

Scotland's first pilot of the ReSPECT process:

A patient, carer and staff evaluation

Background

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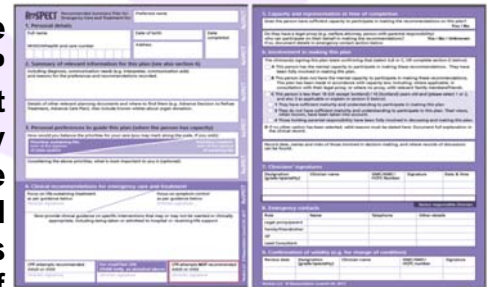
Across Scotland, there is no universal process for recording emergency treatment discussions besides DNACPR decisions, the latter have been associated with negative connotations. Increasingly patient and family involvement needs to be improved and resuscitation decisions considered as part of an overall treatment plan. The ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) 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. It puts the person, and their family, at the centre of decision making and has the potential to transform patient care.

Aims

The ReSPECT process is aligned with the principles of Realistic Medicine and may facilitate shared decision making. The overall aim of the pilot was to assess whether the ReSPECT process could provide a framework in our health board for a more person centred approach to emergency care planning. We evaluated feedback from patient, carers and staff.

Methodology

A small pilot of ReSPECT was introduced in 4 key areas (acute care of the elderly ward, adult mental health, day hospice, 2 GP practices) from November 2017 to May 2018. Three different evaluations took place across Forth Valley involving 3 key groups: Group 1: Patients/carers who had been through the process; Group 2: Public carers forum; Group 3: Staff who had utilised the ReSPECT process. Questionnaire feedback was obtained. We also considered whether the patient's priorities of care were considered utilising this process.



Outcomes

At least 180 people had ReSPECT documentation completed. 70 % were asked about their priorities of care. Qualitative feedback from Group 1 was overwhelmingly positive with the vast majority describing the process as 'excellent' and the remaining 'good'. All felt that 'what matters to you' was considered and they were involved in the decision making process. Similarly, Group 2 described the process as excellent or good. 94% of Group 3 felt that ReSPECT involves the patient and/or family in decision making. 88% felt ReSPECT would help the individual/team deliver the most appropriate care for a patient. This feedback will be utilised to help shape the roll out of ReSPECT across NHS Forth Valley. ReSPECT has the potential to facilitate a different style of decision making and combines useful and easily available clinical information with person centred care.

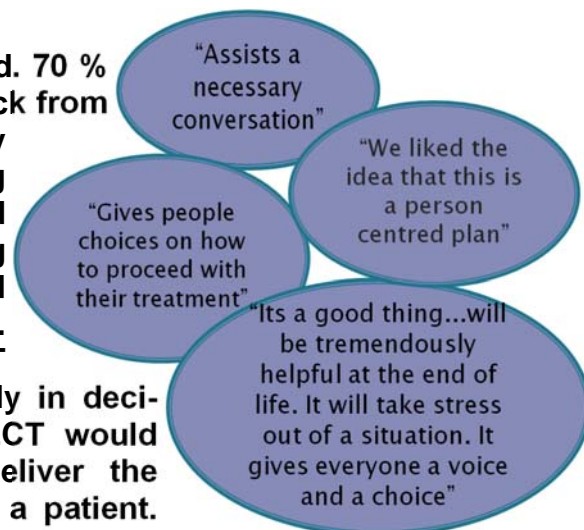


Figure 1: Patient/Carer feedback

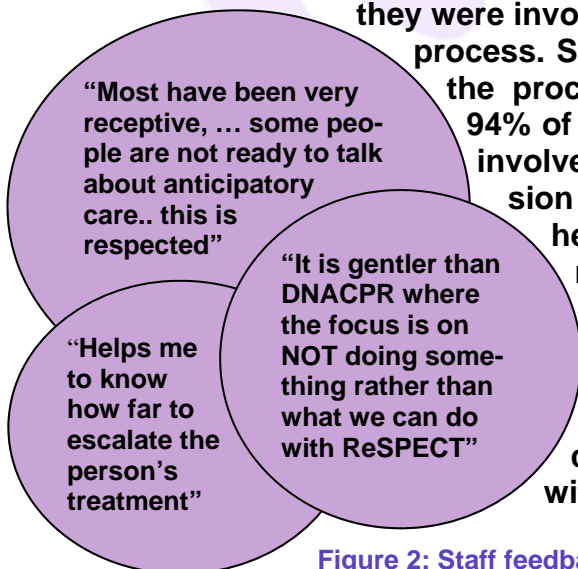


Figure 2: Staff feedback

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