

ReSPECT- Find out what it means to me

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Background

“ReSPECT” (Recommended Summary Plan for Emergency Care and Treatment) is a process which facilitates emergency and anticipatory care planning (Figure one). It encourages a conversation between patients and healthcare professionals to document a future plan which is in accordance with patients’ wishes. It aligns with the ethos of Realistic Medicine. It enables healthcare professionals to manage emergency situations and facilitate escalation planning when a person is unable to make decisions about their care.

Figure 1- ReSPECT document

Method

All new admissions to Ward A11 (acute ageing and health receiving ward) were screened between 10/5/18 and 10/6/18 for ReSPECT “triggers” as shown in Figure 2. If trigger positive, retrospective assessment of escalation planning was conducted by reviewing whether there was a pre-existing KIS (Key Information Summary), ReSPECT form or consultant escalation plan on admission. These triggering patients were highlighted to the medical team in the patients notes as a prompt to consider a ReSPECT discussion with patients and families.

ReSPECT TRIGGERS

Does the patient have: (tick as appropriate)

- A life limiting condition
- Are they a NH resident
- At risk of deterioration or cardiac arrest
- NEWS > 7
- 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.

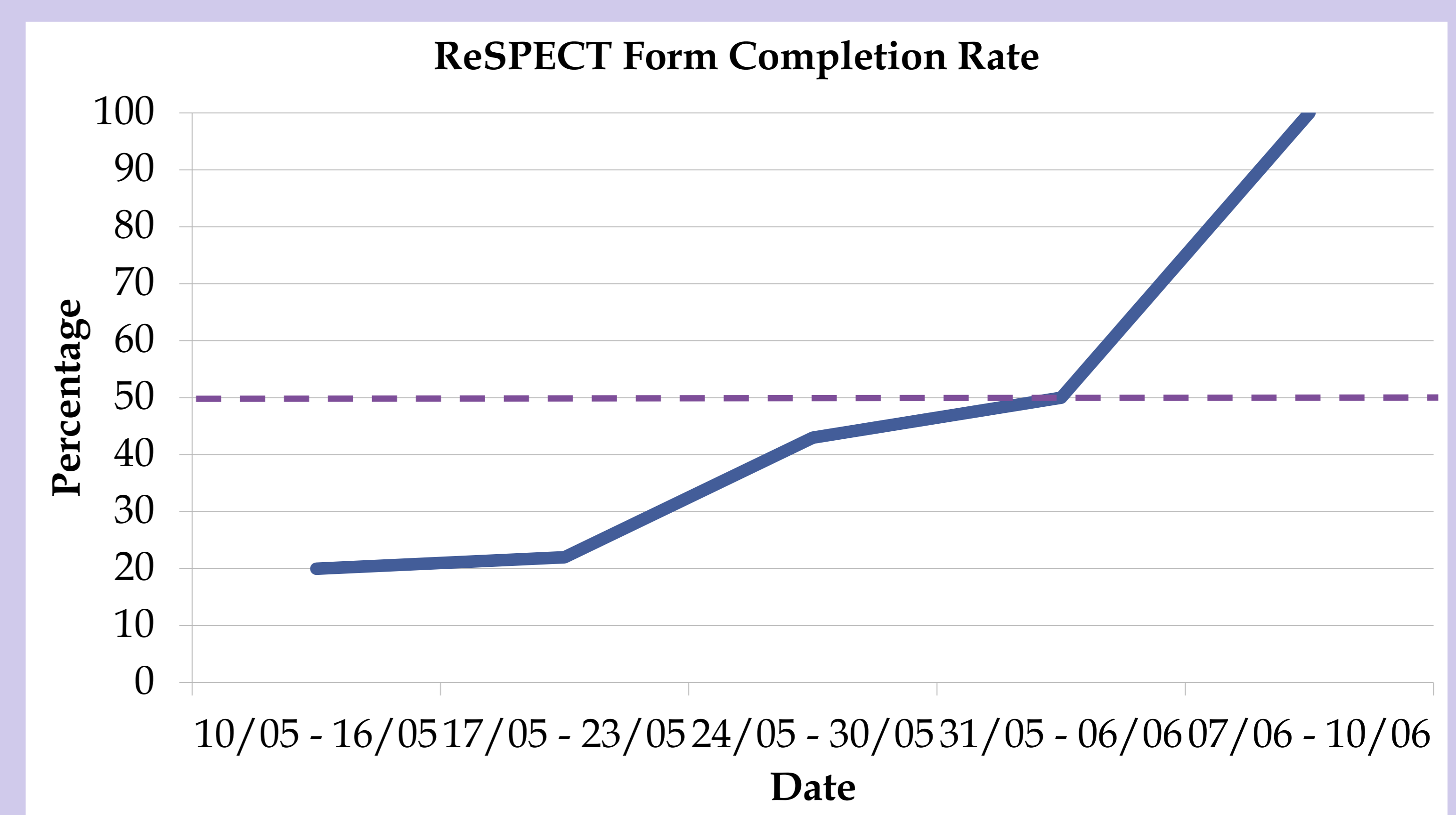
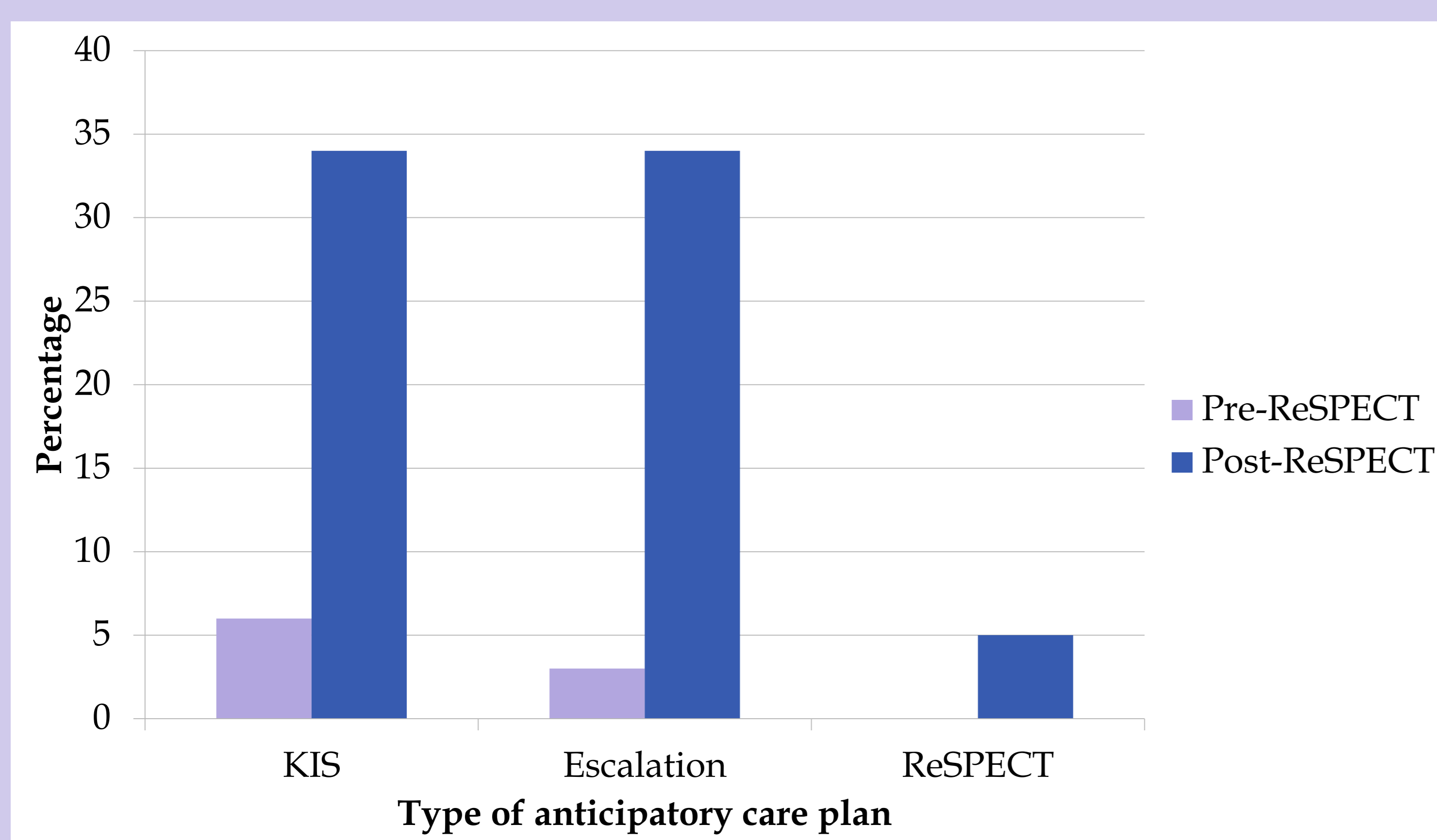
Figure 2- Sticker for notes when patient “triggers”

Objectives

- 1) To identify patients who may benefit from the ReSPECT process
- 2) Assess the % patients with pre-existing emergency/anticipatory care planning
- 3) Aim for 50% of triggering patients to have a ReSPECT form in place on discharge by July 2018

Results

41 patients triggered positive for ReSPECT. 9 patients were excluded (3 transfer to other ward/1 DAMA/5 passed away prior to discharge). 1 patient was admitted with ReSPECT in place - appropriate admission according to form. 11 had information in KIS and 11 had consultant escalation plan. 9 patients were discharged with new form in place. 36% of total patients included had ReSPECT in place on discharge/transfer to community hospital, with percentage increasing week on week. This was compared to data collected about KIS/escalation plans in June 2017 on Ward A11 (n=35).



Conclusions

- 1) Since ReSPECT screening has started and ReSPECT documents have been completed for patients, there has been an increase in the number of documented emergency/anticipatory care plans in the form of: KIS; admission escalation plans and ReSPECT forms.

Future Plans

- 1) Current process will continue throughout remainder of June and July 2018.
- 2) Introduction of a “trigger” sticker to help highlight appropriate patients and now incorporated in to MDT discussion.
- 3) View to make “trigger” criteria more specific, e.g. “complex medical needs” “risk of deterioration” .