Introducing ReSPECT

Recommended Summary Plan for Emergency Care and Treatment

Dr Nigel Salter & Dr Conor White, on behalf of the

SVUH ReSPECT/Advance Care Planning Working Group

14th June 2022


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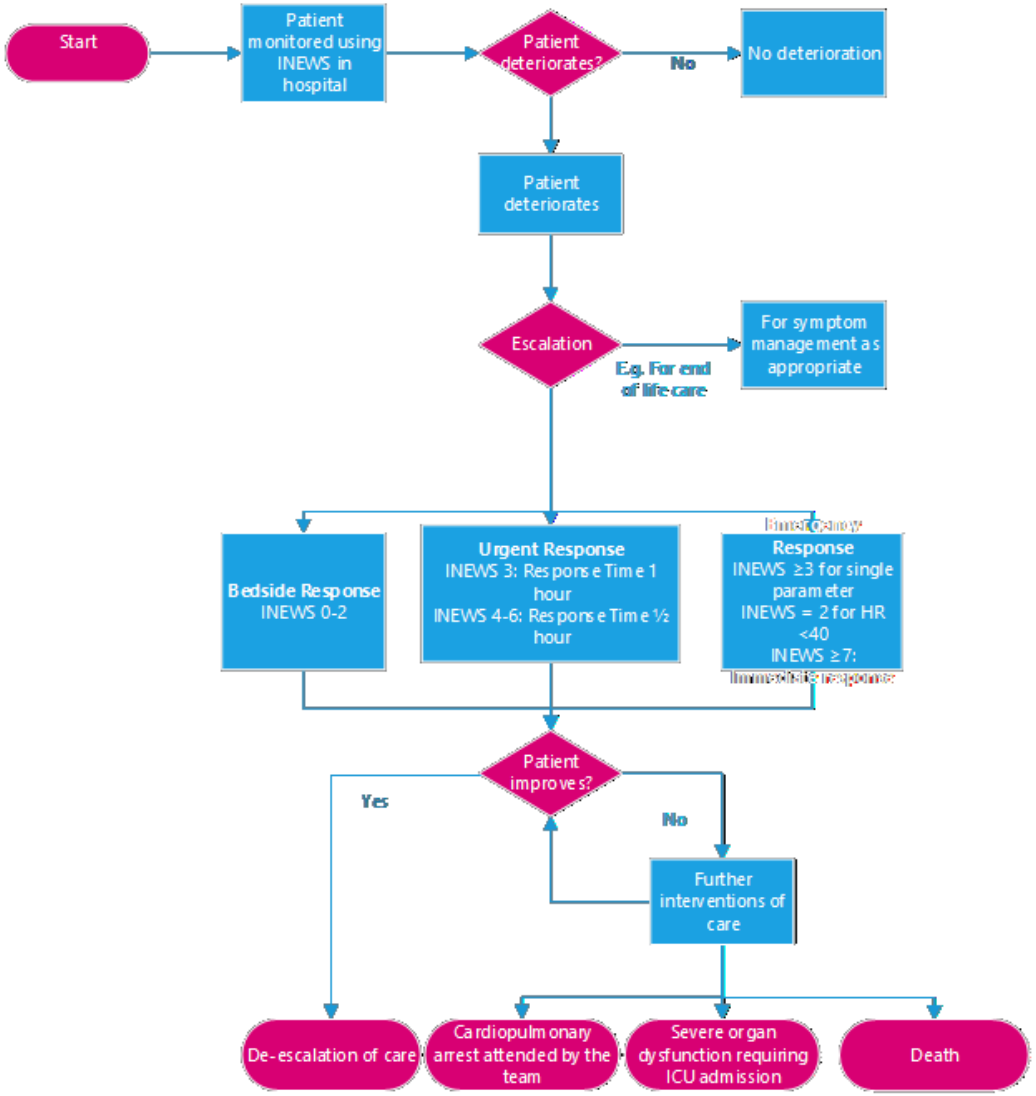
NOCA National Office of Clinical Audit

Deteriorating Patient Improvement Programme

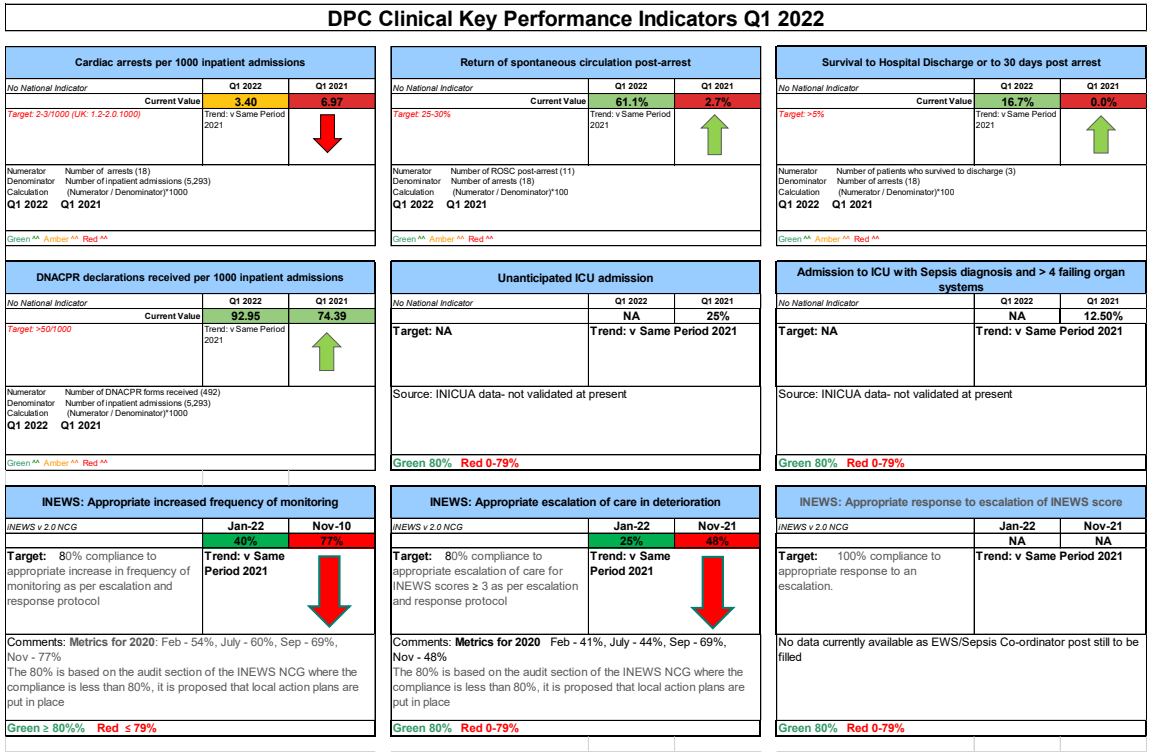
DETERIORATING PATIENT AUDIT FEASIBILITY STUDY REPORT



ReSPECT

Benefits of National Cardiac Arrest Audit

- Reduced in-hospital cardiac arrests
  - 6.4% pa (NCAA, UK)
- Increased hospital survival
  - 5% pa (NCAA, UK)
- National Strategy on “Ceilings of Care”
  - ReSPECT



DPC Clinical Key Performance Indicators Q1 2022

Cardiac arrests per 1000 inpatient admissions

No National Indicator	Q1 2022	Q1 2021
Current Value	3.40	6.97
Target: 2-3/1000 (UK: 1.2-2.0.1000)	Trend: v Same Period 2021	↓

Numerator: Number of arrests (18)
Denominator: Number of inpatient admissions (5,293)
Calculation: (Numerator / Denominator)*1000
Q1 2022 **Q1 2021**

Green ^^ Amber ^^ Red ^^

Return of spontaneous circulation post-arrest

No National Indicator	Q1 2022	Q1 2021
Current Value	61.1%	2.7%
Target: 25-30%	Trend: v Same Period 2021	↑

Numerator: Number of ROSC post-arrest (11)
Denominator: Number of arrests (18)
Calculation: (Numerator / Denominator)*100
Q1 2022 **Q1 2021**

Green ^^ Amber ^^ Red ^^

Survival to Hospital Discharge or to 30 days post arrest

No National Indicator	Q1 2022	Q1 2021
Current Value	16.7%	0.0%
Target: >5%	Trend: v Same Period 2021	↑

Numerator: Number of patients who survived to discharge (3)
Denominator: Number of arrests (18)
Calculation: (Numerator / Denominator)*100
Q1 2022 **Q1 2021**

Green ^^ Amber ^^ Red ^^

DNACPR declarations received per 1000 inpatient admissions

No National Indicator	Q1 2022	Q1 2021
Current Value	92.95	74.39
Target: >50/1000	Trend: v Same Period 2021	↑

Numerator: Number of DNACPR forms received (492)
Denominator: Number of inpatient admissions (5,293)
Calculation: (Numerator / Denominator)*1000
Q1 2022 **Q1 2021**

Green ^^ Amber ^^ Red ^^

Unanticipated ICU admission

No National Indicator	Q1 2022	Q1 2021
	NA	25%
Target: NA	**Trend: v Same Period 2021**	

Source: INICUA data- not validated at present

Green 80% **Red 0-79%**

Admission to ICU with Sepsis diagnosis and > 4 failing organ systems

No National Indicator	Q1 2022	Q1 2021
	NA	12.50%
Target: NA	**Trend: v Same Period 2021**	

Source: INICUA data- not validated at present

Green 80% **Red 0-79%**

INEWS: Appropriate increased frequency of monitoring

INEWS v 2.0 NCG	Jan-22	Nov-10
	40%	77%
Target: 80% compliance to appropriate increase in frequency of monitoring as per escalation and response protocol	**Trend: v Same Period 2021**	↓

Comments: **Metrics for 2020**: Feb - 54%, July - 60%, Sep - 69%, Nov - 77%
The 80% is based on the audit section of the INEWS NCG where the compliance is less than 80%, it is proposed that local action plans are put in place

Green ≥ 80%% **Red ≤ 79%**

INEWS: Appropriate escalation of care in deterioration

INEWS v 2.0 NCG	Jan-22	Nov-21
	25%	48%
Target: 80% compliance to appropriate escalation of care for INEWS scores ≥ 3 as per escalation and response protocol	**Trend: v Same Period 2021**	↓

Comments: **Metrics for 2020** Feb - 41%, July - 44%, Sep - 69%, Nov - 48%
The 80% is based on the audit section of the INEWS NCG where the compliance is less than 80%, it is proposed that local action plans are put in place

Green 80% **Red 0-79%**

INEWS: Appropriate response to escalation of INEWS score

INEWS v 2.0 NCG	Jan-22	Nov-21
	NA	NA
Target: 100% compliance to appropriate response to an escalation.	**Trend: v Same Period 2021**	

No data currently available as EWS/Sepsis Co-ordinator post still to be filled

Green 80% **Red 0-79%**

Introducing ReSPECT

- Advance Care Planning
- SVUH CPR/DNACPR statistics and Clinical Audits
- National legislation and policy
- ReSPECT – Recommended Summary Plan for Emergency Care and Treatment
- ReSPECT at SVUH

Take Home

- Need for improved Advance Care Planning across Irish healthcare
- Not all patients desire or benefit from escalation of care
- ACP supports clinicians to provide personalised care under emergency circumstances
- ReSPECT is an established and proven ACP mechanism

Advance Care Planning

- Identifies an individual's future healthcare preferences for when they are no longer able to make or express choices
- Reduces the risk of inappropriate or excessively invasive treatment
- Mechanisms to support ACP do not exist in Ireland despite a long-acknowledged need [1,2]
- The COVID-19 crisis emphasised the importance of ACP to wider society

1. HSE National Consent Policy, 2022 and previous
2. Committee on the Future of Healthcare, 2017

CPR/Do Not Attempt CPR at SVUH

- 30,000 deaths p.a. in Ireland[1]
  - 40% occur in acute hospitals
  - Projected 38,000 p.a. by 2030 and 54,000 p.a. by 2050
- 1600 DNACPR record forms completed at SVUH in 2021[2]
  - 75/1,000 admissions
- 8% of patients receiving CPR at SVUH survived to 30 days or discharge

1. Central Statistics Office, 2018
2. SVUH Resuscitation Training Department

Current SVUH DNACPR Decision Record Form

St. Vincent's Healthcare — St. Vincent's University Hospital — UCD

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Decision RECORD

Name: _____ MRN: _____

AFFIX PATIENT LABEL HERE

WARD:

DATE:

TIME:
Please use 24-hour clock

Please circle as appropriate: DNACPR Review: 1st 2nd 3rd 4th 5th 6th Other: ____

The original copy of this Record is to be placed in the very front of the patient's healthcare record – filed safely in the fastener provided - in front of any other documents already filed. The carbonless copy is sent to the Resuscitation Department.

This record may only be completed by a REGISTRAR or CONSULTANT.

Decision

Please **DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION** on the above named patient.
This is my clinical judgement for the following reason(s):

PLEASE TICK

- ☐ Cardiopulmonary Resuscitation is not in accord with the recorded, sustained wishes of the patient who is mentally competent.
- ☐ The patient's condition indicates that effective Cardiopulmonary Resuscitation is unlikely to be successful.
- ☐ Successful Cardiopulmonary Resuscitation is likely to involve significant patient morbidity or to prolong a dying process rather than offer a meaningful chance of survival.

Communication

The person below has been notified of this DNACPR decision

PLEASE TICK ALL APPLICABLE BOXES

- ☐ The Patient
- ☐ The Relatives / the patient's Enduring Power of Attorney (EPA)
  Name and Relationship to Patient _____
- ☐ Nursing Team
  Name and Grade _____
- ☐ Multidisciplinary Team **(Allied Health Professional)**
  Name and Grade _____

This decision has not been discussed with the patient because: _____

☐ This decision has been discussed with and agreed by the Patient's Consultant (or Acting / Locum Consultant).

Ref No: FCT-ORG-21	Active Date: February 2016	Version Number: 04	Filed: First Page of HCR while active, filed in Consent section when inactive

St. Vincent's Healthcare — St. Vincent's University Hospital — UCD

Name: _____ MRN: _____

AFFIX PATIENT LABEL HERE

DNACPR Review

DNACPR Review Date*	

*** Please note that if the DNACPR review date has expired, the DNACPR order is no longer valid and CPR should be provided where appropriate.**

Sign

Name of Doctor: _____ **(PRINT)**

_____ **(SIGNATURE)**

Grade of Doctor: *Please circle-* **Consultant Specialist Registrar Registrar**

Date of Completion: _____

Time of Completion: _____

Medical Council Registration Number: _____

If the Consultant in charge of the patient's care did not make this decision, he / she must confirm the DNACPR decision by counter signing below.

Name of Consultant: _____ **(PRINT)**

_____ **(SIGNATURE)**

Date of Completion: _____

Time of Completion: _____

Medical Council Registration Number: _____

Optional: I (Name) _____ of _____
Choose not to receive cardiopulmonary resuscitation (CPR) in the event of me experiencing a cardio–respiratory arrest.

Signed: _____ Date and Time: _____

Additional relevant information must be documented in the Patient's Healthcare Records.

This record may only be completed by a REGISTRAR or CONSULTANT.

Ref No: FCT-ORG-21	Active Date: February 2016	Version Number: 04	Filed: First Page of HCR while active, filed in Consent section when inactive

SVUH DNACPR Decision Audits

- 60% of DNACPR decision forms completed outside of normal working hours
- 79% of DNACPR forms completed by NCHDs
  - Consultant involvement documented for 23% of these cases
- 36% of forms had no documented discussion with either patient or their NOK about the DNACPR decision
- DNACPR decision documented in 59% of relevant clinical notes

National legislation and Policy

Number 64 *of* 2015

Assisted Decision-Making (Capacity) Act 2015

seirbhís tacaíochta cinnteoireachta
decision support service

HSE Guidance Regarding Cardiopulmonary Resuscitation and DNAR Decision-Making during the COVID-19 Pandemic

Building a Better Health Service | Seirbhís Sláinte Nios Fearr á Forbairt
National Quality Improvement Team

National Clinical & Integrated Care Programmes
Person-centred, co-ordinated care

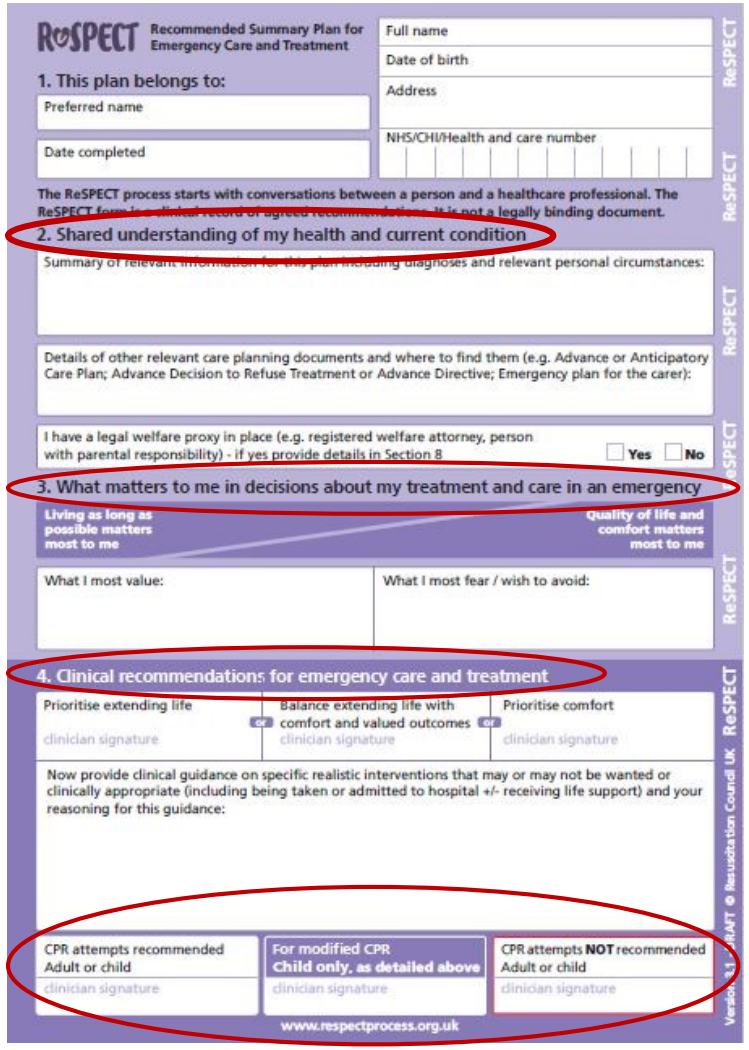
ReSPECT

ReSPECT

Recommended Summary Plan for Emergency Care and Treatment

- Advance Care Planning process developed by Resuscitation Council UK
- Focus on treatments to be offered rather than withheld
- Voluntary adoption across all healthcare settings in England and Scotland since initial launch in 2016
- Key component of imminent Northern Ireland Department of Health Advance Care Planning Policy (for Adults)

ReSPECT Summary Form



ReSPECT Recommended Summary Plan for Emergency Care and Treatment

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

1. This plan belongs to:

Preferred name
Date completed

The ReSPECT process starts with conversations between a person and a healthcare professional. The ReSPECT form is a clinical record of agreed recommendations. It is not a legally binding document.

2. Shared understanding of my health and current condition

Summary of relevant information for this plan including diagnoses and relevant personal circumstances:

Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer):

I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility) - if yes provide details in Section 8 ☐ Yes ☐ No

3. What matters to me in decisions about my treatment and care in an emergency

Living as long as possible matters most to me | Quality of life and comfort matters most to me

What I most value:

What I most fear / wish to avoid:

4. Clinical recommendations for emergency care and treatment

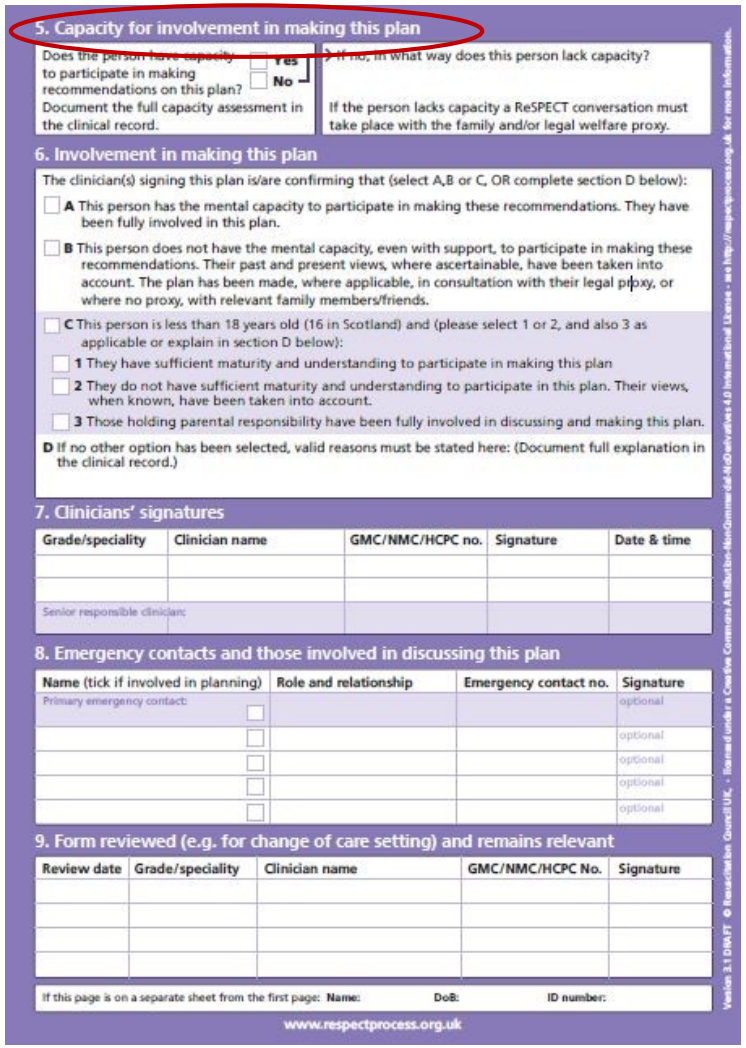
Prioritise extending life — clinician signature
Balance extending life with comfort and valued outcomes — clinician signature
Prioritise comfort — clinician signature

Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance:

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

www.respectprocess.org.uk

Version 3.1 DRAFT © Resuscitation Council UK ReSPECT



5. Capacity for involvement in making this plan

Does the person have capacity to participate in making recommendations on this plan? ☐ Yes ☐ No
Document the full capacity assessment in the clinical record.

If no, in what way does this person lack capacity?

If the person lacks capacity a ReSPECT conversation must take place with the family and/or legal welfare proxy.

6. Involvement in making this plan

The clinician(s) signing this plan is/are confirming that (select A,B or C, OR complete section D below):

☐ **A** This person has the mental capacity to participate in making these recommendations. They have been fully involved in this plan.

☐ **B** This person does not have the mental capacity, even with support, to participate in making these recommendations. Their past and present views, where ascertainable, have been taken into account. The plan has been made, where applicable, in consultation with their legal proxy, or where no proxy, with relevant family members/friends.

☐ **C** This person is less than 18 years old (16 in Scotland) and (please select 1 or 2, and also 3 as applicable or explain in section D below):

☐ **1** They have sufficient maturity and understanding to participate in making this plan

☐ **2** They do not have sufficient maturity and understanding to participate in this plan. Their views, when known, have been taken into account.

☐ **3** Those holding parental responsibility have been fully involved in discussing and making this plan.

D If no other option has been selected, valid reasons must be stated here: (Document full explanation in the clinical record.)

7. Clinicians' signatures

Grade/speciality	Clinician name	GMC/NMC/HCPC no.	Signature	Date & time
Senior responsible clinician:				

8. Emergency contacts and those involved in discussing this plan

Name (tick if involved in planning)	Role and relationship	Emergency contact no.	Signature
Primary emergency contact: ☐			optional
☐			optional
☐			optional
☐			optional
☐			optional

9. Form reviewed (e.g. for change of care setting) and remains relevant

Review date	Grade/speciality	Clinician name	GMC/NMC/HCPC No.	Signature

If this page is on a separate sheet from the first page: Name: DoB: ID number:

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ReSPECT at SVUH

- Business case for dedicated full-time ReSPECT Clinical Lead
- *Ideally* tiered multi-modal training of July 2022 NCHD intake alongside existing nursing and consultant staff
- Changeover from existing DNACPR policy to ReSPECT/ACP policy in Q1/Q2 2023
- MD research project beginning July 2022
  - 2-year evaluation of the implementation process, impact of ReSPECT on routinely measured patient outcomes, and staff experience of the change and implementation process

Take Home

- Need for improved Advance Care Planning across Irish healthcare
- Not all patients desire or benefit from escalation of care
- ACP supports clinicians to provide personalised care under emergency circumstances
- ReSPECT is an established and proven ACP mechanism