

Applicability of the SPICT-BR and the Surprise Question for Early Identification of Hospitalized Patients with Palliative Care Needs

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Aplicabilidade da SPICT-BR e Pergunta Surpresa para Identificação Precoce de Pacientes Hospitalizados com Necessidades de Cuidados Paliativos

Aplicabilidad de la SPICT-BR y de la Pregunta Sorpresa para la Identificación Temprana de Pacientes Hospitalizados con Necesidades de Cuidados Paliativos

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ABSTRACT

Introduction: Population aging and the increase in chronic diseases intensify suffering and overburden health systems, making assessment instruments and referral criteria for palliative care adapted to the Brazilian context essential to ensure equity and appropriate resource use. **Objective:** To analyze the applicability of the SPICT-BR and the Surprise Question for the early identification of hospitalized patients with palliative care needs. **Method:** This was a cross-sectional methodological study that analyzed medical records of patients hospitalized in a clinical unit. Two independent evaluators applied the instrument composed of SPICT-BR and the “surprise question.” Inter-rater agreement was analyzed using the Kappa coefficient (k). Sensitivity, specificity, and positive and negative predictive values of SPICT-BR were calculated in relation to one-year mortality. Statistical analysis was performed using IBM-SPSS® v26. **Results:** A total of 76 patients were evaluated, of whom 64% were positive on SPICT-BR. Agreement was moderate for Functional Capacity (k=0.510) and Dependence on Others (k=0.466), and weak for Unplanned Hospitalizations (k=0.105). SPICT-BR showed a sensitivity of 80%, specificity of 41%, PPV of 56%, and NPV of 69.6%. The “surprise question” proved to be complementary (k=0.411; p<0.001). **Conclusion:** A high demand for palliative care was observed. Variability in agreement reinforces the need for team training, and the use of objective tools may improve screening and expand timely access to palliative care.

Key words: Chronic Disease; Palliative Care/statistics & numerical data; Population Dynamics/trends.

RESUMO

Introdução: O envelhecimento populacional e o aumento das doenças crônicas intensificam o sofrimento e sobrecarregam os sistemas de saúde, tornando essenciais instrumentos de avaliação e encaminhamento para cuidados paliativos adaptados à realidade brasileira, a fim de garantir equidade e uso adequado de recursos. **Objetivo:** Analisar a aplicabilidade da SPICT-BR e da Pergunta Surpresa para a identificação precoce de pacientes hospitalizados com necessidades de cuidados paliativos. **Método:** Estudo metodológico transversal, com análise de prontuários de pacientes internados em unidade clínica. Dois avaliadores independentes aplicaram o instrumento composto pelo SPICT-BR e pela Pergunta Surpresa. A concordância interavaliadores foi analisada pelo coeficiente Kappa (k). Sensibilidade, especificidade e valores preditivos positivo e negativo do SPICT-BR foram calculados em relação à mortalidade em um ano. A análise estatística foi realizada no IBM-SPSS® v26. **Resultados:** Foram avaliados 76 pacientes, sendo 64% positivos no SPICT-BR. A concordância foi moderada para Capacidade Funcional (k=0,510) e Dependência de Outros (k=0,466), e fraca para Internações Não Programadas (k=0,105). O SPICT-BR apresentou sensibilidade de 80%, especificidade de 41%, VPP de 56% e VPN de 69,6%. A Pergunta Surpresa mostrou-se complementar (k=0,411; p<0,001). **Conclusão:** Observou-se alta demanda por cuidados paliativos. A variabilidade na concordância reforça a necessidade de capacitação das equipes, e o uso de ferramentas objetivas pode qualificar a triagem e ampliar o acesso oportuno aos cuidados paliativos.

Palavras-chave: Doença Crônica; Cuidados Paliativos/estatística & dados numéricos; Dinâmica Populacional/tendências.

RESUMEN

Introducción: El envejecimiento poblacional y el aumento de las enfermedades crónicas intensifican el sufrimiento y sobrecargan los sistemas de salud, lo que hace esencial contar con instrumentos de evaluación y criterios de derivación hacia cuidados paliativos adaptados al contexto brasileño, a fin de garantizar la equidad y el uso adecuado de los recursos. **Objetivo:** Analizar la aplicabilidad de la SPICT-BR y de la Pregunta Sorpresa para la identificación temprana de pacientes hospitalizados con necesidades de cuidados paliativos. **Método:** Estudio metodológico de corte transversal, con análisis de historias clínicas de pacientes hospitalizados en una unidad clínica. Dos evaluadores independientes aplicaron el instrumento compuesto por la SPICT-BR y la pregunta sorpresa. Se analizó la concordancia interevaluador mediante el coeficiente Kappa (k). Se calcularon la sensibilidad, especificidad y los valores predictivos positivo y negativo de la SPICT-BR en relación con la mortalidad a un año. El análisis estadístico se realizó utilizando IBM-SPSS® v26. **Resultados:** Se evaluaron 76 pacientes, de los cuales el 64% resultó positivo en la SPICT-BR. La concordancia fue moderada para Capacidad Funcional (k=0,510) y Dependencia de Otros (k=0,466), y débil para Hospitalizaciones No Planificadas (k=0,105). La SPICT-BR mostró una sensibilidad del 80%, especificidad del 41%, VPP del 56% y VPN del 69,6%. La pregunta sorpresa se mostró complementaria (k=0,411; p<0,001). **Conclusión:** Se observó una alta demanda de cuidados paliativos. La variabilidad en la concordancia refuerza la necesidad de capacitación de los equipos, y el uso de herramientas objetivas puede mejorar el tamizaje y ampliar el acceso oportuno a los cuidados paliativos.

Palabras clave: Enfermedad Crónica; Cuidados Paliativos/estadística & datos numéricos; Dinámica Poblacional/tendencias.

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INTRODUCTION

The World Health Organization (WHO) defines palliative care as an approach that improves the quality of life of patients and families in the face of life-threatening diseases through prevention and suffering relief, based on early identification and appropriate management of physical, psychosocial, and spiritual symptoms^{1,2}.

In the Brazilian context, demographic transition has been followed by an increase in chronic non-communicable diseases³, resulting in greater symptomatic burden, functional limitations, compromised quality of life, and more complex decision-making processes, in addition to heightening prolonged grief experiences⁴.

Additionally, the COVID-19 pandemic highlighted the importance of early identification of patients in need of palliative care, considering the increased demand for assistance, severity of cases, and challenges imposed by the sanitary crisis context⁵.

The WHO recommends that palliative care be initiated early, concomitant with the disease-modifying treatment, aiming at symptom control, preservation of autonomy, and increased survival⁶. In Brazil, the number of individuals with palliative care needs is estimated to increase from 662,065 in 2000 to 1,166,279 in 2040⁷. In developing countries, this demand tends to overcome the capacity of specialized professionals⁵, reinforcing the need for inclusion of palliative care in healthcare training and in permanent education strategies⁸. Regarding the normative scope, the Ministry of Health provides that palliative care is offered at all levels of Health Care Networks (HCN), although most services remain concentrated in the hospital environment⁹.

In this sense, despite the availability of different instruments to identify patients with palliative care needs, evidence suggests limitations related to their accuracy, applicability, and performance in different assistance contexts, like hospitals. Therefore, the need for studies that assess the utilization of these tools in clinical practice and their potential complementarity in the early identification of patients eligible for palliative care remains¹⁰.

Given this scenario, the objective of this study was to analyze the applicability of the Brazilian Version of the Supportive and Palliative Care Indicators Tool – (SPICT-BR)¹¹ and the Surprise Question in the early identification of hospitalized patients in need of palliative care.

METHOD

Cross-sectional, methodological study, designed for the development and preliminary assessment of a screening instrument for identifying adult patients in need

of palliative care. The instrument was composed of the first part of the SPICT-BR¹¹ and the Surprise Question.

The study was conducted at a public university hospital that integrates the Ministry of Education (MEC) hospital network, classified as a quaternary-level hospital, located in Porto Alegre, in the State of Rio Grande do Sul. The institution has 891 beds, of which 434 correspond to clinical-surgical hospitalization beds. Data collection occurred in a clinical hospitalization unit with approximately 45 beds.

This included all patients aged ≥ 18 years, hospitalized in the clinical unit from December 2023 to March 2024.

Patients with restricted access to the electronic record were excluded. In the cases of multiple hospitalizations during the studied period, only the first hospitalization was considered.

Data was collected through a structured form elaborated on the Google Forms platform, with the information obtained from electronic medical records. The instrument contemplated: overall clinical indicators of the first part of SPICT-BR; application of the Surprise Question; and clinical and socio-demographic variables. In accordance with the Brazilian General Personal Data Protection Law (LGPD) N. 13,709/2018¹², only the necessary information for the study was collected. Data was completely anonymized during extraction and stored in an electronic sheet with access restricted to researchers, with no records that identified patients.

Data collection was conducted by two palliative care-specialized nurses previously trained in applying the screening instrument. Patient assessment was conducted independently by the evaluators, during the same work shift, to minimize clinical alterations between the observations and enable the analysis of inter-evaluator agreement. The necessary information for completing the instruments was obtained from reviewed medical records and bedside clinical assessment. Each evaluator applied the instrument individually, without access to the records of the other evaluator, ensuring the independence of the observations. The data obtained was later compiled to analyze the reliability of the instrument through an assessment of agreement between the evaluators. A positive screening was considered when two or more general SPICT-BR indicators were present, and the answer to the Surprise Question was negative (“no”).

The first part of the SPICT-BR identifies general symptoms of frequent clinical decline in advanced diseases, such as: unplanned hospitalizations; functional loss with limited reversibility; needing help to perform daily life activities; significant weight loss over the past 3–6 months or low body mass index; persistent symptoms despite optimized therapies; and request for support measures focused on quality of life¹³.

The specific clinical indicators per group of pathologies (cardiac, respiratory, hepatic, kidney, neurological insufficiency, and neoplasms) step and the following step of planning care were not applied in this study. The Surprise Question consists of the following: “Would you be surprised if this patient died over the next year?”. Screening is considered positive when the answer is “no”.

The clinical and socio-demographic variables collected were age, sex, care team during hospitalization, primary and secondary diagnosis (ICD), follow-up by a Palliative Medicine Pain Treatment team (hospital or clinic), and clinical outcome (death during hospitalization, death within one year during clinical follow-up).

The sample size was estimated at 70 patients, considering the minimum criteria of 10 participants per item for factorial analyses in instrument validation studies¹⁴.

The collected data was exported to a Microsoft Excel spreadsheet and analyzed in the IBM SPSS^{®15}, version 26.0, program.

The continuous variables were described by measures of central tendency (mean or median) and dispersion (standard deviation or interquartile range), according to the data distribution. The categorical variables were presented as absolute and relative frequencies. A significance level of 5% ($p < 0.05$) was adopted. Inter-evaluator agreement was analyzed by Cohen's Kappa coefficient, interpreted according to standardized values (≤ 0.20 : poor agreement; $0.21-0.40$: fair; $0.41-0.60$: moderate; $0.61-0.80$: substantial; ≥ 0.81 : almost perfect). Sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) of the SPICT-BR were calculated regarding the outcome of death within one year, using the assessment by evaluator 1, who analyzed the entire sample, as the reference.

The project has been submitted and approved by the Research Ethics Committee of the *Hospital de Clínicas de Porto Alegre (HCPA)*, approval report number 8329669 (CAAE (submission for ethical review): 81290924.7.0000.5327). The study followed current ethical norms for research with human beings, according to the Declaration of Helsinki¹⁶ and the Resolution 510/2016¹⁷ of the National Health Council.

RESULTS

The age of the assessed patients ranged from 19 to 78 years, with a mean age of 55.5 years and a standard deviation of 15.8 years. Of the 76 patients in the sample, 44 (57.9%) were male. Clinical characterization, specialized follow-up, and outcome of the sample of analyzed patients are described in Table 1.

When analyzing Table 1, a predominance of oncological diseases was observed, corresponding to 75.0% ($n=57$) of the sample. Regarding specialized follow-up, 27.0% ($n=21$) of patients had previously received clinical follow-up by the Palliative Medicine team, and this expertise assessed 9.5% ($n=7$) of patients during hospitalization. Regarding outcomes, 52.7% ($n=40$) remained in clinical follow-up.

To assess the agreement between the observers regarding the SPICT-BR scale items, all patients were assessed by evaluator 1 and a second evaluator. Evaluator 2 participated in 75.7% of cases, while evaluator 3 was responsible for 25.7% of cases.

Among the 76 medical records assessed, there was a predominance of results in agreement between evaluators (84.2%; $n=64$), while 15.8% ($n=12$) presented disagreements. Among the agreed cases, most were classified as positive in the SPICT-BR (82.8%; $n=53$). However, when analyzing the positive cases in detail, it was verified that only 11.3% ($n=6$) presented agreement in every assessed criterion, while 88.7% ($n=47$) presented disagreement in at least one criterion.

Regarding the individual SPICT-BR criteria, most disagreements were observed for unplanned

Table 1. Clinical characterization, specialized follow-up, and outcome of the sample of analyzed patients. Porto Alegre, 2026

Variables	Frequency % (n=76)
Underlying diseases	
Neoplasms	75 (57)
Kidney	5.1 (4)
Hematological	4 (3)
Diabetes	4 (3)
Cardiac	4 (3)
Neurological	4 (3)
Infectious	2.6 (2)
Hepatic	1.3 (1)
Specialized follow-up during hospitalization	
No	80.3 (61)
Pain treatment	10.5 (8)
Palliative Medicine	9.2 (7)
Specialized follow-up at clinic-level	
No	71.1 (54)
Palliative Medicine	27.6 (21)
Pain treatment	1.3 (1)
Outcomes of the followed-up patients	
Clinical follow-up	52.6 (40)
Death within 1 year	28.9 (22)
Death at hospitalization	18.5 (14)



hospitalizations (n=17) and persistent symptoms (n=17), both with 32% disagreement. The weight loss criteria (n=14) and dependence on others (n=14) presented disagreement in 26.4% of cases. In contrast, functional capacity (n=6) and family request for palliative care (n=5) had lower disagreement indices, with 11.3% and 9.4%, respectively.

Results from the SPICT-BR correlation analysis highlighted variations in the Kappa agreement index between evaluators for different criteria, which are grouped in Table 2.

In general, agreement was classified as moderate for most of the assessed criteria, except for the Request by the person/family, which presented $k=-0.022$, indicating a lack of significant agreement. Moreover, criteria such as Functional capacity ($k=0.510$), Dependence on others ($k=0.466$), and Weight loss ($k=0.409$) presented moderate and significant agreement ($p<0.001$). Finally, the comparison between the Surprise Question and SPICT demonstrated moderate and statistically significant agreement ($k=0.411$; $p<0.001$), indicating convergence between the instruments in the identification of patients in need of palliative care.

For the following analyses, the assessment by the evaluator 1 was considered, using the 74 valid cases after the exclusion of incomplete, absent, or duplicate records. Among the assessed patients, 52.7% (n=39) remained in follow-up, and 47.3% (n=35) died.

When analyzing the SPICT-BR results, most patients classified as negative SPICT survived the follow-up period (69.6%; n=16). In contrast, among the patients classified as positive SPICT-BR, the death outcome predominated (56.0%; n=28), corresponding to 80.0% of the total deaths observed.

Regarding the tool's performance, SPICT-BR presented an 80.0% sensitivity for predicting death within a year, indicating a good capacity for identifying patients who evolved into that outcome. On the other hand, specificity was 41.0%, demonstrating a lower capacity to

correctly identify survivors. Likewise, PPV was 56.0%, while NPV reached 69.6%, indicating a higher probability of survival among the patients classified as negative.

DISCUSSION

Based on the results, it is possible to confirm the applicability of SPICT-BR and the Surprise Question in the identification of patients in need of palliative care, the agreement observed between the instruments, and the relation of the obtained results with the clinical outcomes of patients.

The present study employed the first part of SPICT, composed of general clinical indicators associated with the Surprise Question, as a screening strategy to identify patients in need of palliative care. The methodological option of restricting the analysis to the initial step of the tool — excluding the clinical indicators that are specific to the second part — allowed us to assess its applicability as an early screening instrument in the hospital environment. This approach is backed by Highet et al.¹², who highlight SPICT as an objective and feasible resource for initial screening, especially in high-complexity assistance contexts.

The findings underscore the expressive magnitude of the need for palliative care in the studied hospital environment: 64% of patients had a positive SPICT associated with the Surprise Question, and 47.3% died within a year. Despite that, only 27% were in clinical follow-up with the Palliative Medicine team, indicating that most patients with a potential indication do not access that care early. Such results are in line with the Brazilian population estimates, in which between 57.2% and 85.2% of deaths are from conditions eligible for palliative care⁷, reinforcing the external coherence of the presented data. Similarly, a study conducted in Germany identified that about one-third of patients with a positive SPICT screening in Primary Health Care died within six months¹⁸. Together, these findings support clinical

Table 2. Summary of results from the SPICT-BR correlation and Surprise Question

Variable	Yes cases (%)	No cases (%)	Kappa	p
Unplanned hospitalizations	63.50	36.50	0.105	0.355
Functional capacity	71.60	28.40	0.51	<0.001
Dependence on others	47.30	52.70	0.466	<0.001
Weight loss	62.20	37.80	0.409	<0.001
Persistent symptoms	50.00	50.00	0.378	0.001
Request by the person/family	1.40	98.60	-0.022	0.810
SPICT-BR result	85.10	14.90	0.337	0.001
Surprise Question vs. SPICT-BR	66.20	31.10	0.411	<0.001

Caption: SPICT-BR = Supportive and Palliative Care Indicators Tool – Brazilian version.

and epidemiological relevance of the systematic use of screening instruments to timely identify palliative demands.

In this sense, it is necessary to understand, within the national and international hospital literature, what the barriers and impediments are for early referral to palliative care, especially in cases of advanced oncological diseases¹⁹. Some of them include the stigma and lack of understanding of palliative care, emotional barriers, and reluctance of patients and families, in addition to structural limitations, like the scarcity of services and overload of consultations. Standardized criteria, systemic triggers, restructuring of services (integrated or nurse-led clinics), and training focused on communication are often proposed solutions to overcome these barriers and make earlier and more equitable access to palliative care feasible^{1,7,19}.

Regarding data from the study, the analysis of agreement between the evaluators revealed more frequent discrepancies in criteria such as Unplanned hospitalizations and Persistent symptoms, as well as Weight loss and Dependence on others. These findings suggest that certain indicators depend on more detailed clinical records and greater multiprofessional integration. Information from nutritional, physiotherapeutic, and nursing assessments, in addition to systematic symptom records and use of emergency medication, may qualify the applicability of the tool^{12,17-19}. On the other hand, criteria such as Request by the family tend to emerge in the context of assistance interaction and are not always retrospectively retrievable from medical records. Thus, standardized collection and structured training for using the SPICT-BR are fundamental strategies to reduce variability and improve reliability of screening²⁰.

The association between SPICT and Surprise Question demonstrated a complementary character. While the Surprise Question incorporates a subjective prognostic dimension based on clinical experience, SPICT structures the assessment through objective criteria. Negative responses to the Surprise Question were observed to often coincide with positive SPICT, indicating convergence between intuitive clinical judgment and systematized parameters. Such convergence strengthens the robustness of the identification of patients with a heightened risk of death in the medium term.

Regarding predictive performance, SPICT-BR presented an 80% sensitivity for death within a year, indicating an appropriate capacity for identifying patients who evolved into that outcome. The specificity of 41% reveals less discriminatory power between survivors, an acceptable characteristic in screening instruments whose main objective is not losing eligible cases. A SPICT

validation study in Portugal²¹ demonstrated 75.5% sensitivity and 68.6% specificity, with overall accuracy of 72.5%, comparable to values observed in this study. PPV was 56.0% and NPV was 69.6%, indicating moderate performance in prognostic discrimination. In contrast, a systematic review on the Surprise Question in severe patients identified 67.0% sensitivity, 80.2% specificity, 37.1% PPV, and 93.1% NPV²², highlighting how the Surprise Question tends to present higher specificity and NPV. Thus, two tools exhibited complementary profiles: SPICT prioritizes sensitivity, while the Surprise Question can contribute to greater specificity in certain clinical contexts.

The institutional implementation of SPICT associated with the Surprise Question can face operational barriers. The assistance overload and limited time of teams, who already use multiple scales in the hospital environment, are known obstacles²⁰. Moreover, the insufficient insertion of palliative care into academic education contributes to knowledge gaps and perpetuation of stigmas related to the theme²¹. In this sense, structured education programs are essential to unify the tool application, qualify data collection, and assess the impact of the incorporation of the instrument in the assistance flows.

It is worth mentioning that although SPICT is effective in identifying patients in need of palliative care, it was not conceived to stratify the complexity of cases nor to define, in isolation, the referral to specialized teams²³. The literature describes formal referral criteria, like the Palliative Care Referral Criteria, and functional assessment instruments. However, there are still gaps regarding these resources in assistance flows that articulate need, complexity, and required level of care^{20,24-25}.

In summary, the findings reinforce the role of SPICT, associated with the Surprise Question, as a sensitive tool for screening the need for palliative care in the hospital environment. Despite disagreements observed in specific criteria and the challenges related to its implementation, the results demonstrate coherence with the literature and highlight the potential to qualify identification and referral processes. With investment in training and integration into institutional workflows, the tool can consistently contribute to increasing timely access to palliative care and strengthening the quality of the care provided.

CONCLUSION

This study employed the first part of SPICT-BR, composed of general clinical indicators associated with the Surprise Question, as a screening strategy to identify patients with possible needs for palliative care in the hospital environment. The results demonstrate



80.0% sensitivity in predicting death within a year, highlighting proper training to identify at-risk patients. On the other hand, the specificity of 41.0% indicates a relevant occurrence of false positives, a characteristic that, although expected in screening instruments, imposes the need to complement other assessment strategies. PPV was 56.0% and NPV 69.6%, revealing moderate performance in prognostic discrimination, with potential for improvement.

The findings reinforce the importance of using objective and systematized tools to early identify palliative demands, especially in high-complexity hospital contexts, in which the morbidity and mortality burden is heightened. Although SPICT demonstrates satisfactory performance as a screening instrument, its moderate specificity suggests that its isolated application may not be enough to support more refined care decisions, like the referral to specialized teams. Integration with other prognostic instruments and functional assessment can broaden clinical precision and support the creation of institutional referral protocols, contributing to the organization of access and rationalization of resources in HCN.

Additionally, the challenges related to adherence and implementation of scales in the hospital's daily life show the need for continuous training of teams and standardization of assessment criteria. Investments in training and care flow incorporation strategies are essential to the tool's effectiveness. Further research must explore integrated models that combine screening, prognostic stratification, and assessment of complexity, favoring appropriate and timely referral of patients with palliative care needs at different levels of the HCN.

CONTRIBUTIONS

All the authors have substantially contributed to the study design, data acquisition, analysis, interpretation, wording, and critical review. They approved the final version for publication.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interest to declare.

DATA AVAILABILITY STATEMENT

All the contents associated with the article are included in the manuscript.

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