

A photograph of a sunflower field at sunset. The sun is low on the horizon, creating a warm, golden glow. The sunflowers are in various stages of bloom, with some fully open and others still budding. The background is a soft, hazy sky.

Early Integration of Palliative Care

The Algorithm

STEP 1: IDENTIFY

Presentation #4

PEI Provincial Integrated Palliative Care Program

Health PEI

One Island Health System

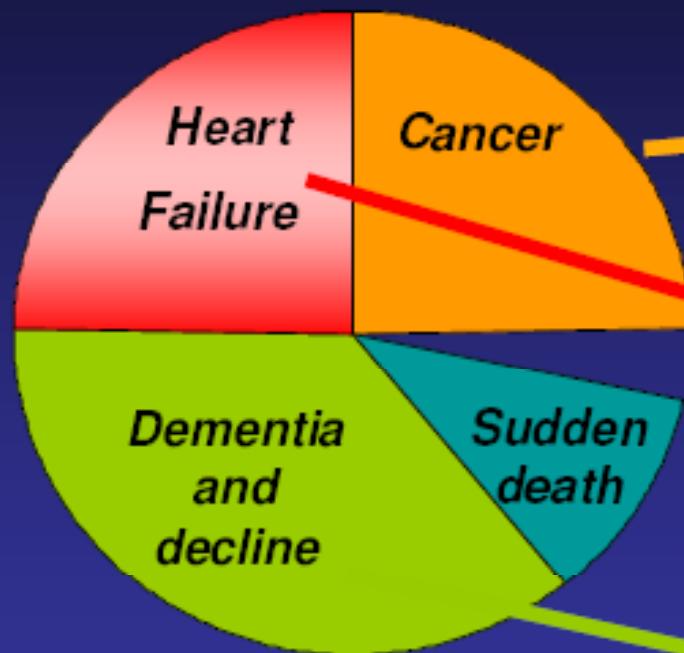
What will you learn?

At the end of this presentation, you'll have an understanding of:

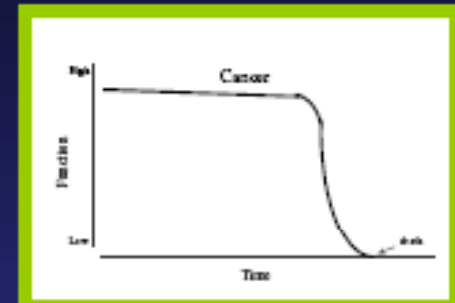
1. The Evolving Model of Palliative Care
2. Overview of the Algorithm for the Palliative Approach to Care
3. Algorithm – Step 1: Identify
 - a. The use of the “Surprise Question”
 - b. General and Specific Indicators of Decline using the Supportive and Palliative Care Indicators Tool (SPICT™)
 - c. Is the patient asking for care?: Has the patient indicated a preference, decision or need for comfort care?



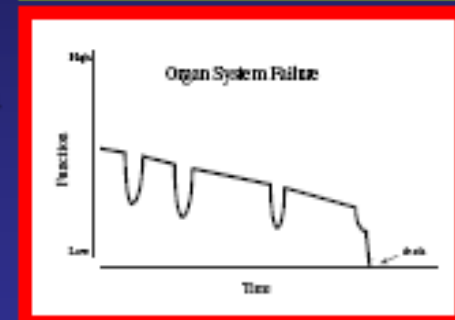
The Challenges of Integrating Palliative Care Differing Clinical Courses



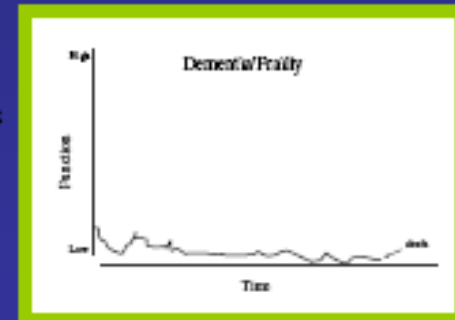
A



B



C



Evolving Model of Palliative Care

Evolving Model of Palliative Care



<http://www.nationalconsensusproject.org>

Health PEI

One Island Health System

Step 1: Identify

Ask the Surprise Question

Would you be surprised if the patient were to die in the next 6-12 months?

NO

Unsure

Yes

General Indicators of Decline?

Disease Specific Indicators?

Has the patient indicated **preference, decision or need** for comfort care?

Reassess regularly

Minimal/No

Yes

Step 2: Assess

Symptoms

Performance Status

Understanding of Patient/family

Step 3: Plan/Manage

Advance Care Planning

PPS \geq 70

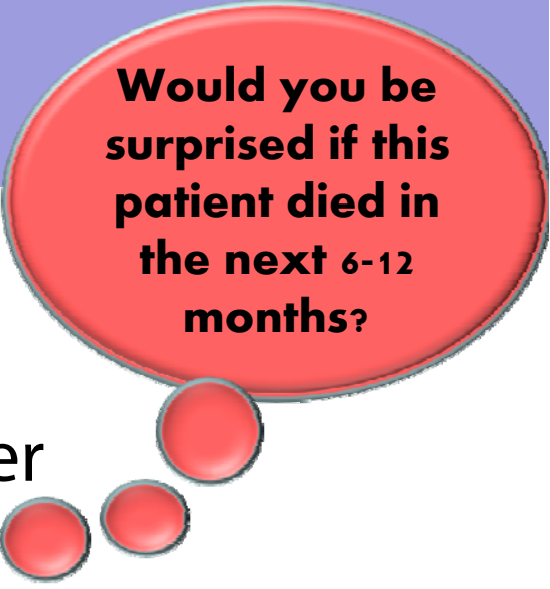
PPS \leq 50

End of Life Care Planning/
Goals of Care
Refer to P-IPCP

Symptom Management

Step 1: Identify

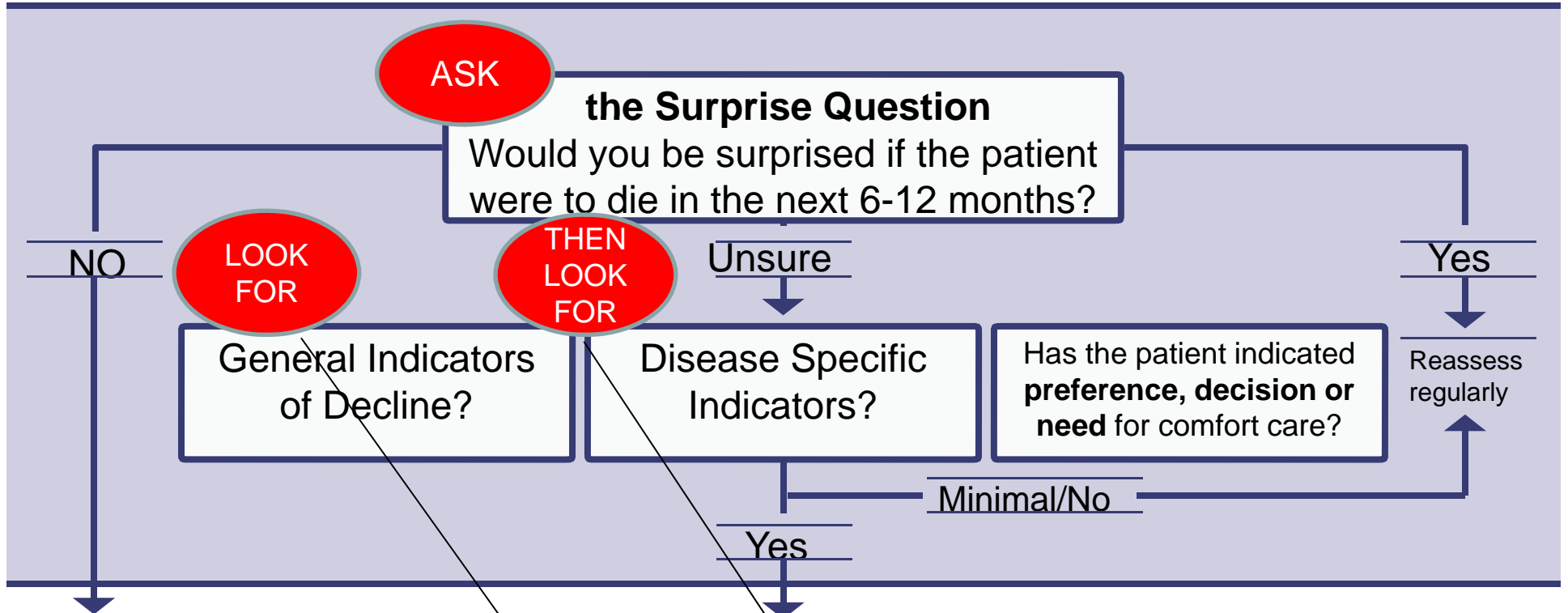
On a yearly basis, in a normal patient roster, 1% of patients will die = 10-15 patients per year



Would you be surprised if this patient died in the next 6-12 months?

- ✓ Identify patients with a diagnosis of cancer
- ✓ Ask the “Surprise Question”
- ✓ Uncertain?: use the SPICT™...General or specific indicators of decline using the Supportive and Palliative Care Indicators Tool
- ✓ Is the patient asking for palliative care?:
Has the patient indicated a preference, decision or need for comfort care?

STEP 1: IDENTIFY



One or more general clinical indicators
Two or more disease related clinical indicators

ASK

The Surprise Question (SQ)
“Would you be surprised if this patient were to die in the next 6-12 months?”

What is the Surprise Question (SQ)?

“Would you be surprised if the patient were to die in the next 6-12 months?”

- ❑ Answer to the SQ - an intuitive one, pulling together a range of clinical, co-morbidity, social and other factors that give a whole picture of deterioration
- ❑ SQ was first used in primary care by Pattison & Romer, 2001¹.
- ❑ SQ is **NOT** a stand alone prognostic tool, but rather a one that should be used alongside other “trigger” tools such as General Indicators of Decline to increase the identification of people who would benefit from palliative care

1. Pattison, M. & Romer, A. (2001). Improving care through the end of life: launching a primary care clinic-based program. *Journal of Palliative Medicine*, 4:249-254



Triggers to Implement the SQ

- Patients with a cancer or chronic disease diagnosis
- Hospitalizations, especially unplanned admissions
- Having multiple co-morbidities
- Decline in functional status
- Disease progression
- Complex or persistent problems with symptoms such as:
 - intractable pain
 - difficult breathlessness
 - nausea
 - vomiting
 - difficulty sleeping and fatigue
 - psychological issues, such as depression and anxiety



Step 1: Identify – Surprise Question

ASK

yourself

“Would you be surprised if the patient were to die in the 6-12 months?”

- If YES to SQ – Reassess regularly
- If NO or NOT SURE to SQ – Does the patient have general indicators of decline and/or specific clinical indicators of decline?
- A palliative approach should be initiated for any patient when you would NOT be surprised if they died within the next year
- Document/flag in the patient’s medical record that patient has identified palliative care needs
- Do you need help? Does the patient require specialized nursing follow-up or does the patient require home care or even some tools in the house (grab bars, elevated toilet seat?)....If so, refer patient to Provincial Integrated Palliative Care Program
- CONGRATULATIONS!!!! Proceed to next Step!

Step 1: Identify – Clinician Indicators

Does the patient have general indicators of decline or specific indicators related to certain conditions?

Supportive and Palliative Care Indicators Tool (SPICT™)

- Tool to help identify people with indicators of poor deteriorating health and clinical signs of life-limiting conditions for assessment and care planning
- Tool has 6 general indicators of deteriorating health and increasing needs that occur in many advanced illnesses and indicators for a number of disease specific conditions
- It is NOT a “prognostic” tool and should be used in combination with other tools to help with patient assessment and care planning

The SPICCT™ is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.

Look for any general indicators of poor or deteriorating health.

- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems.
- The person's carer needs more help and support.
- The person has had significant weight loss over the last few months, or remains underweight.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- 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 multiple life-limiting conditions.

Cancer

Functional ability deteriorating due to progressive cancer.

Too frail for cancer treatment or treatment is for symptom control.

Dementia/ frailty

Unable to dress, walk or eat without help.

Eating and drinking less; difficulty with swallowing.

Urinary and faecal incontinence.

Not able to communicate by speaking; little social interaction.

Frequent falls; fractured femur.

Recurrent febrile episodes or infections; aspiration pneumonia.

Neurological disease

Progressive deterioration in physical and/or cognitive function despite optimal therapy.

Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.

Recurrent aspiration pneumonia; breathless or respiratory failure.

Persistent paralysis after stroke with significant loss of function and ongoing disability.

Heart/ vascular disease

Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.

Severe, inoperable peripheral vascular disease.

Respiratory disease

Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations.

Persistent hypoxia needing long term oxygen therapy.

Has needed ventilation for respiratory failure or ventilation is contraindicated.

Other conditions

Deteriorating and at risk of dying with other conditions or complications that are not reversible; any treatment available will have a poor outcome.

Kidney disease

Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.

Kidney failure complicating other life limiting conditions or treatments.

Stopping or not starting dialysis.

Liver disease

Cirrhosis with one or more complications in the past year:

- diuretic resistant ascites
- hepatic encephalopathy
- hepatorenal syndrome
- bacterial peritonitis
- recurrent variceal bleeds

Liver transplant is not possible.

Review current care and care planning.

- Review current treatment and medication to ensure the person receives optimal care; minimise polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family. Support family carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, communicate and coordinate the care plan.

Please register on the SPICCT website (www.spicct.org.uk) for information and updates

SPICCT™, April 2017

General Indicators of Decline

The SPICT™ is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.

Look for any general indicators of poor or deteriorating health.

- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems.
- The person's carer needs more help and support.
- The person has had significant weight loss over the last few months, or remains underweight.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

<p>Dementia/ frailty</p> <ul style="list-style-type: none"> Unable to dress, walk or eat without help. Eating and drinking less; difficulty with swallowing. Urinary and faecal incontinence. Not able to communicate by speaking; little social interaction. Frequent falls; fractured femur. Recurrent febrile episodes or infections; aspiration pneumonia. <p>Neurological disease</p> <ul style="list-style-type: none"> Progressive deterioration in physical and/or cognitive function despite optimal therapy. Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing. Recurrent aspiration pneumonia; breathless or respiratory failure. Persistent paralysis after stroke with significant loss of function and ongoing disability. 	<p>Severe, inoperable peripheral vascular disease.</p> <p>Respiratory disease</p> <ul style="list-style-type: none"> Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations. Persistent hypoxia needing long term oxygen therapy. Has needed ventilation for respiratory failure or ventilation is contraindicated. <p>Other conditions</p> <p>Deteriorating and at risk of dying with other conditions or complications that are not reversible; any treatment available will have a poor outcome.</p>	<p>Other life limiting conditions or treatments.</p> <p>Stopping or not starting dialysis.</p> <p>Liver disease</p> <ul style="list-style-type: none"> Cirrhosis with one or more complications in the past year: <ul style="list-style-type: none"> • diuretic resistant ascites • hepatic encephalopathy • hepatorenal syndrome • bacterial peritonitis • recurrent variceal bleeds Liver transplant is not possible.
<p>Review current care and care planning.</p> <ul style="list-style-type: none"> ▪ Review current treatment and medication to ensure the person receives optimal care; minimise polypharmacy. ▪ Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage. ▪ Agree a current and future care plan with the person and their family. Support family carers. ▪ Plan ahead early if loss of decision-making capacity is likely. ▪ Record, communicate and coordinate the care plan. 		

Other general indicators:

- Co-morbidity
- Serum albumen <25g/l

Please register o
SPICT™, April 2017

Specific Indicators of Decline
CANCER

The SPICTM is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.

Look for any general indicators of poor or deteriorating health.

- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems.
- The person's carer needs more help and support.
- The person has had significant weight loss over the last few months, or remains underweight.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

<p>Cancer</p> <p>Functional ability deteriorating due to progressive cancer.</p> <p>Too frail for cancer treatment or treatment is for symptom control.</p>	<p>Respiratory disease</p> <p>Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations.</p> <p>Persistent hypoxia needing long term oxygen therapy.</p> <p>Has needed ventilation for respiratory failure or ventilation is contraindicated.</p>	<p>Other conditions</p> <p>Deteriorating and at risk of dying with other conditions or complications that are not reversible; any treatment available will have a poor outcome.</p>
<p>Neurological disease</p> <p>Progressive deterioration in physical and/or cognitive function despite optimal therapy.</p> <p>Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.</p> <p>Recurrent aspiration pneumonia; breathless or respiratory failure.</p> <p>Persistent paralysis after stroke with significant loss of function and ongoing disability.</p>	<p>Liver disease</p> <p>Cirrhosis with one or more complications in the past year:</p> <ul style="list-style-type: none"> diuretic resistant ascites hepatic encephalopathy hepatorenal syndrome bacterial peritonitis recurrent variceal bleeds <p>Liver transplant is not possible.</p>	<p>Kidney disease</p> <p>Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.</p> <p>Kidney failure complicating other life limiting conditions or treatments.</p> <p>Stopping or not starting dialysis.</p>

Review current care and care planning.

- Review current treatment and medication to ensure the person receives optimal care; minimise polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family. Support family carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, communicate and coordinate the care plan.

Other indicators:

- Metastatic cancer and/or comorbidities
- Persistent symptoms despite treatment

Please register on the SPICTM website (www.spict.org.uk) for information and updates

SPICTM v1.0, April 2017

Specific Indicators of Decline
RESPIRATORY

- Other Indicators:
- Severe airways obstruction (e.g. FEV<30%) or restrictive deficit (VC<60%, transfer factor <40%) - Gold Standard
 - Long-term oxygen therapy
 - BMI <21
 - MRC grade 4/5 – shortness of breath after 100 m. on level or confined to house
 - More emergency admissions for infective exacerbations and/or respiratory failure
 - More than 6 weeks of systemic steroids for COPD in preceding 6 months

The SPICTM is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.

Look for any general indicators of poor or deteriorating health.

- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems.
- The person's carer needs more help and support.
- The person has had significant weight loss over the last few months, or remains underweight.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or chooses to focus on quality of life.

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

Cancer	Heart/vascular disease	Kidney disease
Functional ability deteriorating due to progressive cancer.	Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.	Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.
Too frail for cancer treatment; treatment is for symptom control.	Severe, inoperable peripheral vascular disease.	Kidney failure complicating other life limiting conditions or treatments.
Dementia/ frailty		Stopping or not starting dialysis.
Unable to dress, walk or eat without help.		
Eating and drinking less; difficulty with swallowing.		
Not able to communicate by speaking; little social interaction.		
Frequent falls; fractured femur.		
Recurrent febrile episodes or infections; aspiration pneumonia.		
Neurological disease		
Progressive deterioration in physical and/or cognitive function despite optimal therapy.		
Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.		
Recurrent aspiration pneumonia; breathless or respiratory failure.		
Persistent paralysis after stroke with significant loss of function and ongoing disability.		

Respiratory disease

- Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations.
- Persistent hypoxia needing long term oxygen therapy.
- Has needed ventilation for respiratory failure or ventilation is contraindicated.

Review current care and care planning.

- Review current treatment and medication to ensure the person receives optimal care; minimise polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family. Support family carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, communicate and coordinate the care plan.

Please register on the SPICTM website (www.spict.org.uk) for information and updates

SPICTM v1.0, April 2017

Specific Indicators of Decline HEART/ VASCULAR

- Other Indicators:
- CHF NYHA Stage 3 or 4 – shortness of breath at rest on minimal exertion; severe value disease or extensive CAD
 - Persistent symptoms despite optimum tolerated therapy
 - Renal impairment (eGFR, 30ml/min)
 - Systolic BP<100 or pulse >100
 - Cardiac cachexia
 - 2 or more acute episodes needing IV treatment in past 6 months
 - Difficult physical or psychological symptoms despite optimal tolerated therapy

The SPICT™ is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.

Look for any general indicators of poor or deteriorating health.

- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems.
- The person's carer needs more help and support.
- The person has had significant weight loss over the last few months, or remains underweight.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- 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 multiple life-limiting conditions.

<p>Cancer</p> <p>Functional ability deteriorating due to progressive cancer.</p> <p>Current treatment is for symptom control.</p>	<p>Heart/ vascular disease</p> <p>Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.</p> <p>Severe, inoperable peripheral vascular disease.</p>	<p>kidney (ml/min) health.</p> <p>complicating conditions</p> <p>by dialysis.</p> <p>more complications in the past year:</p> <ul style="list-style-type: none"> • diuretic resistant ascites • hepatic encephalopathy • hepatorenal syndrome • bacterial peritonitis • recurrent variceal bleeds <p>Liver transplant is not possible.</p>
<p>Dementia/ frailty</p> <p>Unable to dress, walk or eat without help.</p> <p>Eating and drinking less; difficulty with swallowing.</p> <p>Urinary and faecal incontinence.</p> <p>Not able to communicate by speaking; little social interaction.</p> <p>Frequent falls; fractured femur.</p> <p>Recurrent febrile episodes or infections; aspiration pneumonia.</p>	<p>with breathlessness at rest or on minimal effort between exacerbations.</p> <p>Persistent hypoxia needing long term oxygen therapy.</p> <p>Has needed ventilation for respiratory failure or ventilation is contraindicated.</p>	
<p>Neurological disease</p> <p>Progressive deterioration in physical and/or cognitive function despite optimal therapy.</p> <p>Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.</p> <p>Recurrent aspiration pneumonia; breathless or respiratory failure.</p> <p>Persistent paralysis after stroke with significant loss of function and ongoing disability.</p>	<p>Other conditions</p> <p>Deteriorating and at risk of dying with other conditions or complications that are not reversible; any treatment available will have a poor outcome.</p>	

Review current care and care planning.

- Review current treatment and medication to ensure the person receives optimal care; minimise polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family. Support family carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, communicate and coordinate the care plan.

Please register on the SPICT website (www.spict.org.uk) for information and updates

SPICt, April 2017

Specific Indicators of Decline
LIVER

The SPICTM is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.

Look for any general indicators of poor or deteriorating health.

- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems.
- The person's carer needs more help and support.
- The person has had significant weight loss over the last few months, or remains underweight.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- 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 multiple life-limiting conditions.

Cancer	Heart/ vascular disease	Kidney disease
Functional ability deteriorating due to progressive cancer.	Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.	Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.
Too frail for cancer treatment or treatment is for symptom control.	Severe, nonoperable peripheral vascular disease.	Kidney failure complicating other life limiting conditions or treatments.
Dementia/ frailty	Respiratory disease	Stopping or not starting dialysis.
Unable to dress, walk or eat without help.	Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations.	
Eating and drinking less; difficulty with swallowing.	Persistent hypoxia needing long term oxygen therapy.	
Urinary and faecal incontinence.	Has needed ventilation for respiratory failure or ventilation is contraindicated.	
Not speaking; little social interaction.	Other conditions	
Frequent falls; fractured femur.	Deteriorating and at risk of dying with other conditions or complications that are not reversible; any treatment available will have a poor outcome.	
Recurrent febrile episodes or infections; aspiration pneumonia.		
Neurological disease		
Progressive deterioration in physical and/or cognitive function despite optimal therapy.		
Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.		
Recurrent aspiration pneumonia; breathless or respiratory failure.		
Persistent paralysis after stroke with significant loss of function and ongoing disability.		

Review current care and care planning.

- Review current treatment and medication to ensure the person receives optimal care; minimise polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family. Support family carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, communicate and coordinate the care plan.

register on the SPICTM website (www.spict.org.uk) for information and updates

Other Indicators:
➤ Serum albumin <25 and prothrombin time raised or INR prolonged
➤ Child-Pugh class C

Liver disease

Cirrhosis with one or more complications in the past year:

- diuretic resistant ascites
- hepatic encephalopathy
- hepatorenal syndrome
- bacterial peritonitis
- recurrent variceal bleeds

Liver transplant is not possible.

SPICTM v1.0, April 2017

Specific Indicators of Decline
KIDNEY

The SPICT™ is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.

Look for any general indicators of poor or deteriorating health.

- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems.
- The person's care needs more help and support.
- The person has had significant weight loss over the last few months, or remains underweight.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- 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 multiple life-limiting conditions.

<p>Cancer</p> <p>Functional ability deteriorating due to progressive cancer.</p> <p>Too frail for cancer treatment or treatment is for symptom control.</p>	<p>Heart/vascular disease</p> <p>Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.</p> <p>Severe, inoperable general vascular disease.</p>	<p>Kidney disease</p> <p>Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.</p> <p>Kidney failure complicating other life limiting conditions or treatments.</p> <p>Stopping or not starting dialysis.</p> <ul style="list-style-type: none"> diuretic resistant ascites hepatic encephalopathy hepatorenal syndrome bacterial peritonitis recurrent variceal bleeds <p>Liver transplant is not possible.</p>
<p>Dementia/ frailty</p> <p>Unable to dress, walk or eat without help.</p> <p>Eating and drinking less; difficulty with swallowing.</p> <p>Urinary and faecal incontinence.</p> <p>Not able to communicate by speech; little social interaction.</p> <p>Frequent falls; fractured femur.</p> <p>Recurrent febrile episodes or infections; aspiration pneumonia.</p>	<p>Respiratory disease</p> <p>Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations.</p> <p>Persistent hypoxia needing long term oxygen therapy.</p> <p>Has needed ventilation for respiratory failure or ventilation is contraindicated.</p>	
<p>Neurological disease</p> <p>Progressive deterioration in physical and/or cognitive function despite optimal therapy.</p> <p>Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.</p> <p>Recurrent aspiration pneumonia; breathless or respiratory failure.</p> <p>Persistent paralysis after stroke with significant loss of function and ongoing disability.</p>	<p>Other conditions</p> <p>Deteriorating and at risk of dying with other conditions or complications that are not reversible; any treatment available will have a poor outcome.</p>	

Review current care and care planning.

- Review current treatment and medication to ensure the person receives optimal care; minimise polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family. Support family carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, communicate and coordinate the care plan.

(www.spict.org.uk) for information and updates

- Other Indicators:
- Deteriorating on RRT
 - Not starting dialysis following failure of a renal transplant
 - Conservative renal management due to multi-morbidity

Specific Indicators of Decline
NEUROLOGICAL

The SPICIT™ is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.

Look for any general indicators of poor or deteriorating health.

- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems.
- The person's carer needs more help and support.
- The person has had significant weight loss over the last few months, or remains underweight.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- 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 multiple life-limiting conditions.

Cancer	Heart/vascular disease	Kidney disease
Functional ability deteriorating due to progressive cancer.	Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.	Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.
Too frail for cancer treatment or treatment is for symptom control.	Severe, inoperable peripheral vascular disease.	Kidney failure complicating other life limiting conditions or treatments.
Dementia/ frailty	Respiratory disease	Liver disease
Unable to dress, walk or eat without help.	Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations.	Cirrhosis with one or more complications in the past year:
Eating and drinking less; difficulty with swallowing.	Persistent hypoxia needing long term oxygen therapy.	• diuretic resistant ascites
Urinary and faecal incontinence.	Has needed ventilation for	• hepatic encephalopathy
Not able to communicate by speaking; little social interaction.	or	• hepatorenal syndrome
Frequent falls; fractured femur.	indicated.	• bacterial peritonitis
		• recurrent variceal bleeds
		Liver transplant is not possible.

Neurological disease
Progressive deterioration in physical and/or cognitive function despite optimal therapy.
Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.
Recurrent aspiration pneumonia; breathless or respiratory failure.
Persistent paralysis after stroke with significant loss of function and ongoing disability.

Other Indicators:
 ➤ Symptoms which are complex and too difficult to control
 ➤ Swallowing problems (dysphagia) leading to recurrent aspiration pneumonia, sepsis, breathlessness or respiratory failure

Please register on the SPICIT website (www.spicit.org.uk) for information and updates
SPICIT™, April 2017

Specific Indicators of Decline
**DEMENTIA/
FRAILITY**

Supportive and Palliative Care Indicators Tool (SPICIT™) Health PEI
One Island Health System

The SPICIT™ is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.

Look for any general indicators of poor or deteriorating health.

- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems.
- The person's carer needs more help and support.
- The person has had significant weight loss over the last few months, or remains underweight.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- 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 multiple life-limiting conditions.

Cancer

Functional ability deteriorating due to progressive cancer.

Too frail for cancer treatment or treatment is for symptom control.

Heart/vascular disease

Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.

Kidney disease

Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.

Kidney failure complicating other life limiting conditions or treatments.

Stopping or not starting dialysis.

Dementia/ frailty

Unable to dress, walk or eat without help.

Eating and drinking less; difficulty with swallowing.

Urinary and faecal incontinence.

Not able to communicate by speaking; little social interaction.

Frequent falls; fractured femur.

Recurrent febrile episodes or infections; aspiration pneumonia.

Stable peripheral disease.

Lung disease

Chronic lung disease; breathlessness at rest or on minimal effort between activities.

Hypoxia needing oxygen therapy.

Non-invasive ventilation for chronic respiratory failure or acute respiratory failure contraindicated.

Other conditions

Person is frail and at risk of dying with other conditions or complications that are not reversible; any treatment available will have a poor outcome.

Review current care and care planning.

- Review current treatment and medication to ensure the person receives optimal care; minimise polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family. Support family carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, communicate and coordinate the care plan.

Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.

Recurrent aspiration pneumonia; breathless or respiratory failure.

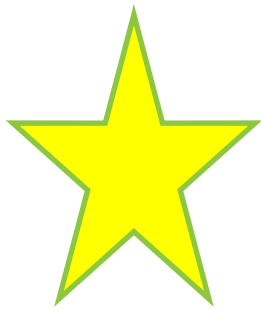
Persistent paralysis after stroke with significant loss of function and ongoing disability.

Please register on the SPICIT website (www.spicit.org.uk) for information and updates

SPICIT™, April 2017

Patient Identification

- How will you remind yourself this patient has palliative needs and will need some palliative tools?



PALLIATIVE CARE



References

1. Thomas.K et al. Prognostic Indicator Guidance, 4th Edition. The Gold Standards Framework Centre in End of Life Care CIC, 2011.

Adaptation of guide completed by “Early Integration of Palliative Care” Project Committee with permission from K. Thomas. (we need to get this permission)

1. Lunney JR, Lynn J, Foley DS, Lipson S, Guralnik JM. Patterns of functional decline at the end of life. JAMA 2003; 289:2387-92.
2. Ferris, F. et al. Model to Guide Hospice Palliative Care. Canadian Hospice Palliative Care Association, 2002.
3. Supportive and Palliative Care Indicators tool (SPICT). NHS Lothian and The University of Edinburgh Primary Palliative Care Research Group, 2013.

