AP081: The impact of implementation of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) on the making of treatment escalations in patients with do not attempt cardiopulmonary resuscitation decisions.

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Purpose of Study

The Recommended Summary Plans for Emergency Care and Treatment (ReSPECT) programme aims to integrate resuscitation decision-making in a broader review of treatments that could be offered in an emergency. Historically when making resuscitation decisions, these have been made in isolation to other treatment considerations, leading to problems (Pitcher et al, 2017). A national working group led by the Resuscitation Council (UK), developed ReSPECT. The purpose of the study was to explore the impact of implementation of ReSPECT on the emergency care treatment plans in a hospital trust in the UK.

Materials and Methods

The study was designed as a before and after cohort study and used data from an existing quality improvement audit at 3 hospitals within University Hospitals Birmingham. A purposive sample comprising 2 years of audit data prior to and 2 years after the implementation of ReSPECT was examined. The frequency with which advanced emergency care decisions were made and whether the decisions related solely to resuscitation or consider overall emergency treatment plans were compared. Differences in proportions between periods were compared using Chi-squared test.

Results

In the 2 years prior to implementation of ReSPECT (2015-16), 15.2% (n=356/2349) of notes reviewed had an emergency care treatment decision. Post implementation of ReSPECT (2017-18), this figure had significantly increased to 18.8% (n=437/2329, p<0.01).

Prior to implementation of ReSPECT, only 43% (n=152/356) recorded a do not attempt cardiopulmonary resuscitation decision, with no other documentation of a decision regarding other treatment escalation plans or limitations. After implementation of ReSPECT, a higher proportion, 86% (n=378/437), p<0.0001) of records provided information on overall treatment escalation plans or limitations in addition to whether resuscitation should be attempted.

Conclusion

In a large hospital trust in the UK, implementation of ReSPECT increased both the numbers of advanced emergency treatment plans made, as well as the proportion of patients where a resuscitation decision was presented as part of a broader decisions about emergency treatment escalations and limitations.

The image shows a sample of the ReSPECT form. It is titled 'ReSPECT Recommended Summary Plan for Emergency Care and Treatment for:'. The form is divided into several sections: 1. Personal details (Full name, Date of birth, Date completed, NHS/CHI/Health and care number, Address), 2. Summary of relevant information for this plan (Including diagnosis, communication needs, and reasons for preferences), 3. Personal preferences to guide this plan (When the person has capacity), 4. Clinical recommendations for emergency care and treatment (Focus on life-sustaining treatment or focus on symptom control), 5. Capacity and representation at time of completion (Does the person have sufficient capacity?), 6. Involvement in making this plan (The clinician(s) signing this plan is/are confirming that...), 7. Clinicians' signatures (Designation, Clinician name, GMC/NMC/HCPC Number, Signature, Date & time), 8. Emergency contacts (Role, Name, Telephone, Other details), and 9. Confirmation of validity (e.g. for change of condition). The form also includes a footer with the version number (Version 2.0) and the copyright holder (Resuscitation Council UK, 2017).

References

Pitcher, D., Fritz, Z., Wang, M., Spiller, J. (2017). Emergency Care and Resuscitation Plans. BMJ. Vol. 356. No. 8096.