

# Palliative Performance Scale (PPS) and Palliative Care Conferences

Quality Palliative Care in Long Term Care Alliance (QPC-LTC)



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**Palliative Performance Scale and Palliative Care Conferences, Quality Palliative Care in Long Term Care, Version 1, [www.palliativealliance.ca](http://www.palliativealliance.ca).**

For more information regarding the project please visit [www.palliativealliance.ca](http://www.palliativealliance.ca) or email our team at [palliativealliance@lakeheadu.ca](mailto:palliativealliance@lakeheadu.ca)

## Introduction

The information in this toolkit is based on current literature and best practices. It is an introduction to the implementation of the Palliative Performance Scale (PPS). Data was collected Creek Way Village, a part of Halton Region, in Burlington, Ontario.

This toolkit is a result of the research conducted on the project by Southern Ontario Lead Investigator Dr. Sharon Kaasalainen, Research Coordinator Diane Crawshaw, and Research assistants Emma Brazil, Chloe Schotsman, and Natasha Laroque, for the Quality Palliative Care in Long Term Care Alliance (QPC-LTC).

## What is the Palliative Performance Scale (PPS)?

The Palliative Performance Scale (PPS) is a useful tool for measuring the progressive decline of a palliative resident. It has five functional dimensions: ambulation, activity level and evidence of disease, self-care, oral intake, and level of consciousness. To score, there are 11 levels of PPS from 0% to 100% in 10 percent increments. Every decrease in 10% marks a fairly significant decrease in physical function. For example a resident with a score of 0% is deceased and a score of 100% is fully ambulatory and healthy.

PPS serves as a way for the interprofessional team to communicate with each other or with residents and families as it can be used as a guide to help in initiating and facilitating conversations about a palliative care or end-of-life care transition.

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100 %	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90 %	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80 %	Full	Normal activity <i>with</i> Effort 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/house work 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 in 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	-	-	-	-

Reproduced with permission from Victoria Hospice , 2003

## Benefits of the PPS

- A way to track the decline of a resident <sup>1,2</sup>
- Using PPS as the indicator of residents' prognosis can help in care planning <sup>1,2</sup>
- PPS, when explained, can help family members in making tough end-of-life decisions <sup>1,2</sup>
- PPS is a good communication tool and a standard reference for healthcare providers to discuss a patient's condition
- PPS can be used not only as a communication tool within the long-term care (LTC) home between professions (ex. Registered staff to PSWs, dietary, and activation therapy) but also across sectors for residents being admitted to LTC or to and from hospital.

## Drawbacks of the PPS

- PPS was not created for LTC homes and may not fully consider the uniqueness of these organizations
- Performance status indicators may not be clear (ex. Ambulation - specific to what they can do) <sup>1</sup>
- PPS is based on an observer's recording - there may be different opinions on what % a resident should be <sup>2</sup>
- May be more difficult to score at certain PPS % levels e.g. between PPS 30% and 40%, or between PPS 80% and 90%. <sup>1</sup>
- Multiple variables to remember <sup>2</sup>
- Another task for staff to complete



## Implementing the PPS within a LTC Home

### 1. Create a Palliative Performance Scale Implementation Team.

#### This team should include:

- **A champion PSW** who can encourage frontline staff and initiate conversation about PPS
- **A champion registered staff** who can support the PSW in their role in implementing PPS in the home
- **Palliative Care Consultant** who can lead training and promote PPS to management
- **Clinical Nurse Specialist** to support PPS at an administration level. This could also be someone in an administrative position such as a manager. This may help increase “buy-in.”

*Tip: Having PSW champions on this team can be crucial for the success of this initiative because if frontline staff own the initiation, they will see the benefits in continuing to use PPS*

*Tip: Pain and Symptom Management Consultants can be extremely beneficial on the team as they can provide a level of respect and understanding to staff that are uneasy about starting a new initiative*

#### Why do we need a team?

The Palliative Performance Scale needs to be implemented as a multi-disciplinary approach. All staff need to understand the process of utilizing the Palliative Performance Scale and have support to sustain the utilization of this tool on the care units.

#### Main Team Goals:

The main goal of the team is to educate staff on the Palliative Performance Scale and to implement the utilization of the Palliative Performance Scale within the long term care home.

## 2. PPS Weekly Implementation Meetings

Weekly meetings with PPS team staff completing PPS scores to remind them that PPS scores need to be completed.

### Consider the following agenda items:

- Prior to education: creating a timeline of events, creating goals for the initiative and training, scheduling education times, train the trainer, advertising the education
- After education: feedback from staff members, evaluating the implementation, looking at ongoing education strategies the would re-enforce the use of the PPS tool

## 3. Creating a Timeline of Events

A timeline should be created to keep the team and goals of the project on track. The timeline should consider how much time the team can devote to this process and should consider the dates for other planned home educational events. *See Appendix A* for a sample PPS Implementation Timeline.

## 4. Plan PPS Training events

Training sessions should be scheduled keeping in mind the physical layout of the LTC home and the shift rotation of staff. For example a LTC home that has two floor may want to have two training sessions per floor so that day shift and afternoon shift can be trained. Training should be held over multiple days so that all staff have an opportunity to receive training. This creates an environment where staff can focus on the PPS and the importance of the tool.



## 5. Advertising PSS Training

- Posters about PPS and its benefits throughout the home – *See Appendix B*
- Notice in home newsletter- *See Appendix B*
- Announce and present PPS in weekly staff meetings and continue to use it in later meetings
- Post PPS score on whiteboards or information boards for high risk residents if score is 30% or below (ex. If a resident is not to get out of bed, also include PPS score in notice).
- Tip: Utilize information boards that already exist in the homes. Try to integrate PPS in physical resources or forms the long term care home already has rather than create new tools. This can help integration.

## 6. Documenting the PPS Process

- PPS was recorded by registered staff in PointClick Care for all residents to establish a baseline. That way, if a PPS score needs to be completed, managers and registered staff can be prompted to complete the PPS.
- Documentation for PPS included:
- PPS charts and explanations were included in every residents chart
- Care planning template (optional if home does not already have documentation)- if the care plan needs to be changed due to PPS score

## 7. Quality Improvement

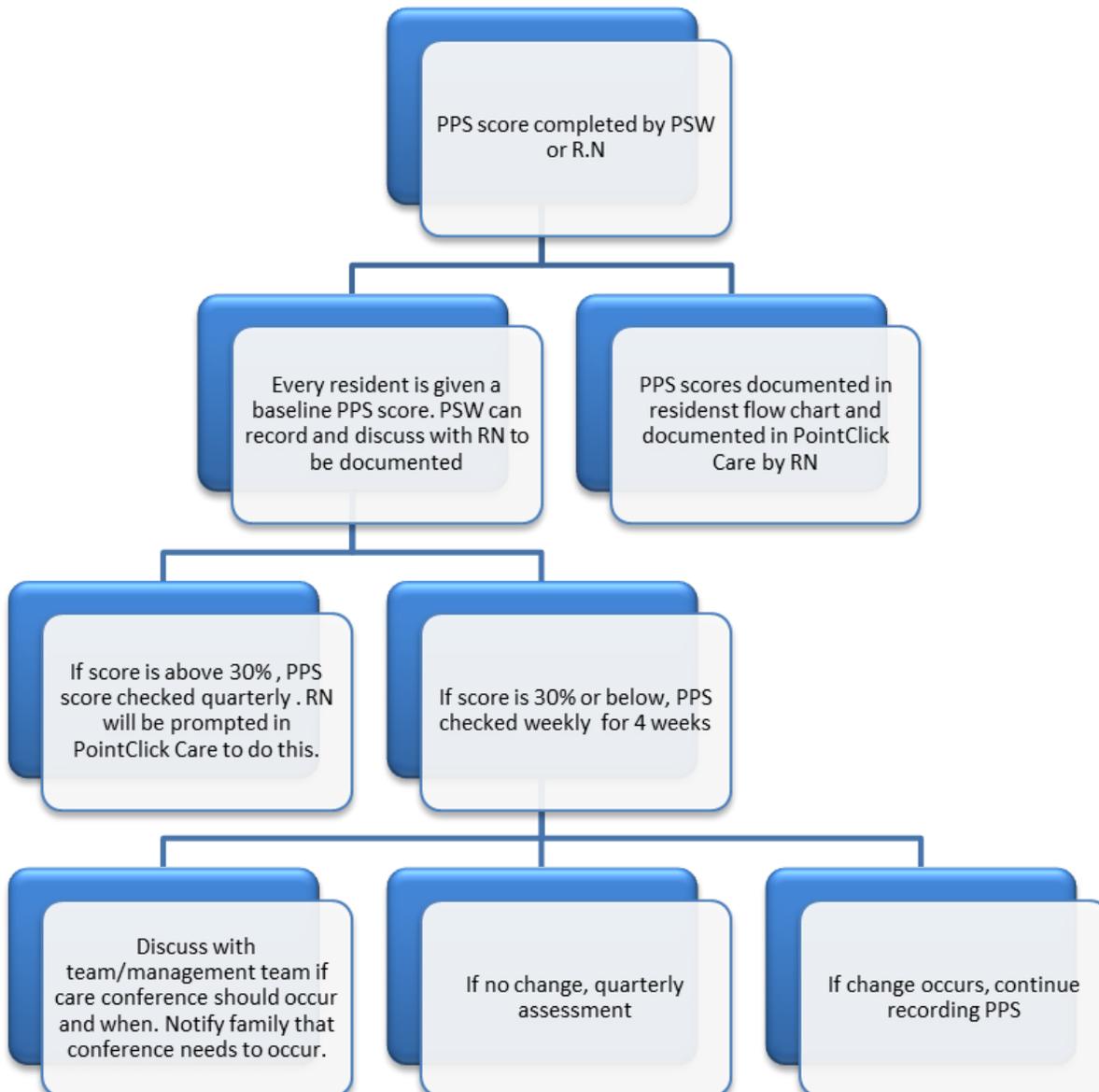
- Plan Do Study Act (PDSA) forms can be used to track the quality improvement of the implementation of the Palliative Performance Scale. Please visit [http://www.hqontario.ca/pdfs/qi\\_guide.pdf](http://www.hqontario.ca/pdfs/qi_guide.pdf) for more information regarding PDSA.
- Consistent use of the PPS scores in I interprofessional meetings and discussions highlights the usefulness of the tool to staff-management support of the tool

## 8. Next Steps

- Utilizing the PPS can be of great benefit to your LTC home however there needs to be a second step in place for residents identified as having a PPS with a score of 30% or lower.
- Tip:* Lunch and Learn sessions were held for registered staff where the champions led a role play to demonstrate a care conference. – See *What to do if PPS is Lower Than 30%*

*Tip: How will know that this initiative is successful? How long after training should you start monitoring and for how long? QI sheet- Appendix?*

### Process Map: After Staff Education



## What to do if a resident has a PPS below 30%?

### Palliative Care Conference:

If resident is at a 30% or below, a palliative care conference should be called. Registered staff will recognize that 30% or below is to trigger a care conference and this should be brought to the attention of the rest of the healthcare team. A care conference is planned after team discusses resident situation and appropriateness of care conference. A palliative care conference is used to inform family members, staff and the resident (if able to attend), the state the resident is at and to further discuss care planning for resident. <sup>3</sup>

<http://www.uq.edu.au/bluecare/the-palliative-approach-toolkit>

## Preparing Staff for a Palliative Care Conference

- Mock trial took place with lead team members of the PPS implementation project. Registered staffs, R.N's and PSWs were present at the mock trial lunch-and-learn to prepare for a palliative care conference.
- An introduction to care conferences was given by presentation of a video "**All on the Same Page**"<sup>3</sup> from the *Palliative Approach Toolkit* from the University of Queensland in Australia found by following the link: <http://www.uq.edu.au/bluecare/the-palliative-approach-toolkit>
- A mock up scenario was conducted by lead team members and preformed in front of staff to demonstrate how a typical care conference would go and roles that would be played (i.e. one team member acted as resident, one team member acted as PSW, one team member acted as family member, etc.)
- The Long Term Care Homes Care Conference form would be filled out by the staff members attending the Care Conference meeting.

1. Anderson F, Downing GM, Hill J, et al. (1996). *Palliative Performance Scale (PPS): a new tool*. J Palliative Care; 12(1): 5-11.

2. Gill C, Hillier L, Crandall J & Johnston J. (2011). *Nursing Guidelines for End-of-Life Care in Long-Term Care Settings: Sustainable improvements to care*. Journal of Palliative Care, 27(3), 229-237.

3. Residential Aged Care Palliative Approach Toolkit. Retrieved from <http://www.uq.edu.au/bluecare/the-palliative-approach-toolkit>

## Appendix A- Sample PPS Implementation Timeline

### *Month 1 - Quality Palliative Care LTC Alliance Meeting*

- PPS was presented to whole team and asked if wanted to move forward. Team majority was yes and project was to begin.

### *Month 1 - PPS training for trial RHA (resident home area)*

- 2 sessions so that staff could attend either one, depending on their workload
- 1 session provided the following day for those who missed the previous sessions

### *Month 1 to 4 - PPS planning meeting with PPS team at LTC home*

- Goals and roles of team members were decided
- Training templates formatted
- PPS was implemented into PointClick Care for electronic documentation

\*These meetings occurred weekly. It was formatted as a check-in with the progress of PPS implementation, if goals were being met, and deciding when would be the appropriate time to roll out PPS to other RHAs”

### *Month 2 - Care Conference Meeting at LTC home - Role play*

- After PPS had become familiar to the trial RHA, care conferences based on PPS were introduced. Staff felt uncomfortable approaching family about palliative care so the research team offered a training session. The introduction to care conferences used a role play scenario based on a resident that the staff knew to show staff how to go about a care conference when discussing palliative care.

### *Month 3 - PPS training for second RHA*

- 2 training sessions occurred for second RHA to introduce staff to PPS
- Roll out occurred floor by floor so that the PPS team could focus on supporting one floor at a time

### *Month 4 - PPS training for third RHA*

- Another floor was trained and multiple sessions were again used

# The Grapevine

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Creek Way Village

July 5<sup>th</sup>, 2012

## NEW ASSESSMENT TOOL TRIAL

### What is the Palliative Performance Scale (PPS)?

**The PPS is a validated tool used to measure** progressive decline in a terminal or incurable illness for a resident. The Palliative Approach is a way of focusing on the primary goals of the resident including their psychological, spiritual and social needs by making the resident feel as comfortable as they can.

### How does it help?

The PPS is a helpful tool because it can help with:

- Communication between staff members and intended residents
- Communication to family members – knowledge of loved one's decline and current state
- Future care planning for residents

*The Palliative Care Project in partnership with Creek Way is trialing the Palliative Performance Scale (PPS) on Lakeshore! Lisa Burmaster; the Lead Personal Support Worker with the Palliative Care Project, Betty Jean Lindgren; Halton's Clinical Nurse Specialist, Rose Trenholm; Director of Nursing and Personal Care, Mickey Turner; Palliative Care Consultant, Heather Sykes; Registered Nurse, and Diane Crawshaw; Research Coordinator comprise the PPS team. They will be working to see if the PPS is right for Halton.*

# The Grapevine

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Creek Way Village

May 11<sup>th</sup>, 2012

## **What is the PPS?**

The Palliative Performance Scale is a way of measuring progressive decline in a terminal or incurable illness for a resident. The Palliative Approach is a way of focusing on the primary goals of the resident including their psychological, spiritual and social needs by making the resident feel as comfortable as they can.

## **Why do we use PPS?**

The PPS serves as a way for the team to communicate with one another by facilitating work load, as well as initiating conversations around palliative care. This can help with Advance Care Planning and Care Planning to best meet all the residents' needs. The PPS is also used so that family members are aware when their loved one is in decline.

## **Next Steps:**

PPS is being implemented on Lakeshore. Our hope is that PPS will initiate comprehensive palliative care.

*The Palliative Care Project in partnership with Creek Way is trialing the Palliative Performance Scale (PPS) on Lakeshore! Lisa Burmaster; the Lead Personal Support Worker with the Palliative Care Project, Betty Jean Lindgren; Halton's Clinical Nurse Specialist, Rose Trenholm; Director of Nursing and Personal Care, Mickey Turner; Palliative Care Consultant, Heather Sykes; Registered Nurse, and Diane Crawshaw; Research Coordinator comprise the PPS team. They will be working to see if the PPS is right for Halton.*

## Key Partners



## Funders



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