

Improving Compliance with ReSPECT Form Documentation: A Closed-Loop Quality Improvement Project

Dr. Shivangi Yadav

Scarborough Hospital, York and Scarborough Teaching Hospitals NHS, Foundation Trust, United Kingdom

Abstract:

Background: The Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form is a national tool that records patient preferences, ceilings of care, and resuscitation decisions to support shared decision-making and continuity of care. Despite its introduction in our Trust, variable compliance and incomplete documentation were frequently observed, risking miscommunication and inappropriate escalation of care.

Aims:

1. To assess baseline compliance with ReSPECT form documentation across medical wards.
2. To implement targeted interventions to improve awareness and completion.
3. To re-evaluate compliance following interventions and identify persisting gaps.

Methods: A two-cycle Quality Improvement Project was undertaken on adult medical wards at Scarborough Hospital. Fifty ReSPECT forms were reviewed per cycle using a structured proforma aligned with national guidance. Interventions between cycles included staff education sessions, visual reminders (posters), and consultant-led reinforcement during ward rounds. Compliance across 13 documentation domains was compared descriptively between cycles.

Results: Post-intervention, marked improvements were observed in documentation of patient wishes (48%→74%), ceiling of care (80%→95%), frailty score (58%→84%), and senior sign-off (72%→86%). Patient involvement also improved (50%→72%). Modest gains were seen in treatment escalation plan updates (82%→90%). However, documentation of capacity (92%→86%), reasons for lack of capacity (28%→20%), and emergency contact details (34%→30%) declined slightly.

Conclusion: Targeted, low-cost interventions significantly improved key components of ReSPECT form completion, particularly those linked to decision-making and consultant oversight. Persisting gaps in capacity assessment and family involvement indicate the need for continued education, multidisciplinary engagement, and clearer guidance on review processes.