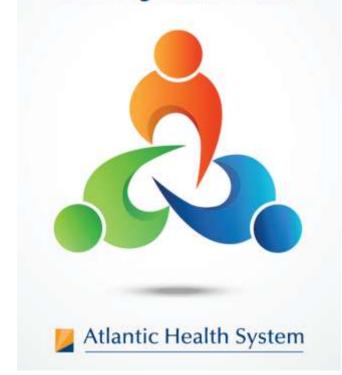


C-PCLC PATIENT COHORT & TRIGGER TOOLS

Brenda Matti-Orozco, MD, FACP Project Lead, AHS Community PCLC July 12, 2021 Atlantic Health System Community Palliative Care Learning Collaborative



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PCLC BUNDLE ELEMENT 1: PC "TRIGGER" TOOL & RESOURCES

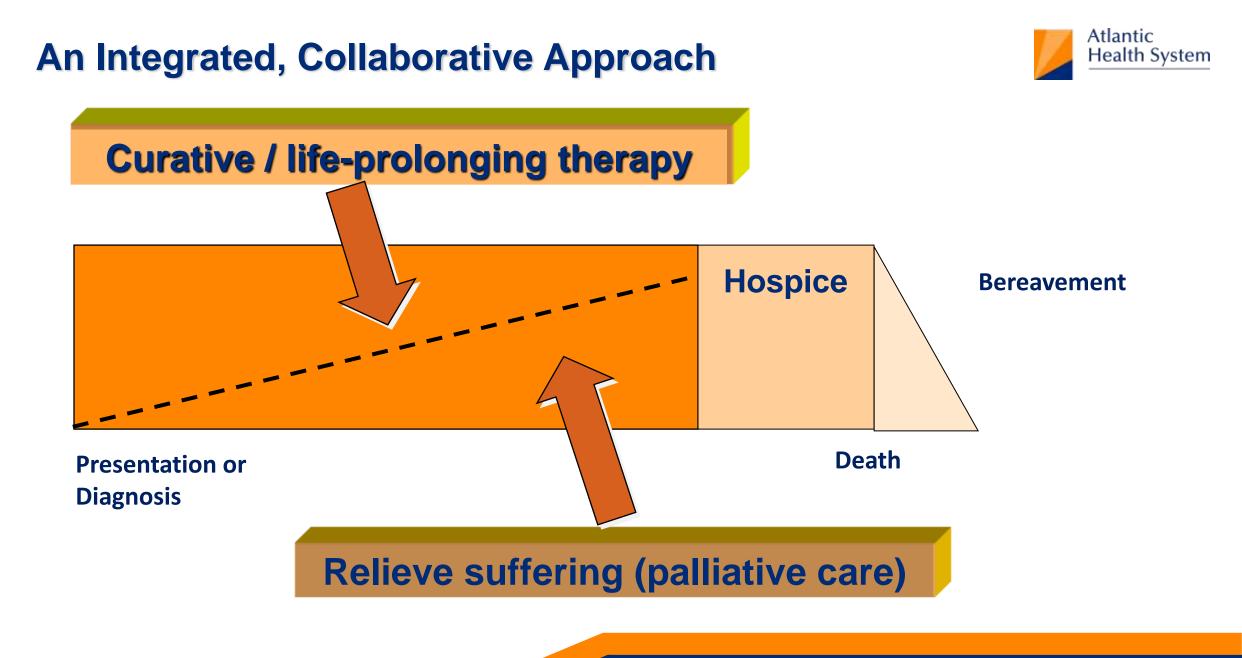


Identification and assessment

Must target a specific cohort of patients

Identify internal and external resources

PCLC2021 (BMO, 7/12/21)





TRIGGER BY "SURPRISE" QUESTION

Would you be surprised if your patient died within the next year?



TRIGGER BY DISEASE AND/ OR CO-MORBID ISSUES



	Serious Life-limiting Disease	PLUS	Any one of following criteria
	Stage 4 Cancer		Multiple recent hospitalization/ED visits with same symptoms/problems
	COPD on Home oxygen	0	Difficult to control symptoms related to serious medical
	CHF		illness such as pain/dyspnea/psychological or spiritual
	Dementia or neurological disease (non-		distress
	ambulatory)		Patient or family requests for specialty palliative care
П	Cirrhosis		DNR order/goals of care conflicts
	ESRD		Patient with a serious illness and technology/care dependent (inotrope infusions, hemodialysis, oxygen, artificial nutrition, bed/chair bound)

TRIGGER BY SYMPTOMS OR EVENT



Uncontrolled pain

Uncontrolled shortness of breath

Uncontrolled agitation

Worsening or non-healing pressure ulcer/s

Progressive weight loss

Progressive dysphagia

Recurrent ED visit

Recent hospitalization or re-admission

TRIGGER BY DISEASE STAGING





Functional Assessment Staging Test

The Functional Assessment Staging Test (FAST) is the most well validated measure of the course of AD in the published, scientific literature.

The stages of Alzheimer's disease as defined by FAST are:

Stage	Stage Name	Characteristic	Expected Untreated AD Duration (months)	Mental Age (years)	MMSE (score)
1	Normal Aging	No deficits whatsoever		Adult	29-30
2	Possible Mild Cognitive Impairment	Subjective functional deficit			28-29
з	Mild Cognitive Impairment	Objective functional deficit interferes with a person's most complex tasks	84	12+	24-28
-44	Mild Dementia	IADLs become affected, such as bill paying, cooking, cleaning, traveling	24	8-12	19-20
5	Moderate Dementia	Needs help selecting proper attire	18	5-7	15
68	Moderately Severe Dementia	Needs help putting on clothes	4.8	5	9
6b	Moderately Severe Dementia	Needs help bathing	4.8	4	8
60	Moderately Severe Dementia	Needs help toileting	4.8	4	5
6d	Moderately Severe Dementia	Urinary incontinence	3.6	3-4	3
6e	Moderately Severe Dementia	Fecal incontinence	9.6	2-3	1
7a	Severe Dementia	Speaks 5-6 words during day	12	1.25	0
7b	Severe Dementia	Speaks only 1 word clearly	18	1	0
7C	Severe Dementia	Can no longer walk	12	1	0
7d	Severe Dementia	Can no longer sit up	12	0.5-0.8	0
70	Severe Dementia	Can no longer smile	18	0.2-0.4	0
71	Severe Dementia	Can no longer hold up head	12+	0-0.2	0

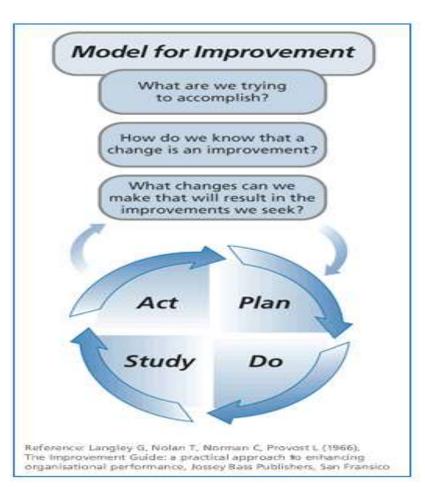
TRIGGER BY PERFORMANCE SCALE



PPS Leve	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 with effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable to do normal job/work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable to do hobby/housework Significant disease	Occasional assistance necessary	Normal or reduced	Full or confusio
50%	Mainly sit/lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or confusio
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 com +/- confusion
0%	Death	_			-

1ST ACTION PERIOD: AUGUST – SEPT 2021





AIM: To identify patients who would benefit from palliative care and identify available PC resources

MEASURE:

- 1. PC screening or trigger tool
- 2. PC resources

CHANGES: What key changes will you test to set up a PC trigger tool that will identify patients who would benefit from palliative care? What are available palliative care tools, resources and services?

COMMUNITY PALLIATIVE CARE LEARNING COLLABORATIVE FACILITY WORKPLAN



FIRST ACTION PERIOD – PALLIATIVE CARE TRIGGER TOOL/S & RESOURCES (Please complete and submit to your facilitator before the first action period, by July 31, 2021)

WHAT	HOW	WHO – person/s	WHEN	Feedback/ Progress Review	
		responsible		Process	
 Trigger Tool Resource List 	 Identify 1 patient a week in August 2021, 2 patients a week in Sept. 2021 who can benefit from palliative care by using a trigger tool Create an internal resource list and an external resource list 		Over the next 2 months		
Trigger ToolResource List			Over the next 6 months		
Trigger ToolResource List			Over the next 12 months		

THANK YOU! QUESTIONS? COMMENTS?



BREAKOUT SESSIONS – WORKING LUNCH 12:00 – 2:00

Atlantic Health System

Pick up lunch in Conference Room A/B (directly across from the auditorium)

AHS Facilitators/Region	LTC Facilities	Room / Zoom Virtual Room	
<u>Morristown/Chilton</u> Lead by Dr. Matti-Orozco	Morristown Post-Acute Morris View Holly Manor Oakland Arbor Ridge Lincoln Park Care Center Lincoln Park Renaissance	Brady-Shinn Conference Room New Zoom Meeting Link <u>https://atlantichealth.zoom.us/j/87930</u> 221148?pwd=dXIVcmlxYjZsUHF2eFN3R <u>HpSUG45UT09</u> Breakout Room 1	
Overlook/ Newton-Hackettstown Lead by Dr. Mondul, Dr Shindler	Spring GroveLimecrestRunnellsWoodlandsAutumn LakesHeath VillageHomesteadBarn HillBristol GlenHouse of Good Shepherd	Wilf Conference Room New Zoom Meeting Link <u>https://atlantichealth.zoom.us/j/87930</u> 221148?pwd=dXIVcmlxYjZsUHF2eFN3R <u>HpSUG45UT09</u> Breakout Room 2	