

The experience of using ReSPECT – 16 months on

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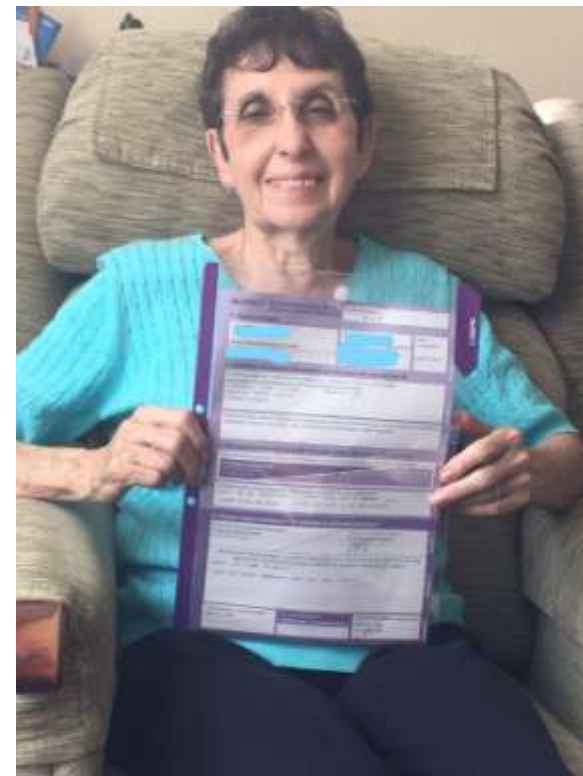
Outline

- Our experience
- Audit results
- Current issues
- Summary



Experience of using ReSPECT

- Launched in Dec 2016
- Using ReSPECT for 17 months
- Audited 6 and 16 months
- Previously 100 DNACPR decisions



Results- initial audit

- 158 ReSPECT forms
- Majority of patients “CPR not recommended” 98%
- Predominantly patients lacked capacity 68%
- Increased compliance with all documentation 100%
- Increased compliance with mental capacity assessments

The image shows a ReSPECT form titled 'Recommended Summary Plan for Emergency Care and Treatment for:'. The form is divided into several sections: 1. Personal details (Full name, NHS/CHI health and care number, Date of birth, Address, Date completed). 2. Summary of relevant information for this plan (including diagnosis, communication needs, and reasons for preferences). 3. Personal preferences to guide this plan (when the person has capacity), featuring a scale to balance priorities like 'Prefer to maintain life' and 'Prefer to avoid life-sustaining treatment'. 4. Clinical recommendations for emergency care and treatment, with sub-sections for 'Focus on life-sustaining treatments' and 'Focus on symptom control'. At the bottom, there are three checkboxes for 'CPR attempts recommended', 'CPR attempts NOT recommended', and 'CPR attempts NOT recommended Adult or child'. A red circle highlights the 'CPR attempts NOT recommended' checkbox, which is checked.



Results – initial audit

- Increased compliance with discussions with patients with capacity – 100%
- 40% compliance with completing priorities of care
- 45% compliance with priority scale



3. Personal preferences to guide this plan (when the person has capacity)

How would you balance the priorities for your care (you may mark along the scale, if you wish):

Prioritise sustaining life, even at the expense of some comfort	Prioritise comfort, even at the expense of sustaining life
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Considering the above priorities, what is most important to you is (optional):

RO-SPECT



Issues

- Patients did not want to necessarily choose priority
- Binary choices around care
- Inappropriate choices
- Inappropriate terminology
- Confusion with mental capacity section

3. Personal preferences to guide this plan (when the person has capacity)

How would you balance the priorities for your care (you may mark along the scale, if you wish):

Prioritise sustaining life, even at the expense of some comfort

Prioritise comfort, even at the expense of sustaining life

Considering the above priorities, what is most important to you is (optional):

ROSPPECT

6. Involvement in making this plan

The clinician(s) signing this plan is/are confirming that these recommendations have (circle at least one):

- A** been recorded after discussion involving this person, who has sufficient mental capacity to participate in making relevant decisions
- B** where appropriate, been discussed with a person holding parental responsibility
- C** in the case of a person who does not have sufficient mental capacity to participate in relevant decision-making, been made in accordance with capacity law
- D** been made without involving the patient (or best interests/overall benefit meeting if the patient lacks capacity)

If **D** has been circled, state valid reasons here. Document full explanation in the clinical record.

Date, names and roles of those involved in discussion, and where records of discussions can be found:



Results – audit at 16 months

- 258 ReSPECT forms
- More patients with capacity 56% (42%)
- More forms indicating “CPR recommended” 10% (2%)
- Improved conversations
- 76% (40%) priorities of care
- 50% (54%) completing scale
- 53% (52%) focus on symptom control



Results – audit at 16 months

- 100% compliance when patients have capacity
- Compliance with clinical guidance 72% (65%)
- Sustained compliance with key information 100%
- ReSPECT decisions primarily generated in the Trust 95%
- No issues with Version 2 mental capacity section

The image shows a screenshot of the ReSPECT form, which is a Recommended Summary Plan for Emergency Care and Treatment. The form is divided into several sections:

- 1. Personal details:** Includes fields for preferred name, full name, NHS ID/health and care number, date of birth, date completed, and address.
- 2. Summary of relevant information for this plan (see also section 6):** A large text area for including diagnosis, communication needs, and reasons for preferences and recommendations.
- 3. Personal preferences to guide this plan (when the person has capacity):** Includes a scale for balancing priorities (e.g., maintaining life vs. symptom control) and a section for stating what is most important to the patient.
- 4. Clinical recommendations for emergency care and treatment:** Includes a scale for recommending life-sustaining treatments vs. symptom control, and a section for providing specific clinical guidance on interventions.

At the bottom of the form, there are checkboxes for 'CPR attempts recommended' (Adult or child), 'Do not resuscitate (DNR) Child only, as detailed above', and 'CPR attempts NOT recommended' (Adult or child).



Current issues

- Patients not wanting to make decisions about priorities of care
- Issues with subsequent review when patient admitted via ED and lacks capacity
- Poor compliance with mental capacity assessments
- Modified CPR
- Review prior to discharge
- Continues to be a risk – Corporate Risk



Summary

- ReSPECT more embedded in our practice
- Continues to evolve
- 250% more ReSPECT forms than DNACPR
- Changed culture and moved away from DNACPR
- It is all about the patient!

