SPICT Goes Global
Identifying people for integrated palliative care

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Identifying people for integrated palliative care

Who needs to be ‘identified’?
Identifying people for integrated palliative care

*When should ‘palliative care’ start?*

- Cancer treatment/care
- Long term conditions care
- Multi-morbidity
- Life-limiting infections
- Life-threatening surgical conditions

Integrated supportive & palliative care

Care of the dying & bereaved
Identifying people for integrated palliative care
When should ‘palliative care’ start?

Advance/ Anticipatory care planning

Living well with long term conditions
Deteriorating health
Dying well

Integrated Supportive & Palliative Care

Palliative care phase
Stable
Unstable
Deteriorating
Dying
Identifying people for integrated palliative care: *Population v Person?*

- There is no tool that predicts an accurate prognosis for an **individual** patient
- People die unexpectedly (up to 30%)
- Avoid prognostic paralysis – the risk is variable
- Even people who look like they might die soon can recover for a while...
- **Integrated, EARLY** supportive and palliative care is the way forward....

‘Palliative care’ = holistic needs assessment + care planning
Identifying people for integrated palliative care

1. Diagnosis of a new serious illness
2. Deteriorating health
3. Older age

*Medicine is a science of uncertainty and an art of probability.*

*William Osler*
Identifying people for integrated palliative care: *SPICT™ 2017*

- Consensus-based & evidence informed guidance for professionals
- 6 general indicators of deteriorating physical/mental health
- Clinical indicators of major advanced conditions (93%)
  - Cancer
  - Dementia/ frailty
  - Organ failure – heart, lung, kidney, liver
  - Neurological conditions – motor neurone disease, multiple sclerosis, stroke, Parkinson’s
  - Other conditions with limited reversibility

- Accessible language, content and layout (89%)
- Supports identification in all settings (81%)
- Prompts assessment and care planning in parallel with optimal management of reversible conditions (83%)

- Identifies people at ‘risk’ of deteriorating who can benefit from holistic needs assessment and care planning
Adapting the Supportive and Palliative Care Indicator Tool (SPICT™) for use in rural Nepal.

**Introduction**

In rural Nepal, many people receive limited or no supportive and palliative care due to lack of resources and infrastructure. The SPICT™ is a tool designed to improve the delivery of supportive and palliative care in low-income settings. This study aims to adapt SPICT™ for use in rural Nepal.

**Method**

1. **Case Studies:** Conducted interviews with healthcare providers and patients to understand their perspectives on supportive and palliative care in rural Nepal.
2. **Cultural Adaptation:** Adjusted SPICT™ questions to fit the cultural context of rural Nepal.
3. **Feedback:** Collected feedback from healthcare providers to ensure the adapted tool is effective and feasible.

**Table 1**

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>SPICT™ Score</th>
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</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>3</td>
</tr>
<tr>
<td>Fatigue</td>
<td>4</td>
</tr>
<tr>
<td>Sleep Disturbance</td>
<td>2</td>
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</tbody>
</table>

**Modification of SPICT™**

Several aspects of the tool were modified to fit the rural Nepal context. These modifications included adjusting the scoring criteria and adding specific cultural considerations.

**Discussion and Conclusion**

The adapted SPICT™ can be effectively used in rural Nepal to improve the delivery of supportive and palliative care. Further research is needed to evaluate its impact on outcomes.

**References**


**The SPICT-ULIS™**

The SPICT-ULIS™ is used to help identify people in low-income settings whose health is deteriorating. Access them for unmet supportive and palliative care needs. Plan care.

**Look for one or more general indicators of poor or deteriorating health.**

- The person's health is getting significantly worse as time goes on.
- Performance status is poor or deteriorating; best available treatment is having limited effect.
- The person has had significant weight loss over the last few months, or remains underweight.
- Persistent symptoms despite best available treatment of underlying condition(s), is unable to access treatment (e.g., due to distance, cost or inability to travel).
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment or wishes to focus on quality of life.

**Look for clinical indicators of one or more life-limiting conditions.**

- **Cancer:** Functional ability deteriorating due to progressive cancer. (All cases need palliative care, regardless of treatment)
- **Dementia:** Dying due to dementia in a person under 80 years of age.
- **HIV/AIDS:** Acquired immune deficiency syndrome; not HIV-related.
- **Kidney disease:** Stage 4 or 5 chronic kidney disease with deteriorating health.
- **Liver disease:** Cirrhosis with one or more complications in the past year.
- **Lung disease:** Severe, chronic lung disease, with bronchitis at last or on or imminent death from exacerbations.
- **Other conditions:** Severe, life-limiting conditions not described above.

**Look for any other conditions that may require palliative care.**

- **Coping with life-limiting conditions:** Inability to cope with life-limiting conditions.
- **Coping with pain:** Severe, uncontrolled pain.
- **Coping with symptoms:** Severe, uncontrolled symptoms.

**Review current care and planning palliative care approach.**

- Review current treatment and medication to ensure the person receives best available care.
- Consider referral for specialist palliative care review if available.
- Discriminate between life-threatening and life-limiting conditions.
- Establish a team to discuss options and preferences.

[SPICT-ULIS™ January 2023]
Identifying people for integrated palliative care

What about the Surprise Question?

Would you be surprised if this person were to die in the next few years, months, weeks or days?

Lynn 2005

RESEARCH

The “surprise question” for predicting death in seriously ill patients: a systematic review and meta-analysis

James Downar MDCM MHSc, Russell Goldman MD MPH, Ruxandra Pinto PhD, Marina Englesakis MLIS, Neill K.J. Adhikari MDCM MSc

Cite as: CMAJ 2017 April 3;189:E484-93. doi: 10.1503/cmaj.160775

- The SQ is poor to moderate at predicting death, and worse in people who don’t have cancer.
- Similar to clinician judgement.

Patients are ‘approaching the end of life’ when they are likely to die within the next 12 months.
Does SPICT™ help us identify patients at risk in Primary Care?

Harrison et al. BJGP, 2012
Does SPICT help us identify patients at risk in hospitals?

SPICT data
29% at 6 months, 48% at 12 months
Multimorbidity = 80% +

Scottish hospital population data
21% at 6 months, 29% at 12 months

44% of referrals – SPICT identified
42% mortality
Identify
(SPICT indicators, trigger events)

Share information

Plan care

Assess

Talk

www.spict.org.uk
Early palliative care: ways to identify people using SPICT

• Look at **people** in your clinics, care home or at home - are they at risk of deteriorating?

• Review 3-5 **most unstable people** identified using SPICT™ general indicators and who have advanced conditions.

• Use the SPICT™ indicators to **screen a population** for needs assessment, or search electronic records

• **Suggest a review** of a person’s care and support needs by highlighting that they have SPICT™ indicators.

• Use SPICT™ or SPICT-4ALL™ to help you **open a conversation** with people about their health and care.
AnticiPal: an electronic primary care record searching that helps identify people with palliative and anticipatory care needs.

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1. University of Edinburgh, 2. NHS Lothian, 3. PPI representative
Using the SPICT guides for assessment and care planning

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**Why use the SPICT™?**

The SPICT™ helps professionals identify people with general indicators of poor or deteriorating health and clinical signs of life limiting conditions for assessment and care planning.

What will happen to an individual and when is often uncertain. SPICT™ does not give a 'prognosis and timeframe': identifying people with deteriorating health earlier improves care.

**Using SPICT™ in Hospital to assess people’s needs and plan care.**

- After an unplanned hospital admission or a decline in health status: review current care, treatment and medication; discuss future options; plan for managing further deterioration.
- For people with poorly controlled symptoms: review and optimise treatment of underlying conditions, stop medicines/treatment not of benefit; use effective symptom control measures.
- Identify people (and carers) with more complex symptoms or other needs and consider an assessment by a specialist palliative care service or another appropriate specialist or service.
- Assess decision-making capacity. Record details of close family/friends and any registered ‘Power of Attorney’ (POA). Involve them in decision-making if the person’s capacity is impaired.
- Identify people who are increasingly dependent on others due to deteriorating function, general frailty and/or mental health problems for additional care and support after discharge.
- Identify people who need proactive, coordinated care in the community, contact the primary care team and other community services before discharge.
- Agree, record and share an Anticipatory Care Plan: include plans for emergency treatment and care if the person’s health deteriorates rapidly or unexpectedly.

**Talking about future care planning**

**What do you know about your health problems and what might happen in the future?**

What matters to you? What are you worried about? What could help with those things?

Who should be involved and how urgently if your health deteriorates?

**Talk about:**

- The outcomes of hospital admission and treatments such as: IV antibiotics; surgery, interventions for stroke, vascular or cardiac disease, feeding tubes, ventilation.
- Treatments that will not work or have a poor outcome for this person. (eg. CPR)
- Having a POA in case the person’s decision-making capacity is lost in the future.
- Help and support for family/ informal carers.

**Tips on starting conversations about deteriorating health**

- I wish we had a treatment for … but could we talk about what we can do if that’s not possible?
- I am glad you feel better and I hope you will stay well, but I am worried that you could get ill again...
- Can we talk about how we might manage with not knowing exactly what will happen and when?
- If you were to get less well in the future, what would be important for us to think about?
- Some people want to talk about whether to come back to hospital or be cared for at home...

www.spict.org.uk 2017

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**SPICT-4-ALL is for care staff, individuals and their families/close friends**

Carers and family members can often see that a person is getting less well with one or more health problems. Making plans for care now and in the future is important.

It can be difficult to know when to ask for more help and support or how to talk about this.

SPICT-4-ALL uses non-medical words but is similar to this SPICT for health professionals. You can use it to help you ask about more help from a doctor, a nurse or another professional.

You may be the person who knows what is important, what is needed and what could help.

**Using SPICT-4-ALL to help plan good care**

Look for signs of poor or worsening health which can mean things are changing:

- An emergency admission to hospital is a warning sign even if the person makes a good recovery. We want to keep them as well as possible and avoid more admissions if we can.
- A person with symptoms that are there most of the time may need some of their medicines changed or stopped and their care plan reviewed.
- If a person needs more help with their personal care or is struggling to manage things they could do before, getting extra help and support in good time is important. We can look after the people who care for the person better as well. This can help avoid a crisis.
- Sometimes a person has more complicated symptoms or other needs. Getting the right specialist or service to give advice about their treatment and care can help.
- Sometimes a person is living as well as possible with several health problems but does not want some treatments or going to hospital. It is important for everyone to know their wishes.

See if the person has any of the serious health problems described in SPICT-4-ALL:

- If a person has an illness or is getting more frail and will not be able to decide things for themselves in the future, they can choose people they trust to help make decisions for them about property, money, health and care. They need a registered ‘Power of Attorney’ (POA).

An Anticipatory Care Plan helps everyone know what is important and what to do if a person gets more unwell gradually or more suddenly and unexpectedly.

**Talking to the person (if they are able and want that) and their family**

- Talk about what the person knows already and what they think might happen in the future.
- Find out about ‘what matters’ to them. What could help them with the things they enjoy and want to carry on doing? Is there anything they are worried about?
- Can we talk about what might happen if you did get more unwell so we can plan ahead?
- You are managing well at the moment, but I am worried about … I think we should ask the doctor/nurse/other professional for advice? They might need to see you to talk about …

**Talking to health professionals**

- Explain that you have talked to the person and their family about finding out if more can be done to help. Say that this is not urgent but it is important.
- Use SPICT-4-ALL to help you tell the health professional what is happening and what you are worried about. Ask for advice about what to do next. Would an assessment help?

www.spict.org.uk 2017
## Talking about ‘what matters’ and planning ahead: key steps

| RED -MAP |
|-----------------|---------------------------------|
| **Ready**       | Can we talk about your health and care? |
|                  | When would be a good time to talk? Who should join us? |
| **Expect**      | What do you know?                |
|                  | How have you been doing recently? What has changed? |
|                  | How do you see things going now....? |
|                  | Some people think about what might happen if...? |
|                  | Do you have questions or worries you’d like us to talk about? |
| **Diagnosis**   | We know...                        |
|                  | What is happening with your (health problem) is... |
|                  | We hope that..., but we are worried about... |
|                  | It is possible that you might not get better because... |
|                  | We don’t know exactly when..., can we talk about that? |
| **Matters**     | What matters to you now?         |
|                  | What’s important to you that we should know about? |
|                  | Are there things you’d like or wouldn’t want for you? |
| **Actions**     | What can help...                  |
|                  | Some things we can do are.... This will help you... |
|                  | This treatment will not work/ not help you because... |
| **Plan**        | Let’s plan ahead for when/ if.... |
|                  | Can we make some plans so everyone knows what to do? |
|                  | Talking and planning ahead ‘just in case’ helps people get better care. |
SPICT International Community

73 Partners in 23 countries
Supportive & Palliative Care Indicators Tool (SPICT™)

The SPICT™ is used to help identify people at risk of deteriorating and dying with one or multiple advanced conditions for holistic, palliative care needs assessment and care planning.

We want to find out what is important to these people and their families, start early supportive and palliative care that is integrated with other treatments, and discuss future care planning.

5000 visits per month

Download SPICT-App for iOS
1400 downloads
Identifying people for integrated palliative care

*Translating & Implementing SPICT™ 2017*

<table>
<thead>
<tr>
<th>Language</th>
<th>Downloads</th>
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<td>English</td>
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<tr>
<td>Japanese</td>
<td>600</td>
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- Translate for usual language and context
- Engage with local clinicians
- Raise the profile of palliative care
  - Policy makers
  - Clinicians
  - Patients and public
- Identify populations, groups and individuals who can benefit
- Develop integrated palliative care involving specialists and primary care clinicians
It is not length of life, but depth of life.

- Ralph Waldo Emerson
Inaugural SPICT International Conference 2018
Changing practice, promoting research & learning together

Questions??

#spictconf18  www.spict.org.uk