

Improving ReSPECT form documentation

The Shrewsbury and Telford Hospital

Theme | Getting to Good Produced by | Blossom Lake Case Study Date | 10/01/2025

REASON WHY?

Following a recent audit undertaken on four wards and the Emergency Department (ED) at RSH, it has highlighted several areas for improvement when service users complete ReSPECT forms. The aim is to increase confidence when completing respect forms and improve the standard of the form, resulting in improved patient care.











To improve the quality of all completed ReSPECT forms within SaTH, as measured by a higher rate of completeness in documentation and ReSPECT forms by November 2024.

PLAN

Following a trust wide audit, it was highlighted that there was an issue around correct completion of respect forms. A working group was set up to improve the current process.

The team collected feedback from colleagues which centred around the need to have a deeper understanding of how to complete a ReSPECT form and help support conversations with patients around resuscitation.

The ReSPECT process creates a personalised recommendation for clinical care in emergency situations, where you are not able to make decisions or express your wishes. Correctly completed ReSPECT forms can increase the percentage of appropriate patients receiving CPR when required.

The plan was to create a prompt sheet and guidance for colleagues on Ward 15 and 16 to follow to enable improved conversations with patients and improved completion of the ReSPECT forms. Baseline data suggest that 90.7% of the form is completed with 52.10% of medical case notes discussed.

DO

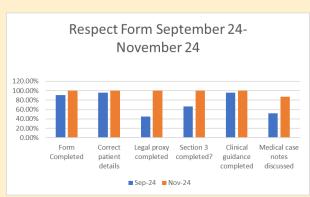
The team discussed and developed guidance in order to help colleagues correctly fill out the ReSPECT form. The guidance centres around understanding more about your patients and how to discuss treatment options. A checklist was included to ensure all topics were covered. The guidance was shared with Ward 15 and 16 consultants during the weekly ward manager meeting. The checklist was trialled and used for all patients between September 24 and November 2024

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	Appropriate treatment of distressing symptoms is a minimum standard of care for everyone, eg Analgesia/Pain Relief, Antiemetics etc.			
	Would intravenous fluid therapy be an appropriate treatment?	Yes 🗌 No 🗌		
	Would enteral nutrition be an appropriate treatment?	Yes No		
	Would oral antibiotics be an appropriate treatment?	Yes 🗌 No 🗌		
	Would intravenous antibiotics be an appropriate treatment?	Yes No		
	Would physiotherapy be appropriate?	Yes 🗌 No 🗌		
	Would a blood transfusion be an appropriate treatment?	Yes 🗌 No 🗌		
	Would cardiovascular support with inotropes and vasoconstrictors be an appropriate treatment?	Yes No		
	Would non-invasive ventilation be an appropriate treatment?	Yes 🗌 No 🗌		
	Would invasive ventilation be an appropriate treatment?	Yes 🔲 No 🗌		
	Would renal replacement therapy be an appropriate treatment?	Yes 🗌 No 🗌		
	Would it be appropriate to defibrillate a potentially "shockable" dysrhythmia in a monitored patient?	Yes No No		
	Would CPR be an appropriate treatment?	Yes 🗌 No 🗌		

STUDY

Following analysis on the key metrics, there were improvements. These include an increase in the number of Respect forms completed, patient details recorded, preferred name listed, planning documents completed, legal proxy completed, section 3 (personal preferences) completed, clinical guidance completed and medical case notes discussed. These elements link directly to an improvement in the way in which we treat our patients and the information available. Further elements will need to be improved such as completion date of the form, relevant information summary complete, sufficient capacity completed and patient having capacity to make decisions.

	Sep-24	Nov-24
Form Completed	90.70%	100%
Correct patient details	95.60%	100%
Legal proxy completed	45.40%	100%
Section 3 completed?	66.30%	100%
Clinical guidance completed	96.10%	100%
Medical case notes discussed	52.10%	87.50%



ACT

The following process will be ADOPTED.

Additional improvements will be reviewed in order to improve the qualitative data.

Access to ReSPECT forms and guidance resources will be reviewed and intranet pages updated.

Patient leaflet to be developed to improve discussions with patients.

ReSPECT audits continue quarterly with the next one to take place in February 2025.

ACKNOWLEDGEMENTS & REFERENCES | Colleagues on Ward 15/16 for their participation in prompt sheet/ guidance development. Thanks also go to colleagues in the #RESPECTMe Working Group and the Improvement Hub.