



**Life Choices
Program of Palliative Care**

**PALLIATIVE CARE
SCREENING TOOL**

(Not a permanent part of the medical record)

Criteria – Please consider the following criteria when determining the palliative care score of this patient			
1. Basic Disease Process		<u>SCORING</u>	
a. Cancer	d. End stage renal disease	Score 2 points EACH _____	
b. Advanced COPD	e. Advanced cardiac disease – i.e., CHF, severe CAD, CM (LVEF < 25%)		
c. Stroke (with decreased function by at least 50%)	f. Other life-limiting illness		
2. Concomitant Disease Processes		Score 1 point overall	
a. Liver disease	d. Moderate congestive heart failure	_____	
b. Moderate renal disease	e. Other condition complicating cure	_____	
c. Moderate COPD			
3. Functional status of patient		Score as specified below	
Using ECOG Performance Status (Eastern Cooperative Oncology Group)		_____	
<u>ECOG</u>	<u>Grade</u>	<u>Scale</u>	
	0	Fully active, able to carry on all pre-disease activities without restriction.	Score 0
	1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work.	Score 0
	2	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.	Score 1
	3	Capable of only limited self-care; confined to bed or chair more than 50% of waking hours.	Score 2
	4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.	Score 3
4. Other criteria to consider in screening		Score 1 point EACH	
The patient:			
a.	has unacceptable level of pain > 24 hours	_____	
b.	has uncontrolled symptoms (i.e., nausea, vomiting)	_____	
c.	has uncontrolled psychosocial or spiritual issues	_____	
d.	has frequent visits to the Emergency Department (> 1 x mo for same diagnosis)	_____	
e.	has more than one hospital admission for the same diagnosis in last 30 days	_____	
f.	has prolonged length of stay without evidence of progress	_____	
g.	has prolonged stay in ICU(s) without evidence of progress	_____	
h.	is in an ICU setting with documented poor or futile prognosis	_____	
i.	is not a candidate for curative therapy	_____	
j.	has a life-limiting illness and chosen not to have life-prolonging therapy	_____	
<u>TOTAL SCORE</u>			_____
SCORING GUIDELINES:			
TOTAL SCORE = 2 Give patient Palliative Care information brochure			
TOTAL SCORE = 3 Consider Palliative Care consult; give info to patient			
TOTAL SCORE = 4 Palliative Care Consult recommended (requires provider orders)			

**** Would you be surprised if this patient died within the next 6 months? YES NO**
If NO, consider Hospice referral.

Palliative Care Referral Criteria

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems – physical, psychosocial and spiritual (World Health Organization, 2008).

Life Choices provides the following palliative care services to patients and their families by a team consisting of a physician, nurses, social workers, clergy and volunteers:

- | | | |
|--|--|------------------------|
| ♥ Expert symptom management | ♥ Emotional and spiritual support | ♥ 24-hour availability |
| ♥ Excellent communication & education | ♥ Inpatient and outpatient care | |
| ♥ Guidance and support with difficult treatment choices & end-of-life issues | ♥ Help in coordinating care at home, in the healthcare system, and community | |

The following criteria have been suggested, or are in actual use, at leading palliative care centers for initiating a palliative care referral. Some hospitals use these criteria for internal marketing, while others have established these as defining criteria for automatic consultations. (Source: Center to Advance Palliative Care)

General Referral Criteria:

1. Presence of a serious illness/condition (i.e., cancer, advanced COPD, CVA, ESRD, advanced cardiac disease, liver disease, CHF, ALS, HIV, Alzheimer's, others)
and
2. One or more of the following:
 - New diagnosis of life-limiting illness for symptom control, patient/family support
 - Declining ability to complete activities of daily living
 - Weight loss and/or feeding tube being considered
 - Metastatic or locally advanced cancer progressing despite systemic treatments
 - Multi-organ failure
 - Admission from long-term care facility
 - ICU admission
 - Two or more hospitalizations within three months
 - Difficult to control physical or emotional symptoms
 - Patient, family or physician uncertainty regarding prognosis
 - Patient, family or physician uncertainty regarding appropriateness of treatment options
 - Patient or family requests futile care
 - DNR order conflicts
 - Conflicts regarding use of non-oral feeding/hydration in cognitively impaired, seriously ill, or dying patients
 - Limited social support in setting of serious illness (e.g., homeless, chronic mental illness)
 - Patient, family or physician request for information regarding hospice appropriateness
 - Patient or family psychological or spiritual distress
 - Family distress impairing surrogate decision-making
 - Any patient or family that may benefit from palliative care

** See Palliative Care Screening Tool on reverse **



PLACE PATIENT STICKER HERE

Call Non-Hospice Palliative Care Referrals to:
Mauston Office: Extension 4649; 4331
Fax: (608) 374-0256
Tomah Office: Phone (608) 374-0250
Fax (608) 374-0256

Provider Order for Non-Hospice Palliative Care

Ordering Provider: _____

Patient Name: _____ Date of Birth: _____

Order for: Palliative Care Consult/Admission (if needs identified)

Primary Diagnosis: _____

Secondary Diagnosis: _____

Reason for Palliative Care Consult:

- Psychosocial/Spiritual Issues
Goals of Care Discussion (code status, etc.)
Pain
Family/patient request
Withdrawal of Invasive Treatments (dialysis, etc.)
Advance Care Planning
Family/patient request
Frequent Hospitalizations, Clinic Visits, and/or ED visits
Prolonged Length of Stay without Improvement
Symptom Management - Specify Symptom : _____
Other: _____

Type of Palliative Care Involvement:

- Consulting advice - Orders to go through primary provider before implementing.
Collaborative practice - Orders may be implemented independently but primary provider will always be notified of changes

Request Status:

- Urgent -Patient needs to be seen as soon as possible.
Non-Urgent

Provider Signature: _____ Date: _____

Time: _____

Hospice, Palliative Care & Home Care Comparison Chart

	Home Health Care	Palliative	Hospice
Admission Criteria	Patient must be homebound with skilled nursing or therapy needs.	Patients at any stage of advanced and life-threatening illness who desire palliation of symptoms whether social, physical, emotional, or spiritual. May be seeking curative therapies.	Terminally ill (prognosis of 6 months or less if illness follows normal course) and desiring palliation of symptoms whether physical, emotional, social or spiritual. Foregoes curative therapies.
Diagnosis	Diagnoses included in the Plan of Care as ordered by the Physician	All distressing or problematic diagnosis and symptoms are identified in the Plan of Care with suggested interventions.	One diagnosis is selected to be the terminal diagnosis and is the hospice programs financial responsibility. Other diagnoses included in the Plan of Care and treated but continue to be covered under the traditional Medicare benefit.
Physician Responsibility	Services must be ordered. Services must be medically necessary. Orders must be reviewed every 60 days. Primary physician must be available for needed orders.	Palliative consult or admission to the palliative program must be ordered by the patient's physician. Plan of Care reviewed at least every 30 days. Primary physician must be available for needed orders.	Certification by two physicians that patient is terminally ill. Plan of Care reviewed at least every 15 dqs. Certification for subsequent benefit periods are made by the hospice physician. Primary physician must be available for needed orders.
Caregiver	Not required. Patient's skilled needs are the focus of care.	Not required. Patient's and caregiver/family needs are the focus of care.	Caregiver identified (or plan established for caregiver when needed) required by Hospice. Focus of care is on the patient and caregiver/family needs.
Visit Frequency	Physician determined	Determined by patient and Palliative Team	Determined by patient and Hospice Team
Hospitalization	No restrictions	No restrictions	Must be coordinated by Hospice Team. Admission for respite care or symptom management must be into Tomah Memorial or Hess Memorial in Mauston.

	HOME HEALTH CARE	PALLIATIVE CARE	HOSPICE
Service Covered	<p>Skilled Nursing Home Health Aide Medical Social Worker Physical Therapy Occupational Therapy Speech Therapy Medical Supplies</p> <p>As ordered by the physician.</p>	<p>Nurse Practitioner Skilled Nursing Home Health Aide Medical Social Worker Chaplain Volunteer Bereavement Services</p> <p>Initial consult visit by NP, follow-up visits by RN and SW. Patient offered choice of other services and frequency.</p>	<p>Physician, Skilled Nursing Home Health Aide Medial Social Worker Physical Therapy Occupational Therapy Speech-Language Pathology Dietary Counselor Spiritual Counselor Volunteer Durable Medical Equipment Drugs and Biological related to terminal diagnosis Supplies Bereavement Services</p> <p>Covered 100% for Medicare and MA. Pvt. ins. per contract and subject to deductible and co-pays. Patient chooses services.</p>
Cost	<p>Medicare pays 80%, Medical Assistance 100%, private insurance subject to deductibles and co-pays.</p>	<p>Nurse Practitioner billed to Medicare, Medical Assistance, or private ins. Deductibles and co-pays apply. Per visit rate for RN and Home Health Aide on a sliding fee scale as financially needed. No charge for volunteer, chaplain, social work and bereavement services.</p>	<p>Covered 100% for Medicare and MA. Pvt. ins. per contract and subject to deductible and co-pays. Patient chooses services.</p>
Staff Availability (after hours)	Nursing 24 hours a day, 7 days a week	Nursing 24 hours a day, 7 days a week.	Nursing, physician and pharmaceutical 24 hours a day, 7 days a week. All other services must be available to meet the patient's needs.
Crisis Management	Nursing Visits scheduled. Recommended calling 911 or seeking care at ER or nearby acute care center.	Nursing visits. May recommend calling 911, seeking care at ER or nearby acute care center.	Nursing Visits or continuous care to allow the patient to stay at home and die at home. May transfer to Tomah Memorial, Hess Memorial, or Moundview Hospitals for inpatient care or respite care as needed..
Bereavement	Not provided	Provided to caregivers for 12 months after death.	Bereavement assessment on admission to hospice and provided on-going and for 12 months after the death of the patient.