Identifying patients with advanced conditions for supportive and palliative care using a clinical indicators tool: SPICT™

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Background
- Systematic identification of patients with advanced conditions who are at risk of dying within 12 months is a prerequisite for effective end of life care.
- Interventions to improve the current and future care of these people and their families depend on better and earlier identification.
- Prognostication requires clinical judgement based on multiple sources of evidence and is an informed estimate that a patient’s health is deteriorating.

“The physician’s goal is to formulate an individualised prognosis for the patient starting with a generalised prognosis and modifying it using clinical observations, performance status, symptoms, co-morbidities, will-to-live and knowledge of illness trajectory.”


Alims
- SPICT™ is designed to:
  - Include evidence-based clinical indicators of advanced conditions and multimorbidity
  - Be used by a range of professionals in all care settings: community, care homes and hospitals
  - Provide clear guidance, in accessible language, that can be discussed with patients and families and communicated between professionals
  - Use a one-page format
  - Prompt assessment and review of the current and future care needs of patients and their families
  - Promote early supportive and palliative care in parallel with optimal management of the patient’s underlying condition(s)

Further Information
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Methods
- SPICT™ has been developed using three integrated, participatory approaches within an overall quality improvement framework:
  - Literature review:
    - Consensus documents and research studies describing clinical indicators of advanced illness and a limited prognosis
  - Peer review:
    - Publication in the British Medical Journal
    - Open website access to SPICT™
    - Partnership working with colleagues using SPICT™ in primary and secondary care, electronic anticipatory care plans in London (Coordinate My Card)
    - Hospital electronic patient record in Coventry (www.c-a-s-i-t-e.org.uk)
    - Primary care registers (NHS Scotland)
  - Prospective, case finding study in SE Scotland:
    - SPICT™ checklist used to screen patients soon after an unplanned, hospital admission to renal, liver, cardiac, respiratory, cancer and acute medicine units
    - Six month follow-up of SPICT™ identified patients
    - Analysis of use in the last 6 months of life by SPICT™ identified patients
    - SPA/RAP scores for patients identified by SPICT™ screening
  - Qualitative study of assessment and care planning for SPICT™ identified patients with liver, renal, cardiac or respiratory disease

Results
- Clinicians successfully used the SPICT™ to identify 187 patients with advanced conditions, mainly multimorbidity. Identified patients had:
  - Multiple admissions with acute complications of their illnesses or treatments, and unmet palliative care needs
  - SPA/RAP scores indicating a high risk of further unplanned hospital admissions (median risk 80%) and high bed occupancy in the last 6 months of life (median 28 days, range 1-135)
  - A high mortality rate (45% at 6 months), most died in hospital (65%), particularly non-cancer patients (80%)
  - Little anticipatory care planning; 47% of patients who died had a DNA CPR form at initial screening

Conclusions
- The SPICT™ can aid clinical decision making by identifying patients at risk of dying within 12 months and prompting earlier supportive and palliative care
- Rapid patient throughput, limited continuity of care between primary and secondary care, and complex attitudes to “palliative care” are barriers to systematic identification and proactive anticipatory care planning.

References