The Impact of ReSPECT: Improving the quality of advance care planning in individuals in secondary care

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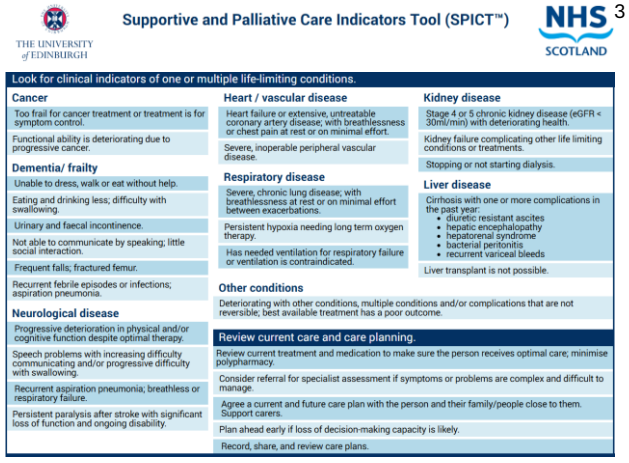
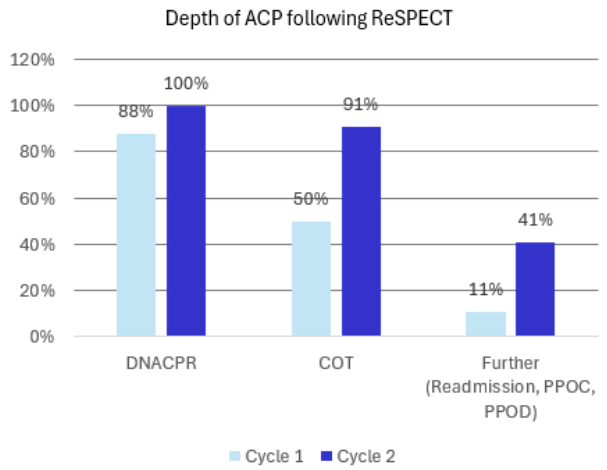
Background:
Advance care planning (ACP) supports individuals to express their goals and priorities regarding future care. It is a highly individualised discussion. The Golden Standard Framework recommends offering ACP to those with declining health, functional deterioration or major health transitions[1] however there are a variety of barriers that prevent this.[2]

Objective:
To evaluate the extent of ACP in frail patients on the long-stay Frailty wards and evaluate whether the introduction of the nationally recommended ReSPECT documentation improved the depth of these discussion.

Methods:
During cycle 1 a retrospective review of patient notes from June-December 2023 was conducted to assess depth of ACP, including DNACPR decisions, treatment ceilings, readmission plans and preferences for place of death and care. The Supportive Palliative Indicator Care Tool (SPICT) was used to identify patients suitable for ACP, with those scoring ≥3 (1 point/life-limiting category) classified as most vulnerable. In this time Harrogate District Foundation Trust introduced ReSPECT forms for documentation of ACP discussions. Cycle 2 was completed following this in January 2024 re-assessing the quality of ACP.

Results:
Following the implementation of ReSPECT there was an almost 4-fold increase in more comprehensive ACP discussions
Cycle 1 identified that 78% of patients had ACP of some form. 82% of these started prior to admission and in 18% of cases was this developed. In patients scoring ≥3 in SPICT criteria, 88% had discussed resuscitation, 50% ceiling of treatment (COT) but only 11% beyond this (including readmission, PPOC and PPOD) . This provided an 89% gap for improvement.
Cycle 2 followed the implementation of ReSPECT. 70% developed on ACP during admission with much more focus on discussing further than COT. In patients scoring ≥3 in SPICT criteria 100% had discussed DNACPR, 92% COT and now 41% had the opportunity to discuss further. The gap for improvement reducing to 60%.





Conclusion:
The introduction of ReSPECT significantly improved the depth of ACP and in-turn had a positive effect on patient care. However, there is still room for improvement.

What can we do?
Our next steps include implementing a communication skills workshop to enhance healthcare professional's confidence in facilitating ACP discussions. Following this a re-audit to assess for improvement.

References:
1. Advance Care Planning [Internet]. [cited 2024 Apr 28]. Available from: https://www.goldstandardsframework.org.uk/advance-care-planning
2. Musa I, Seymour J, Narayanasamy MJ, Wada T, Conroy S. A survey of older peoples' attitudes towards Advance Care Planning. Age and Ageing. 2015 Apr 22;44(3):371–6. doi:10.1093/ageing/afv041
3. The SPICTTM [Internet]. 2024 [cited 2024 Apr 28]. Available from: https://www.spict.org.uk/the-spict/