ReSPECT Documentation

Theme | Patient Safety

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Case Study Date |19.03.2026

SaTH Improvement Hub

NHS The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

The ReSPECT form is a legal document that guides escalation decisions. There were two severe incidents within A&E that caused significant critical clinical issues and highlighted the risks associated with missing or poorly documented ReSPECT forms.

SMART AIM

S SPECIFIC M MEASUREABLE A ACHIEVABLE R RELEVANT T TIME-BOUND

To increase the proportion of A&E patients with a documented ReSPECT form at initial triage or early assessment from 10 % to 50-60 % by 31/12/202) using a nursing-led, triage-focused intervention.

PLAN

An initial Quality Improvement Project focused on raising awareness through departmental teaching, board-round discussions, and informal conversations with doctors. Progress was reviewed using a pragmatic approach: a random two-week sample of patient records. This review demonstrated minimal change compared with baseline, despite the interventions. This indicated that awareness alone was insufficient and that a different approach was required. By shifting the focus of the intervention from doctors alone to a multidisciplinary, nursing-led approach the expectation was that ReSPECT consideration would become embedded at the point of triage and would improve visibility, consistency, and downstream clinical decision-making.

DO

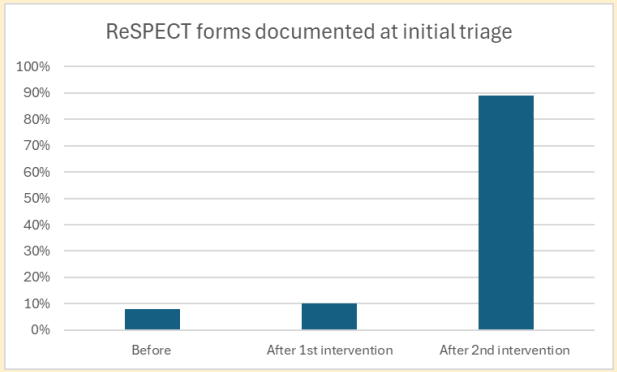
The new intervention centred on nursing engagement and ownership. Medical colleagues delivered short, focused ReSPECT awareness talks during nursing handovers at 07:00 and 19:00, ensuring exposure across day and night teams. In parallel, targeted engagement took place with Resus nurses and Navigator nurses.

The training highlighted:

- The legal and patient-safety importance of ReSPECT documentation
- How early documentation at triage directly influences medical decisions
- The risks of assumptions around escalation status

STUDY

This intervention ran for approximately six weeks, with ongoing informal reinforcement and support. There were no significant operational barriers, and the approach was well received by nursing staff.



Documentation was clearly visible and easily identified by the medical team

This represented a dramatic improvement compared with both baseline and the post-teaching review in early September. The results exceeded the original project aim and demonstrated that the intervention had achieved meaningful system change. The data will be reviewed post 90 days in order to ascertain if the project has sustained.

ACT

Adopt – The nursing-led, triage-focused approach has proven highly effective and will be maintained.

Adapt – Ongoing reinforcement will be embedded through induction, handover prompts, and continued engagement with Resus and Navigator teams.

Do not abandon – Doctor education remains important but will be used as a supportive, not primary, intervention.

Review – at 90 days

ACKNOWLEDGEMENTS & REFERENCES | With thanks to the medical and nursing staff in ED at PRH