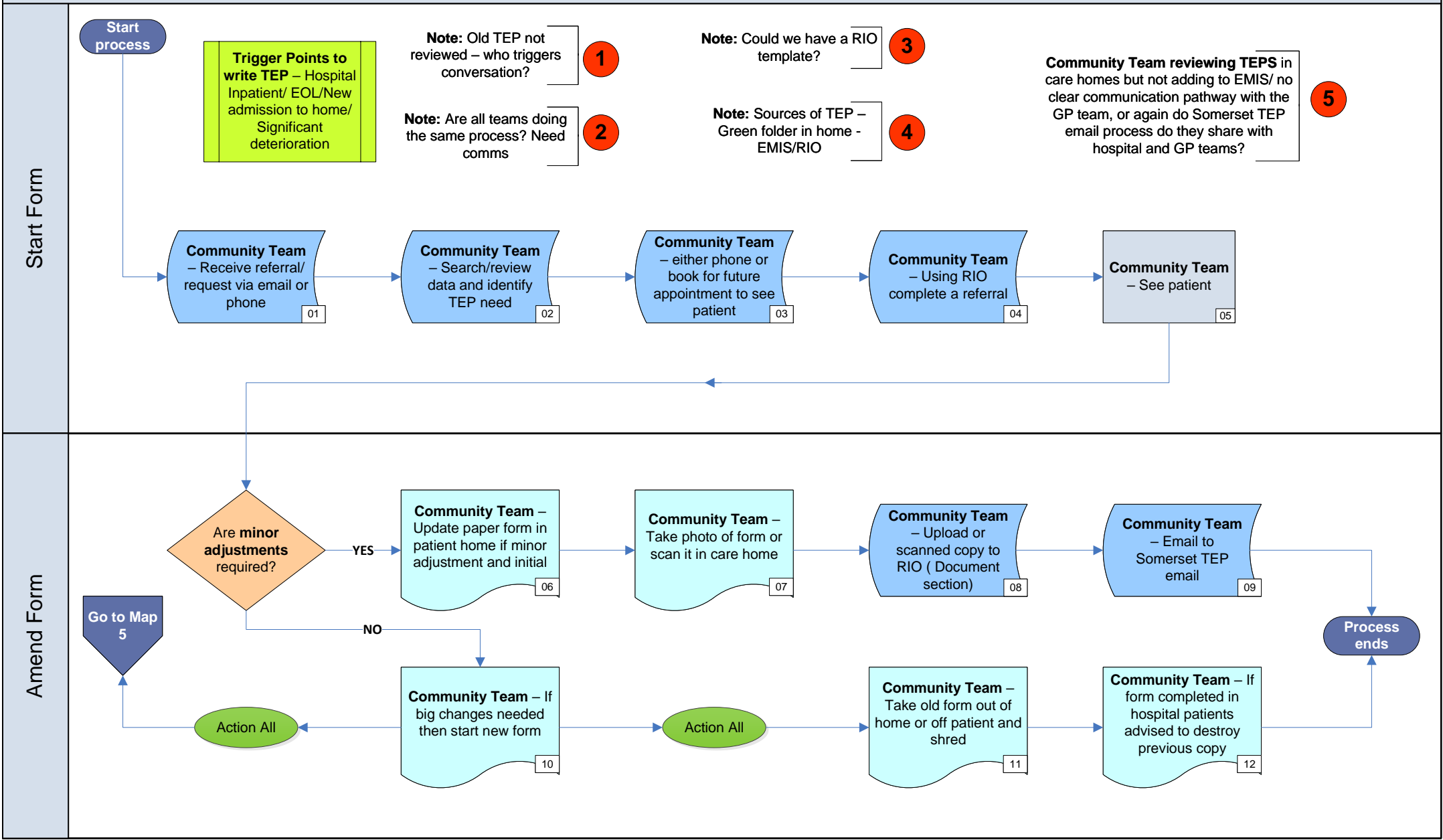
This should not be for CPR – there needs to be coding for - “for CPR” some TEPS are being written to confirm a patient wants to be resuscitated, coding a treatment escalation plan can be misleading

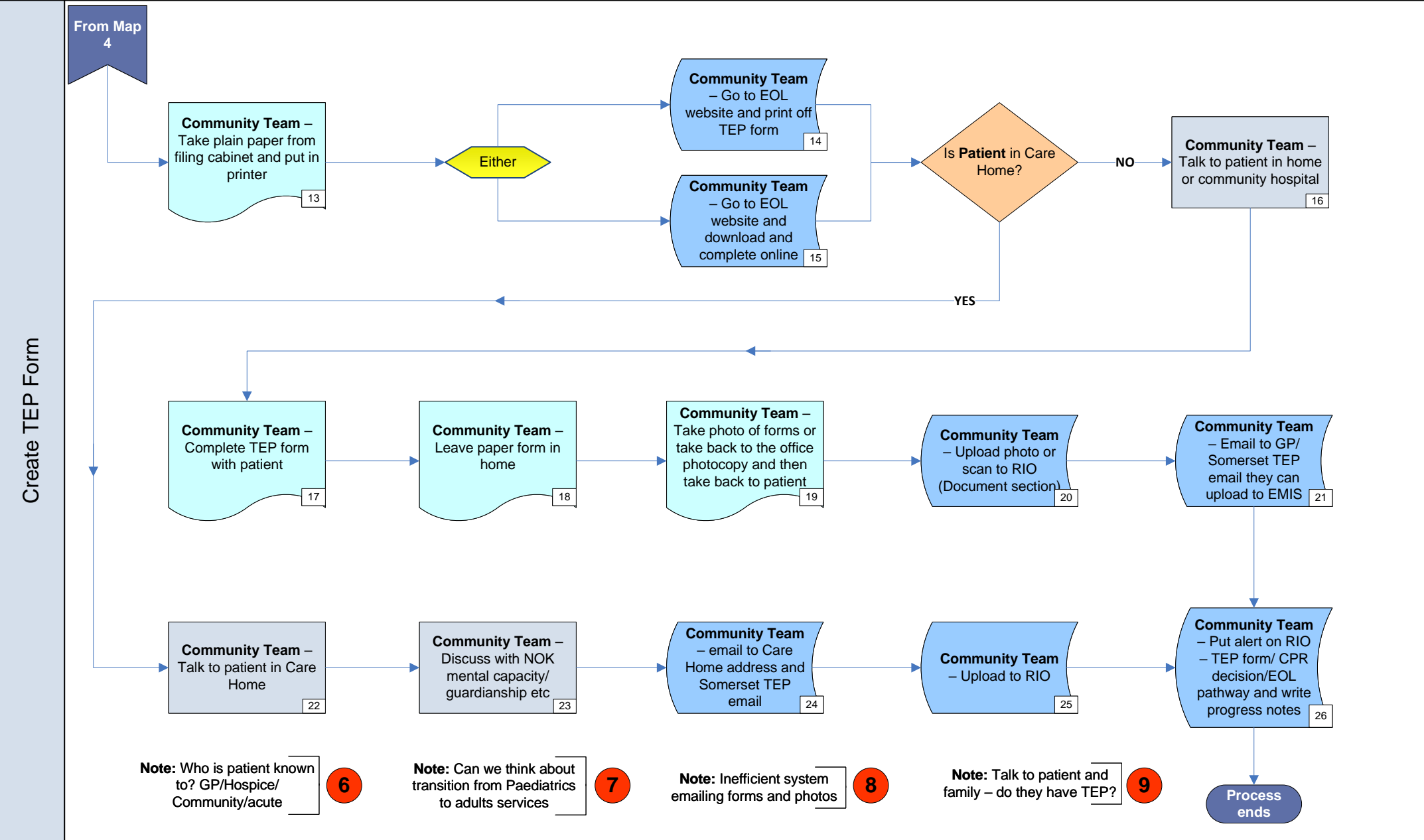
2

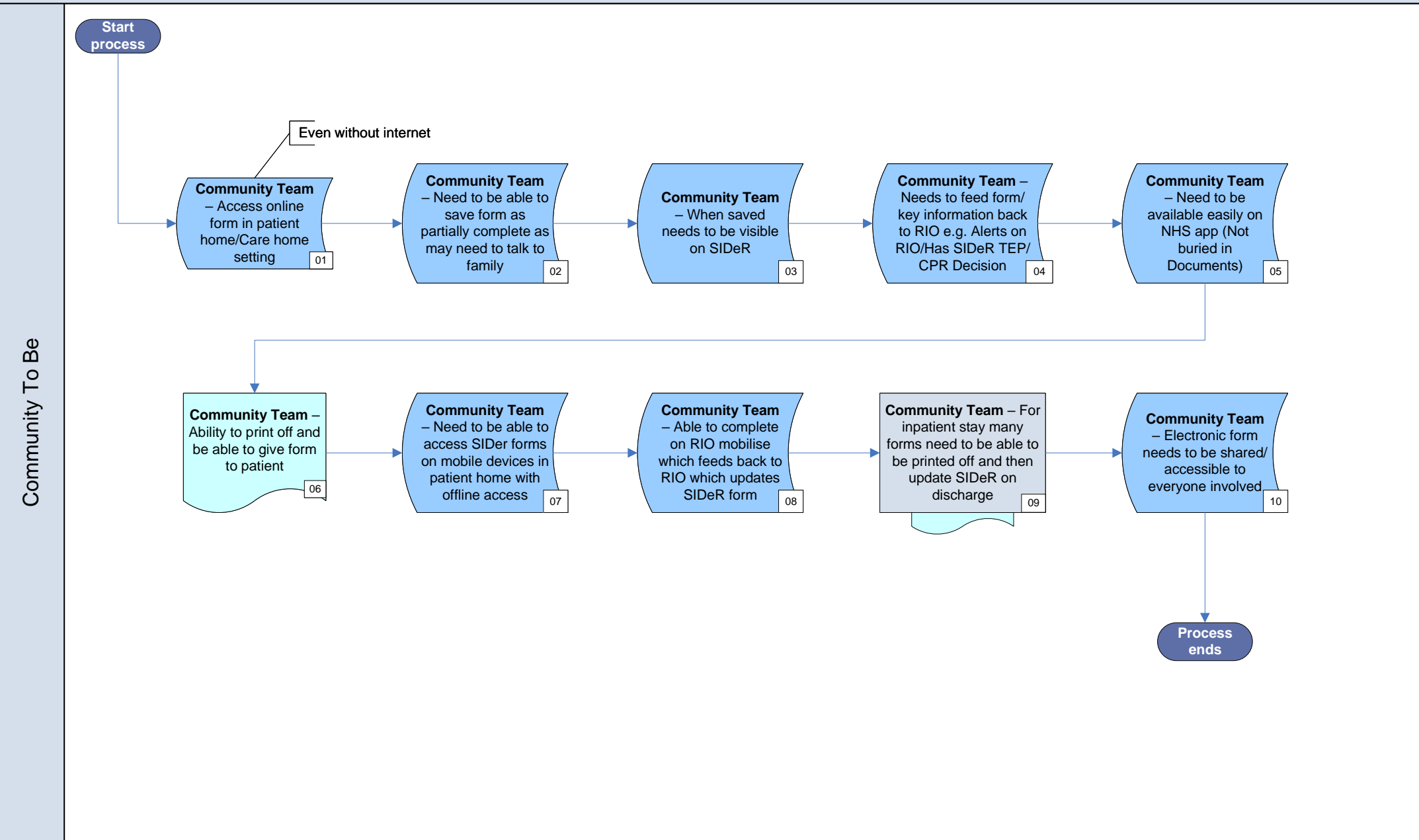
There is not a clear pathway who needs to be tasked for upload and systems such as SIDeR need to be working for shared care planning for teams to reliably upload TEPS

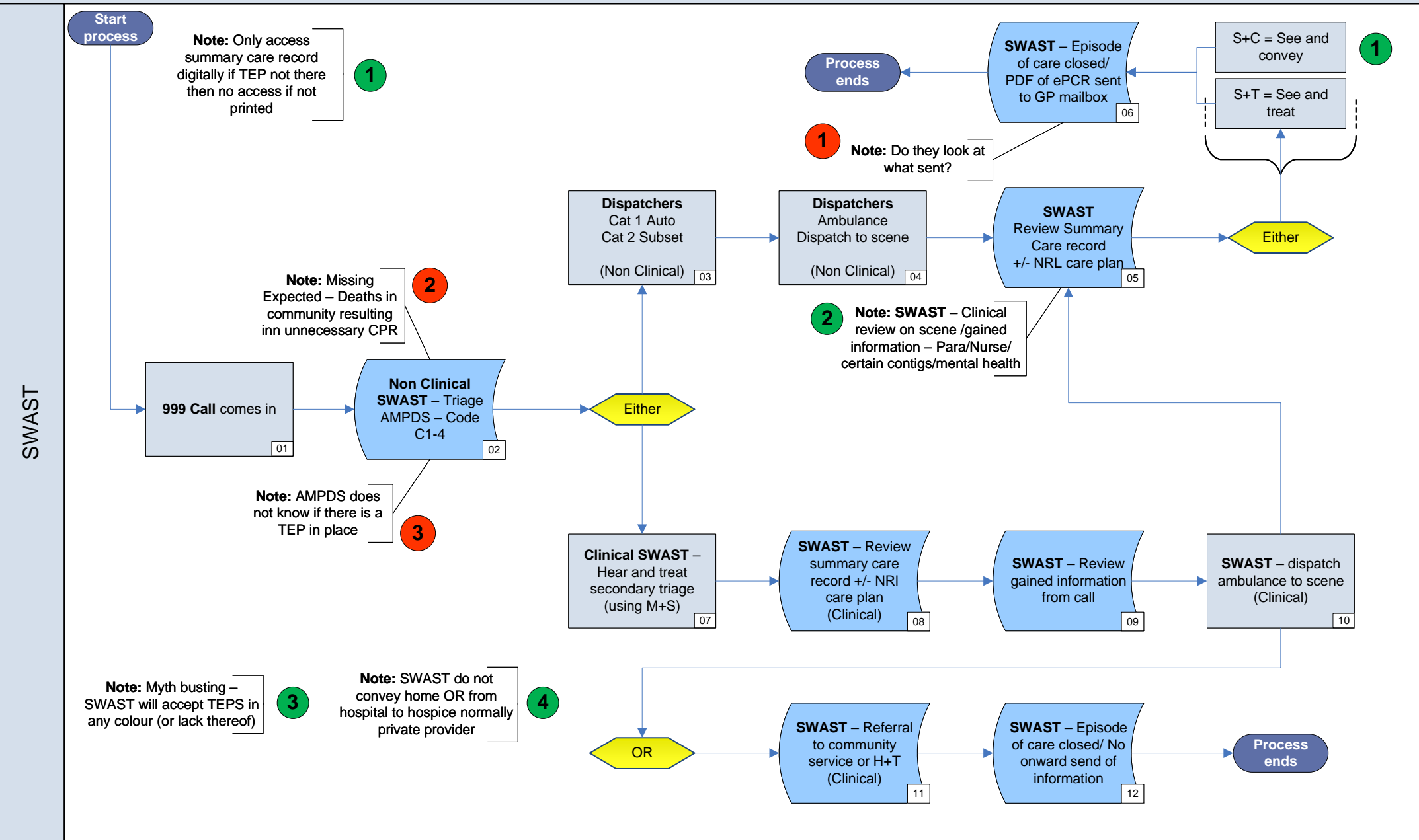
Primary Care

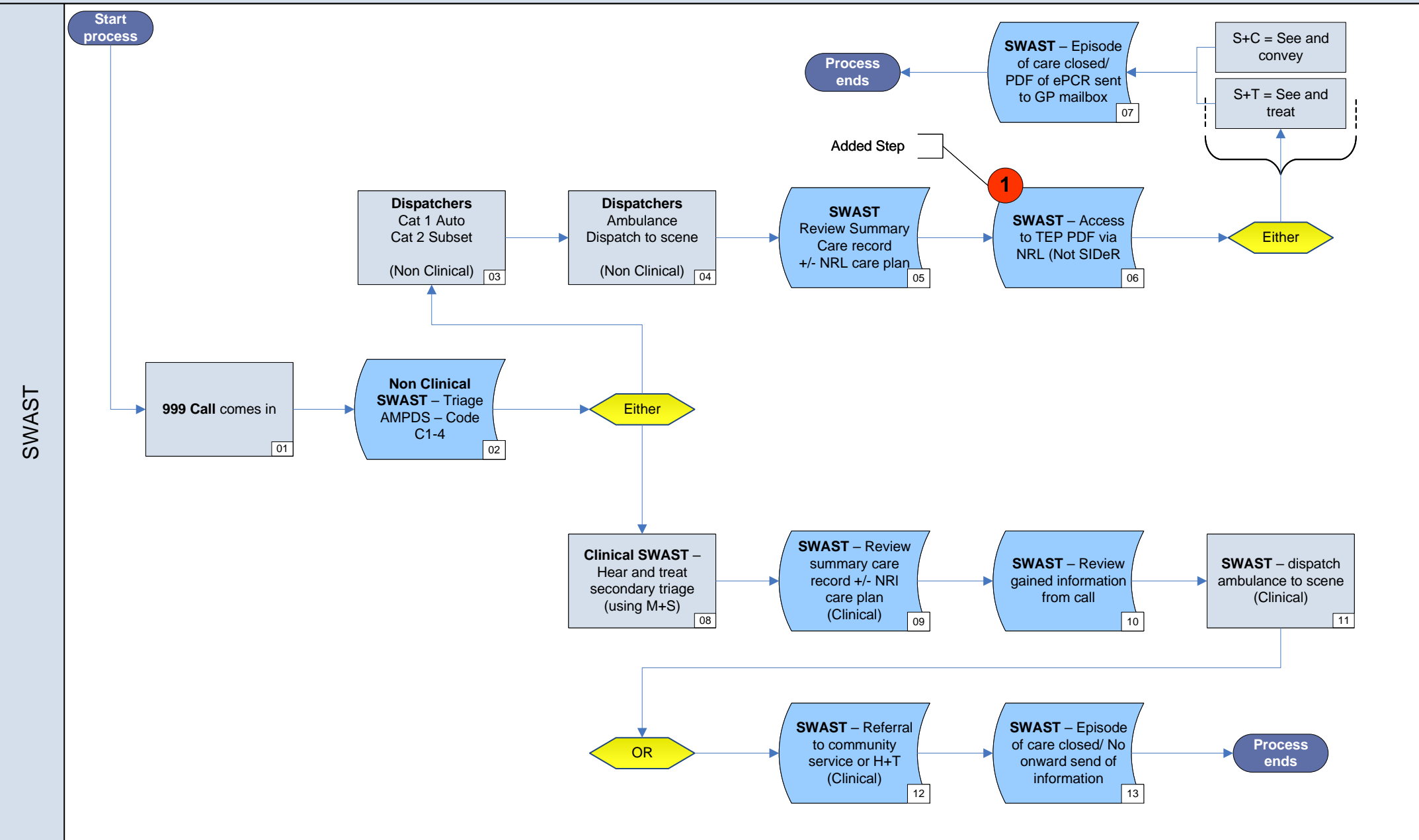




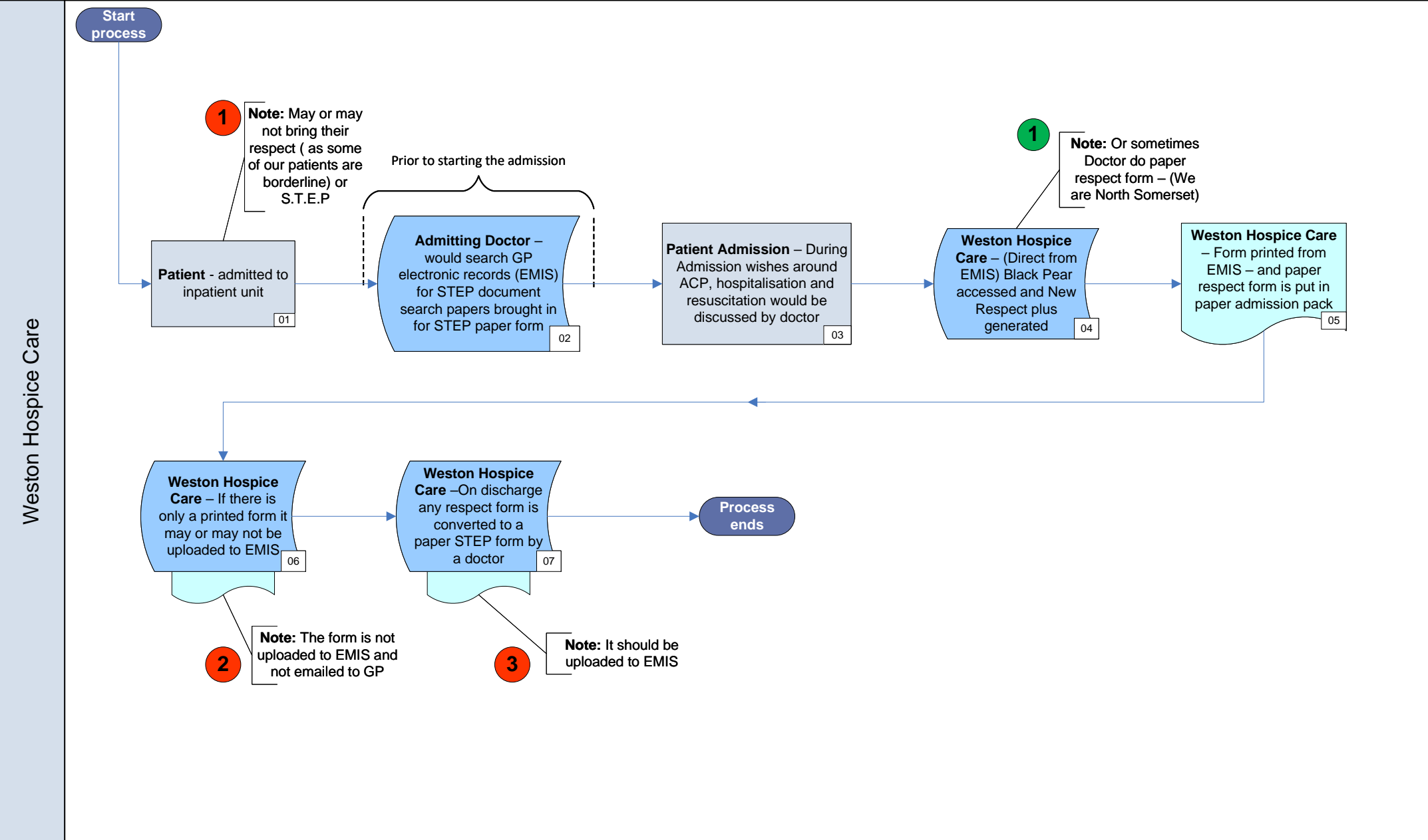




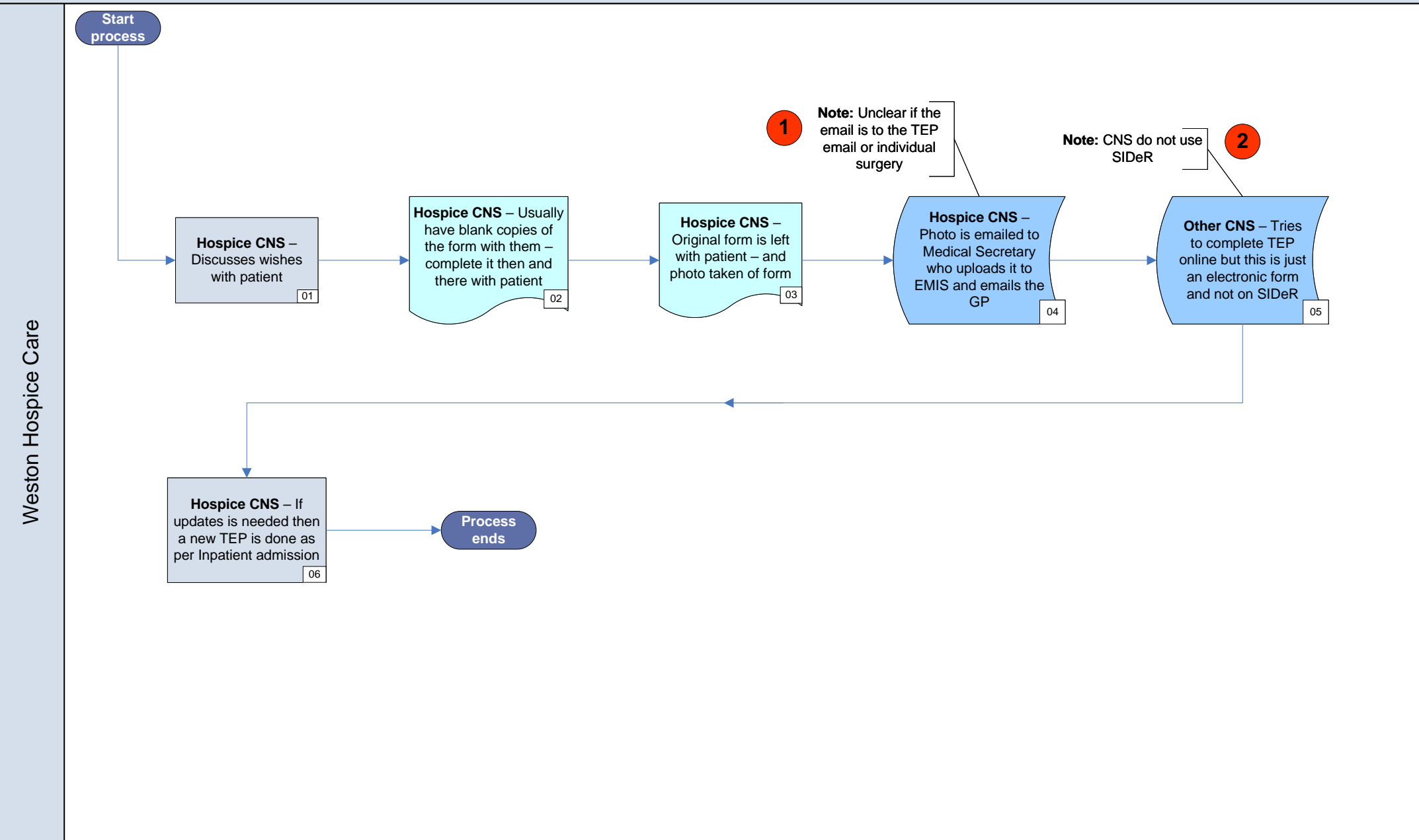


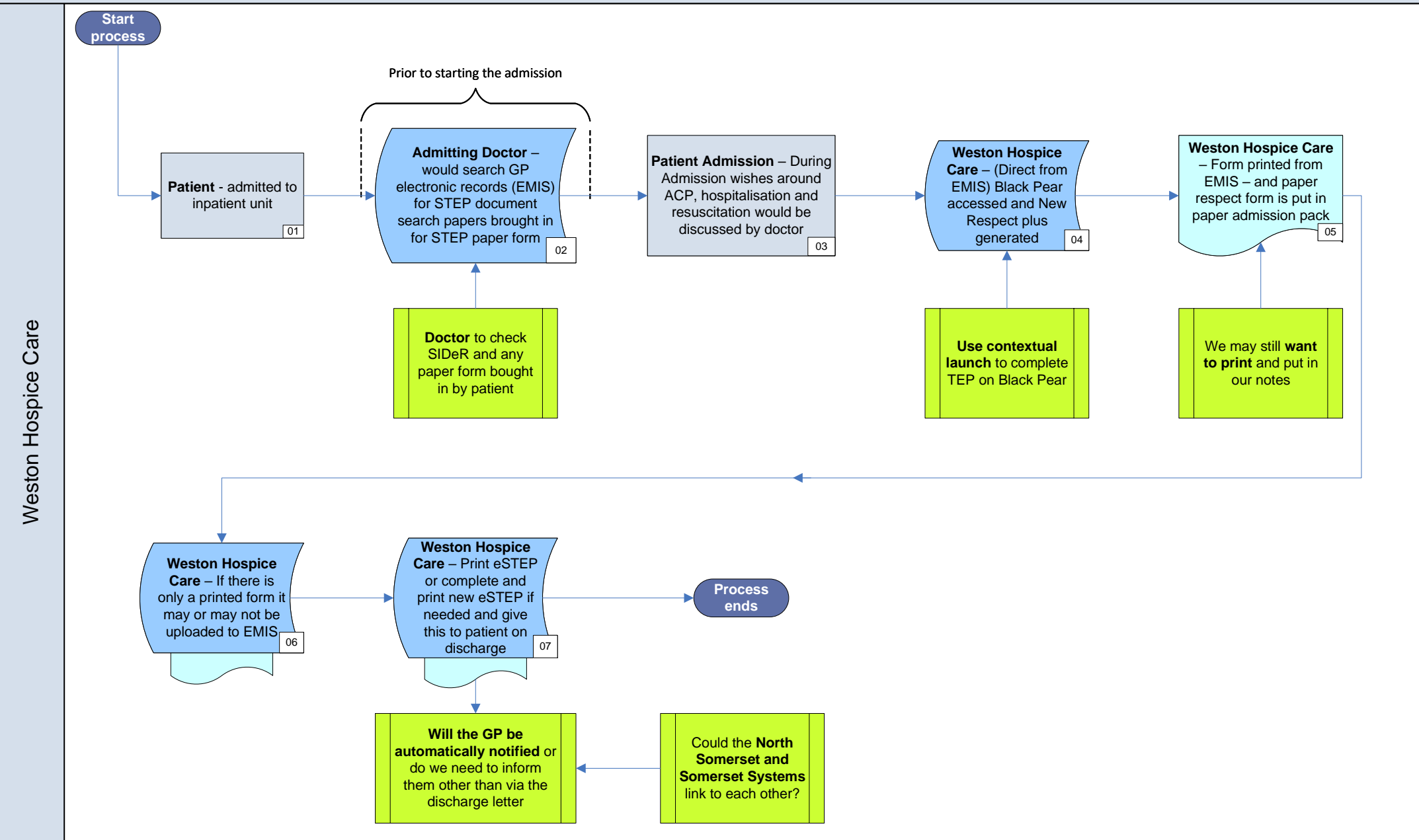


SWAST



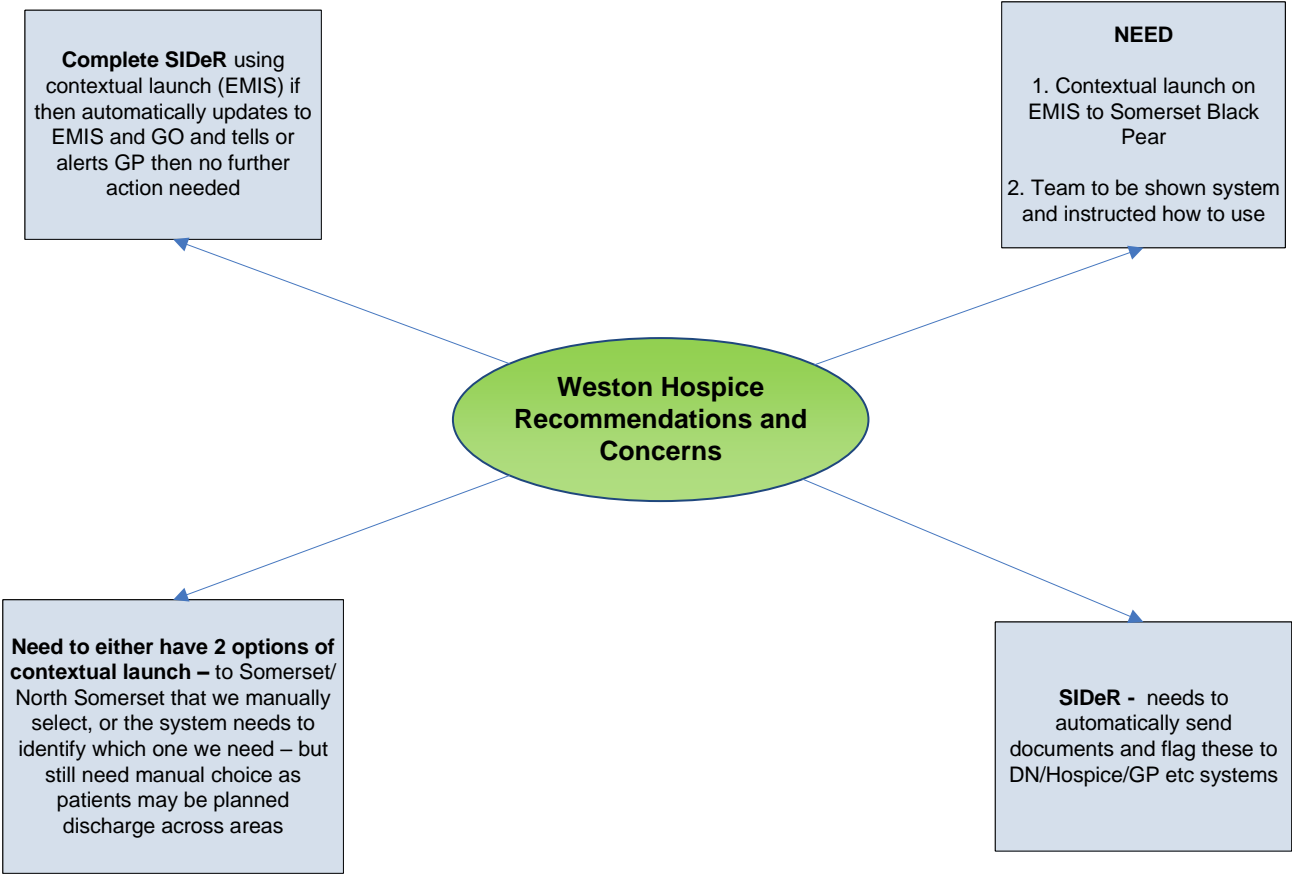
Weston Hospice Care

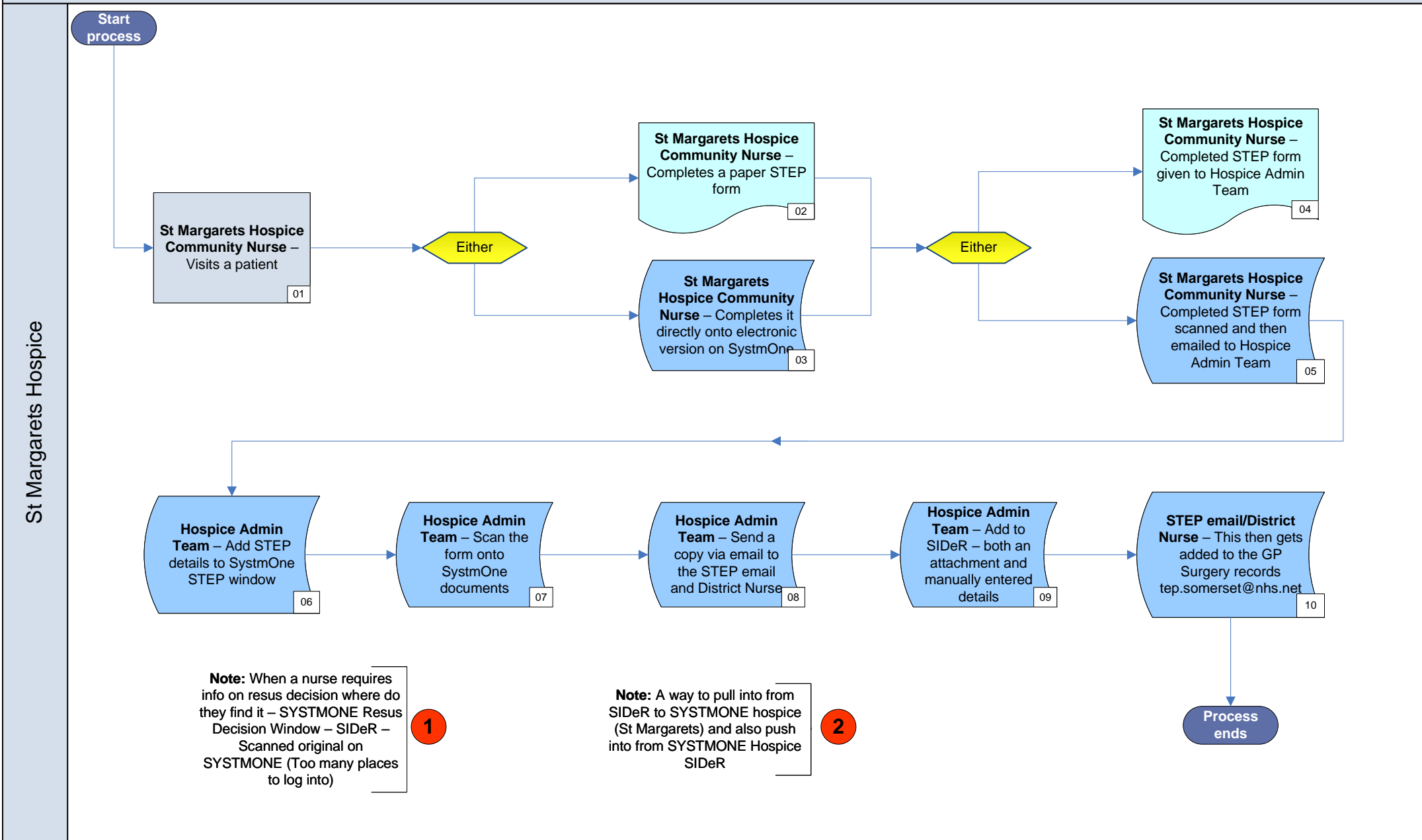


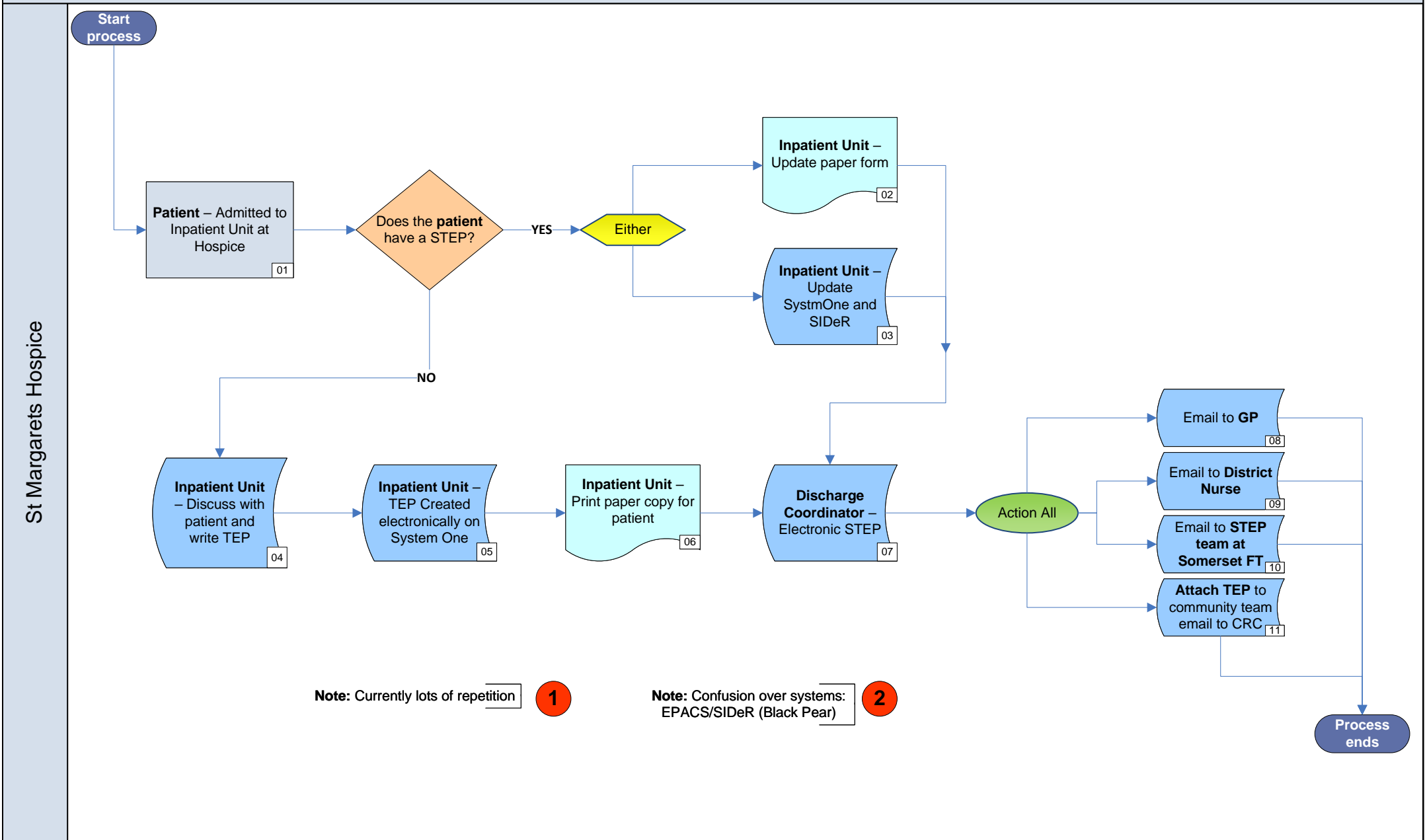


Weston Hospice Care

Weston Hospice Care





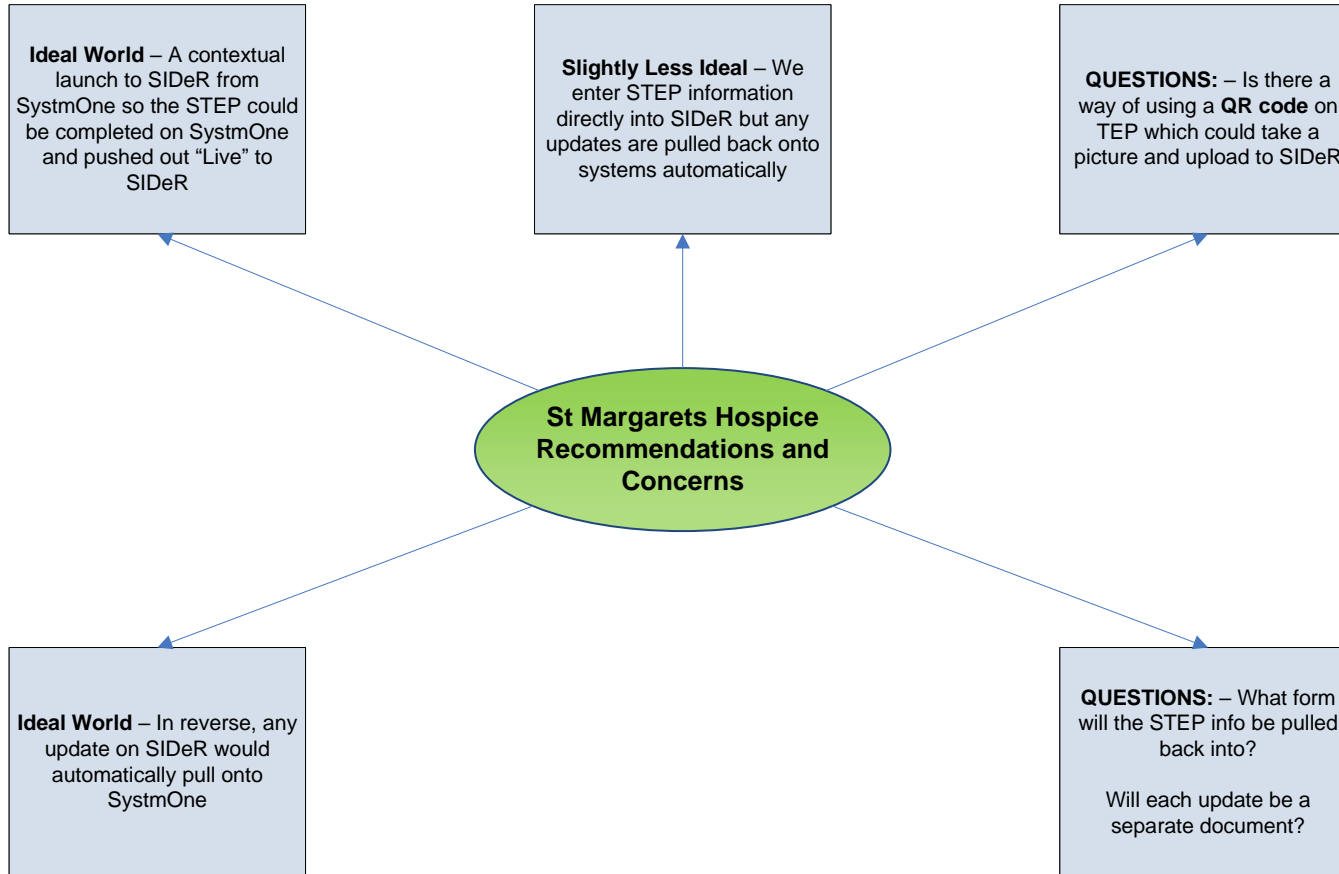


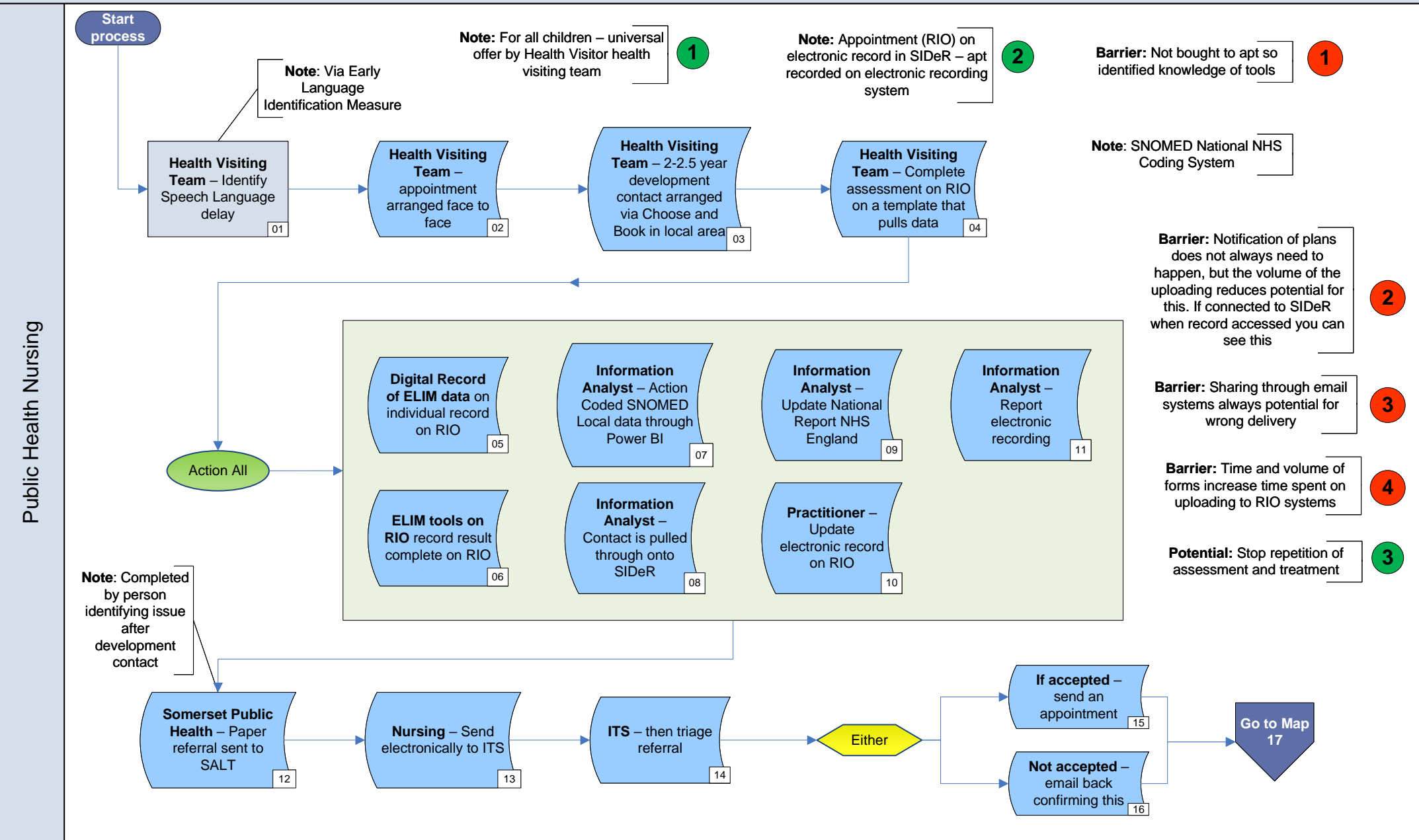
St Margarets Hospice

Note: Currently lots of repetition 1

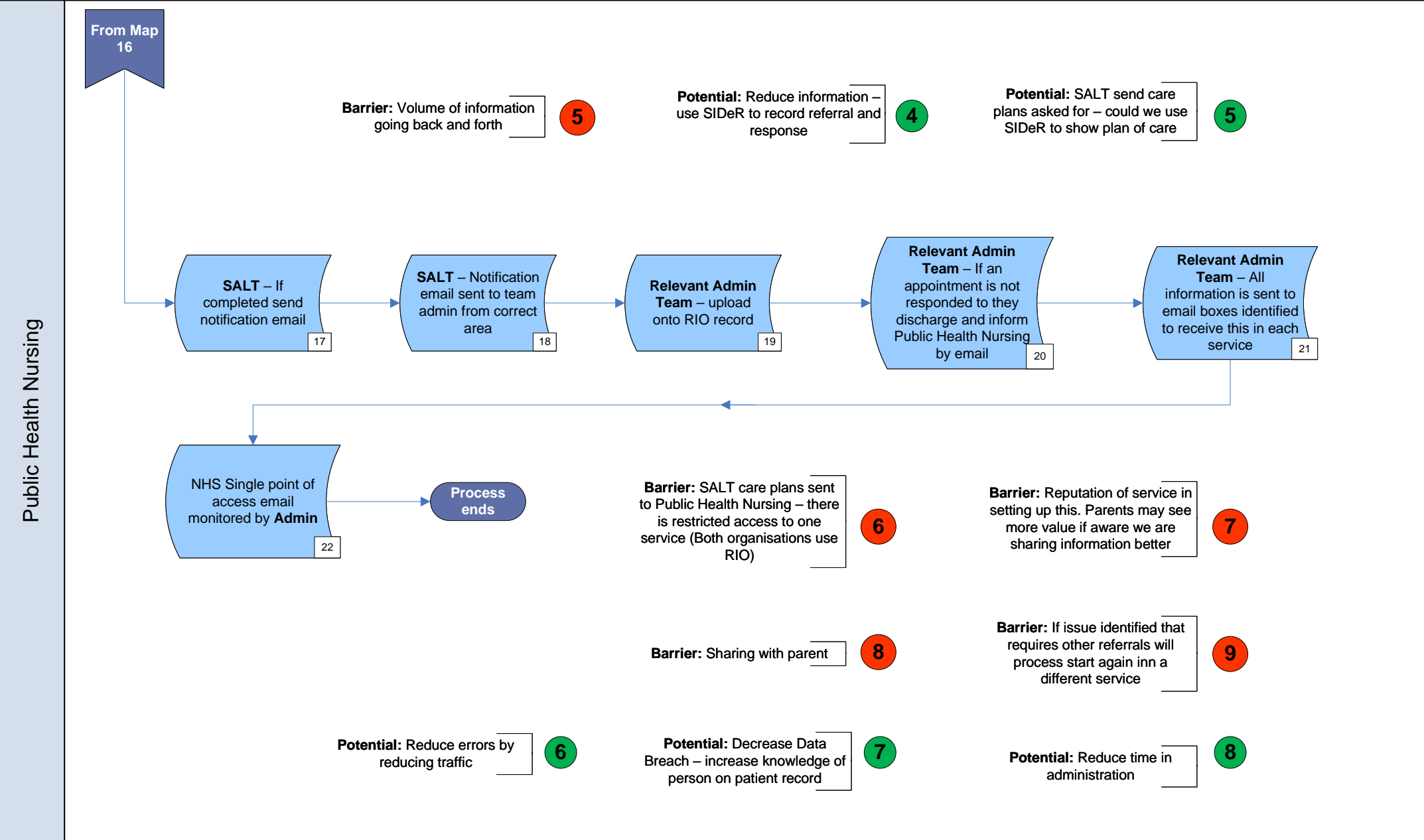
Note: Confusion over systems: EPACS/SIDeR (Black Pear) 2

St Margarets Hospice

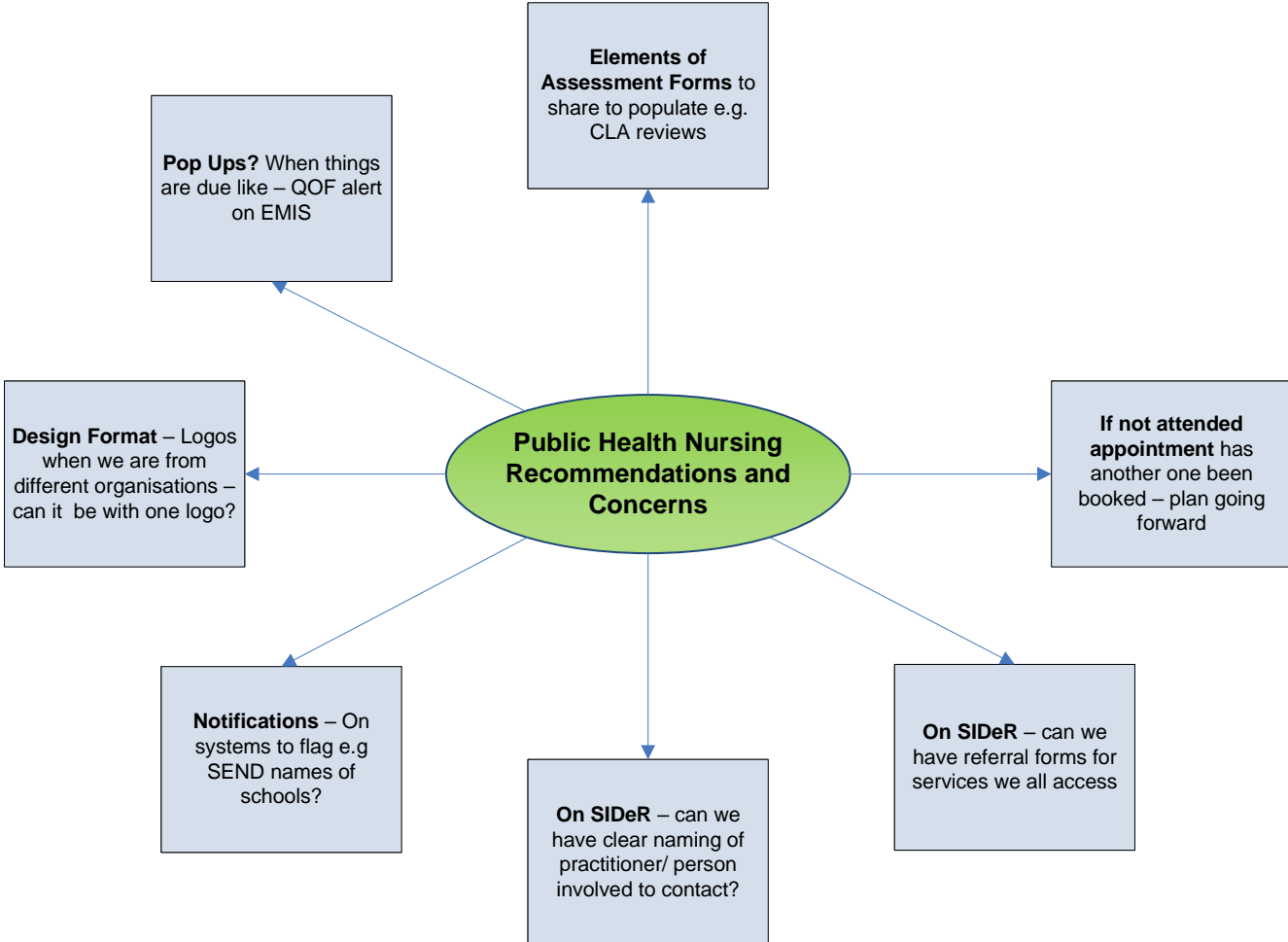


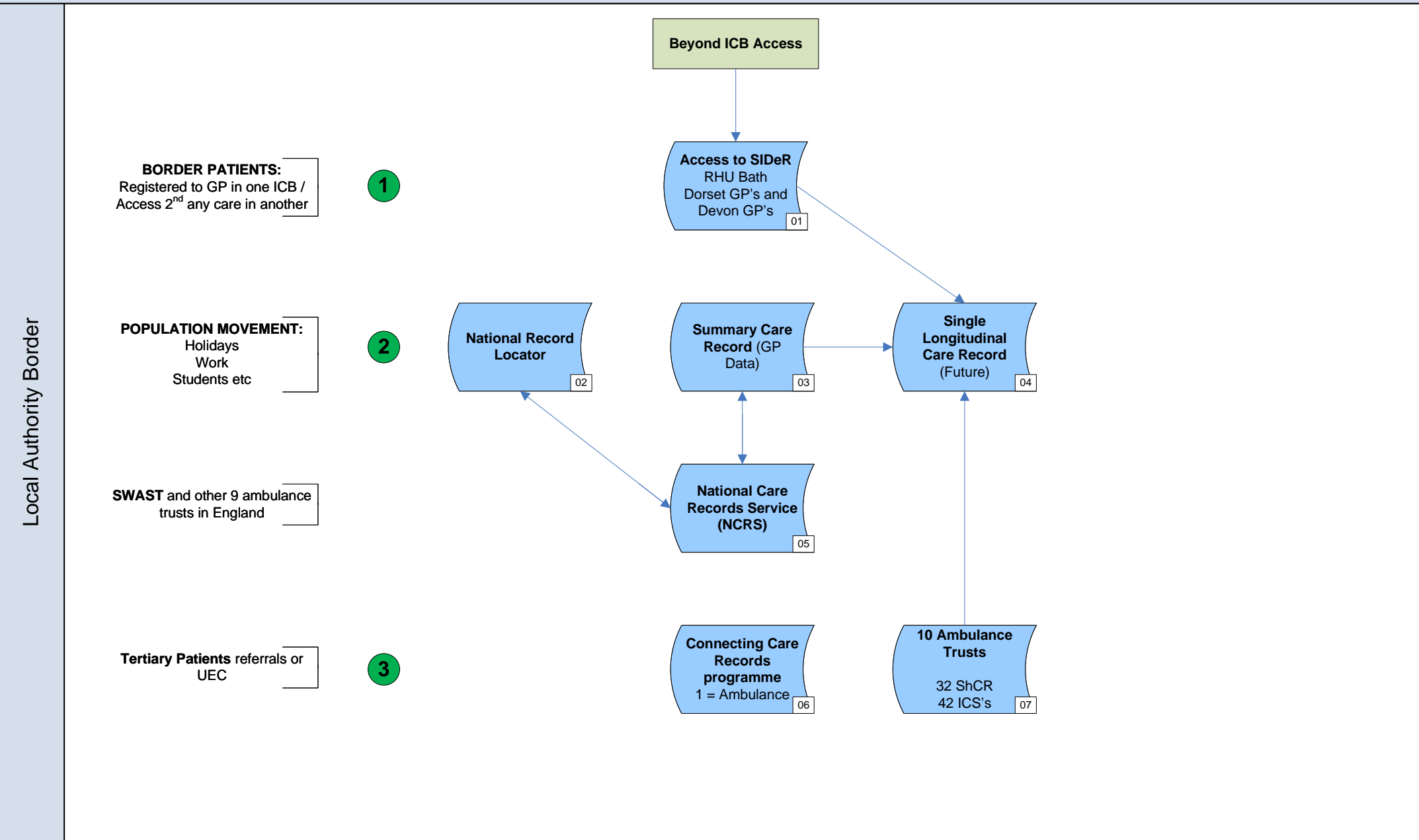


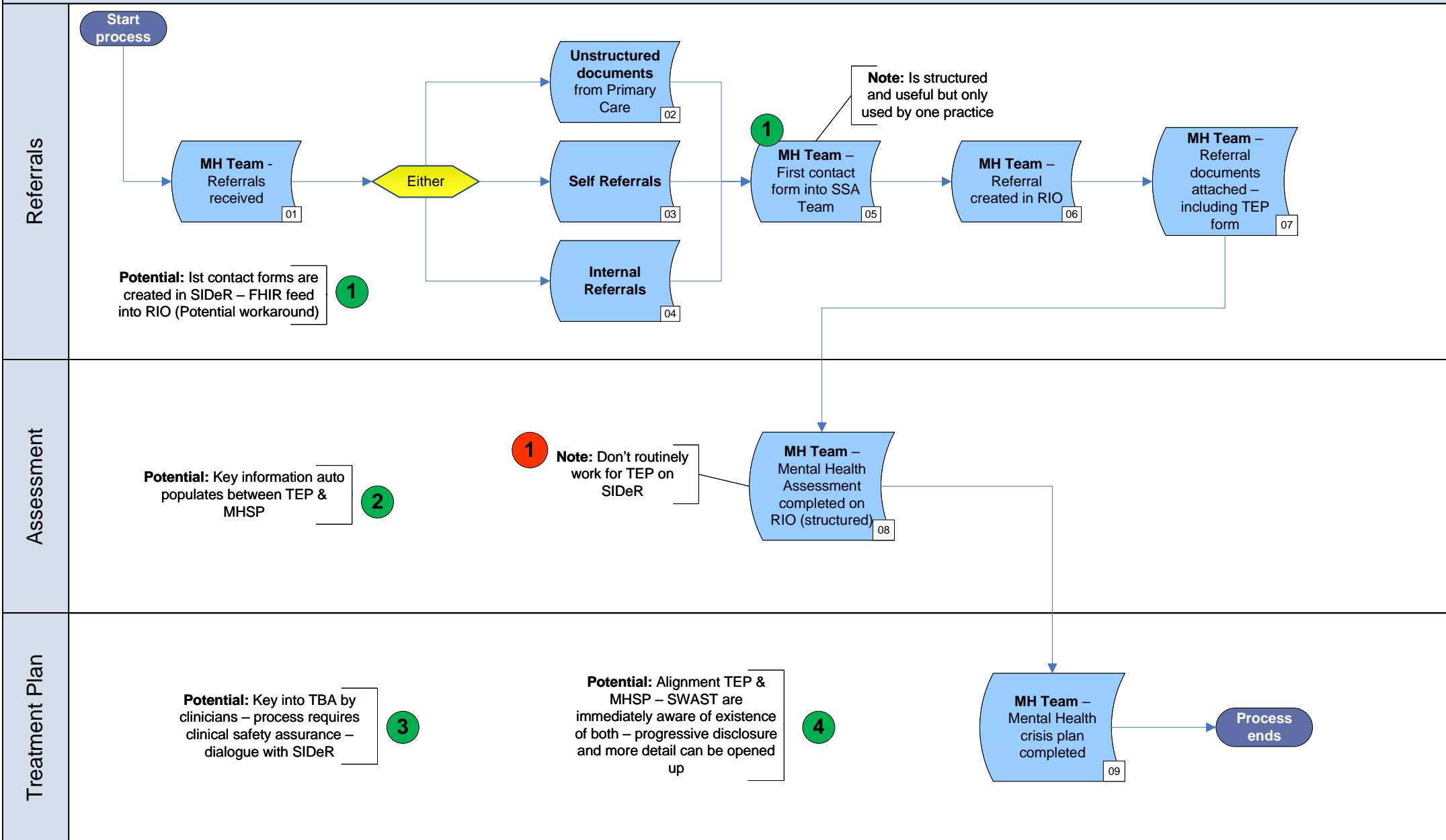
Public Health Nursing

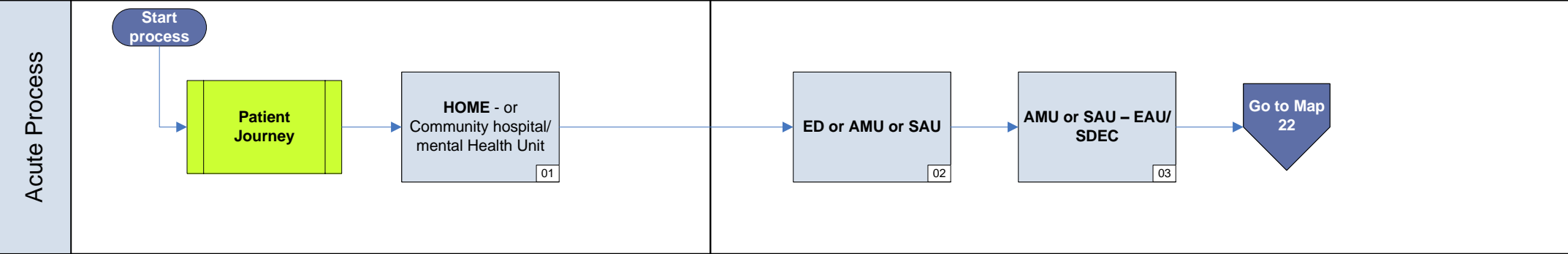


Public Health Nursing





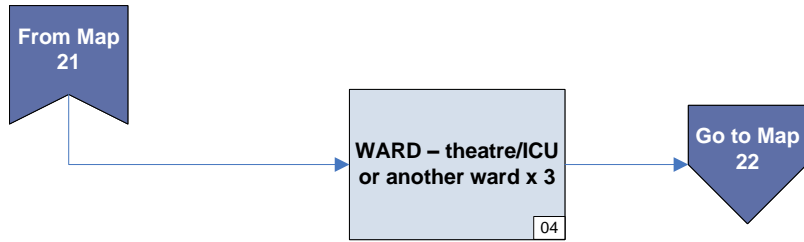




Feedback/ comments

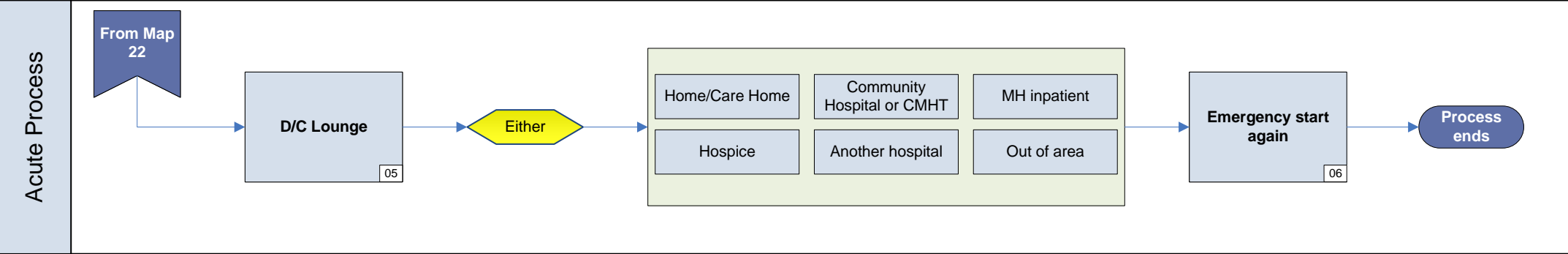
<p>Nb – the need for public conversation – make up of TEP – that all older people/ those at risk of deterioration</p>	<p>Emergency at care home? Is there a TEP? Where?</p>	<p>Is there a TEP?</p>	<p>ED – Is there a TEP? (will anyone look on SIDeR at YDH, EMIS</p>	<p>EMIS YDH SIDeR Nursing Home Notes From Home In Patient notes EPRO</p>	<p>Most junior doctors don't have access to EMIS to find care TEP</p>
<p>What does this patient want – number 1 question?</p>	<p>EPACCS stores more than STEP information – may have paper form but no EPACCS - access?</p>	<p>Maybe a paper TEP – with patient info from care home but buried in other paper work - not there?</p>	<p>Is easier at YDH – contextual launch of SIDeR TRAC-CARE</p>	<p>AMU – (is there a TEP) will anyone look on EMIS</p>	<p>When existing TEP is found is it accurate? Relevant? Is it up to date? Can we use it? Printed? Black/white?</p>
<p>EPACCS includes more than a escalation plan – only really used for palliative patient</p>	<p>If no TEP is found or considered, patient ends up with unwanted unhelpful or harmful treatment?</p>	<p>Or Care home paper work says DNAR but there is no TEP</p>	<p>Look frantically – or not at all for TEP</p>	<p>There are issues with EPMA on SIDeR not available to Junior/new doctors</p>	
<p>EPACCS stores more than STEP information – may have paper form but no EPACCS - access?</p>	<p>Public Conversation personalised care value of TEP</p>	<p>Clinical Staff searching around for STEPS – equiv of getting notes out of storage</p>			

Acute Process



Feedback/ comments

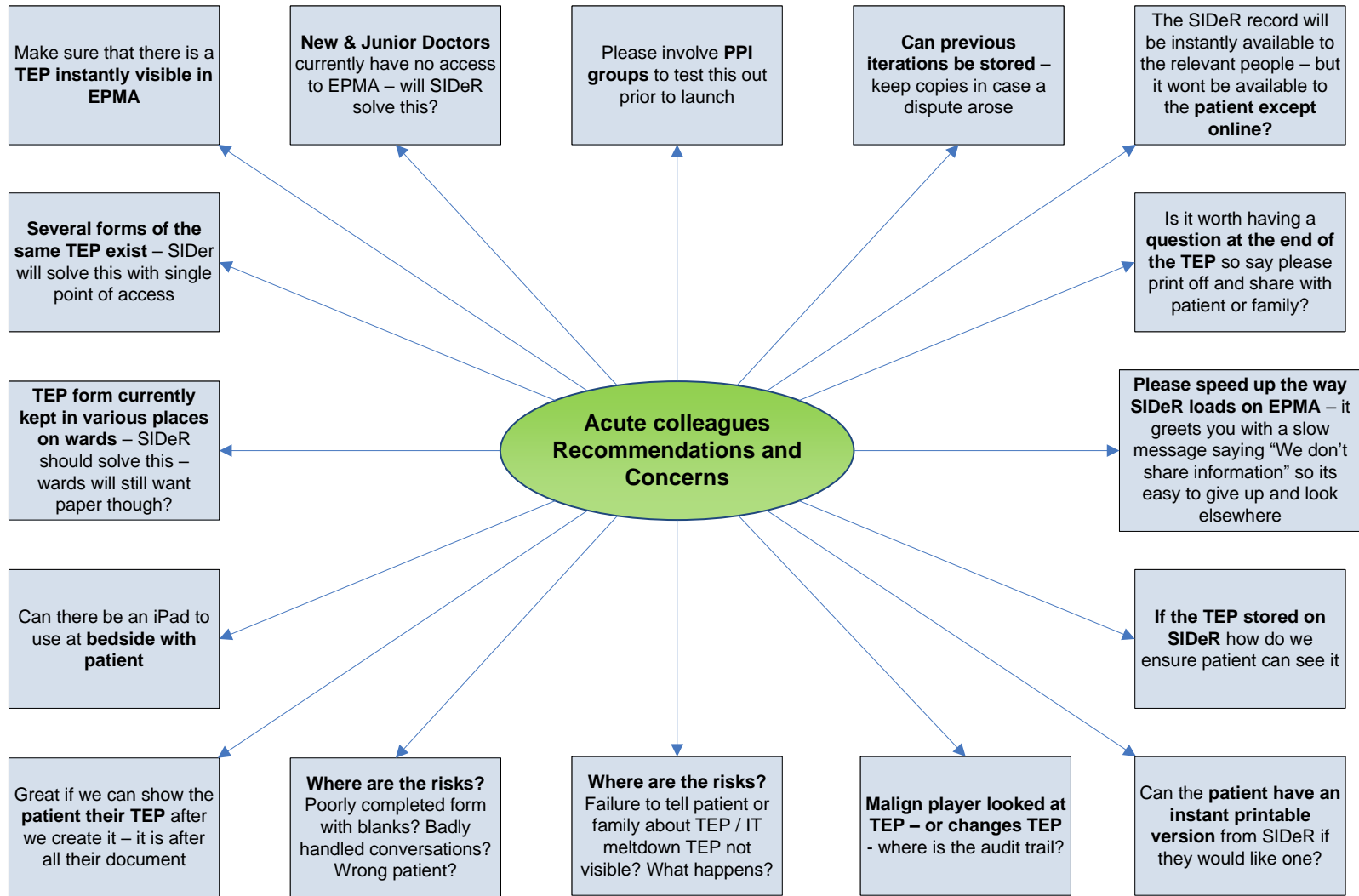
<p>Who writes the TEP? Consultant? SPR? IMT, FY 1 or 2, Nurses</p>	<p>New TEP is rushed and in complete - e.g just DNAR</p>	<p>New paper gets lost or isn't completed name etc</p>	<p>Some surgeons/ anaesthetists change the TEP to "for resus" if the patient going to theatre – is that ok?</p>
<p>TEP – can be kept in various places on wards</p>	<p>Several different TEPs could appear existing at once</p>	<p>Sometimes the discussion in the notes isn't what's recorded in the TEP</p>	<p>Often there's no record on the TEP or in the notes of the discussion that informed the TEP</p>
<p>OLD TEP – not easily available – someone writes a new one on paper</p>	<p>New TEP says DNAR but lots of the other questions are assumed and not discussed</p>	<p>Documentation in the TEP often says – See notes/See EPRO/See EMIS See trackcare</p>	<p>TEP gets changed/ updated during patients stay</p>
<p>New STEP from an OLD STEP found into admission</p>	<p>PTWR – RU existing form - keep adjust new form, print out EMIS step</p>	<p>Resus version – in notes paper (STEP), on nursing handover (paper) Whiteboard – either pen or electronic</p>	



Feedback/ comments

TEP filed in paper notes – never seen again	Example - Patient or Family finds TEP in suitcase wasn't aware of TEP	Shared – 1 and 2 degree care record would be good for access for patient (if family doesn't have capacity)
Or maybe a copy of TEP leaves with patient and is never seen again	The TEP belongs to the patient	
Or TEP sent to tep.somerset@nhs.uk to get to EMIS	If the TEP stored on SIDeR how do we ensure patient can see it	

Acute

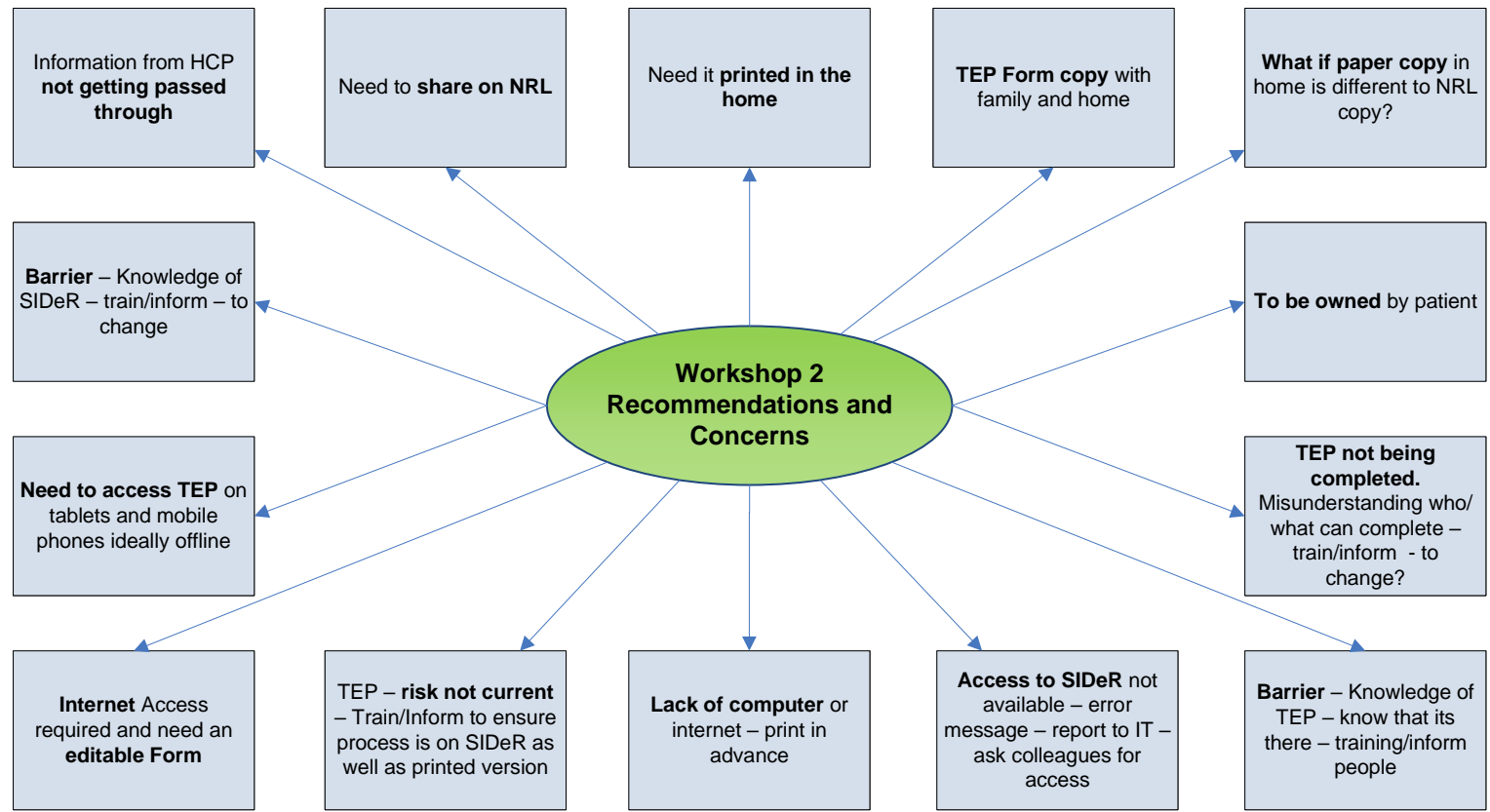


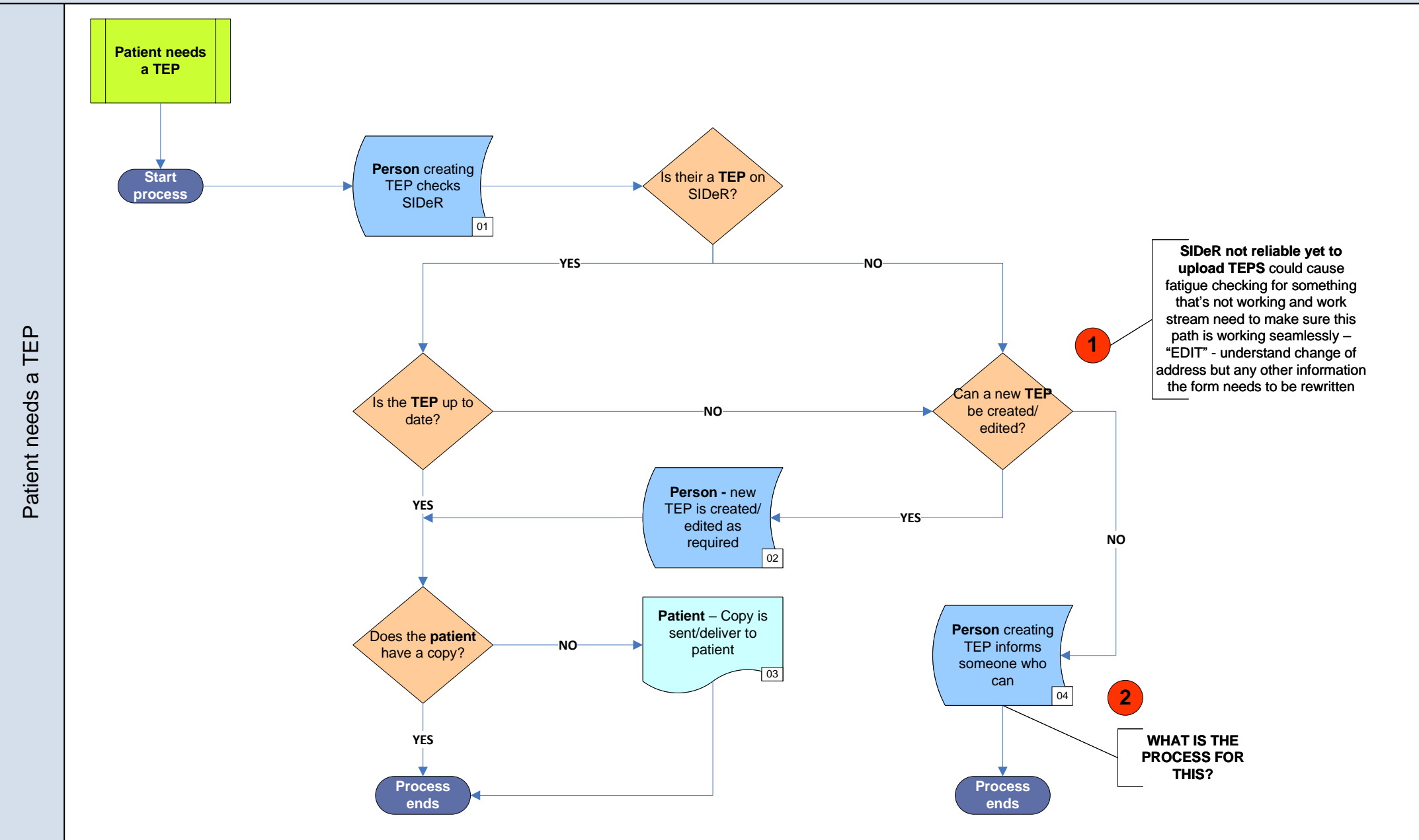
WORKSHOP 2

**TO BE PROCESS
RECOMMENDATIONS &
CONCERNS**

Recommendations & Concerns

Clarity needed who is writing TEPs as there is an unclear pathway of skill set ranging from Consultant to GP to care home writing this. Care homes cover nursing/residential. In residential this would be a conversation and sign off with a GP, nursing homes a nurse could write these but currently there is an inconsistency of skill set in care homes. Our PCN has 2 trained staff in care homes who could do this. Also the new TEP has been over medicalised and community staff may not be up to date with recommended IV pathway or NIV pathways to correctly discuss with patients





Patient has a TEP

Patient has a TEP

