



October 2006

Issue 10



Palliative Pearls

Brought to you by the JBMH Palliative Care Program

PALLIATIVE PERFORMANCE SCALE (Version 2)

In our last issue, we introduced the Edmonton Symptom Assessment Scale (ESAS) to you. As stated in that issue, Cancer Care Ontario has recommended the implementation of standardized patient assessment tools. Like ESAS, the Palliative Performance Scale (PPS) will provide a standardized assessment as well as a common language between care providers. The roll out of these standardized tools is being coordinated by the Provincial Palliative Care Integration Project.

WHAT: The Palliative Performance Scale is a validated tool to measure the functional ability of a palliative patient. It also appears to have some prognostic value. The tool rates a person's function from 100% to 0%, where 100% equals highest level of functioning and 0% equals death. The levels are determined by rating the best fit for the categories of ambulation, activity & evidence of disease, self-care, intake, and conscious level. The PPS was developed by the Victoria Hospice Society in 1996, and version 2 is an update of the original and was published in 2001.

WHY: The PPS provides a clinical profile of loss of function over time. As a person's level of health decreases, so will the score on the PPS. Use of the PPS allows caregivers to have a common language when discussing a palliative patient's functional ability. It also allows for planning to take place based on the patient's declining status.

WHEN: The PPS is being used in many areas of Ontario. It has been piloted in the Kingston Cancer Centre. It is currently being used by homecare staff in Halton. Our goal is to use the PPS for all palliative care patients by December 2006.

WHERE: The Palliative Performance Scale will be used for all palliative patients and all lung cancer patients attending the Joseph Brant Memorial Hospital Cancer Clinic. It is hoped that it will be rolled out for use with palliative inpatients in early 2007.

The Provincial Palliative Care Integration Project (PPCIP):

... is a continuous quality improvement project for the delivery of integrated palliative care in Ontario. It is jointly funded by Cancer Care Ontario and the Ministry of Health and Long-Term Care.

The PPCIP will improve care for palliative patients by introducing the following tools:

- Evidence-based common screening and assessment tools to identify patients in need of care and to determine the type of care needed.
- Symptom management guidelines.
- Collaborative care plans for patient care.

WHO: The target population is all lung cancer patients and palliative patients attending the JBMH cancer clinic. It is anticipated that the target population will have their functional status assessed by a Registered Nurse using the PPS at the initial contact (clinic or home visit) and all subsequent contacts, with a minimum frequency of weekly in the home setting. The goal is that 80% of patients with a PPS score of 60 or less will be referred to palliative care home care or to a palliative care cancer team.



Palliative Performance Scale (Version 2)

Victoria Hospice Society

PPS	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Level of consciousness
100%	Full	Normal activity and work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity and work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity <i>with effort</i> Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable normal job/work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/housework Significant disease	Occasional assistance necessary	Normal or reduced	Full or confusion
50%	Mainly sit/lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or confusion
40%	Mainly bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or drowsy +/- confusion
30%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Normal or Reduced	Full or drowsy +/- confusion
20%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Minimal to Sips	Full or drowsy +/- confusion
10%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Mouth care only	Drowsy or coma +/- confusion
0%	Death				

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