

Standing Operating Procedure for the ReSPECT document and process

Document Details		
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2		
3		
4		
5		

Purpose

The purpose of this standard operating procedure is to provide guidance to all clinicians in Shropshire Community Health Trust in the ReSPECT form and process. The aim is to guide clinicians to support our patients with the ReSPECT conversations, documenting these and sharing the decisions made with partner organisations. This includes decisions around DNaCPR (Do not attempt cardio-pulmonary resuscitation).

Introduction

ReSPECT is a process and a form. It creates a personalised recommendation for a person's clinical care in emergency situations where they are unable to make decisions or express their wishes.

The process consists of conversations between a patient and healthcare professionals. These conversations produce recommendations about the types of care and treatment for which the person would or would not want to be considered in an emergency.

The aim of the process and its form is to provide a summary of personalised recommendations to ensure that they receive the best possible treatment in individual situations.

The plan stays with the person and should be immediately available to health care professionals called out in an emergency situation, whether at home or another care setting.

Scope

For patients: This personalised process can be for anyone, but will have increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives and people who are at risk of sudden deterioration or cardiac arrest.

For Staff- all staff caring for people in a community setting in Shropshire Community Health Trust.

Definitions

ReSPECT- Recommended Summary Plan for Emergency Care and Treatment.

DNaCPR- Do not attempt Cardio-Pulmonary resuscitation

ACP- Advance Care Plan

LPOA- Lasting Power of Attorney

ADRT- Advance decision to refuse treatment

IMCA- Independent Mental Capacity Advocate

Responsibilities

- All staff in a clinical environment to have attended the ReSPECT training sessions.
- Ward Managers and Team Leaders to ensure that their teams are aware of and have an understanding of the ReSPECT forms and process.
- Locality Managers to support their services to attend the training sessions and ensure that there is awareness of ReSPECT form and processes.
- The Community Trust has a responsibility to provide training and to produce data on the provision of training and attendees.
- Staff have a responsibility to record the training on ESR under external learning if this has not been booked via ESR.

Training

Training for the ReSPECT document and process is provided by the Community Trust. All clinical staff will need to access the training. The training is held at all localities i.e Community Hospitals and Community teams to enable clinician easy access.

Procedure

This personalised process can be for anyone, but will have increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives and people who are at risk of sudden deterioration or cardiac arrest.

Summary of relevant information for the ReSPECT plan whenever possible should be completed in discussion with the person and with reference to available health records.

Also discuss any existing documents, such as advance statements, Advance decisions to refuse treatment (ADR), advance care plans (ACP), organ donor cards, lasting power of Attorney (LPOA).

Document full details of what was discussed in the health record (RIO). On the ReSPECT form document where the detail has been documented. Please note the ReSPECT form

is a summary of those discussions. An alert will need to be added to RIO that the person has a ReSPECT form, if the form includes a Dnacpr decision this will need to be added as a separate alert

NB please note if a person has a ReSPECT form this doesn't automatically mean they have a Dnacpr.

Personal preferences

Document the person's priorities for their care. The scale may assist in helping the person to understand how for some the emphasis may change from focussing on all possible interventions to try to sustain life to focussing mainly on care and treatment to control symptoms. Please note the person can put on the scale where they want to be.

Who can complete the ReSPECT forms?

Any Registered Health Professional in Shropshire Community Health Trust can support a patient in our services with the ReSPECT form and process. On the occasion that a patient opens a discussion on their wishes and preferences to someone other than a registered health professional, please seek advice and support from the team that you work in but continue to support the patient with this conversation.

What if the person lacks capacity to make a ReSPECT plan?

Does the person have sufficient capacity to participate in making the recommendations in this plan? This needs to be considered for all adults. If there is any reason to suspect impaired capacity, perform a formal assessment of capacity and document fully in the person's health records. Apply the 5 guiding principles and the two part assessment (Mental Capacity Act 2005).

The person may have a legal proxy (Welfare LPOA, person with parental responsibility) who can participate on their behalf in making the recommendations.

An IMCA (Independent Mental Capacity Advocate) may need to be considered.

Signing ReSPECT forms - The signing section must be completed by the professional who completes the ReSPECT form. If that is not the senior responsible clinician, they should be informed of the plan's completion, and at the earliest possible opportunity they should review and endorse the recommendations by adding their signature. The Senior

responsible clinician will usually be the person's GP or Consultant and in some cases a Senior nurse.

Sharing ReSPECT forms-Please see attached flowchart; ReSPECT Basic steps.

Patients in Wales

Wales will not be adopting the ReSPECT documentation.

Their approach is 'Sharing and Involving- a clinical policy for DNaCPR for adults in Wales.

This specifically relates to resuscitation decisions and not other life sustaining treatments.

In Wales the original copy of the Sharing and Involving document is kept in the medical records or GP records and a copy given to the patient.

Patients from Wales who are admitted to SCHAT's community hospitals will be required to be commenced on the ReSPECT document for the duration of their stay.

The ReSPECT will not be valid on discharge, therefore following discharge the GP will need to review in case there has been any changes in their health status. It must be documented on the Discharge letter that a review is required. The patient can take the ReSPECT home as it is their document and will assist them when the GP reviews but it must be made clear to them and family/carers that it won't be valid in Wales.

Patients from Wales on Community teams caseloads but who have a Shropshire GP must follow the guidance at that patient's GP practice.

Prisons - please upload the ReSPECT document onto SystemOne. If a person is going home or being transferred to another care setting or Prison please ensure the original copy goes with them.

Monitoring

The ReSPECT Steering Group oversees the implementation of the ReSPECT process.

One of the objectives for September 2020 is to evaluate the ReSPECT implementation by:

- Auditing a random sample of ReSPECT documentation to examine the quality and content.
- Audit extracting from RIO how many patients have been recorded as having a ReSPECT document and/or a DNACPR decision.

- Staff feedback survey on the ReSPECT process and documentation, on its use since implementation.

All patients who have a ReSPECT form should have this documented on RIO under alerts. There is a review date which needs to be completed. If they have a DNaCPR decision as well this also needs to go as an alert.

Always review a ReSPECT form with patients on your caseload if anything thing changes this may be their wishes and preferences or a change in condition. Document any changes and a new ReSPECT form will need to be completed.

Forms/templates

ReSPECT forms have been sent to all teams and services and can be downloaded from the Dying Well Page on the Trust website.

ReSPECT: basic steps



Provide **ReSPECT** form and discuss with patient and family

Discussions can be initiated by all clinicians. Form completion and signing requires Senior registered clinicians. Forms available as hard copies or:
<https://www.shropscommunityhealth.nhs.uk/content/doclib/13707.pdf>



Discuss **DNACPR decision**

Sign relevant box in Section 4 on ReSPECT form

Add DNACPR decision to RiO

IMPORTANT: Existence of a ReSPECT form **IS NOT** evidence of a DNACPR – it is essential to check the CPR boxes in Section 4 of the ReSPECT form



Discuss **Summary Care Record additional information**

consent

Consent forms:

<https://www.shropscommunityhealth.nhs.uk/content/doclib/13506.p>



Scan or photograph ReSPECT form with Trust device

Upload into RiO, labeling as a copy Add appropriate alerts



Alert the patient's GP via email: attach copy of ReSPECT and SCRai consent for upload into EMIS. GP admin email addresses available

<https://sharepointapp.xscpcttwpct.nhs.uk/ops-grps/ig-ops/Projects/Forms/GroupBySubjectDocType.aspx>



Leave original ReSPECT form with patient

Suggest to patient/family to keep a copy at home if admitted to hospital or going on holiday, or/and to keep a copy on their mobile device