

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

The SPICCT™ has 6 general indicators of deteriorating health and clinical signs of advanced, progressive, underlying conditions. It helps professionals identify people for care planning.

**People identified with SPICCT™ are at risk of deteriorating and dying.** What will happen to each person and when is often uncertain. SPICCT™ does not give a 'prognosis' or a time frame.

## Using SPICCT™ in hospital: how to assess people's needs and plan care.

- After an **unplanned hospital admission** or a **decline in health status**: review current care and treatment, discuss goals and future options; make plans 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 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 performance status and/or mental health for additional care after discharge to reduce avoidable admissions.
- Identify people with **increasing need for proactive, coordinated care** in the community; contact the primary care team and other community services before discharge.
- Agree, record and share a current **Anticipatory Care Plan**; include plans for emergency care and treatment in case the person's health 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 benefits/ risks and outcomes of treatments and investigations (eg. IV antibiotics; surgery; acute stroke, vascular or cardiac interventions; tube or IV feeding; ventilation).
  - Treatments that will not work or have a poor outcome for this person. (eg. CPR)
  - Appointing 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 cope 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?*
- **Sometimes people** want to talk about care at home instead of admission to hospital...