

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' or a time frame. 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

- 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; 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....*