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 each person and when is often uncertain. SPICT™ does not give a 'prognosis' or a time frame. Identifying people with deteriorating health earlier improves care.

Using SPICT™ in the Community 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 not of benefit; use effective symptom control measures.

■ Identify people who are **increasingly dependent on others** due to deteriorating function, general frailty and/or mental health problems for additional care and support.

■ Identify people who need **proactive, coordinated care** from members of the primary care team and other community services.

■ 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

■ Agree, record and share an **Anticipatory Care Plan;** include plans for emergency care and treatment if the person's health (or care at home) deteriorates rapidly or unexpectedly.

Talking about future care planning

■ Ask:

- 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 contacted 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; tube or IV feeding; 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 go to hospital or be cared for at home….*