**Gloucestershire Safety and Quality Improvement Academy 2025** 

'ReSPECT' patient preferences: the benefits of **Advance Care Planning Justine Crewe: Secondary Breast Cancer ANP** 

## Background

The benefits of having Advance Care Planning (ACP) discussions include increased patient autonomy, reduced unwanted and unnecessary treatment and reduced length and number of hospitalizations<sup>3</sup>.

Discussing ACP with the right health professionals, at the right time, can improve both its quality and its effectiveness; patients usually want this discussion to be with the primary Oncology provider with whom there is an established rapport<sup>1</sup>.

Evidence has shown that, although the ReSPECT process has opened up conversations regarding broader treatment considerations, CPR recommendations remain a focus in most conversations.<sup>5</sup>

This could be prevented if the discussion is conversational, exploratory and held with a Health Care Professional with whom the patient has a longstanding clinical and therapeutic relationship.<sup>4,7</sup>

ACP is also associated with reduced hospital admissions<sup>6</sup>; goals-of-care discussions should not be delayed until the patient is hospitalized.<sup>2</sup>

# Aim

The aim was to improve the number of advanced breast cancer patients admitted to Oncology with a ReSPECT plan by 20% in 6 months. This was facilitated by a future care planning clinic in order to provide a personalised approach regarding the ReSPECT process and documentation.

## **QI** Team

Justine Crewe - Secondary Breast Cancer ANP; Alice Smith - Secondary Breast Cancer CNS; Emma Carter - Oncology ANP; Alison Doyle - Oncology ANP Sponsor: Dr Sean Elyan



1a. Emailed key stakeholders regarding aim of project/poster prompts placed in Drs office

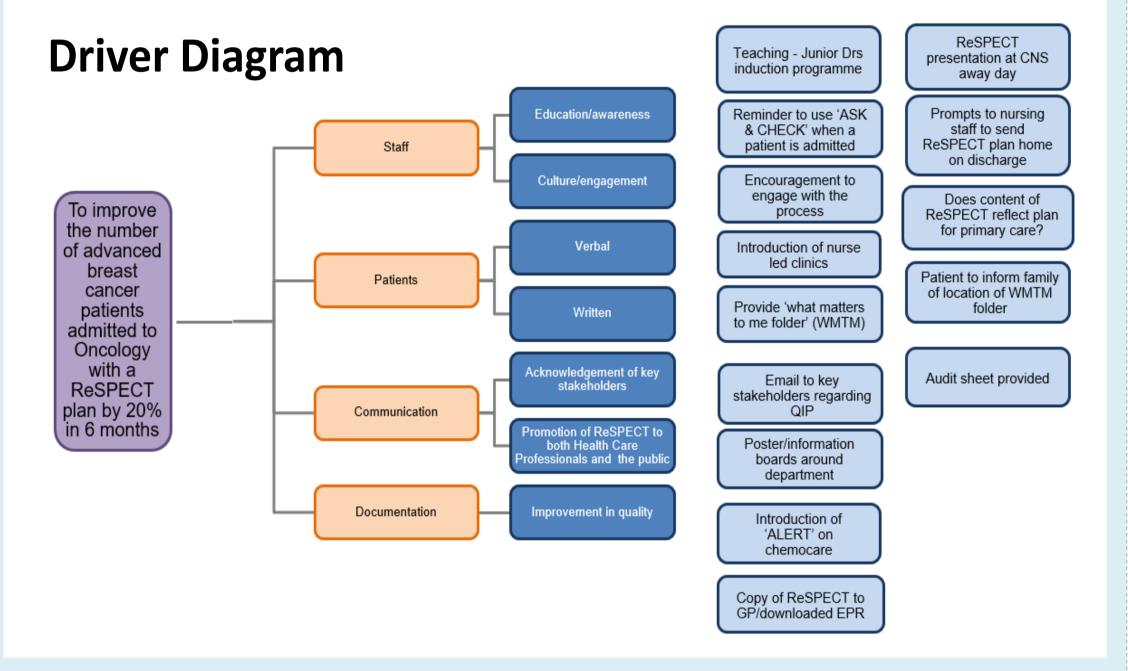


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Self-support planning

Advance care planning

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**NHS Foundation Trust** 

1b. Audit sheet provided to wards for data collection

2a. Introduction of nurse-led clinics

2b. Patients issued with 'what matters to me' folder with ReSPECT plan inserted

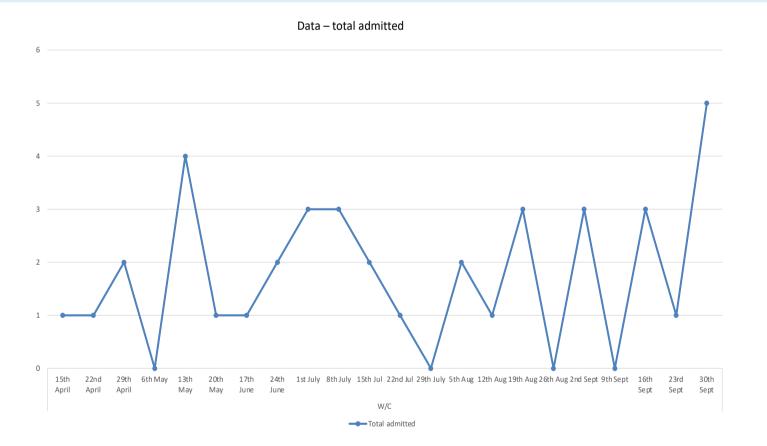
3a. Commence teaching at junior Drs induction

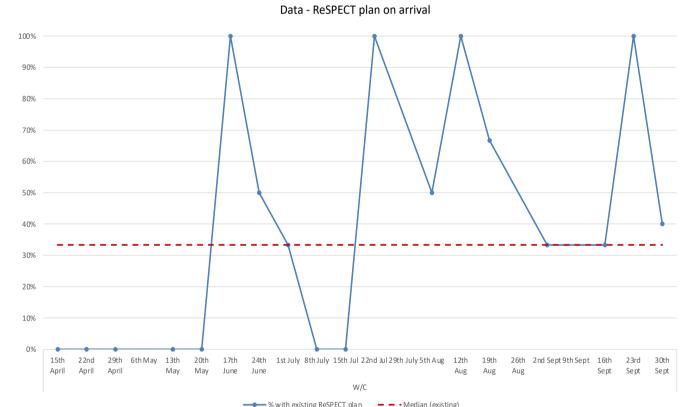
3b. Present ReSPECT update at Cancer Services away day

4a. Introduction of an 'alert' on chemocare/ReSPECT plan downloaded as a document

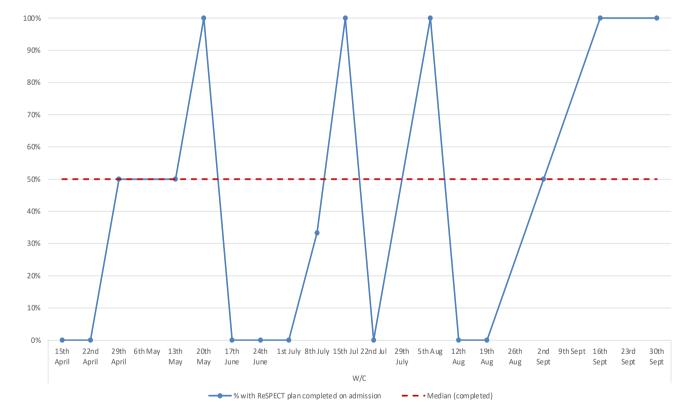
4b. Scanned copy of ReSPECT plan sent to GP with accompanying letter. Download plan onto EPR

5. Installation of ReSPECT information boards with patient/carer information leaflets in Oncology outpatient departments and wards









#### **Measures**

Outcome (Primary): was there an existing ReSPECT plan at the time of admission (even if they forgot to bring it in)?

Process (Secondary): was a ReSPECT plan completed on admission?



#### Discussion

Despite an improvement in the number of ReSPECT plans brought into hospital there remains shortfalls in relation to duplication of both conversations and documentation.

Ongoing training and promotion of both earlier and quality of ReSPECT

The balancing measure analysed that, despite the 'what matters to me' folder costs, patients have benefited in terms of improved communication, ensuring their wishes are clearly documented

#### **Measurements and key results**

- Outcome measures improved
- Not all patients that were admitted were known to our team
- ReSPECT plans not always discussed if it was a short admission



For Further information about ReSPECT please visit www.respectprocess.org.uk or contact a member of your healthcare team.



informed decisions about your care, The plan is recorded on a form that includes your personal priorities for care and agreed clinical recommendations about the care and treatment that could help to achieve the outcome that is important to you and that is medically possible.

It is not a legally binding document and the content can be reviewed and changed at any time.

The plan remains with you. If you are admitted to the hospital, staff should check that the plan still reflects your wishes.

For more information about having a **ReSPECT conversation and** personalised plan, please take a leaflet and contact your healthcare professional.



For Further information about ReSPECT please visit: www.respectprocess.org.uk or contact a member of your healthcare team.

conversations.

Project work highlighted issues in relation to lack of clear communication from Acute to Primary Care regarding ReSPECT.

Lack of current electronic documentation/alerts.

#### Next steps

- Ongoing teaching at Oncology Junior Drs induction programme
- Ongoing education/prompts regarding documentation on chemocare, ensuring patients are sent home with ReSPECT plan (not just those for end of life care)
- Reminder to use 'ASK & CHECK' when patients are admitted
- Ongoing nurse led clinics extending to new patients
- Encouraging earlier introduction of ReSPECT
- Establish if sections 1-3 ReSPECT plan form part of HNA for support workers
- EPR documentation: ongoing discussion via ReSPECT working group
- Consider if ReSPECT patient/carer information leaflets to be placed on all patient lockers prior to admission
- Present QIP at Oncology Governance/ACP & ReSPECT Project Steering Group

#### www.gloshospitals.nhs.uk

#### **#TheGSQIAWay**

#### **BEST CARE FOR EVERYONE**

1. Dow et al., 2010 cited from 1. Jackson, G.L. et al. (2019) 'Optimizing Advanced Care Planning in Hospitalized Patients with Advanced Cancers: A Quality Improvement Initiative', Journal of Doctoral Nursing Practice, 12(2), pp. 239–245. doi:10.1891/2380-9418.12.2.239. 2. Goswami P. (2021). Advance Care Planning and End-Of-Life Communications: Practical Tips for Oncology Advanced Practitioners, journal of the Advanced Practitioner in Oncology, Jan 1;12(1):89–95. doi: 10.6004/jadpro.2021.12.1.7

3. Klingler C., in der Schmitten J., & Marckmann G. (2015). Does facilitated advance care planning reduces the costs of care near the end of life? Systematic review and ethical considerations. Palliative Medicine, 30(5), 423–433. 10.1177/0269216315601346

4. LeBlanc, T. Tulsky, J. (2022). Discussing goals of care. [online document] Available at https://www.uptodate.com/contents/discussinggoals-of-care(accessed 05.12.2024)

5. Perkins, G.D. et al. (2022) 'Recommended summary plan for emergency care and treatment: ReSPECT a mixed-methods study'. Health & Social Care Delivery Research (HSDR), 10(40), p. vii-139. doi:10.3310/LFPE3627.

6. Prater, L.C. et al. (2019) 'The Impact of Advance Care Planning on End-of-Life Care: Do the Type and Timing Make a Difference for Patients with Advanced Cancer Referred to Hospice?', American Journal of Hospice & Palliative Medicine, 36(12), pp. 1089–1095. doi:10.1177/1049909119848987.

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