83 –Teaching Residents How to Identify End Stage Disease with a Six Month Prognosis

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Objectives

- Provide an easy to teach framework that equips resident physicians to discuss difficult issues with patients and family.
- Provide faculty with an improved framework to teach better communications.
- Improve care by offering the Medicare Hospice Benefit to all eligible patients, in a relaxed and comfortable manor.
- Improve care of terminally ill patients within the Healthcare System.

Prognosis

- How do you tell when a patient is going to die?
- How do you know when to “give a patient six months to live”?
- How do you teach someone else to do these things?

Poll Question #1

Why is diagnosing Terminality important?

A. Live differently
B. Make arrangements
C. Medical care decisions different
D. Benefits available (Hospice)
E. All of the above

Poll Question #2

How do you currently teach Residents to identify terminally ill patients?

A. When a case comes up we talk about it
B. Fixed yearly lectures, academic afternoon
C. On the In-Patient service, scheduled topic
D. Out-Patient/clinic education, scheduled topic
E. We currently do not

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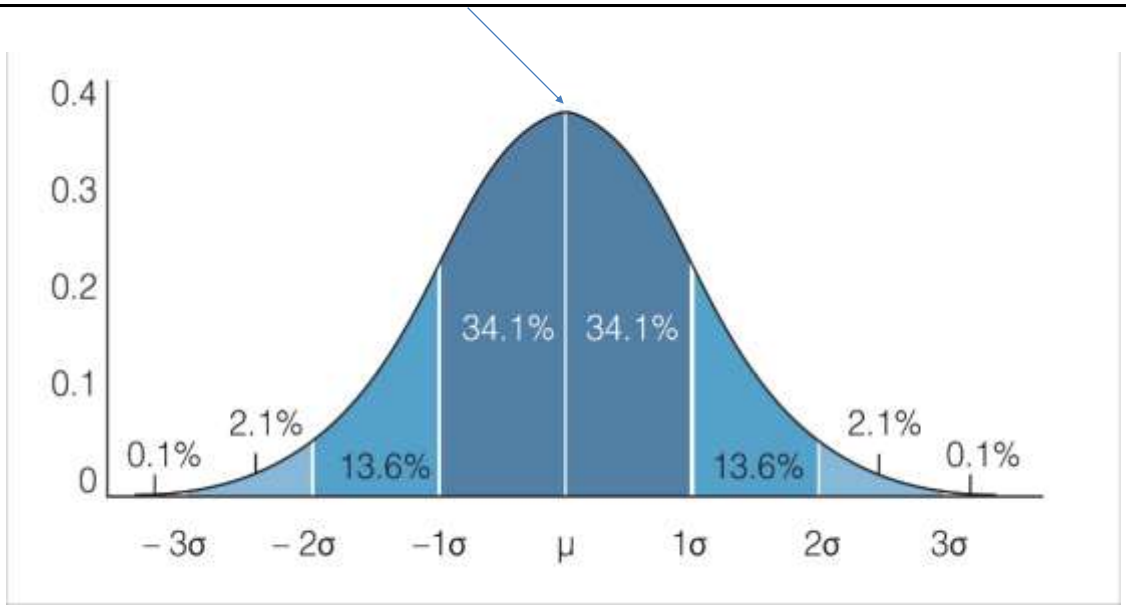
Terminality

Most important concept is that of “51% risk” of death in the next six months.

- Death is more likely than not within the next six months if the disease runs its normal course.
- Much more correct for Medicare and Hospice and much easier for physician, no guarantee implied.

Recognizing Terminality

- Allows the “6 month” diagnosis to be made
- Allows the patient to be notified of eligibility for a substantial benefit (Hospice Care)
- Allows discussion of and plan for transition to a palliative plan of care to be accomplished
- Allows for advanced directive and DNR discussions
- Decreases readmissions and futile care situations



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Heart Disease

The medical criteria listed below support a terminal prognosis for individuals with a diagnosis of heart disease.

1. Patient optimally treated with diuretics and vasodilators, which may include ACE inhibitors or the combination of hydralazine and nitrates.

2. Patients having angina or shortness of breath (NYHC IV) at rest, despite nitrate therapy and decline invasive procedures.

Heart Disease

3. The following factors provide additional support for end stage heart disease:

   a. Treatment resistant symptomatic arrhythmias
   b. History of cardiac arrest or resuscitation
   c. History of unexplained syncope
   d. Brain embolism of cardiac origin
   e. Concomitant HIV disease
   f. Documentation of ejection fraction of 20% or less

Pulmonary Disease

1. Severe chronic lung disease with:

   A. Disabling dyspnea at rest, poorly responsive to bronchilators, with decreased functional capacity, e.g. Bed to chair existance, sit to shower, etc.
      (FEV1 after bronchodilator less than 30% predicted)

   B. Progression of pulmonary disease, with increasing emergency department visits or hospitalizations for respiratory disease
      (serial decrease of FEV1>40 ml/yr)

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Pulmonary Disease

2. Hypoxemia at rest on room air, evidenced by p02 ≤ 55 mmHg
   or oxygen saturation ≤ 88%
   - or -
   Hypercapnia on room air, evidenced by pCO2 ≥ 50 mmHg

3. Cor pulmonale/right heart failure secondary to pulmonary disease

4. Unintentional progressive weight loss of greater than 10% of body weight over the preceding six months.

5. Resting tachycardia >100/min.

Dementia

1. Stage seven or beyond according to the Functional Assessment Staging Scale (FAST)
2. Unable to ambulate without assistance
3. Unable to dress without assistance
4. Unable to bathe without assistance
5. Urinary and/or fecal incontinence
6. No meaningful verbal communication; stereotypical phrases only or ability to speak is limited to six or fewer intelligible words

Dementia

Patients frequently will have had the following:

1. Aspiration pneumonia
2. Pyelonephritis or other upper urinary tract infection
3. Septicemia
4. Decubitus ulcers, multiple, stage 3-4
5. Fever, recurrent after antibiotics
6. Inability to maintain sufficient intake, with 10% weight loss during the previous six months or serum albumin <2.5 gm/dl

Poll Question #3

Utilizing the first three sets of criteria, how many of the admissions to your In-Patient service could have been terminally ill?

A. 0-10%
B. 10-20%
C. 20-30%
D. 30-40%

Liver Disease

1. The patient should show both:
    a. International Normalized Ratio (INR)>1.5
    b. Serum albumin <2.5 gm/dl
2. And at least one of the following:
    a. ascites, refractory to treatment
    b. spontaneous bacterial peritonitis
    c. hepatorenal syndrome
    d. refractory hepatic encephalopathy
    e. recurrent variceal bleeding

Liver Disease

3. Documentation of the following factors will support terminal diagnosis
    a. progressive malnutrition
    b. muscle wasting with reduced strength and endurance
    c. continued active alcoholism (>80 gm ethanol/day)
    d. hepatocellular carcinoma
    e. HBsAg (Hepatitis B) positivity
    f. hepatitis C refractory to treatment

Neurologic Diseases

- ALS is the neurologic disease with an established Medicare policy, it may be generalized in dealing with other neurologic diseases such as Parkinson's disease and multiple sclerosis.
- No single variable deteriorates at a uniform rate in all neurologic patients. To predict the progression of the disease process, multiple clinical parameters are required, as well as the history of the rate of progression in the individual patient.

Neurologic Diseases

- In end-stage neurologic disease, two factors are critical in determining prognosis, the ability to breathe, and to a lesser extent the ability to swallow.
  - Breathing can be managed by artificial ventilation, and nutrition by gastrostomy or other artificial feeding.
  - The decision to institute either artificial ventilation or artificial feeding may significantly alter six month prognosis.

Neurologic Diseases

1. The patient will demonstrate critically impaired breathing capacity with the following characteristics occurring within the last 12 months:

   - Vital capacity (VC) less than 30% of normal

   - Significant dyspnea at rest

   - Requiring supplemental oxygen at rest

Neurologic Diseases

2. Rapid progression is demonstrated by all the following characteristics occurring within 12 months:

    a. Progression to wheelchair or bed bound status
    b. Progression from normal to barely intelligible speech
    c. Progression from normal to pureed diet
    d. Progression to dependence in all ADL's.

Neurologic Diseases

3. Critical nutritional impairment is demonstrated by the following characteristics occurring within 12 months:

    a. Oral intake insufficient to sustain life

    b. Continuing weight loss

    c. Dehydration or hypovolemia

Neurologic Diseases

4. Patient demonstrating these complications:

   a. Recurrent aspiration pneumonia

   b. Upper urinary tract infection

   c. Sepsis

   d. Recurrent fever after antibiotic therapy

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The Adult Failure To Thrive Syndrome

1. Is characterized by unexplained weight loss, malnutrition and disability.
2. Includes two defining elements, nutritional impairment and disability.
3. Clinically, an irreversible progression in the patient's impairment despite therapy.

The Adult Failure To Thrive Syndrome

1. The Body Mass Index (BMI) is below 22 kg/m^2 and the patient is not responding to nutritional support.

2. The individual is significantly disabled.
   (Palliative Performance Scale value less than or equal to 40%)

Palliative Performance Scale (PPS)

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Level of Conscious
100	Full	Normal activity, no evidence of disease	Full	Normal	Full
90	Full	Normal activity, 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 work, some evidence of disease	Full	Normal or reduced	Full
60	Reduced	Unable to do hobby or some housework, significant disease	Occasional assist 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 any work, extensive disease	Mainly assistance	Normal or reduced	Full, drowsy, or confusion
30	Totally bed bound	Unable to do any work, extensive disease	Total care	Reduced	Full, drowsy, or confusion
20	Totally bed bound	Unable to do any work, extensive disease	Total care	Minimal sips	Full, drowsy, or confusion
10	Totally bed bound	Unable to do any work, extensive disease	Total care	Mouth care only	Drowsy or coma
0	Death	—	—	—	—

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Poll Question #4

Do you feel this is a concept that if implemented would improve the residency education process at your program?

A. Yes
B. No
C. Perhaps

Poll Question #5

Do you now feel equipped to start the discussions at your program about including some formal educational process regarding diagnosing terminal disease status?

A. Yes
B. No
C. Perhaps

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).

Social Q & A

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Please…

Complete the session evaluation.

Thank you.


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