

Criteria for auditing and evaluating the ReSPECT process and suggested measures for service evaluation in Secondary/Tertiary care.

Following the adoption of the ReSPECT process, it is important to ensure that an audit is conducted. Below is a list of criteria that can be used to audit compliance with the ReSPECT process in secondary care for adults.

In addition to the audit criteria, we have also included some measures for evaluating the implementation and adoption of the ReSPECT process. These are not audit criteria (because they cannot be compared against a standard) but are nevertheless important data to collect in order to understand how ReSPECT is being used. Finally, we have also provided some examples of the types of questions that can be asked in order to explore patient experience.

AUDIT criteria

1. Location of documentation: where paper forms are used, 100% of ReSPECT forms should be located at the front of the healthcare records
2. Section 1a: Demographics recorded: 100% of ReSPECT forms should have patient demographics correctly recorded
3. Section 1b: 100% of ReSPECT forms should have the date documented
4. Section 2a: 100% of ReSPECT forms should have relevant information including diagnosis completed
5. Section 2c: 100% of ReSPECT forms should have completed documentation about the presence or absence of a legal proxy
6. Section 3: 100% of ReSPECT forms should have some documentation about what the patient most values or fears
7. Section 4a: 100% of ReSPECT forms should have a signature in one of the three boxes: "prioritise extending life," "balance extending life with comfort and valued outcomes" or "prioritise comfort."
8. Section 4b: 100% of ReSPECT forms should have some clinical guidance documented
9. Section 4b: 100% of ReSPECT forms should have completed documentation indicating reasoning for the guidance provided
10. Section 4c: 100% of ReSPECT forms should have one CPR recommendation signed
11. Section 4c: where "modified CPR recommendation" is signed 100% of these forms are for children
12. Section 5: 100% of ReSPECT forms should have the outcome of the Mental Capacity Assessment (MCA) documented on the ReSPECT form

13. Section 5: of those patients where it has been ticked that the patient does NOT have mental capacity, 100% should have an explanation of in what way the person lacks capacity
14. Section 5: of those patients where it has been ticked that the patient does NOT have mental capacity, 100% of these patients have a full capacity assessment documented in the clinical notes
15. Section 6a: 100% of ReSPECT forms should have one of the options A-C selected or if no option is selected D must be completed in 100% cases
16. Section 6a: If option D has been selected, 100% of the written explanations in the notes must be because there was concern that discussion would cause a patient physical or psychological harm, or the patient lacked capacity and it was impractical or inappropriate to contact those close to them.
17. Section 7: 100% of ReSPECT forms should have documentation of the date of discussions
18. Section 7: 100% of ReSPECT forms should have documentation of the name, signatures, date, grade, GMC/NMC. Where one element is missing, document which it is.

Service Evaluation (these are additional measures which could be evaluated for service improvement, but which are NOT audit measures)

1. Proportion of patients within the Acute Trust/Community setting with a ReSPECT form
2. Proportion of patients admitted/referred to different setting with the ReSPECT process already started
3. Timescale from acute admission/referral to ReSPECT process review or first conversation
4. Section 2b: other supporting documentation identified, recorded and details provided of where to locate the information – what proportion have this completed
5. Section 3b: what proportion of ReSPECT forms have the patient priorities completed
6. Section 4a: what proportion of ReSPECT forms have “Prioritise extending life” signed
7. Section 4a: what proportion of ReSPECT forms have “Balance extending life with comfort and valued outcomes” signed
8. Section 4a: what proportion of ReSPECT forms have “Prioritise comfort” signed
9. Section 4b: what detail is recorded?
10. Section 4c: what proportion of ReSPECT forms have “CPR attempts recommended”
11. Section 4c: what proportion of ReSPECT forms have “CPR attempts NOT recommended”
12. Section 5a: what proportion of ReSPECT forms are completed in patients without mental capacity
13. Section 5b: What are the reasons documented for assessing that the patient does not have capacity
14. Section 6: what is the involvement of patients in making a ReSPECT plan? (what proportions of the ReSPECT forms are completed where A/B/C/are circled?)
15. Section 7: First ReSPECT process conversation completed by primary or secondary care (percentage of each)
16. Section 8: what proportion of forms have Emergency contacts recorded
17. Section 8: what proportion of ReSPECT forms include the patient’s signature
18. Section 8: what proportion of ReSPECT forms have a relative or those close to the patient signature
19. Section 9: what proportion of ReSPECT forms have had a review
20. Section 9: what proportion have the date, grade, name, GMC/NMC signature are all recorded

Examples of types of questions that can be asked to assess patient experience

Involvement in decisions about care and treatment

<i>Were you involved as much as you wanted to be in talking about your care and treatment?</i>		
a. Yes definitely	b. Yes to some extent	c. No
<i>Were the people that matter to you most (e.g. family or friends), involved as much as you wanted them to be in making recommendations about your care and treatment?</i>		
a. Yes definitely	b. Yes to come extent	c. No

The ReSPECT conversation

The ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express what is important to them. These recommendations are developed through conversations between a person, those people close to them, and their health and care professionals, to establish and agree what matters to them and what is realistic for their future care and treatment.

<i>Do you feel the clinician took account of what matters to you?</i>		
a. Yes definitely	b. Yes to some extent	c. No
<i>Do you feel you were treated with respect and dignity?</i>		
a. Yes definitely	b. Yes to come extent	c. No
<i>Do you feel you were treated as a whole person (e.g. by taking into account your beliefs, hopes, tradition, customs, spirituality)?</i>		
a. Yes definitely	b. Yes to come extent	c. No

The ReSPECT decision-making process

<i>I was asked to share my views about what was important to me in relation to my health care needs and treatments</i>			
a. Yes definitely	b. Yes to come extent	c. No	
<i>I was given enough information to help me make informed decisions about my care and treatment</i>			
a. Yes definitely	b. Yes to come extent	c. No	
<i>Care and treatment options were discussed in a way I could understand</i>			
a. Strongly agree	b. Agree	c. Neither agree	d. Strongly disagree
<i>I was able to communicate what was important to me openly to the healthcare professional having the ReSPECT conversation with me.</i>			

a. Strongly agree	b. Agree	c. Neither agree	d. Strongly disagree
<i>Using ReSPECT helped me understand decisions about my care and treatment</i>			
a. Strongly agree	b. Agree	c. Neither agree	d. Strongly disagree
<i>Healthcare professionals worked well together in organising my care and treatment</i>			
a. Strongly agree	b. Agree	c. Neither agree	d. Strongly disagree
<i>I now feel there is a plan that records what is important to me and makes recommendations for future emergency situations</i>			
a. Strongly agree	b. Agree	c. Neither agree	d. Strongly disagree

Rating the ReSPECT process

The ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express what is important to them.

<i>Overall how would you rate the ReSPECT process?</i>				
a. Excellent	b. Good	c. Fair	d. Poor	e. Very poor