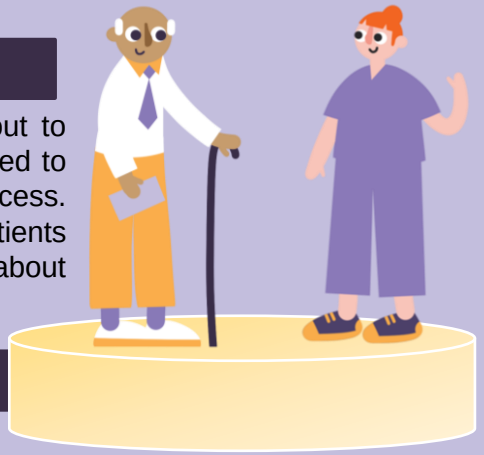
Patient, Family and Staff Experience of the ReSPECT Process

Authors

Cara Finlay[1] – 4th Year Medical Student, University of Dundee
Morag MacRae[2] – Patient Safety Development Manager, NHS Tayside

Abstract

A quality improvement project for a BMSc in Healthcare Improvement was carried out to evaluate patient, family and staff experience of ReSPECT in Tayside. This project aimed to create and test a tool for capturing patient and family experience of the ReSPECT process. Feedback was captured through semi-structured interviews and thematic analysis. Patients and staff were supportive of ReSPECT as a process for capturing shared decisions about future care and treatment.



Related Publications

– ReSPECT, www.resus.org.uk/respect (2022)
– CollaboRATE tool, http://www.glynelwyn.com/collaborate.html (2022)

c.finlay@dundee.ac.uk
morag.macrae@nhs.scot

Previous Work

- NHS Tayside is an adopter site for ReSPECT
- ReSPECT was created with shared decision-making principles at the forefront of discussions
- There is evidence that patients welcome early discussions and involvement in the decision-making process, therefore reducing anxiety surrounding EOLC

Challenge

- Capturing patient and family experience of ReSPECT conversations is essential for understanding how we can continuingly improve shared decision making and the involvement of people in their care and treatment
- However, a self-completed questionnaire to capture the experience of a ReSPECT discussion for patients and their families is not a sustainable or appropriate method of data collection
- The challenge to overcome is how to accurately capture patient and family stories in a time efficient manner that can be used for improvement

Approach

- After several discussions with palliative care and patient experience experts, an adapted version of the CollaboRATE tool was created for the project
- CollaboRATE is used to measure the level of shared decision making in clinical encounters
- BMSc student collected data after a ReSPECT discussion to help overcome the physical challenges of capturing experiences. A QI approach was adopted to improve data collection

NHS Tayside

University of Dundee

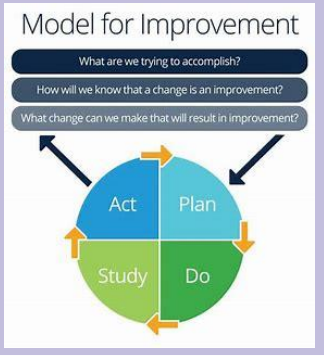
c.finlay@dundee.ac.uk
morag.macrae@nhs.scot

ReSPECT

This poster is part of the SPPC Poster Parade 2022

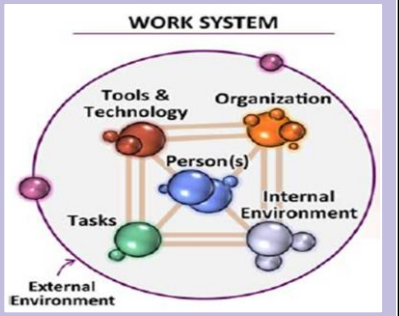
Techniques & Methods

- Mixed methods approach was selected to gather variety of data
- Respondents rated each question adapted from CollaboRATE tool using a Likert scale; 1 = strongly disagree, 5 = strongly agree provided quantitative data
- After each question respondents could provide further comments providing qualitative data
- Using the Model for Improvement, plan, do, study, act (PDSA) cycles were created to identify areas for improvement
- The SEIPS model, a Human Factors tool, provided themes for deductive analysis to understand the entire system of ReSPECT and which specific domains require improvement



Modified questions from CollaboRATE tool

1. The healthcare professional helped me to understand my health issues in relation to the ReSPECT document.
2. The healthcare professional listened to what matters most to me about my health issues in relation to the ReSPECT document
3. Together we were able to understand what matters most to me in making decisions about my care and treatment in a crisis



Key Learning

- Patients and family required a reminder about the term ‘ReSPECT’ before beginning questionnaire
- For purposes of yielding more data for BMSc dissertation, staff feedback also captured during later stages of data collection
- Semi-structured interviews carried out with staff members on pilot wards surrounding ReSPECT and communication

NHS Tayside
University of Dundee
c.finlay@dundee.ac.uk
morag.macrae@nhs.scot

ReSPECT
This poster is part of the SPPC Poster Parade 2022

Results & Conclusions

- All respondents rated each question either ‘strongly agree’ or ‘agree’ demonstrating that patients’ wishes regarding future care and treatment are considered by staff when completing a ReSPECT form
- Staff interviews echoed this, all staff viewed ReSPECT as a useful tool for incorporating shared decision making into ACP discussions
- ReSPECT is not synonymous with EOLC, it is never too early to consider what matters most to you

Quantitative Data

Qualitative Data

“When I was first introduced to ReSPECT, my first thought was ‘oh not another form’ but as soon I saw it, I soon realised how vital it will be on our ward.”

“When people get a bit older, they start to think about these sorts of things [EOLC] and you have a lot of questions you want to ask but don’t know how to.”

“I do think it prompts you to think about shared decision making, it prompts you to reflect and think have I done this ACP with someone or have I sort of completed it myself.”

Next Steps

- Increase public awareness of ReSPECT and educate general public on the importance of future planning
- Incorporate teaching on anticipatory care planning and shared decision making discussions into Dundee’s undergraduate medical curriculum

NHS Tayside
University of Dundee
c.finlay@dundee.ac.uk
morag.macrae@nhs.scot

ReSPECT
This poster is part of the SPPC Poster Parade 2022