

Tool to identify
Advanced-Terminal patients in need of
palliative care within health and social services

NECPAL CCOMS-ICO[©] Tool
Version 1.0

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NECPAL CCOMS-ICO[®] TOOL (Necesidades Paliativas [Palliative Needs])

TOOL TO IDENTIFY ADVANCED-TERMINAL PATIENTS IN NEED OF PALLIATIVE CARE WITHIN HEALTH AND SOCIAL SERVICES

What does the NECPAL CCOMS-ICO[®] TOOL use for?

- It is a strategy to identify patients who require palliative care, especially in general health services (primary care, conventional hospital services, etc.)
- The aim of the tool is to identify patients in need of any type of palliative care
- Once the patient is identified, a palliative approach needs to be initiated. That consisting in implementing the recommendations made explicit in the *6 Steps for Palliative Care provision* (see details further on)
- Identifying such situation **does not contraindicate nor limit measures of specific treatment of disease** if prescribed or can improve the patients' wellbeing or life quality
- Palliative care can be implemented by any health team in any health service

What does the NECPAL CCOMS-ICO[®] TOOL NOT use for?

- To determine prognosis or survival
- To contraindicate, necessarily, symptom control measures for a specific disease or the treatment of diverse processes
- To define the criteria for the intervention of specific palliative care teams. Such intervention would, in all cases, be determined by the complexity of each case and the proposed intervention
- To reject therapeutic curative measures that could improve the patients' quality of life

To whom should the NECPAL CCOMS-ICO[®] TOOL be administered?

To patients with **advanced chronic diseases**, with the following diagnoses and conditions:

- **Cancer** patient especially affected by the disease
- Patient with **chronic obstructive pulmonary disease (COPD)** especially affected by the disease
- Patient with **chronic heart disease** especially affected by the disease
- Patient with **chronic neurological disease** (including CVA, ALS, MS, Parkinson, motor neurone disease) especially affected by the disease
- Patient with **serious chronic liver disease** especially affected by the disease
- Patient with **serious chronic renal disease** especially affected by the disease
- Patient with **dementia** especially affected by the disease
- **Geriatric** patient who, although not suffering from any of the previous referred diseases, is in situation of **particularly advanced frailty**
- Patient who, although not being geriatric nor suffering from any of the previous referred diseases, suffers from any other **particularly serious and advanced chronic disease**
- Patient who, without being included in any of the previous groups, has recently **being admitted or taken care at home with a higher degree of intensity than expected**

What is considered as being a positive identification?

Any patient with :

- **Surprise Question** (question 1) with answer '**NO**', and
- At least **other question** (2, 3 or 4) with **POSITIVE** answer, according to the established criteria

What are the 6 Steps for Palliative Care provision?

They are the basic recommendations for palliative care provision towards the identified patients. They consist of:

1. Identifying Multidimensional Needs
2. Performing an impeccable Model of care
3. Elaborating a Therapeutic Multidimensional and Systematic Plan (Square of Care)
4. Identifying the patients' values and preferences: Clinical Ethics and Advance Care Planning
5. Making the family and the main caregiver participant
6. Carrying out case management, follow-up, continuous and urgent care, coordination and comprehensive actions among different services

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1. THE SURPRISE QUESTION – an intuitive question integrating co-morbidity, social aspects and other factors

Would you be surprised if this patient dies within the next 12 months?

No Yes

2. CHOICE / REQUEST OR NEED¹ – explore if any of the following questions is affirmative

Choice / Request: Have either the patient with advanced disease or the main caregiver **requested**, in explicit or implicit manner, palliative/comfort treatments exclusively? Do they suggest limitation of therapeutic effort or reject specific treatments or those with curative purposes?

Yes No

Need: Do you consider this patient **requires** palliative care or palliative treatment **at this moment**?

Yes No

3. GENERAL CLINICAL INDICATORS OF SEVERITY & PROGRESSION – explore the presence of any of the following criteria of severity and extreme frailty

Nutritional Markers, any of the following, in the **last 6 months**:

- Severity: serum albumin < 2.5 g/dl, not related to acute episodes of decompensation
- Progression: weight loss > 10%
- Clinical Perception of nutritional decline (sustained, intense/severe, progressive, irreversible) not related to concurrent conditions

Yes No

Functional Markers, any of the following, in the **last 6 months**:

- Severity: serious established functional dependence (Barthel score < 25, ECOG > 2 or Karnofsky score < 50%)
- Progression: loss of 2 or more activities of daily living (ADL's) even though there is adequate therapeutic intervention
- Clinical Perception of functional decline (sustained, intense/severe, progressive, irreversible) not related to concurrent conditions

Yes No

Other markers of severity and extreme frailty, at least 2 of the following, in the **last 6 months**:

- Persistent pressure ulcers (stage III – IV)
- Recurrent infections (> 1)
- Delirium
- Persistent Disphagia
- Falls (> 2)

Yes No

Presence of **emotional distress** with psychological symptoms (sustained, intense/severe, progressive) not related to acute concurrent conditions

Yes No

Additional Factors on use of resources. Any of the following:

- 2 or more urgent (unplanned) hospital (or skilled nursing facilities) admissions due to chronic disease in the last year
- Need of complex/intense continuing care, either at an institution or at home

Yes No

Co-morbidity: ≥ 2 concurrent diseases

Yes No

¹ In Mediterranean/Latin countries, where the patient's autonomy is less evident than in Anglo-Saxon/north European countries, the family or team members are usually the ones who request either palliative care, limitation of therapeutic effort, or both measures

4. SPECIFIC CLINICAL INDICATORS OF SEVERITY & PROGRESSION PER DISEASES – explore the presence of specific bad prognosis criteria for the following selected diseases

CANCER (it requires the presence of <u>one single criterion</u>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Patients with confirmed diagnosis of metastatic cancer (stage IV; and also stage III in some cases –e.g. lung, pancreas, stomach and oesophagus cancers) who present low response or contraindication of specific treatment, progressive outbreak during treatment or metastatic affection of vital organs (CNS, liver, severe pulmonary disease, etc.) <input type="checkbox"/> Significant functional deteriorating (Palliative Performance Status (PPS) < 50%) <input type="checkbox"/> Persistent, troublesome symptoms, despite optimal treatment of underlying condition(s)	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) (presence of <u>two or more</u> of the following criteria)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Breathlessness at rest or on minimal exertion between exacerbations <input type="checkbox"/> Difficult physical or psychological symptoms despite optimal tolerated therapy <input type="checkbox"/> In case of having functional respiratory tests (with caveats about quality of testing), disease assessed to be severe: FEV1 <30% or criteria of restricted severe deficit: CVF < 40% / DLCO < 40% <input type="checkbox"/> In case of having arterial blood gases (ABG), accomplishment of oxygen therapy at home criteria or such treatment underway <input type="checkbox"/> Symptomatic heart failure <input type="checkbox"/> Recurrent hospital admissions (> 3 admissions in 12 months due to exacerbations of EPOC)	
CHRONIC HEART DISEASE (presence of <u>two or more</u> of the following criteria)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Heart failure NYHA stage III or IV, severe valve disease or inoperable coronary artery disease <input type="checkbox"/> Shortness of breath at rest or minimal exertion <input type="checkbox"/> Difficult physical or psychological symptoms despite optimal tolerated <input type="checkbox"/> In case of having echocardiography: ejection fraction severely affected (< 30%) or severe pulmonary hypertension (Pulmonary pressure > 60 mmHg) <input type="checkbox"/> Renal failure (FG < 30 l/min) <input type="checkbox"/> Repeated hospital admissions with symptoms of heart failure/ischemic heart disease (> 3 last year)	
CHRONIC NEUROLOGICAL DISEASES (1): CVA (it requires the presence of <u>one single criterion</u>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> During acute and sub acute phases (< 3 months post-stroke): persistent vegetative or minimal conscious state > 3 days <input type="checkbox"/> During the chronic phase (> 3 months post-stroke): repeated medical complications (aspiration pneumonia despite antidiaphragia measures), pyelonephritis (>1), recurrent febrile episodes despite antibiotics (persistent temperature post > 1 week of antibiotics), pressure ulcers stage 3-4 or dementia with severe criteria post-stroke	
CHRONIC NEUROLOGICAL DISEASES (2): ALS & MOTOR NEURONE DISEASES, MÚLTIPLE SCLEROSIS & PARKINSON (presence of <u>two or more</u> of the following criteria)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Progressive deterioration in physical and/or cognitive function despite optimal therapy <input type="checkbox"/> Complex and difficult symptoms <input type="checkbox"/> Speech problems with increasing difficulty communicating <input type="checkbox"/> Progressive Disphagia <input type="checkbox"/> Recurrent aspiration pneumonia, breathless or respiratory failure	
SERIOUS CHRONIC LIVER DISEASE (it requires the presence of <u>one single criterion</u>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Advanced Cirrhosis: stage Child C (determined in lack of complications or having treated them and optimized the treatment), MELD-Na score > 30 or with one or more of the following medical complications: diuretic resistant ascites, hepatorenal syndrome or upper gastrointestinal bleeding due to portal hypertension with failed response to pharmacologic and endoscopic treatment and with contraindicated transplant and TIPS. <input type="checkbox"/> Hepatocellular carcinoma: present, in stage C or D (BCLC)	
SERIOUS CHRONIC RENAL DISEASE (it requires the presence of <u>one single criterion</u>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Serious renal failures (FG < 15) in patients to whom substitutive treatment or transplant is contraindicated	
DEMENTIA (presence of <u>two or more</u> of the following criteria)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Severity criteria: unable to dress, wash or eat without assistance (GDS/FAST 6c), urinary and faecal incontinence (GDS/FAST 6d-e) or unable to communicate meaningfully -6 or less intelligible words- (GDS/FAST 7) <input type="checkbox"/> Progression criteria: loss of 2 or more activities of daily living (ADL's) in the last 6 months, despite adequate therapeutic intervention (non valorable in hyperacute situation due to concurrent processes) or difficulty swallowing, or denial to eat, in patients who will not receive enteral or parenteral nutrition <input type="checkbox"/> Use of resources criteria: multiple admissions (> 3 in 12 months, due to concurrent processes –aspiration pneumonia, pyelonephritis, sepsis, etc.- that cause functional and/or cognitive decline)	