

What is the Supportive & Palliative Care Indicators Tool (SPICCT™)?

SPICCT™ is a guide describing clinical signs that can help hospital teams identify patients who are at risk of deteriorating and dying from one or more advanced conditions.

These patients benefit from assessment, a review of care goals, and care planning.

Why using the SPICCT™ helps patients, families and healthcare teams

- Offers opportunities to talk about the illness, people's concerns and planning ahead
- A gradual shift in focus to maximising quality of life and important patient/ family goals.
- Effective treatment of underlying conditions combined with good symptom control.
- Reduced risk of health care decisions in a 'crisis'.
- Information and support for carers; help in managing and coordinating care.
- Opportunities to discuss appointing a proxy decision-maker (Power of Attorney) and/or make 'advance decisions' about treatment with a senior doctor or nurse.
- Improved communication between professionals and services.
- More effective handovers; better continuity of care and care planning.
- Reduction in unplanned admissions, inappropriate investigations & ineffective treatments.

How you can use SPICCT™ in your hospital

- To trigger a review of patients with advanced conditions, multimorbidity or general frailty; particularly those who have had several unplanned hospital admissions.
- To help identify patients for 'ward level' care planning, including a review of CPR status.
- As a prompt to starting a conversation with a patient and their family about goals of care and what matters to them if their health deteriorates further; to hear and respect patient wishes.
- To identify patients who need a structured anticipatory care plan with clear treatment/ care goals and review dates.
- To identify patients for early, structured discharge planning including liaison with OT/PT, district nurses, GPs (CPR status, goals of care, future care plans, anticipatory medicines, KIS consent)
- To identify patients with complex needs for early specialist palliative care assessment.
- To help identify the 30% of hospital inpatients who are in the last year of life.

Tips on starting conversations with people whose health is deteriorating

- What do you know about your health problems and what might happen in future?
- Some people worry about what will happen if they are less well – how do you feel about that?
- We would like to hear about anything that is particularly important to you or your family....
- Sometimes people want a family member or a close friend to make decisions for them if they get less well.....is that something you'd like to talk about?
- I hope you will stay well for a long time, but I am worried about what might happen if
- It is hard to talk about getting less well, but I worry that if we don't do that we will not be able to make good decisions about your care. What would be the best way for us to talk about this?