ILCOR 10 Steps to improve IHCA – a Case Study from the United Kingdom (UK)

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Background: The Recommendations for Emergency Care and Treatment (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 choices. https://www.resus.org.uk/respect
These recommendations are created through conversations between a person, their families, and their health and care professionals to establish shared understanding of their diagnosis and prognosis, what matters to them and what is likely to be of benefit to them in terms of their care and treatment, including a recommendation whether or not to attempt CPR.
Contextualizing a do not attempt cardiopulmonary resuscitation (DNACPR) recommendation within a general goals of care plan may reduce some of the negativity that sometime accompanies a DNACPR recommendation made in isolation.

Steps Taken

- Patient/public, clinician, stakeholders co-created ReSPECT concept, using an adapted Delphi model
- Iterative development including mixed methods evaluation
- Roll out of ReSPECT version 1.0
- User feedback, mixed methods evaluations,
- Roll out of ReSPECT versions 2.0 and 3.0 with ongoing feedback and evaluations

Challenges

- **Lack of awareness** – mitigations: awareness campaigns, regional and national workshops, training introduced into resuscitation training programmes, engagement with key national stakeholder organisations
- **Resistance to change** (especially concerns about extra time needed) – mitigations: implementation package including pre-written materials for patients, nursing staff and medical staff, and guidance on how to adopt and audit; centrally led adopter network created to share experience and best practice events between organisations, establish local ReSPECT champions,
- **Transferability between care settings** – patient carried document, digital implementation guide, electronic versions developed for major primary and secondary care computer systems, information leaflets for primary care clinicians, ambulance clinicians and care homes.
- **Communication Challenges**: Effective communication among healthcare professionals, patients, and their families is essential for ReSPECT. Poor communication or language barriers can impede the process. Mitigations: Translated versions of ReSPECT guide,
- **Cultural and Societal Factors**: Cultural beliefs, values, and societal attitudes toward end-of-life care can influence the willingness of patients and healthcare providers to engage in ReSPECT planning. Mitigations: patient and family information, Easy Read guides

Results

- An early iteration of ReSPECT, the Universal Form of Treatment Options (UFTO) was assessed in a single centre before and after study with contemporaneous case controls. The introduction of UFTO improved the quality of conversations, enhanced forward planning and reduced objective harms to patients. [1]
- Stakeholder survey (n=1112) indicated strong support for emergency care treatment plans and for developing ReSPECT. [2]

- ReSPECT is being increasingly adopted across the UK National Health Service. In an analysis of 3439 patient records across 6 hospitals, one in four inpatients, usually those considered at risk of deterioration, had a ReSPECT form. Most recommendations covered both emergency treatments and whether resuscitation should be started in the event of a cardiac arrest. Patient and families were involved in the majority (73%) of recommendations. [3,4]
- Clinicians reported lack of time as a significant barrier to implementation. [3]
- Patients and carers felt more involved in decision-making and rated the process positively (80% rating their experience as excellent and 20% as good). Staff were better able to access the information to inform decision-making in an emergency. Patients who had participated in the ReSPECT process were more likely to be at home 3 months after hospital discharge and more likely to die in their preferred place of care. [5]

Outlook: ReSPECT has been adopted across the majority of England, without mandate or incentives, by clinicians and institutions who recognize that it improves conversations with patients, improves forward planning, and improves decision making in an emergency. Digital integration and a public engagement campaign will help address the continuing improvement in patient-centred care, ensuring patients get treatments that they want and that will be of benefit to them.

References

(1) The Universal Form of Treatment Options (**UFTO**) as an alternative to Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders: a mixed methods evaluation of the effects on clinical practice and patient care. Fritz Z, Malyon A, Frankau JM, Parker RA, Cohn S, Laroche CM, Palmer CR, Fuld JP.PLoS One. 2013 Sep 4;8(9):e70977. doi: 10.1371/journal.pone.0070977. eCollection 2013.PMID: 24023718

(2) Development of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT). Hawkes CA, Fritz Z, Deas G, Ahmedzai SH, Richardson A, Pitcher D, Spiller J, Perkins GD; ReSPECT working group collaborators.Resuscitation. 2020 Mar 1;148:98-107. doi: 10.1016/j.resuscitation.2020.01.003. Epub 2020 Jan 13.PMID: 319454

(3) Recommended summary plan for emergency care and treatment: ReSPECT a mixed-methods study Internet]. Perkins GD, Hawkes CA, Eli K, Griffin J, Jacques C, Huxley CJ, Couper K, Ochieng C, Fuld J, Fritz Z, George R, Gould D, Lilford R, Underwood M, Baldock C, Bassford C, Fortune PM, Speakman J, Wilkinson A, Ewings B, Warwick J, Griffiths F, Slowther AM.Southampton (UK): National Institute for Health and Care Research; 2022 Dec.PMID: 36548453

(4) Implementation of ReSPECT in acute hospitals: A retrospective observational study. Hawkes CA, Griffin J, Eli K, Griffiths F, Slowther AM, Fritz Z, Underwood M, Baldock C, Gould D, Lilford R, Jacques C, Warwick J, Perkins GD.Resuscitation. 2022 Sep;178:26-35. doi: 10.1016/j.resuscitation.2022.06.020. Epub 2022 Jun 30.PMID: 35779800

(5) A Quantitative and Qualitative Evaluation of the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) Process in Forth Valley. Scotland's first ReSPECT pilot: A Case for Change (2019), p. 7

Contact information: Resuscitation Council UK, https://www.resus.org.uk/contact-us
https://www.resus.org.uk/respect/respect-healthcare-professionals

ReSPECT Recommended Summary Plan for Emergency Care and Treatment

1. This plan belongs to:

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

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	or	Balance extending life with comfort and valued outcomes	or	Prioritise comfort
clinician signature		clinician signature		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	For modified CPR **Child only, as detailed above**	CPR attempts **NOT** recommended Adult or child
clinician signature	clinician signature	clinician signature

5. Capacity for involvement in making this plan

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