



Importance of Recognising Change

NHSGGC Primary Care Palliative Care Team

Tel: 0141 427 8254

<u>palliative.care@ggc.scot.nhs.uk</u> <u>www.palliativecareggc.org.uk/primarycarepcteam/</u>

Delivering better health

A simple traffic light system initially developed for use in nursing care homes

It identifies changing palliative care needs in the last months of life in frail elderly people and people with dementia to proactively manage the residents care

SPAR focuses on two key aspects of care of the dying

- it provides a simple framework to improve recognition of deterioration and the possible approaching death of a resident
- it suggests some actions that should be considered when a resident is identified as possibly dying

This traffic light system is used in conjunction with the Palliative Performance Scale PPSv2 Aims:

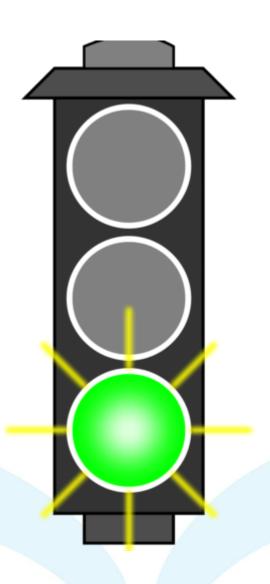
- Early identification of changing care needs will lead to more appropriate and effective care
- A decrease in the need for crisis intervention
- Less likelihood of inappropriate admissions
- Greater resident / carer involvement

PALLIATIVE PERFORMANCE SCALE (PPSv2)

PALLIATIVE PERFORMANCE SCALE (PPSv2)								
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 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/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	-	-	-	-			

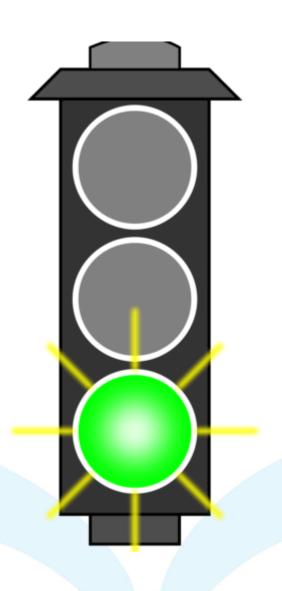
GREEN

- Rate of decline
 - No major change in physical and/or mental status over last month



GREEN

- Care needs
 - Stable
- Palliative
 Performance Score
 (PPSv2)
 - No change



GREEN

- Continue to provide optimum management of long term conditions
- Update Anticipatory Care Plan documentation
- Consider use of "My Thinking Ahead & Making Plans"
- Review every month or sooner if significant or sudden change

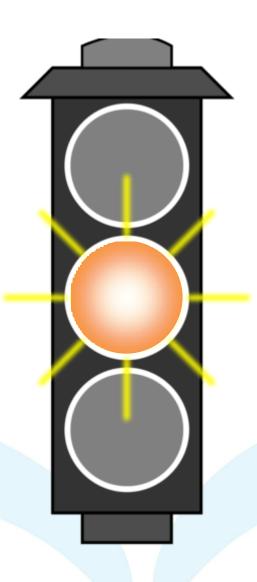
AMBER

Rate of decline

slow to moderate (month by month)

Sign of irreversible impairment e.g.

- History of recent fall(s)
- Recent infection
- Slight weight loss despite nutritional supplements
- Lack of interest in usual activities e.g. socialising



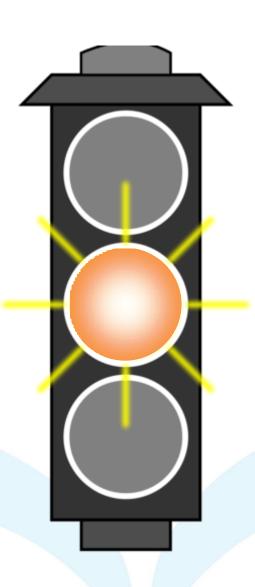
AMBER

Care needs

Noticeable increase

Palliative Performance Score (PPSv2)

Decline



AMBER

- Discuss deterioration with resident/family Share uncertainty
- Agree plans for management/care if resident:
 - Improves
 - Maintains current functional status
 - Continues to deteriorate
- Discuss with District Nurse/GP

AMBER (continued)

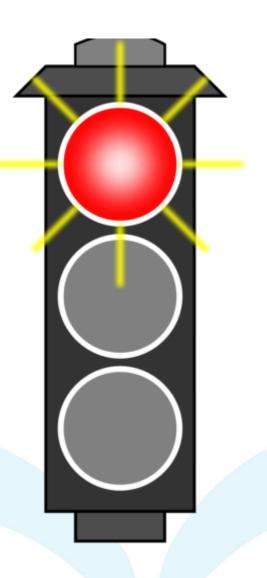
- Consider preferred priorities of care informed by resident/family wishes
- Update Anticipatory Care Plan documentation (health section in Care Plan)
- Consider use of "My Thinking Ahead and Making Plans"

AMBER (continued)

- Discuss with DN/GP completion of DNACPR
- Prompt update of KIS (GP)
- Revise Supportive and Palliative Action Register (SPAR)
- Review weekly or sooner if sudden deterioration

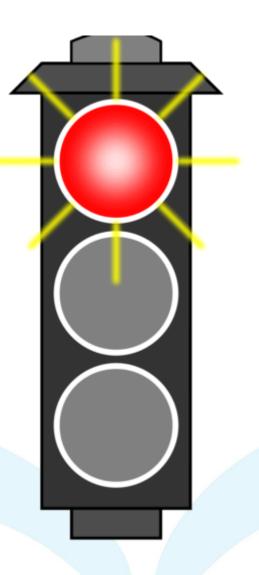
RED

- Rate of decline either/or
 - Rapid/severe (day by day)
 - Persistent (week by week)
- Significant and/or accelerating deterioration



RED

- Extent of reversible deterioration is uncertain or unlikely e.g.
 - History of recent fall(s)
 - Repeated infections
 - Reduced food/fluid intake
 - Significant weight loss despite nutritional supplements
 - Lack of interest in life
 e.g. staying in bed

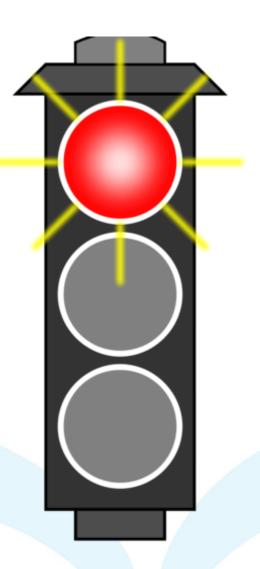


RED

- Care needs
 - Significant/very significant increase
- Palliative Performance Score (PPSv2)
 - Further or significant decline

and

 Admission to hospital is not appropriate or is declined



RED

- Discuss deterioration with resident/family. Share uncertainty
- Prepare for possibility of imminent death/recovery
- Agree plans for management/care if resident:
 - Improves
 - Maintains current functional status
 - Continues to deteriorate
 - Dies
- Discuss with District Nurse/GP

RED (continued)

- GP review
- Consider preferred priorities of care informed by resident/family wishes
- Consider anticipatory prescribing (Just in Case)
- Update Anticipatory Care Plan documentation (health section in Care Plan)

RED (continued)

- Discuss with GP completion of DNACPR & RNVoED
- Prompt update of KIS (GP)
- Revise Supportive and Palliative Action Register (SPAR)
- Review daily or more frequently according to clinical need

Patient Name:	CHI :	Care Home :

Date	PPSv2 %	Failing Rate Minimal Green Monthly review	Failing Rate Moderate Amber Weekly review	Failing Rate Rapid / Major Red Daily review

Resident's Name: Peter Piper CHI: 0105418765 Care Home: Ben Starav

		Faili	Failing Rate (please tick):			
Date	PPSv2 %	Minimal Green Monthly review	Moderate Amber Weekly review	Rapid / Major Red Daily review	Comments	
15/06/17	60	✓			No change MTA&MPs given to Peter/family	
11/07/17	60	✓			No change No actions needed	
06/08/17	50		✓		Lost interest / needs more help DN contacted – will visit	
13/08/17	50	✓			No change from last week DN visited / nil to add	
15/08/17	30			√	Sudden change / Chest infection? GP visit requested / Family contacted	
16/08/17	30	√			Seems a wee bit better	
					Family contacted	
24/08/17	40	✓			Peter stable again Nothing extra needed	
20/09/17	40	✓			Stable	
19/10/17	40	√			Stable	

Resident's Name: Peter Piper CHI: 0105418765 Care Home: Ben Starav

		Faili	ng Rate (please	e tick):	
Date	PPSv2 %	Minimal Green Monthly review	Moderate Amber Weekly review	Rapid / Major Red Daily review	Comments Continued
15/06/17	60	✓			No change MTA&MPs given to Peter/family
07/01/18	20			✓	Peter seems very ill / chest infection? All staff aware / GP visit requested Family contacted
08/01/18	10			√	Peter dying? DN visiting & GP reviewing later Family aware
09/01/18	10			√	Peter unresponsive Seems comfortable All family present
10/01/18					Peter died peacefully at 03:17





Facilitators: Mairi Armstrong

NHSGGC Primary Care Palliative Care Team

Shirley Byron

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