Enhancing Advance Care Planning Documentation and Conversations Using ReSPECT Forms: A Quality Improvement Project

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Introduction

Advance Care Planning (ACP) helps patients express future care preferences but can be challenging to initiate and document.

The ReSPECT form standardises the recording of patient wishes, and the Clinical Frailty Score (CFS) predicts mortality risk, particularly if ≥5 (1).
The Supportive and Palliative Care Indicators Tool (SPICT) can identify people with deteriorating health due to life shortening conditions who are at higher risk of unplanned hospital admission and death, thus prompting ACP. (2)

This project aims to improve ACP discussions and documentation for frail patients defined as CFS ≥5 and to boost doctors' confidence in leading these conversations.

Methods

The PDSA framework is being used to implement and evaluate changes.

Baseline data were collected retrospectively from patients discharged or deceased over one week in February 2025 from the Care of the Elderly Wards. Data included CFS, ReSPECT form information, ACP documentation, and SPICT indicators.

An initial survey of resident doctors assessed confidence, educational needs, and barriers.
A training session shared audit results, emphasised the importance of ACP, reviewed cases, and provided communication tips.
Follow-up data and feedback were collected one week later to inform next steps.

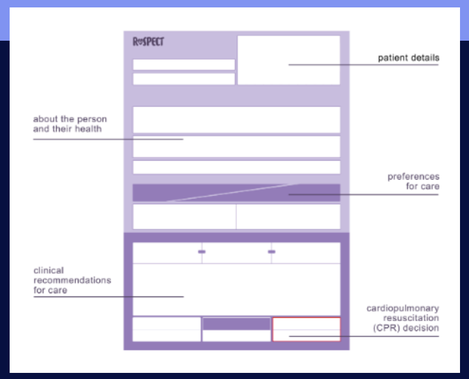
Results

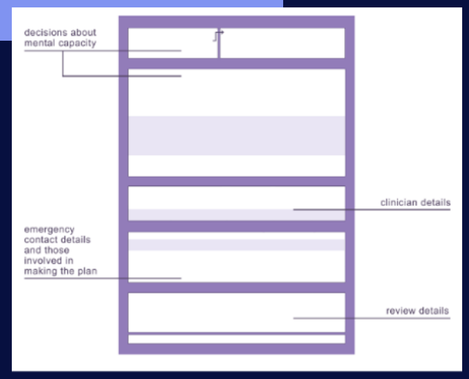
Baseline data showed 42% of patients with CFS ≥5 had new or updated ReSPECT forms during admission. After the training session, repeat data collection revealed 33.7% had new/updated forms. All forms documented resuscitation and escalation decisions, but other ACP aspects were rarely addressed, both before and after training.

100% of participants reported increased confidence in understanding and facilitating ACP.

Baseline data also found 35.7% of patients discharged had 2 or more SPICT indicators (not including unplanned admission), compared to 82.6% of those who died. 82% of these discharged patients had a ReSPECT form compared to 100% of those who died.

On review of patient notes numerous ACP conversations had been had but not transcribed onto the ReSPECT form. The post training survey revealed misconceptions that only certain team members could update the form and concerns recorded decisions were final prevented the form being updated.





ReSPECT Form Template (3)

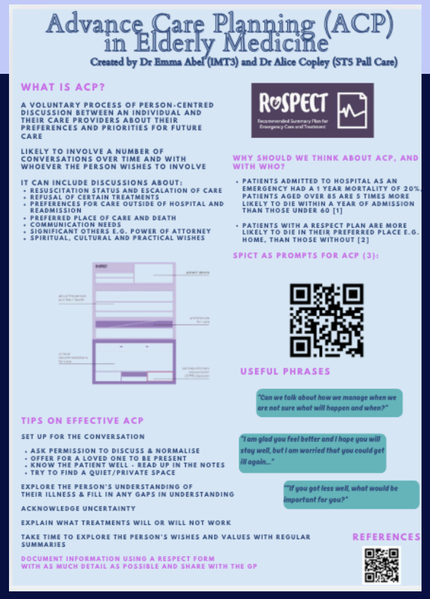
Conclusion

Training improved confidence levels but this did not translate into improved documentation. To enhance impact, the session will be included in other teaching programmes to reach a wider cohort.

Our findings supported the correlation of SPICT features and mortality, thus an effective tool to prompt ACP.

Two further PDSA cycles are planned to improve confidence and documentation further: an educational poster, and integration of ACP discussions into ward MDT meetings.

Future development aims to involve patients and families to further improve ACP and patient care.



Educational Poster for PDSA Cycle 2

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