

The ReSPECT (Recommended Summary for Emergency Care and Treatment) process A Realistic Approach to Anticipatory/Emergency Care Planning

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Background

Across Scotland, there is no universal process for recording emergency treatment discussions besides DNACPR documentation, which has been associated with negative connotations and poor care. Increasingly resuscitation decisions need to be considered as part of a wider treatment plan and more person-centred.

The ReSPECT process is endorsed by the Resuscitation Council(UK). It helps create personalised recommendations for a person's clinical care in a future emergency when they are unable to make/express choices in that moment.

Person-centred

The image shows a screenshot of the ReSPECT form. Section 3, 'Personal preferences to guide this plan (when the person has capacity)', is highlighted with a red circle. It contains a scale for balancing priorities: 'Prioritise sustaining life, even at the expense of some comfort' on the left and 'Prioritise comfort, even at the expense of sustaining life' on the right. A red arrow points from the 'Person-centred' label to this section.

Aim

The overall aim of the pilot was to evaluate the ReSPECT process as a potential tool to improve patient care by providing a person centred and realistic approach to emergency/ anticipatory care planning.



Feedback from staff, carers & patients

"Assists a necessary conversation"

"We liked the idea that this is a person centred plan"

"Gives people choices on how to proceed with their treatment"

"Its a good thing...will be tremendously helpful at the end of life. It will take stress out of a situation. It gives everyone a voice and a choice"

How did we do this?

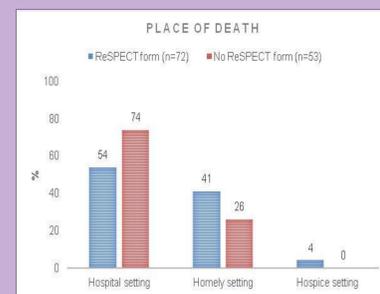
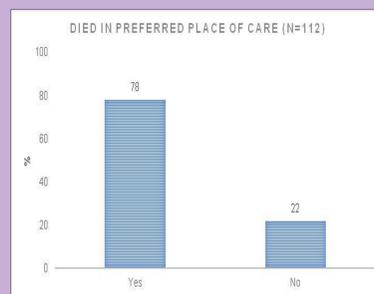
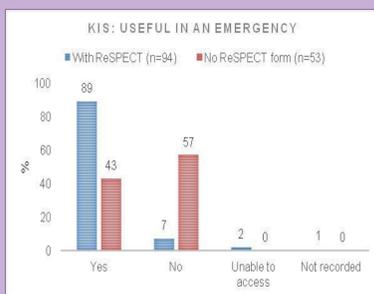
- ❖ We trialed ReSPECT across a variety of care settings; acute hospital ward, mental health ward, hospice and in the community
- ❖ Used a ReSPECT trigger tool (figure 1)
- ❖ Refined electronic systems to view the ReSPECT form
- ❖ Created a ReSPECT intranet site for education
- ❖ We collected patient, carer and staff feedback
- ❖ We evaluated the effect of ReSPECT on patient outcomes and their Key Information Summary (KIS)

Figure 1

ReSPECT TRIGGERS
Does the patient have: (tick as appropriate)

- A life limiting condition
- Are they a NH resident
- At risk of sudden deterioration or cardiac arrest
- NEWS > 7 or score 3 in one parameter
- Has the patient/relative requested
- Do they have complex medical needs
- Recurrent admissions

If the patient has one or more of these ReSPECT triggers then they may benefit from a conversation about future emergency care planning such as a ReSPECT discussion.



Conclusions

- ❖ Over 700 people have now been through the ReSPECT process
- ❖ ReSPECT increases patient and family involvement in care planning
- ❖ ReSPECT facilitates shared decision making, 70% of people shared their priorities for care
- ❖ ReSPECT may help people who wish to remain at home in a health crisis, to do so. 78% died in their preferred place of care
- ❖ ReSPECT increases useful and up-to-date anticipatory care planning
- ❖ Staff feel empowered to deliver the right treatment, at the right time in the right place in accordance with that person's wishes

Next Steps

- ❖ We are planning to roll out ReSPECT and remove DNACPR
- ❖ We are digitising the ReSPECT form as part of the National Digital Platform
- ❖ We are sharing our experience of the ReSPECT process in a video now available on social media
- ❖ We are creating a communication tool to guide clinicians about how to start these important conversations

