

An initiative to train Specialist Practitioners to complete ReSPECT plans in an Acute Health Trust

Background

The Royal Berkshire Hospital adopted ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) in 2018. Traditionally, the responsibility of completing plans lies solely with medical staff. In September 2019, we presented a proposal for Specialist Nurses to be able to complete ReSPECT plans after having received suitable training. This was adopted in January 2020 and, in February 2022, this was extended to incorporate other Specialist Practitioners including Physician's Associates and other appropriate roles.

Aims

To increase the opportunities of having ReSPECT conversations with our patients at as many encounters as possible during their contact with our Trust. We also wished to improve the richness of those conversations by enabling trained Specialist Practitioners to initiate and conduct ReSPECT conversations with patients in their care.

Method

Our proposal to the Trust was to deliver local, specific training to Specialist Practitioners, including communication skills, relevant law, the psychological landscape of ReSPECT conversations and the best practice when completing a ReSPECT plan. The practitioner would also have to complete the on-line ReSPECT modules from the RCUK website and download a certificate on completion. These individuals are kept on a register of those fully trained. As part of our yearly ReSPECT audit we assessed ReSPECT plans via our hospital electronic patient records system (EPR). This was conducted as a point prevalence audit. ReSPECT plans were reviewed by the ReSPECT Lead for the quality and comprehensiveness of their completion. This audit also enabled the monitoring of the effectiveness of Trust training strategies for those completing ReSPECT plans.

Results

To date, we have 42 ReSPECT practitioners from 13 different specialities who have completed training. In our Dec 2022 audit, 15% of the ReSPECT plans audited had been completed by Specialist Practitioners. The quality of the plans that they had completed were observed to be consistently high and at least as good as those completed previously.

Conclusions

Widening the source and number of those who can competently complete ReSPECT plans in our acute hospital has improved the ReSPECT process for patients visiting our Trust. We believe there appears to be no significant negative effect whilst positively enhancing our multi-disciplinary teams' communication with our patients in relation to their emergency care and treatment using the ReSPECT process. We would encourage other acute Trusts to follow suit.

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