The Clinician Connection to Documentation: Using the PPS, FAST, BMI, MAC and NYHA Tools

Subscriber Audio Conference
April 2013

Roseanne Berry, MSN, RN
Consultant/Educator

Objectives

• Recognize the importance of assessment tools in supporting eligibility and care planning
• Apply the Palliative Performance Scale (PPS), Functional Assessment Staging (FAST), Body Mass Index (BMI), Mid Arm Circumference (MAC) and New York Heart Association (NYHA) scaling and measurement tools properly to support eligibility
• Identify the connection between these tools and care planning
• Describe monitoring and auditing techniques to reinforce the proper use of the tools
Medicare Coverage Requirements

- Medicare wants to know what they are paying for
- They review hospice records and decide whether to pay or not (or take money back)
  - Report card
    - A-get paid in full
    - C-partial payment
    - F-free care provided

It’s the evidence
Common Documentation Challenges

- Admission documentation does not contain description of why hospice/why now and what patient “looked” like 3 to 6 months ago
- Inconsistent
  - FAST 7C but chaplain states patient told him about his Navy days
  - PPS 30% but documentation describes patient ambulating with a walker
  - Weights 121 pounds one month and 142 pounds the next
- Imprecise
  - “Assist with all ADLs”
  - “Weight loss” or “estimated weight”

Common Documentation Challenges

- Using words like ... stable, unchanged
  - Document abnormal findings consistently
  - Need to have the associated contextual description
- Failure to regularly weigh or measure
  - Obtain baseline measurements
- Plan of care
  - Does not fully include functional impairments
  - Does not address the environment of care
Tools for Assessing End Stage Diseases

Tools and Eligibility

• Supporting the 6 month or less prognosis
• Local Coverage Determinations
• Decline
• Functional and structural impairments
• Environment of care
A tool is:
Something regarded as necessary to the carrying out of one's occupation or profession

Common Problems

• Using wrong tool (s) for patient /diagnosis or not using it at all
• Inconsistent scoring by clinicians
• Inconsistent usage – some do, some don’t
• Where its documented (especially with EMRs)
• No one picking up if there are scores that don’t make sense
Effective Use of Tools Requires

- Determination of standard tools
- How it works in your documentation system
- How tools connect to care and care planning
- Educate and then educate train some more
- Auditing results

Assessment Tools

Today’s Focus

- Functional performance measurement tools
  - Palliative Performance Scale (PPS)
  - Functional Assessment Staging (FAST)
  - ADLs
  - New York Heart Association Classification (NYHA)
  - FAST (measures both cognition and function)
- Nutritional status measurement tools
  - Weight scales
  - Body Mass Index (BMI)
  - Mid Arm Circumference (MAC)
FUNCTIONAL PERFORMANCE TOOLS

Functional Decline

- Palliative Performance Scale (PPS)
  - ≤ 40 shows significant debility and decline
  - PPS decline by 20 points in past 2-3 months (to a level of 40%)
- Decline in ADLs
- FAST Scores
  - Measure of severity of Alzheimer’s
Palliative Performance Scale (PPS)

- Designed to measure functional performance and progressive decline in palliative care patients
  - Ambulation
  - Activity
  - Evidence of disease
  - Self care
  - Intake
  - Level of consciousness
- Designed to measure what a person is capable of doing, not what they choose to do

<table>
<thead>
<tr>
<th>PPS Level</th>
<th>Chance of Death at 6 months* Cancer</th>
<th>Chance of Death at 6 months* Non-cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>84%</td>
<td>75%</td>
</tr>
<tr>
<td>40</td>
<td>95%</td>
<td>85%</td>
</tr>
<tr>
<td>30</td>
<td>95%</td>
<td>85%</td>
</tr>
<tr>
<td>20</td>
<td>100%</td>
<td>96%</td>
</tr>
<tr>
<td>10</td>
<td>100%</td>
<td>96%</td>
</tr>
</tbody>
</table>

* Applies only to patients who have been to a hospice program
Using the PPS

• Scores are determined by reading horizontally at each level to find a best fit
• Begin at the left hand column and read downward until the patient’s appropriate ambulation level is reached
  • Columns on the left hand side are stronger determinants and generally take precedence over others
• Move to the self care column and determine that score
  • Ambulation and self care are more easily discernable so begin with those two

Using the PPS

• Only score in 10% increments
• Repeat the steps until all five columns have been evaluated
• Exception is that to reach 30% PPS a patient MUST require total care
  • A patient who is “totally bed bound” but who can assist in their own self care would be 40%
**PPS: Example 1**

77 year old man with COPD leads a bed to chair existence secondary to dyspnea. Tries to manage ADLs himself but actually needs a lot of help. Can do most of his personal care once in the bathroom. Intake is good. He is alert and oriented.

<table>
<thead>
<tr>
<th>%</th>
<th>Ability to Ambulate</th>
<th>Activity and Evidence of Disease</th>
<th>Self-Care</th>
<th>Intake</th>
<th>Conscious Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Full</td>
<td>Normal activity, no evidence of disease</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td>90</td>
<td>Full</td>
<td>Normal activity, some evidence of disease</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td>80</td>
<td>Full</td>
<td>Normal activity with effort, some evidence of disease</td>
<td>Full</td>
<td>Normal or reduced</td>
<td>Full</td>
</tr>
<tr>
<td>70</td>
<td>Reduced</td>
<td>Unable to do normal work, some evidence of disease</td>
<td>Full</td>
<td>Normal or reduced</td>
<td>Full</td>
</tr>
<tr>
<td>60</td>
<td>Reduced</td>
<td>Unable to do hobby or housework, Evidence of significant disease</td>
<td>Occasional assist necessary</td>
<td>Normal or reduced</td>
<td>Full or confusion</td>
</tr>
<tr>
<td>50</td>
<td>Mainly sit/lie</td>
<td>Unable to do any work, extensive disease</td>
<td>Considerable assistance required</td>
<td>Normal or reduced</td>
<td>Full or confusion</td>
</tr>
<tr>
<td>40</td>
<td>Mainly in bed</td>
<td>Unable to do any work, extensive disease</td>
<td>Mainly assistance</td>
<td>Normal or reduced</td>
<td>Full, drowsy, or confusion</td>
</tr>
<tr>
<td>30</td>
<td>Totally bed bound</td>
<td>Unable to do any work, extensive disease</td>
<td>Total care</td>
<td>Normal or Reduced</td>
<td>Full, drowsy, or confusion</td>
</tr>
<tr>
<td>20</td>
<td>Totally bed bound</td>
<td>Unable to do any work, extensive disease</td>
<td>Total care</td>
<td>Minimal sips</td>
<td>Full, drowsy, or confusion</td>
</tr>
<tr>
<td>10</td>
<td>Totally bed bound</td>
<td>Unable to do any work, extensive disease</td>
<td>Total care</td>
<td>Mouth care only</td>
<td>Drowsy or coma</td>
</tr>
<tr>
<td>0</td>
<td>Death</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

What do you do when several options in a column are the same?

- The patient requires Total Care
  - Self Care: 10-30%
- 1<sup>st</sup>: do not score this column until you have scored the other columns
- 2<sup>nd</sup>: score this column according to the “best fit” with the other scores
- 3<sup>rd</sup>: unless the score in this column defines a new percentage (i.e. moving from 40% mainly assistance to 30% total care) when all the other scores are above 30% this may be equal to but not lower than the other scores
### PPS Example 2

82 year old woman with Alzheimer’s who lives in NF. Staff lift her out of bed into a reclining chair occasionally. She requires total care in all ADLs, eats what she is fed and she is confused.

<table>
<thead>
<tr>
<th>%</th>
<th>Ability to Ambulate</th>
<th>Activity and Evidence of Disease</th>
<th>Self-Care</th>
<th>Intake</th>
<th>Conscious Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Full</td>
<td>Normal activity, no evidence of disease</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td>90</td>
<td>Full</td>
<td>Normal activity, some evidence of disease</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td>80</td>
<td>Full</td>
<td>Normal activity with effort, some evidence of disease</td>
<td>Full</td>
<td>Normal or reduced</td>
<td>Full</td>
</tr>
<tr>
<td>70</td>
<td>Reduced</td>
<td>Unable to do normal work, some evidence of disease</td>
<td>Full</td>
<td>Normal or reduced</td>
<td>Full</td>
</tr>
<tr>
<td>60</td>
<td>Reduced</td>
<td>Unable to do housework, Evidence of significant disease</td>
<td>Occasional assist necessary</td>
<td>Normal or reduced</td>
<td>Full or confusion</td>
</tr>
<tr>
<td>50</td>
<td>Mainly sit/lie</td>
<td>Unable to do any work, extensive disease</td>
<td>Considerable assistance required</td>
<td>Normal or reduced</td>
<td>Full or confusion</td>
</tr>
<tr>
<td>40</td>
<td>Mainly in bed</td>
<td>Unable to do any work, extensive disease</td>
<td>Mainly assistance</td>
<td>Normal or reduced</td>
<td>Full or confusion</td>
</tr>
<tr>
<td>30</td>
<td>Totally bed bound</td>
<td>Unable to do any work, extensive disease</td>
<td>Total care</td>
<td>Normal or reduced</td>
<td>Full, drowsy, or confusion</td>
</tr>
<tr>
<td>20</td>
<td>Totally bed bound</td>
<td>Unable to do any work, extensive disease</td>
<td>Total care</td>
<td>Minimal sips</td>
<td>Full, drowsy, or confusion</td>
</tr>
<tr>
<td>10</td>
<td>Totally bed bound</td>
<td>Unable to do any work, extensive disease</td>
<td>Total care</td>
<td>Mouth care only</td>
<td>Drowsy or coma</td>
</tr>
<tr>
<td>0</td>
<td>Death</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### PPS Example 3

79 year old woman with Alzheimer’s. NF staff lift her out of bed into a reclining chair occasionally. She requires significant assistance with ADLs and self care. She feeds herself and usually eats everything on her plate. She is very confused.

PPS = 40%

<table>
<thead>
<tr>
<th>%</th>
<th>Ability to Ambulate</th>
<th>Activity and Evidence of Disease</th>
<th>Self-Care</th>
<th>Intake</th>
<th>Conscious Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Full</td>
<td>Normal activity, no evidence of disease</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td>90</td>
<td>Full</td>
<td>Normal activity, some evidence of disease</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td>80</td>
<td>Full</td>
<td>Normal activity with effort, some evidence of disease</td>
<td>Full</td>
<td>Normal or reduced</td>
<td>Full</td>
</tr>
<tr>
<td>70</td>
<td>Reduced</td>
<td>Unable to do normal work, some evidence of disease</td>
<td>Full</td>
<td>Normal or reduced</td>
<td>Full</td>
</tr>
<tr>
<td>60</td>
<td>Reduced</td>
<td>Unable to do housework, Evidence of significant disease</td>
<td>Occasional assist necessary</td>
<td>Normal or reduced</td>
<td>Full or confusion</td>
</tr>
<tr>
<td>50</td>
<td>Mainly sit/lie</td>
<td>Unable to do any work, extensive disease</td>
<td>Considerable assistance required</td>
<td>Normal or reduced</td>
<td>Full or confusion</td>
</tr>
<tr>
<td>40</td>
<td>Mainly in bed</td>
<td>Unable to do any work, extensive disease</td>
<td>Mainly assistance</td>
<td>Normal or reduced</td>
<td>Full or confusion</td>
</tr>
<tr>
<td>30</td>
<td>Totally bed bound</td>
<td>Unable to do any work, extensive disease</td>
<td>Total care</td>
<td>Normal or reduced</td>
<td>Full, drowsy, or confusion</td>
</tr>
<tr>
<td>20</td>
<td>Totally bed bound</td>
<td>Unable to do any work, extensive disease</td>
<td>Total care</td>
<td>Minimal sips</td>
<td>Full, drowsy, or confusion</td>
</tr>
<tr>
<td>10</td>
<td>Totally bed bound</td>
<td>Unable to do any work, extensive disease</td>
<td>Total care</td>
<td>Mouth care only</td>
<td>Drowsy or coma</td>
</tr>
<tr>
<td>0</td>
<td>Death</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
FAST
Functional Assessment Staging

• The FAST Scale is a 16-item scale designed to parallel the progressive activity limitations associated with Alzheimer’s Disease
• Designed for Alzheimer’s Disease
  • Little information on other dementias
  • Problems of “non-ordinate” patients
• A 7-step staging system, to determine hospice eligibility which identifies progressive steps and sub-steps of functional decline
  • Stage 6 - Moderately severe
  • Stage 7 - Severe
• Stage 7 identifies the threshold of activity limitation that would support a six-month prognosis
  • To qualify under Alzheimer's Disease the patient should have a FAST of 7 along with secondary conditions
FAST
Stage 7 - Severe

a) Ability to speak limited to approximately a half a dozen intelligible different words or fewer, in the course of an average day or in the course on and intensive interview
   - Speech restricted to single words (e.g., “yes”, “no”, “please” or short phrases (e.g., “please don’t hurt me”; “get away”; “I like you”)

b) Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview (the person may repeat the word over and over)
   - Limited to 1 or 2 single words as an indicator for all things and needs (e.g., “yes”, “no” for all verbalization)

c) Ambulatory ability is lost (cannot walk without personal assistance)
   - Early part of this sub-stage may require actual support (e.g., being physically supported by a caregiver) and physical assistance to walk but with progression the ability to walk even with assistance is lost
   - Varied—some patients begin to take progressively smaller and slower steps and other patient begin to tilt backwards or forwards or laterally when ambulating
FAST
Stage 7 - Severe

d) Cannot sit up without assistance (e.g., the individual will fall over if there is not some type of physical brace to keep them from sliding down in chair such as lateral rests [arms] on the chair)
e) Loss of ability to smile although may manifest other facial movements and may sometimes grimace
f) Loss of ability to hold head up independently

Keys to Scoring

• The scoring must be done sequentially
  • It's not the lowest score for which the patient qualifies, it's the lowest uninterrupted score
• Unable to ambulate without assistance
  • This means personal assistance, someone holding them up so they can walk
    • It is not: walker, cane, standby assist
• Verbal communication
  • Ability to speak limited to approximately a half a dozen intelligible different words or fewer, in the course of an average day or in the course on and intensive interview
• Deficits are a result of the dementing process
  • Walking limitation can not be from osteoarthritis or other non related disease processes
Case #1

Patient with Alzheimer's living in a SNF

- Tries to get up and walk but falls frequently
- Speech is limited to mumbling and yelling (no real vocabulary)
- Is continent of bowel and bladder
- Needs assistance to dress, bathe and toilet
- How would you score the FAST?

Score

- 6a: needs assistance putting on clothes
- 6b: unable to bathe properly
- 6c: inability to handle the mechanics of toileting occasionally or more frequently recently
- 6d: occasional or more frequent urinary incontinence
- 6e: occasional or more frequent fecal incontinence
- 7a: speech limited to approximately 6 intelligible words in a day or interview
- 7b: speech limited to approximately 1 intelligible word in a day or interview
- 7c: Ambulatory ability is lost (without personal assistance)
Case #2

- Patient with Alzheimer’s living at home who requires significant assistance with all ADLs
  - She is incontinent of bowel and bladder
  - She has no memory and says over and over again “What are you doing to me?”
  - Her PPS is 40%
  - She is unable to ambulate at all
  - What’s her FAST?

Score

- 6a: needs assistance putting on clothes
- 6b: unable to bathe properly
- 6c: inability to handle the mechanics of toileting occasionally or more frequently recently
- 6d: occasional or more frequent urinary incontinence
- 6e: occasional or more frequent fecal incontinence
- 7a: speech limited to approximately 6 intelligible words in a day or interview
- 7b: speech limited to approximately 1 intelligible word in a day or interview
- 7c: Ambulatory ability is lost (without personal assistance)
The PPS & FAST

- Excellent tools for monitoring, quantifying and documenting the functional performance and decline in hospice patients
- Documents a dementia patient’s current cognitive abilities
  - How they manifest in the patient’s functional abilities
  - Predict and document disease progression

Functional Decline

- Activities of Daily Living (ADL)
  - ADL deficits are the most important predictor of 6-month mortality
  - Ambulation, Continence, Transfers, Feeding, Bathing, Dressing
  - Stronger than diagnosis, mental status, or ICU admission
Activities of Daily Living Measurement

- ADLS
  - Ambulation
  - Continence
  - Transfers
  - Feeding
  - Bathing
  - Dressing

- Amount of assistance required-describe
  - Independent
  - Uses device
  - Personal assistance-how much
  - Completely dependent

- Document the level of assistance needed for each ADL
- Be descriptive

Activities of Daily Living Measurement

- Dependent in 5 of 6 ADLs at admission and at recertification

  How about this way?

- Admission: Standby assistance with ambulation with walker; occasional incontinence; minimal assistance with transfers; independent in feeding, moderate assistance with bathing and dressing

- Recertification: Personal assistance with ambulation with walker; incontinent bowel and bladder; maximum assistance with transfers; independent in feeding, moderate assistance with bathing and dressing
Functional Performance Connection to Care Planning

- Examples
  - Fall precautions
  - Safety measures
  - Skin breakdown
  - Incontinence
  - Assistive devices
  - Assistance with ADLs
    - Hospice Aides
    - Teaching family
    - Caregiver fatigue

NYHA Functional Classification

- Provides a simple way of classifying the extent of heart failure
- Places patients in 1 of 4 categories based on
  - How much they are limited during physical activity
  - Limitations / symptoms are in regards to normal breathing
  - Varying degrees in shortness of breath and / or angina pain
New York Heart Association Functional Classification

- **Class I** (Mild) No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, or dyspnea (shortness of breath)
- **Class II** (Mild) Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, or dyspnea
- **Class III** (Moderate) Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea
- **Class IV** (Severe) Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased

NYHA Connection to Care Planning

- Oxygen safety
- SVN
- Energy conservation
- ADL assistance
- Pain management
- Medication management and education
Nutritional Measurement

- Extremes of nutritional status are associated with increased mortality
- >10% weight loss in elderly, over 6 months associated with high mortality
- BMI < 22 kg/m² in the elderly associated with increased mortality
- Decline in ability to take nourishment
  - Decline in # or % of meals consumed
  - Loss of ability to take solid food precedes loss of ability to take fluids
Nutrition Measurement

- Weights
- Body Mass Index (BMI)
- Mid arm circumference (MAC)

Nutrition Measurement-Weights

- Weights
  - Admission
    - Accurate actual weight (not reported)
    - For NF patients, if weights fluctuate find out why and then get an accurate admission weight
    - For all patients, obtain weight from 6 months ago
    - For home patients, obtain MAC for baseline future need
  - Ongoing
    - Accurate actual weight (not reported)
    - For NF patients, don’t accept wide discrepancies
    - Fluid retention
**Nutrition Measurement-BMI**

- Accurate actual weight (not what is reported)
- Maximum adult height (reported)
  - If they don’t know exact height, please ask them to make their best guess
- Half arm-span
  - Multiply the half arm span measurement by 2
- BMI App
  - IPhone: [http://apps.usa.gov/bmi-app.shtml](http://apps.usa.gov/bmi-app.shtml)

**Nutritional Assessment-MAC**

- Provides an indication of skeletal muscle mass, bone and subcutaneous fat
- Used for patients who cannot be weighed
- Key point is consistency in measurement
  - Standard method
  - Centimeters
- Obtain a MAC on every patient at admission
One Way to Measure

• With patient lying down, straighten non-dominant arm.
• Measure the mid point of the posterior upper arm from the acromion (bony prominence of shoulder) to the olecranon (elbow) and mark it.
• Place the tape around the upper arm, directly over the mark at the midpoint on the posterior aspect (back) of the upper arm. Keep the tape perpendicular to the shaft of the upper arm.
• Pull the tape just snugly enough around the arm to ensure contact with the medial side of the arm and elsewhere. Make sure that the tape is not too tight that it causes dimpling of the skin.
• Record the measurement to the nearest millimeter. Measure again.
• Check to see if the two measurements are within 0.4 cm of each other. If they are not, take two more measurements and record the mean of all four.

Nutrition

Connection to Care Planning

• Examples
  • Weight loss
    • Nutritional assessments
    • Calorie consumption
    • Diet
    • Family and caregiver education food intake and end of life
  • Weight gain
    • Fluid retention: heart failure, chronic lung disease, kidney disease, liver disease, cancer, medications
  • Physical assessment
Monitoring and Auditing-
Making the Connections

Examples-Does this question provide you what you need?

“Does the documentation support the patient’s eligibility?”

Apply the these questions

• What is being audited?
• What exactly do you want to know?
• What makes it important to know?
• Will the question, as formulated, give you that information?
• How will you get the information?
A Better Way to Ask the Question

Which now becomes several questions to get at what you want...

- Is there a weight or MAC on admission?
- Is there a weight or MAC, at minimal, this recertification period?
- Are they consistent (do they make sense)?
- Do they show a decline?

Audit Tool

<table>
<thead>
<tr>
<th>Date: __________________________</th>
<th>Dates Reviewed: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient: ______________________</td>
<td>MRP: ________________________</td>
</tr>
</tbody>
</table>

1. Weight (MAC if cannot weigh) is present
   - Yes □ No □ NA □

2. Weights support decline
   - Yes □ No □ NA □

3. Assistance with ADLs is descriptive
   - Yes □ No □ NA □

4. Assistance with ADLs supports decline
   - Yes □ No □ NA □

5. PPS is present
   - Yes □ No □ NA □

6. Documentation supports the PPS score
   - Yes □ No □ NA □

7. FAST is present
   - Yes □ No □ NA □

8. Documentation supports the FAST score
   - Yes □ No □ NA □

9. NHYA Class is present
   - Yes □ No □ NA □

10. Documentation supports the NHYA Class score
    - Yes □ No □ NA □
Connections

- Educate staff on importance of documentation
- Monitor and audit those most important areas
  - Prebilling
  - Keep it focused
  - Peer reviews
  - Report in usable manner
  - Connect results to what is important to clinicians
- Maybe there is a PIP in the making!
- Celebrate improvements
- Team competition
- Accountability
- Performance appraisals

Resources

- *Journal of Pain and Symptom Management* Vol. 38 No. 1 July 2009 Using the Palliative Performance Scale to Provide Meaningful Survival Estimates
- *Journal of Palliative Medicine* Volume 8, Number 3, 2005 Is the Palliative Performance Scale a Useful Predictor of Mortality in a Heterogeneous Hospice Population?
- Victoria Hospice Society Palliative Performance Scale [http://www.victoriahospice.org/health-professionals/clinical-tools](http://www.victoriahospice.org/health-professionals/clinical-tools)
- PhenX Toolkit [https://www.phenxtoolkit.org/](https://www.phenxtoolkit.org/)
Contact Information

info@hospicefundamentals.com

Susan Balfour
919-491-0699
susan@hospicefundamentals.com

Roseanne Berry
480-650-5604
roseanne@hospicefundamentals.com

Charlene Ross
602-740-0783
charlene@hospicefundamentals.com
BMI Formula:
- Weight (lb) / [height (in)]² x 703
- Calculate BMI by dividing weight in pounds (lbs) by height in inches (in) squared and multiplying by a conversion factor of 703.

Palliative Performance Scale (PPSv2) version 2

<table>
<thead>
<tr>
<th>PPS Level</th>
<th>Ambulation</th>
<th>Activity &amp; Evidence of Disease</th>
<th>Self-Care</th>
<th>Intake</th>
<th>Conscious Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>Full</td>
<td>Normal activity &amp; work No evidence of disease</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td>90%</td>
<td>Full</td>
<td>Normal activity &amp; work Some evidence of disease</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td>80%</td>
<td>Full</td>
<td>Normal activity with Effort Some evidence of disease</td>
<td>Full</td>
<td>Normal or reduced</td>
<td>Full</td>
</tr>
<tr>
<td>70%</td>
<td>Reduced</td>
<td>Unable Normal Job/Work Significant disease</td>
<td>Full</td>
<td>Normal or reduced</td>
<td>Full</td>
</tr>
<tr>
<td>60%</td>
<td>Reduced</td>
<td>Unable hobby/house work Significant disease</td>
<td>Occasional assistance necessary</td>
<td>Normal or reduced</td>
<td>Full or Confusion</td>
</tr>
<tr>
<td>50%</td>
<td>Mainly Sit/Lie</td>
<td>Unable to do any work Extensive disease</td>
<td>Considerable assistance required</td>
<td>Normal or reduced</td>
<td>Full or Confusion</td>
</tr>
<tr>
<td>40%</td>
<td>Mainly in Bed</td>
<td>Unable to do most activity Extensive disease</td>
<td>Mainly assistance</td>
<td>Normal or reduced</td>
<td>Full or Drowsy +/- Confusion</td>
</tr>
<tr>
<td>30%</td>
<td>Totally Bed Bound</td>
<td>Unable to do any activity Extensive disease</td>
<td>Total Care</td>
<td>Normal or reduced</td>
<td>Full or Drowsy +/- Confusion</td>
</tr>
<tr>
<td>20%</td>
<td>Totally Bed Bound</td>
<td>Unable to do any activity Extensive disease</td>
<td>Total Care</td>
<td>Minimal to sips</td>
<td>Full or Drowsy +/- Confusion</td>
</tr>
<tr>
<td>10%</td>
<td>Totally Bed Bound</td>
<td>Unable to do any activity Extensive disease</td>
<td>Total Care</td>
<td>Mouth care only</td>
<td>Drowsy or Coma +/- Confusion</td>
</tr>
<tr>
<td>0%</td>
<td>Death</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Instructions for Use of PPS
1. PPS scores are determined by reading horizontally at each level to find a ‘best fit’ for the patient which is then assigned as the PPS% score.
2. Begin at the left column and read downwards until the appropriate ambulation level is reached, then read across to the next column and downwards again until the activity/evidence of disease is located. These steps are repeated until all five columns are covered before assigning the actual PPS for that patient. In this way, ‘leftward’ columns (columns to the left of any specific column) are ‘stronger’ determinants and generally take precedence over others.
   **Example 1:** A patient who spends the majority of the day sitting or lying down due to fatigue from advanced disease and requires considerable assistance to walk even for short distances but who is otherwise fully conscious level with good intake would be scored at PPS 50%.
   **Example 2:** A patient who has become paralyzed and quadriplegic requiring total care would be PPS 30%. Although this patient may be placed in a wheelchair (and perhaps seem initially to be at 50%), the score is 30% because he or she would be otherwise totally bed bound due to the disease or complication if it were not for caregivers providing total care including lift/transfer. The patient may have normal intake and full conscious level.
   **Example 3:** However, if the patient in example 2 was paraplegic and bed bound but still able to do some self-care such as feed themselves, then the PPS would be higher at 40 or 50% since he or she is not ‘total care’.
3. PPS scores are in 10% increments only. Sometimes, there are several columns easily placed at one level but one or two which seem better at a higher or lower level. One then needs to make a ‘best fit’ decision. Choosing a ‘half-fit’ value of PPS 45%, for example, is not correct. The combination of clinical judgment and ‘leftward precedence’ is used to determine whether 40% or 50% is the more accurate score for that patient.
4. PPS may be used for several purposes. First, it is an excellent communication tool for quickly describing a patient’s current functional level. Second, it may have value in criteria for workload assessment or other measurements and comparisons. Finally, it appears to have prognostic value.

Copyright © 2001 Victoria Hospice Society
New York Heart Association Classification

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I</td>
<td>(Mild) No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, or dyspnea (shortness of breath).</td>
</tr>
<tr>
<td>Class II</td>
<td>(Mild) Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, or dyspnea.</td>
</tr>
<tr>
<td>Class III</td>
<td>(Moderate) Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea.</td>
</tr>
<tr>
<td>Class IV</td>
<td>(Severe) Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.</td>
</tr>
</tbody>
</table>

**Mid Arm Circumference (MAC)**

1. With patient lying down, straighten non-dominant arm.
2. Measure the mid point of the posterior upper arm from the acromion (bony prominence of shoulder) to the olecranon (elbow) and mark it.
3. Place the tape around the upper arm, directly over the mark at the midpoint on the posterior aspect (back) of the upper arm. Keep the tape perpendicular to the shaft of the upper arm.
4. Pull the tape just snugly enough around the arm to ensure contact with the medial side of the arm and elsewhere. Make sure that the tape is not too tight that it causes dimpling of the skin.
5. Record the measurement to the nearest millimeter. Measure again.
6. Check to see if the two measurements are within 0.4 cm of each other. If they are not, take two more measurements and record the mean of all four.

**Functional Assessment Staging (FAST)**

Check highest consecutive level of disability:

1. No difficulty either subjectively or objectively.
2. Complains of forgetting location of objects. Subjective work difficulties.
3. Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity.*
4. Decreased ability to perform complex tasks, e.g., planning dinner for guests, handling personal finances (such as forgetting to pay bills), difficulty marketing, etc.
5. Requires assistance in choosing proper clothing to wear for the day, season, or occasion, e.g., patient may wear the same clothing repeatedly unless supervised.*
6. A) Improperly putting on clothes without assistance or cueing (e.g., may put street clothes on over night clothes, or put shoes on wrong feet, or have difficulty buttoning clothing) occasionally or more frequently over the past weeks.*
   B) Unable to bathe properly (e.g., difficulty adjusting the bath-water temperature) occasionally or more frequently or the past weeks.*
   C) Inability to handle mechanics of toileting (e.g., forgets to flush the toilet, does not wipe properly or properly dispose of toilet tissue) occasionally or more frequently over the past weeks.*
   D) Urinary incontinence (occasionally or more frequently over the past weeks).*
   E) Fecal incontinence (occasionally or more frequently over the past weeks).*
7. A) Ability to speak limited to approximately a half a dozen intelligible different words or fewer, in the course of an average day or in the course of an intensive interview.
   B) Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview (the person may repeat the word over and over).
   C) Ambulatory ability is lost (cannot walk without personal assistance).
   D) Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair).
   E) Loss of ability to smile.
   F) Loss of ability to hold head up independently.

* Scored primarily on the basis of information obtained from acknowledgeable informant and/or category.