



# REVAMPING ReSPECT:

A qualitative assessment of the 'clinician recommendations' on ReSPECT forms

Dr Carmaline de Silva, Dr Martha Twigg, Dr Linda Dykes, Dr Richard Gilpin

## INTRODUCTION

In frail, older patients, cardiopulmonary(CPR) resuscitation has low rates of success. Lack of appropriately completed ReSPECT forms leads to futile attempts of CPR, repeated readmissions and patient harm.

## AIM

Improve patient centred advance care planning (ACP), and the quality of their documentation in the 'clinician recommendations' section in the ReSPECT forms.

## METHODOLOGY

### PLAN

- Standards for documentation were adapted from the resuscitation council guidelines and are as follows:
  - Cardiopulmonary Resuscitation status
  - Recommended & inappropriate interventions for patient, based on their co-morbidities & functional status.
  - Ceiling of appropriate medical intervention

### DO

- The Supportive and Palliative Care Indicator Tool (SPICT) was used to identify patients benefitting from ACP in the department on a given day.
- Data was collected on how well the Clinician recommendations section was completed against above standards

### STUDY

- 71% patients meeting SPICT criteria had ReSPECT forms but only 32% of these ReSPECT forms were completed to audit standards.
- By PDSA 3 this improved to 82% and 43% respectively

### ACT

- Following cycle 1 an aide-memoire called the 'ReSPECT tool' was developed and an interactive workshop was organised for the staff in the department.
- Following cycle 2 the project poster titled 'Revamp your ReSPECT discussions' was designed and this was displayed on all geriatric wards and in the acute & emergency departments. The poster was also shared on Twitter/X.

## OUTCOMES



New educational sessions and ReSPECT tool generated



Broader discussion around improving advance care planning



Documentation of plans clearly in the ReSPECT forms



The "Revamp your ReSPECT Discussions" poster received over 32.9k views and a 4% engagement rate on Twitter/X: over 1200 people have read and/or shared the poster.

## Revamp your ReSPECT discussions

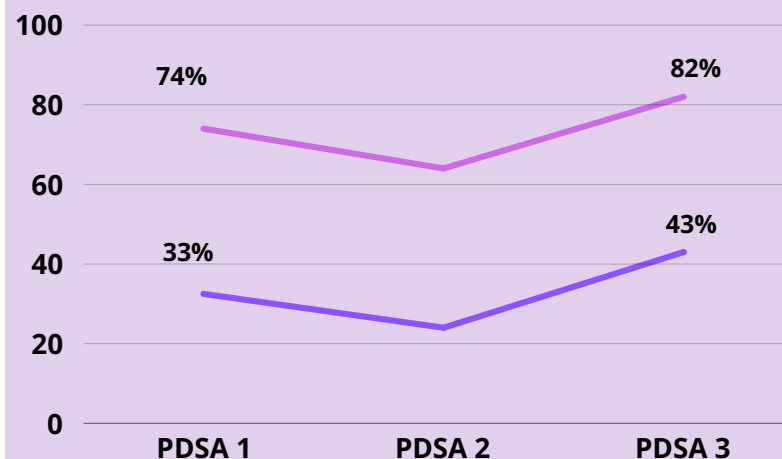
- The classic "Not for CPR, Not for ITU" is practically useless outside hospital settings
- Try this structure to prompt patient-centred discussions and robust ReSPECT forms
- You don't have to do it all at one sitting, but get basic protections in place ASAP

<b>Re</b>	<b>Resuscitation status; does your patient need, and/or want, the protection of a DNACPR?</b>	Most frail patients <i>need</i> the protection of a DNACPR (in case series, survival after in-hospital CPR is 0-2% in patients with a CFS of 5 or more), and some non-frail people <i>want</i> that protection too, if you ask them.
<b>S</b>	<b>Situations where admission should be considered, or isn't appropriate and/or wanted</b>	Where admissions should be avoided, include details of what <i>should</i> be done in the community. Ideally, include patient's preferred place of death (where appropriate)
<b>P</b>	<b>Possible treatments that should be considered: e.g. a limited-time trial of IV ABx? NIV?</b>	Please <i>don't</i> use "admit for reversible causes only" - paramedics tell us that doesn't help them at all, as they can't prognosticate at scene.
<b>E</b>	<b>Existing co-morbidities and functional baseline considered: don't forget frailty, and prepare for "ordinary dying"</b>	Heart failure, renal failure, COPD and cancers are examples where you need to consider current impacts on patient, and likely disease trajectory.
<b>C</b>	<b>Ceiling of escalation clear: what's the limit of intervention appropriate for this patient?</b>	This isn't just about ITU: think wider. Would NIV be appropriate? If patient is in a Community Hospital, should they be transferred back to an acute site in event of deterioration, or not?
<b>T</b>	<b>Treatments that are likely to be futile, inappropriate, and/or that the patient doesn't want - and why</b>	Specific treatment decisions should be tailored to the individual patient. Ensure the patient/family understand why these decisions are being made.



## RESULTS

- Patients meeting SPICT with ReSPECT forms
- ReSPECT forms meet audit standards



## What are we doing well? What are we doing badly?

- Percentage of ReSPECT in PDSA 3 mentioning:

