An introduction to ReSPECT

Recommended Summary Plan for Emergency Care and Treatment
By studying this presentation you should be prepared to:

• discuss potentially life-sustaining treatments in the context of a person’s overall goals of care
• make shared decisions whenever possible
• practise and promote good decision-making
• communicate effectively
• practise and promote high-quality documentation
• use ReSPECT to help to achieve these objectives
• Background to ReSPECT
• What ReSPECT is
• Aims of ReSPECT
• Who ReSPECT is for
• How to initiate ReSPECT
• When to review
• ReSPECT – who keeps it?
• Summary
Background – the evidence

Do not attempt resuscitation decisions are an increasingly challenging part of delivering effective healthcare.

This one day symposium on Monday 13 October will present the results of the NIHR Health Service and Delivery Research Programme project on DNACPR decisions and current and future policy in this area.

The meeting is being hosted by:
- Professor Gavin Perkins, Project lead NIHR HSDR project
- Dr Bee Wee, National Clinical Director for End of Life Care
- Dr David Pitcher, Chair Resuscitation Council (UK)

Venue
Royal Society of Medicine

October 2014

DNACPR from best evidence to best policy and practice

http://www.journalslibrary.nihr.ac.uk/hhsdvrolume-4/issue-11#abstract
DNACPR decisions and discussions have led to:

- negative patient/public perceptions
- negative clinicians’ perceptions
- complaints
- litigation
- negative media reports
Common themes

- Poor or absent communication
- Bad decision-making
- Poor or absent documentation
Background

Court of Appeal 2014

DNACPR decisions

“... presumption in favour of patient involvement...”
Background

“... presumption in favour of patient involvement...”

... fewer DNACPR decisions...

...but surely leaving someone ‘for CPR’ when they may not want it is no less a breach of their human rights...
National guidance on CPR decisions

“Where no explicit decision... ...there should be an initial presumption in favour of CPR.”
but
“...an initial presumption in favour of CPR…”

...does not mean indiscriminate application of CPR that is of no benefit and not in a person’s best interests
Background

National guidance on CPR decisions

“...there are clear benefits in having (CPR) decisions recorded on standard forms that are...recognised across geographical and organisational boundaries within the UK.”
but actually…
What is ReSPECT?

- **ReSPECT** – an alternative process for discussing, making and recording recommendations about future emergency care and treatment, including CPR
- **ReSPECT** – developed by many stakeholders, including patients, doctors, nurses and ambulance clinicians, to try to achieve a process that will be adopted nationally
- **ReSPECT** focuses on treatments to be considered as well as those that are not wanted or would not work
- **ReSPECT** encourages people to plan ahead for their care and treatment in a future emergency in which they are unable to make decisions
ReSPECT – what’s needed?

A change of culture from:
• health and care professionals
• members of the public

Are you ready to embrace it?
ReSPECT – aims

- More conversations between people and clinicians
- More planning in advance
- Good communication
- Good decision-making
- Shared decision-making whenever possible
- Good documentation
- Better care
ReSPECT – who is it for?

• Anyone, with increasing relevance for those:
  ▫ with particular healthcare needs
  ▫ nearing the end of their lives or at risk of cardiac arrest
  ▫ who want to record their preferences for any reason

• A ReSPECT form is best completed when a person is relatively well, so that their preferences and agreed clinical recommendations are known if a crisis occurs

• If an emergency occurs in someone with no ReSPECT form, consider discussing and completing it as soon as possible (before or after hospital admission)
• **ReSPECT** can be used for people of any age

• When used for a child or young person there must be appropriate parental involvement

• **ReSPECT** can complement other documents such as advance care plans but does not replace them

• If a person has a completed **ReSPECT** form there should be no need for a separate CPR decision form
How to initiate ReSPECT

- This **MUST** begin with a conversation with the person or - in the case of a child - their parent(s)

- If they don’t have capacity for these decisions – record the capacity assessment in their health record and have a conversation with family or other representatives whenever possible

- Make decisions when they are needed

- If no discussion is possible, record the reasons
How to initiate ReSPECT

- The **ReSPECT** form can be used to support discussions with patients (and/or those close to patients)

- Work through and complete each section in sequence
How to initiate ReSPECT

Use the first (lilac) section to:

• record the person's details and the date
• explore and enhance their understanding of their condition and summarise relevant detail
• record details of other planning documents
• help them to identify priorities for their care
• help them to identify what is important to them (if they want to)

1. Personal details

   - Full name
   - NHS/CHI/Health and care number
   - Date of birth
   - Date completed
   - Address

2. Summary of relevant information for this plan (see also section 6)

   Including diagnosis, communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded.

   Details of other relevant planning documents and where to find them (e.g. Advance Decision to Refuse Treatment, Advance Care Plan). Also include known wishes about organ donation.

3. Personal preferences to guide this plan (when the person has capacity)

   How would you balance the priorities for your care (you may mark along the scale, if you wish):

   - Prioritise sustaining life, even at the expense of some comfort
   - Prioritise comfort, even at the expense of sustaining life

   Considering the above priorities, what is most important to you is (optional):
How to initiate ReSPECT

Use section 4 (purple) to record the following recommendations (agreed whenever possible):

• the main focus of treatment
• specific types of care and treatment
  ▫ that the person would or would not want
  ▫ that would not work in their situation
• whether or not attempted CPR is recommended

Remember - these recommendations will guide clinicians having to make immediate decisions in a crisis, so clarity and adequate detail are crucial
Having completed discussion, shared decision-making and recording…

… turn over the form to verify the basis for the agreed recommendations
How to initiate ReSPECT

- Be sure to complete sections 5-8 fully
- You must sign section 7 to confirm that all statements and recommendations are valid
- If you are not the senior responsible clinician make sure that they are aware and in agreement with this plan and its content - ensure that they sign to endorse it as soon as is practicable
- Leave section 9 blank for use by a clinician reviewing this ReSPECT at a future time
• The recommendations on the form should be reviewed:
  ▫ if the person or those close to them requests this
  ▫ if the person’s condition changes
  ▫ if the person moves from one care setting to another
    (including in-hospital transfer e.g. to or from ICU)

• Consider carefully whether the person (or if they lack capacity their representatives) should be involved – if in doubt, involve them

• Frequency of review of ReSPECT recommendations is determined by each individual circumstance – e.g. frequent review in an acute illness but not in an advanced, irreversible terminal illness

• Consider this option at each clinical assessment
ReSPECT – who keeps it?

- The recommendations on the form are (whenever possible) shared decisions, made for the benefit of the person to try to ensure that future decisions about their care are in their best interests.

- Paper versions of the form should be kept by or with the person and should be accessible immediately to any clinician needing to make an immediate decision in a crisis.

- Electronic versions must be similarly accessible.

- Local systems must ensure that all versions are included in any cancellation or change to a **ReSPECT** form.
• Use **ReSPECT** to help you with good communication, decision-making and documentation

• Start with a conversation with the person or - in the case of a child - their parent(s)

• Aim to make shared decisions whenever possible

• Work through **ReSPECT** systematically to establish:
  ▫ the background to the recommendations
  ▫ the person’s preferences for care and treatment
  ▫ agreed (whenever possible) clinical recommendations

• Review **ReSPECT** recommendations according to individual needs
Your feedback is crucial

**ReSPECT** aims to be a dynamic process that responds to and develops further from feedback.

The ReSPECT form and supporting materials will be available from the end of February 2017 at [www.respectprocess.org.uk](http://www.respectprocess.org.uk)