CARE COMPASS NETWORK

Title: Clinical Triggers & Assessment for PCMH Referral to Palliative Care
Date Created: 11/2/2015
Date Modified: 07/14/2017
Date Approved by Board of Directors: 11/23/2015
Clinical Guideline # CGC-CG-09

Purpose: Define triggers a clinician can reference to help determine if a member should begin to be treated in a palliative manner and not just treated for presentation of a condition. Also, add an assessment, used in conjunction with the triggers, that can be performed by any clinical staff member to assess the need for palliative care.

Clinical Guideline: Clinicians can utilize the clinical triggers to help in a full assessment of a member and better determine if the member would be someone that could benefit from palliative care treatment as a holistic treatment program focusing on not only the progress of the disease but the burden of the disease.

Definitions:

Procedure:

Clinical Triggers for PCMH Referral to Palliative Care:

1) Chronic or persistent pain or symptoms (e.g., dyspnea) requiring long-term management;
2) Cancer with metastasis or without any available curative or life-prolonging therapies;
3) Dementia causing inability to perform two or more ADLs;
4) Two or more hospitalizations and/or emergency visits for the same serious condition within six months;
5) Multiple serious illnesses or any single serious illness which remains symptomatic despite maximal treatment;
6) Despite medical treatment, continued oxygen dependency, shortness of breath or adverse cardiac symptoms brought on by exertion;
7) Unintentional and consistent weight loss over six to twelve months;
8) Serious illness necessitating significant and ongoing supervision or caregiving by others;
9) Patient, family or physician uncertainty regarding the appropriateness, usefulness or desirability of available treatment options;
10) In the absence of any of the foregoing and using holistic medical judgment, would the primary care physician be surprised if the patient died within eighteen months?

Assessment #1

This assessment was created by Dr. Boutwell of Mass General during the MAX Series on inpatient High utilizers and is now an evidence based tool for use in assessing some patients need for palliative care services.

PALLIATIVE CARE SCREENING TOOL

1. BASIC DISEASE PROCESS – *Score 2 points for each if applies*	SCORE
a) Cancer (Metastatic/recurrent)	
b) Advanced COPD	
c) Stroke (with decreased function by at least 50%)	
d) End-stage renal disease	
e) CNS Disease (Parkinson's, CVA, ALS, MS)	
f) Advanced cardiac disease – i.e., CHF, severe CAD, CM, (LVEF <25%)	
g) End Stage Dementia	
h) End Stage Liver Disease	
i) Other life-limiting illness	
SUBTOTAL	

2. OTHER CRITERIA TO CONSIDER IN SCREENING – *Score 1 point each if applies*	SCORE
a. Team/patient/family needs help with complex decision-making and determination of goals of care and/or family discord around goals of care/advanced directives	
b. Patient has an unacceptable level of pain or other symptom distress > 24 hours	
c. Patient has behavior indicating possible pain (i.e., irritability, moaning, combativeness, non-compliance, agitation, inattentive, grimacing, and/or guarding)	
d. Patient suffers from persistent: anxiety, fatigue, dyspnea, weakness, fatigue, and/or nausea	
e. Patient has uncontrolled psychosocial or spiritual issues	
f. Patient has frequent visits to Emergency Department (>1x/mo. for same dx)	
g. Patient has more than one hospital admission for the same dx in last 60 days	
h. Patient has readmission from SNF/home/LTC in past 60 days	
i. Patient has prolonged length of stay (>5 days) without evidence of progress	
j. Patient has prolonged stay in ICU without evidence of progress	
k. Patient is not a candidate for curative therapy	
l. Patient requests artificial nutrition/hydration with poor prognosis	
m. Age 75 with failure to thrive	
SUBTOTAL	

3. PALLIATIVE PERFORMANCE STATUS SCALE

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Consciousness Level	Points	Score
90	Full	Normal activity Some evidence of disease	Full	Normal	Full	0	
80	Full	Normal activity	Full	Normal or reduced	Full	0	
70	Reduced	Unable to perform normal job/work	Full	Normal or reduced	Full	1	
60	Reduced	Unable to perform hobby/housework	Occasional assistance needed	Normal or reduced	Full or confusion	2	
50	Mainly sit/lie	Unable to do any work	Considerable assistance needed	Normal or reduced	Full or confusion	3	
40	Mainly in bed	Unable to do any work	Mainly assistance	Normal or reduced	Full, drowsy or confusion	3	
30	Totally bed bound	Unable to do any work	Total care	Reduced	Full, drowsy or confusion	4	
					SUBTOTAL		

** this scale is a modification of the Karnofsky Performance Scale; it takes into account ambulation, activity, self-care, intake and consciousness level.*

***Scoring Guidelines*: If Total Score from above tables = 4 or less:** Rescreen with next assessment
If Total Score from above tables = 5 or >: Consider Palliative Care *(requires physician order)*

Reason no consul: MD refused_____
Patient/family refused_____

Assessment #2

This assessment was developed from Assessment #1 and put in use at Cortland Regional Medical Center during the MAX Series on inpatient high utilizers. The clinical group at CRMC approved this for the nursing staff to perform the assessment to refer to community based palliative care at discharge. This assessment can be used within the hospital or outpatient clinic setting to assess the need for Palliative care and then begin treating the patient as palliative.

Apply Name Label Here

PALLIATIVE CARE SCREENING TOOL

Check	Check each criteria that applies to the patient
	a. New diagnosis of life limiting illness for symptom control, patient/family support
	b. Patient has progressive metastatic cancer
	c. Patient has advancing dementia including; difficulty swallowing, multiple infections, and decreasing intake
	d. Team/patient/family needs coordination of care
	e. Patient has progressive declining ability to complete activities of daily living without reasonable expectation for improvement
	f. Patient has weight loss/failure to thrive
	g. High Utilizer admission from a long-term care facility
	h. Patient has four or more hospitalizations for illness within twelve months
	i. Patient has difficult to control physical symptoms
	j. Patient/family/physician faces uncertainty regarding prognosis
	k. Patient/family/ physician faces uncertainty regarding pros and cons of treatment options
	l. Patient or family requests for treatment with low probability for success
	m. Patient/family/care team needs help with advance care planning (e.g., DNR conflicts)
	n. Patient/family/care team needs help with conflicts regarding the use of non-oral feeding/hydration in cognitively impaired, seriously ill, or dying patients
	o. Patient/family/physician request information regarding hospice appropriateness
	p. Patient or family has uncontrolled psychological, emotional, or spiritual distress
	q. Patient admitted due to side effects of chemotherapy

If <u>one</u> box is checked the patient is a candidate to be referred to the attending for a Palliative Care Consult. I recommend the following action:

☐ MD consult requested ☐ Certified Home Health Care Agency referral for Palliative Services

Reason for no consult

☐ MD Refused ☐ Patient / family refused

_____ _____ _____

Signature of Screener Date Time

When PPS clinical protocols and pathways are developed through the Clinical Governance Committee(s) of the PPS and approved by the CCN Board of Directors and are applicable to Partner Organization's delivery of health care services and project participation, such protocols and pathways shall not (1) override the professional judgment of Partner Organization and its licensed health care professionals in treating patients in individual cases or (2) interfere with the governing body/established operator of any licensed health care facility or its medical staff in overseeing the provision of clinical services to patients and the quality of care

Clinical Guideline Board Approval History:

Clinical Guideline Revisions:

Date	Revision Log	Updated By
11/2/2015		S.Emery
07/14/2017	Updated wording in triggers/added 2 assessments that can be utilized or modified to fit practice needs	S. Woolever

This Clinical Guideline shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, Care Compass Network's senior management, Federal and State law(s) and regulations, and applicable accrediting and review organizations.