Results from the voting questions from the ReSPECT dissemination event (28/09/21)

The number of people who answered are shown in brackets after each question/statement (this ranges from 63 to 74 people answering each time).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Policy statements** | | | | | |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| 1.ReSPECT is the right process for emergency care and treatment planning in the UK. (*n*=73) | 2 (2.74%) | 0 (0%) | 8 (10.96%) | 40 (54.79%) | 23 (31.51%) |
| 2. Mandating use of ReSPECT in UK health and social care organisations would improve its transferability across organisations. (*n*=75) | 2 (2.67%) | 4 (5.33%) | 5 (6.67%) | 27 (36%) | 37 (49.33%) |
| **Research questions** | | | | | |
|  | Not important | Slightly important | Moderately important | Important | Very important |
| 3. National rollout *e.g.* What are the barriers and facilitators of a single system for emergency care and treatment planning? (*n*=63) | 2 (3.17%) | 5 (7.94%) | 5 (7.94%) | 23 (36.51%) | 28 (44.44%) |
| 4. Communication support *e.g.* How can we support communication and decision making in emergency care and treatment planning? (*n*=74) | 0 (0%) | 0 (0%) | 5 (6.76%) | 15 (20.27%) | 54 (72.97%) |
| 5. Staff training needs *e.g.* What are the training needs of staff from different professional backgrounds involved in making emergency care and treatment plans? (*n*=75) | 0 (0%) | 1 (1.33%) | 6 (8%) | 24 (32%) | 44 (58.67%) |
| 6. Organisational barriers to implementation *e.g.* How can healthcare organisations support doctors to participate in emergency care and treatment planning? (*n*=70) | 1 (1.43%) | 3 (4.29%) | 9 (12.86%) | 24 (34.29%) | 33 (47.14%) |
| 7. Ensuring inclusivity and cultural relevance of ReSPECT *e.g.* What are the most effective strategies for engaging people from different communities to participate in emergency care and treatment planning? (*n*=70) | 1 (1.43%) | 2 (2.86%) | 11 (15.71%) | 18 (25.71%) | 38 (54.29%) |
| 8. Shared decision making *e.g.* How effective are structured communication approaches at enhancing shared decision making related to emergency care and treatment planning? (*n*=69) | 1 (1.45%) | 4 (5.8%) | 13 (18.74%) | 19 (27.54%) | 32 (46.38%) |
| 9. Ethics *e.g.* How can we improve the transparency of ethical reasoning and justification within the ReSPECT process? (*n*=68) | 2 (2.94%) | 6 (8.82%) | 19 (27.94%) | 22 (32.35%) | 19 (27.94%) |

**Demographic questions**

10. Which one of the following roles best describes you? (n=73)

|  |  |  |
| --- | --- | --- |
|  | *n* | % |
| Member of the public | 1 | 1.37% |
| Representative from patient organisation (including charities) | 2 | 2.74% |
| Health professional | 45 | 61.64% |
| Manager from a health or social care organisation | 10 | 13.70% |
| Representative from professional body (e.g. BMA, RCN) | 1 | 1.37% |
| Policy maker | 1 | 1.37% |
| Representative from regulatory body (e.g. CQC) | 0 | 0.00% |
| Educator | 5 | 6.85% |
| Researcher | 5 | 6.85% |
| Other | 2 | 2.74% |

11. Which of the following best describes your gender? (n=74)

|  |  |  |
| --- | --- | --- |
|  | *n* | % |
| Male | 14 | 18.92% |
| Female | 59 | 79.73% |
| Non-binary | 0 | 0.00% |
| Prefer not to say | 1 | 1.35% |

12. Which of the following best describes your ethnicity? (n=71)

|  |  |  |
| --- | --- | --- |
|  | *n* | % |
| White | 63 | 88.73% |
| Mixed or Multiple ethnic groups | 0 | 0.00% |
| Asian or Asian British | 6 | 8.45% |
| Black, African, Caribbean, or Black British | 1 | 1.41% |
| Other ethnic group | 0 | 0.00% |
| Prefer not to say | 1 | 1.41% |