An introduction to ReSPECT

Recommended
Summary
Plan for
Emergency
Care and
Treatment

Learning objectives

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

ReSPECT – presentation contents

- 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

Funded by NHS National Institute for Health Research

THE UNIVERSITY OF WARWICK

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

Registration

The standard registration fee is £120.

- Register online

Programme

9:30	Registration, coffee
10:00	Opening and Welcome Barry Williams and Steph Garfield-Birkbeck
10:10	NIHR project report out - Gavin Perkins, Frances Griffith, Anne-Marie Slowther and Rob George
11:30	Coffee
11:50	Best practice exemplars - UFTO - Zoe Fritz
12:00	Best practice exemplars - Treatment escalation pathways - David Gabbott
12:10	Best practice exemplars - Deciding right - Claud Regnard
12:20	Medico-legal considerations - Capacity - Sarah Woods (DAC Beachcroft)
12.40	Medico-legal considerations - Tracey case - Stephen Evans (Hempsons)
13.00	Panel discussion
13:15	Lunch
14:00	David Pitcher Resuscitation Council (UK) - Update on the Joint Statement
14:45	Bee Wee, National Clinical Director, End of Life Care Programme
15:45	Interactive voting session - national clinical and research priorities
16:30	Close

October 2014

DNACPR from best evidence to best policy and practice

http://www.journalslibrary.nihr.ac.uk/hsdr/volume-4/issue-11#abstract

Background

DNACPR decisions and discussions have led to:

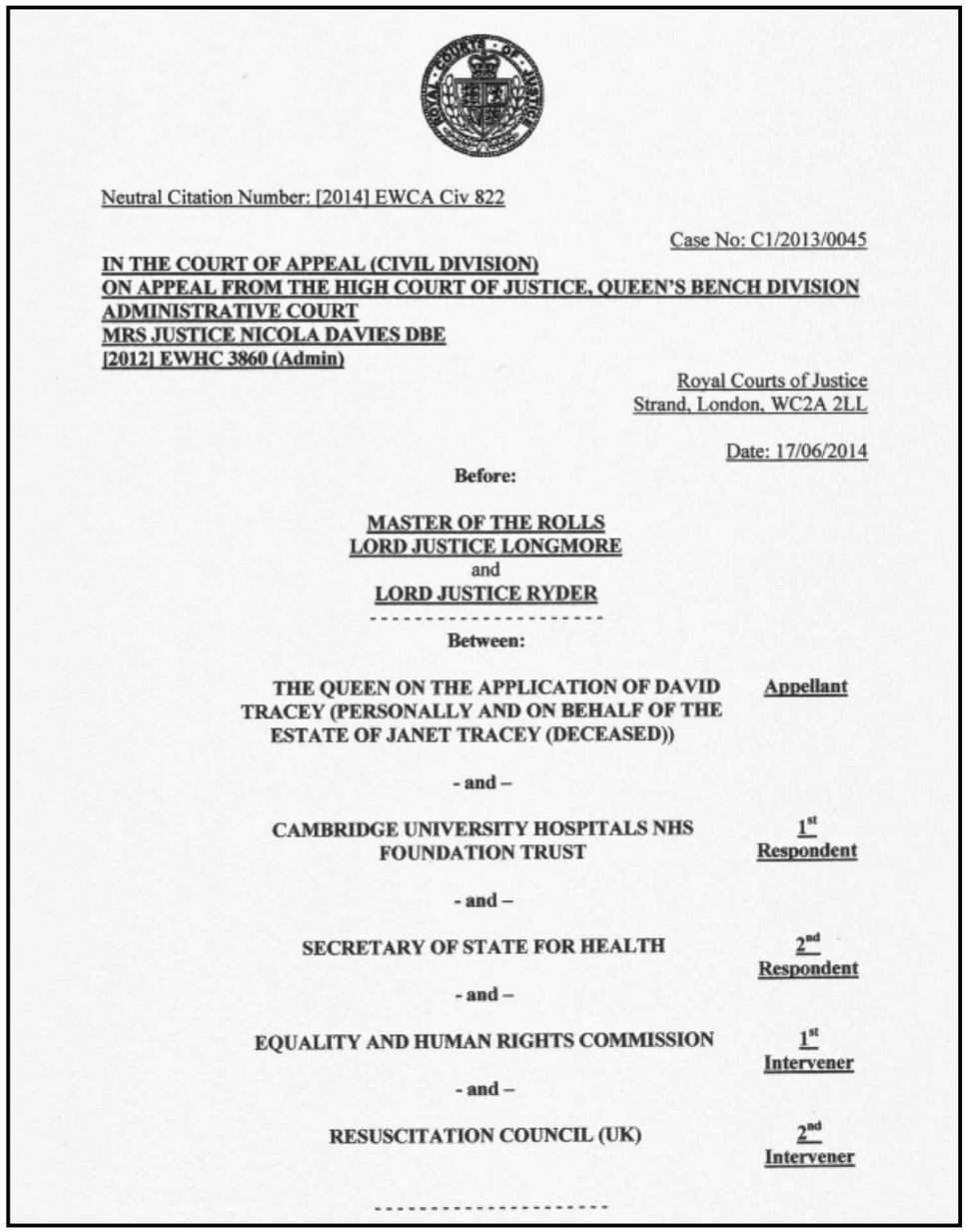
- negative patient/public perceptions
- negative clinicians' perceptions
- complaints
- litigation
- negative media reports

Background

Common themes

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

Background



Neutral Citation Number: [2014] EWCA Civ 822

Case No: C1/2013/0045

IN THE COURT OF APPEAL (CIVIL DIVISION)
ON APPEAL FROM THE HIGH COURT OF JUSTICE, QUEEN'S BENCH DIVISION
ADMINISTRATIVE COURT
MRS JUSTICE NICOLA DAVIES DBE
[2012] EWHC 3860 (Admin)

Royal Courts of Justice
Strand, London, WC2A 2LL

Date: 17/06/2014

Before:

MASTER OF THE ROLLS
LORD JUSTICE LONGMORE
and
LORD JUSTICE RYDER

Between:

THE QUEEN ON THE APPLICATION OF DAVID TRACEY (PERSONALLY AND ON BEHALF OF THE ESTATE OF JANET TRACEY (DECEASED))	Appellant
- and -	
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1st Respondent
- and -	
SECRETARY OF STATE FOR HEALTH	2nd Respondent
- and -	
EQUALITY AND HUMAN RIGHTS COMMISSION	1st Intervener
- and -	
RESUSCITATION COUNCIL (UK)	2nd Intervener

Court of Appeal 2014

DNACPR decisions

"... presumption in favour of patient involvement..."

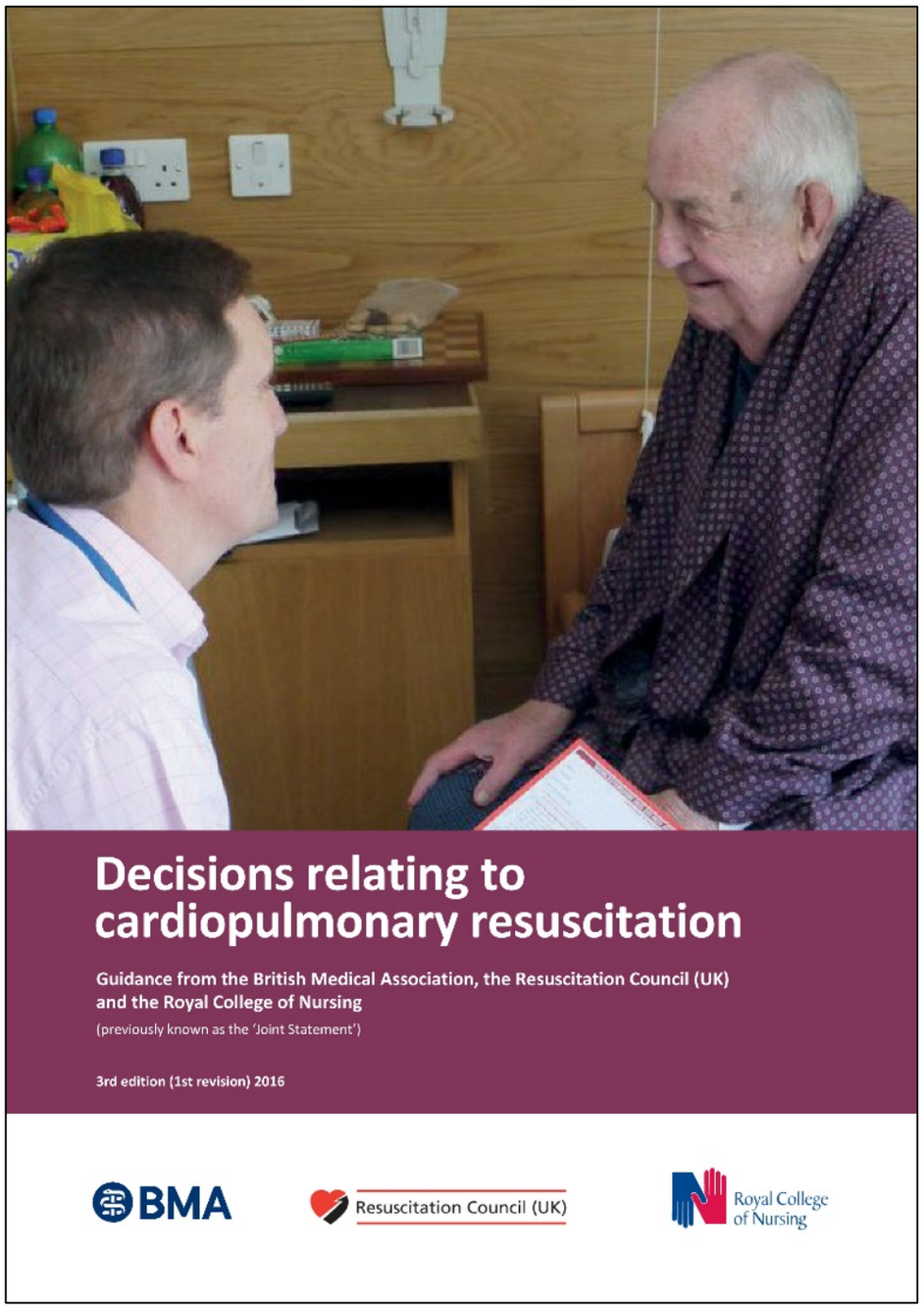
Background

"… 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

Background



National guidance on CPR decisions

"Where no explicit decision…

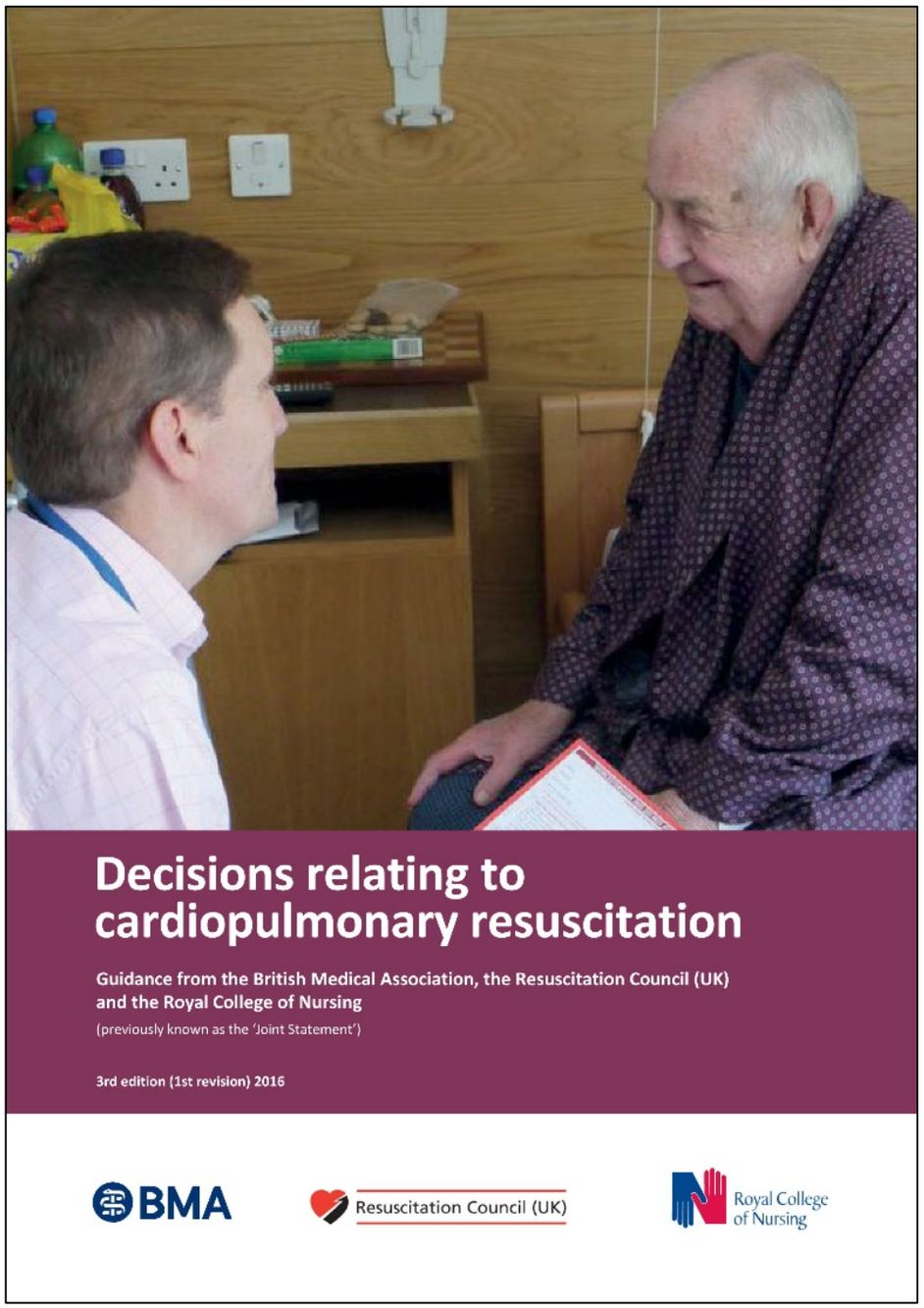
…there should be an initial presumption in favour of CPR."

Background

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

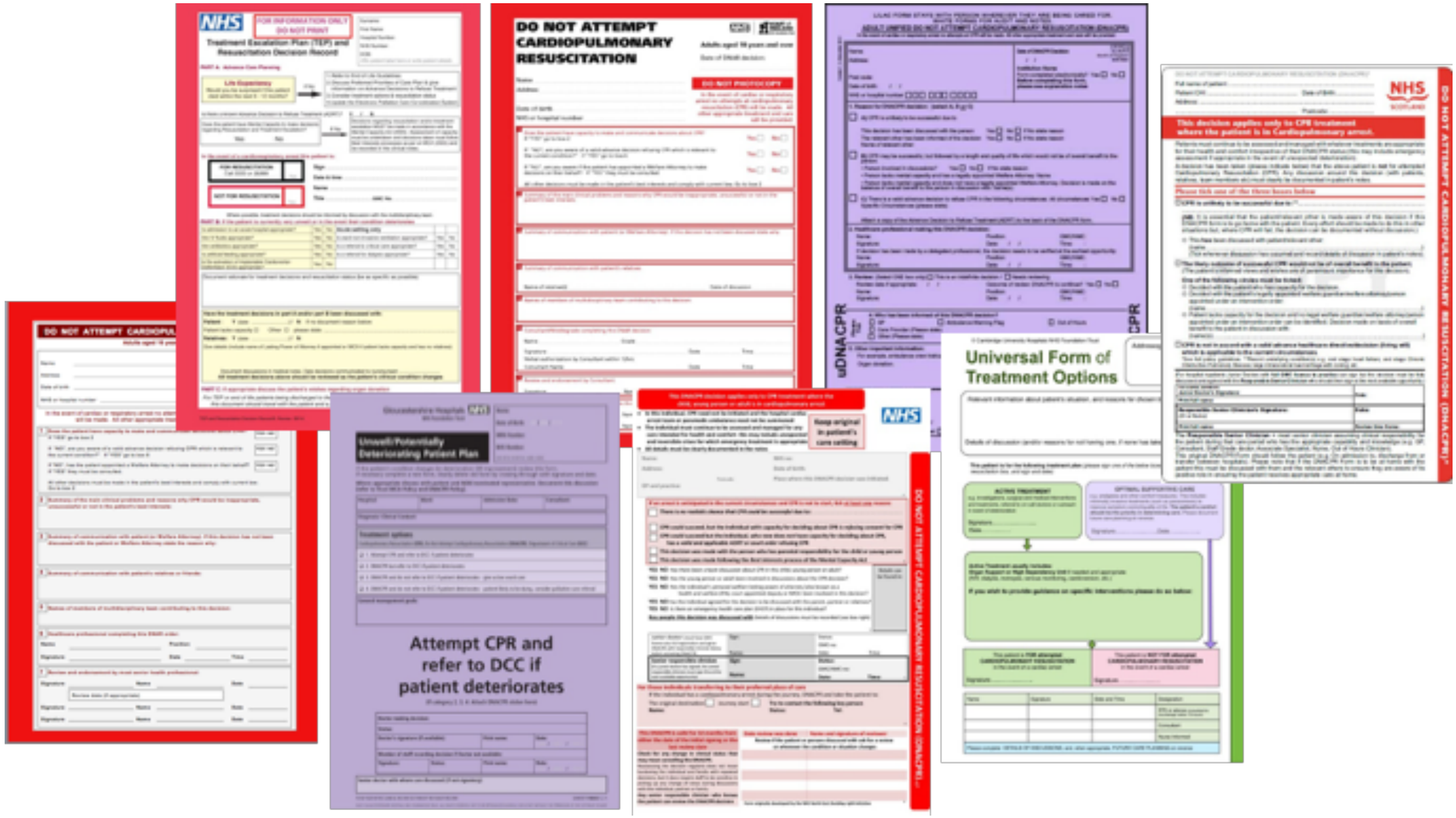


National guidance on CPR decisions

"...there are clear benefits in having (CPR) decisions recorded on standard forms that are...recognised across geographical and organisational boundaries within the UK."

Background

but actually…



ReSPECT

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)

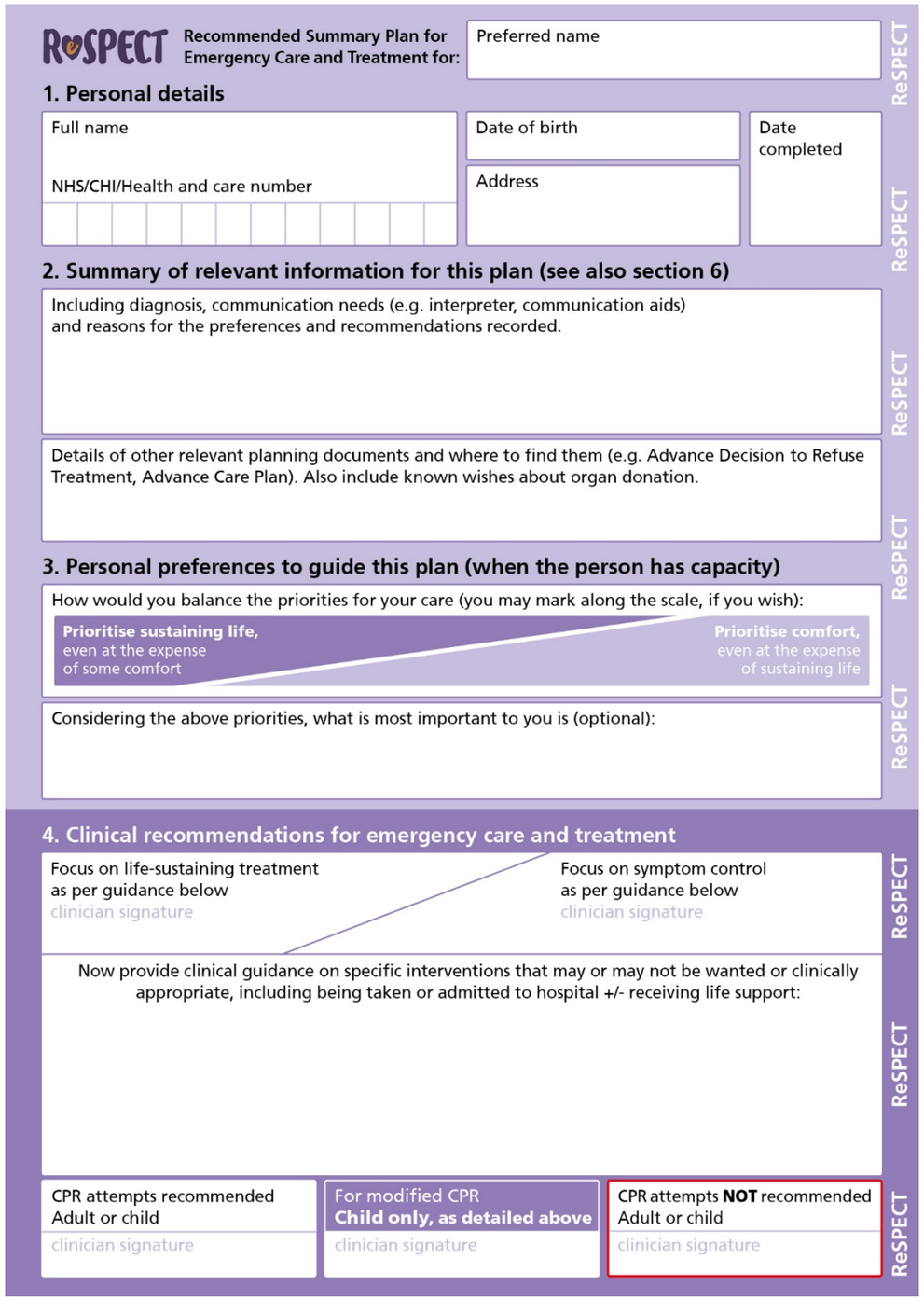
ReSPECT – other features

- **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



ReSPECT Recommended Summary Plan for Emergency Care and Treatment for: Preferred name

1. Personal details

Full name

NHS/CHI/Health and care number

Date of birth

Address

Date completed

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):

4. Clinical recommendations for emergency care and treatment

Focus on life-sustaining treatment as per guidance below
clinician signature

Focus on symptom control as per guidance below
clinician signature

Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital +/- receiving life support:

CPR attempts recommended Adult or child
clinician signature

For modified CPR **Child only, as detailed above**
clinician signature

CPR attempts **NOT** recommended Adult or child
clinician signature

ReSPECT

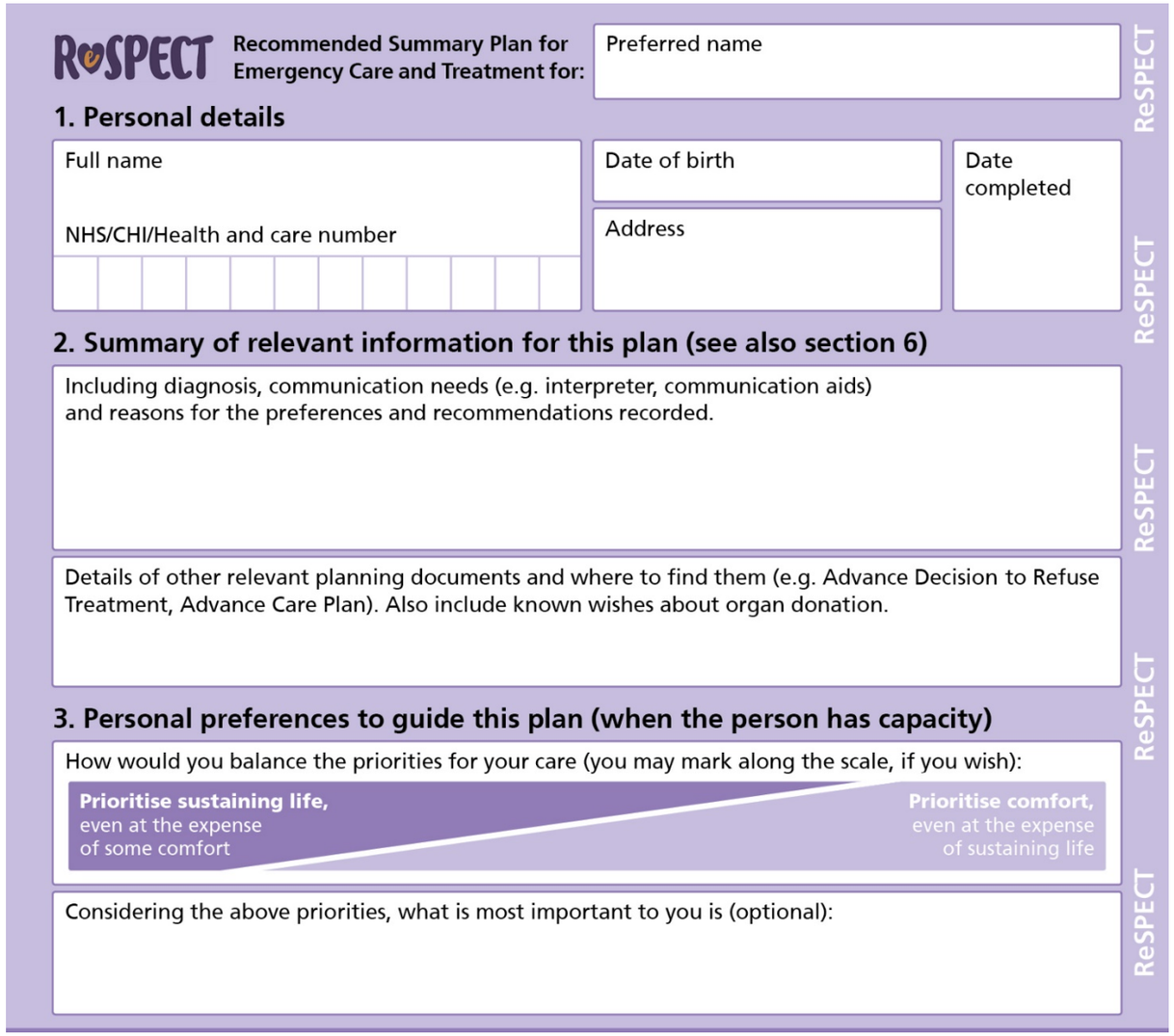
- The **ReSPECT** form can be used to support discussions with patients (and/or those close to patients)

- Work through and complete each section in sequence

How to initiate ReSPECT

Use the first (lilac) section to:

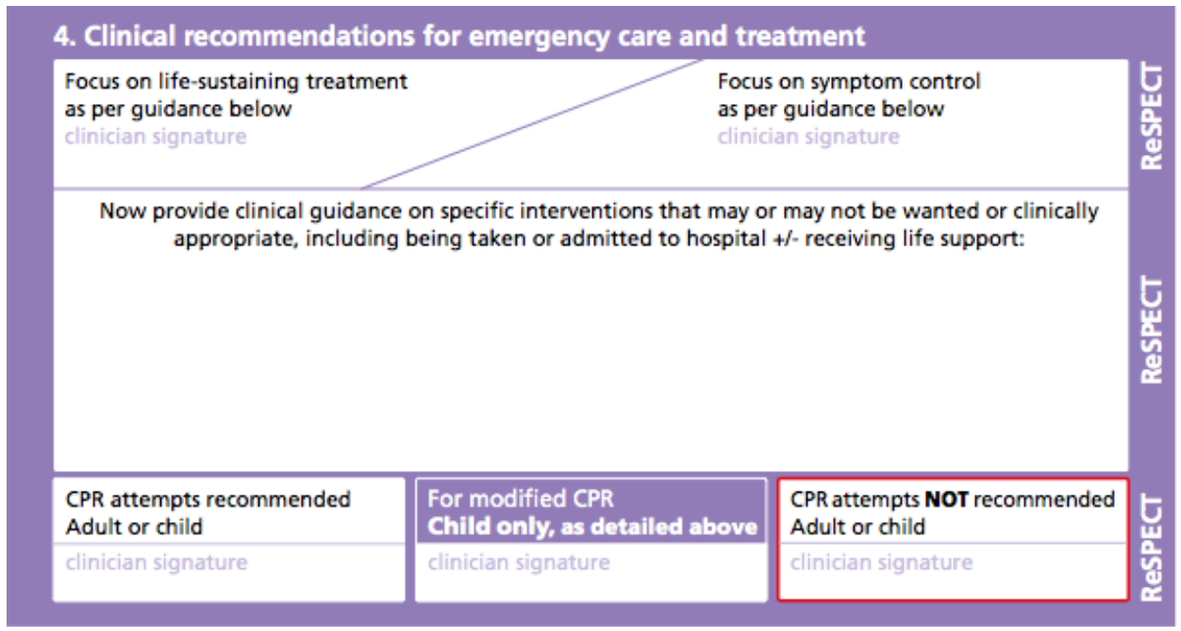
- record the person's details and the date
- explore and enhance their understanding of their condition and summarise relevant detail
- record details of other planning documents
- help them to identify priorities for their care
- help them to identify what is important to them (if they want to)



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

How to initiate ReSPECT

Having completed discussion, shared decision-making and recording…

… turn over the form to verify the basis for the agreed recommendations

5. Capacity and representation at time of completion

Does the person have sufficient capacity to participate in making the recommendations on this plan? **Yes / No**

Do they have a legal proxy (e.g. welfare attorney, person with parental responsibility) who can participate on their behalf in making the recommendations? **Yes / No / Unknown**
If so, document details in emergency contact section below

6. Involvement in making this plan

The clinician(s) signing this plan is/are confirming that these recommendations have (circle at least one):

- **A** been recorded after discussion involving this person, who has sufficient mental capacity to participate in making relevant decisions
- **B** where appropriate, been discussed with a person holding parental responsibility
- **C** in the case of a person who does not have sufficient mental capacity to participate in relevant decision-making, been made in accordance with capacity law
- **D** been made without involving the patient (or best interests/overall benefit meeting if the patient lacks capacity)

If **D** has been circled, state valid reasons here. Document full explanation in the clinical record.

Date, names and roles of those involved in discussion, and where records of discussions can be found:

7. Clinicians' signatures

Designation (grade/speciality)	Clinician name	GMC/NMC/ HCPC Number	Signature	Date & time
Senior responsible clinician				

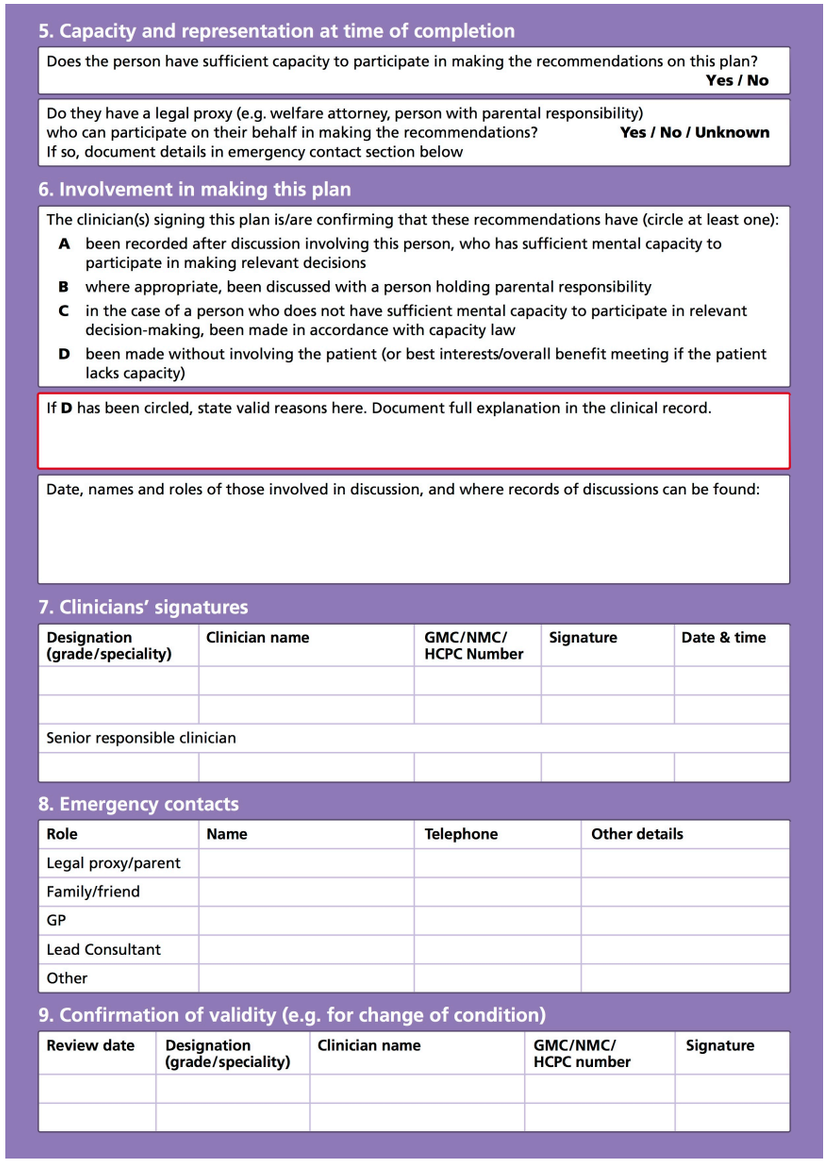
8. Emergency contacts

Role	Name	Telephone	Other details
Legal proxy/parent			
Family/friend			
GP			
Lead Consultant			
Other			

9. Confirmation of validity (e.g. for change of condition)

Review date	Designation (grade/speciality)	Clinician name	GMC/NMC/ HCPC number	Signature

How to initiate ReSPECT



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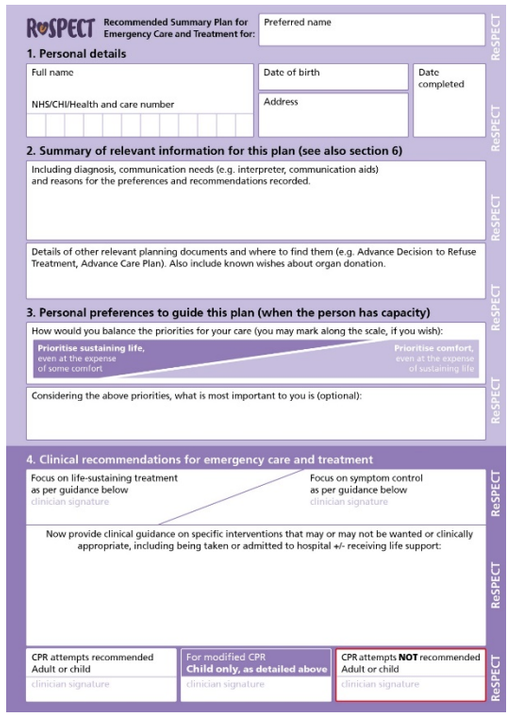
- Be sure to complete sections 5-8 fully
- You must sign section 7 to confirm that all statements and recommendations are valid
- If you are not the senior responsible clinician make sure that they are aware and in agreement with this plan and its content - ensure that they sign to endorse it as soon as is practicable
- Leave section 9 blank for use by a clinician reviewing this **ReSPECT** at a future time

ReSPECT – review

- 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?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For modified CPR **Child only, as detailed above**
clinician signature

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clinician signature

ReSPECT

- 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

ReSPECT – summary

- 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

ReSPECT – feedback

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