

The Palliative Performance Scale (PPSv2) Version 2

By: Tara A. Cleary, DNP, GNP-BC, CHPN
Transitions LifeCare, Raleigh, North Carolina

WHY: Worldwide the population of older adults is growing at unprecedented rates (Institute of Medicine, 2009). Advanced age is commonly marked by increased cancer risk, chronic disease, co-morbidities, the complexity of dementia, and increasing frailty. Geriatric palliative care is an approach in the management of chronic illness and frailty in older adults (Matzo, 2008). Geriatric palliative care differs from palliative care delivered to other patient populations in regard to overall disease trajectory and prognostication with chronic illness (WHO, 2011). Health care providers' recognition of who might benefit from symptom management, advanced care planning, and care coordination is further hindered by the lack of formal training in recognition and management of advancing illness and functional decline in older adults (Evers, Meier, and Morrison, 2002). This can thereby delay the ability to identify and convey prognosis to patients and their families. Communication of prognosis is essential for informed decision making.

BEST TOOL: The Palliative Performance Scale (PPSv2) Version 2 is a communication tool for quickly describing a person's current functional level. The PPSv2 allows more common language about performance status than the Karnofsky Performance scale from which it is based. The PPSv2 uses five observer rated domains: ambulation; activity & evidence of disease; self-care; intake; and conscious level.

TARGET POPULATION: The PPSv2 is appropriate for use in all health care settings and for older adults with various diseases. It is appropriate to be used with adults of any age, with various language, culture, and literacy levels. Presently, it is translated into nine languages (English, French, Japanese, German, Thai, Arabic, Spanish, Portuguese and Dutch). There is limited data regarding the use of the PPSv2 in pediatric populations.

VALIDITY AND RELIABILITY: The PPSv2 is intended for use by any health care professional such as physicians, nurses, respiratory therapists, physical and occupational therapists, dietitians, chaplains, or trained volunteers. As such the scoring is subject to individual variation and interpretation. Although intended as a professional tool, there are many families, and some patients, who have used PPS. Ho and colleagues (2008) demonstrated strong inter and intra-rater reliability for the PPS among 2 groups with intraclass correlation coefficients for absolute agreement of 0.959 and 0.964 for group 1 at times 1 and 2, 0.951 and 0.931 for group 2 at times 1 and 2, respectively. Additionally, validity was established based on content validation through interviews of palliative care experts (Ho et al., 2008).

STRENGTHS AND LIMITATIONS: The PPSv2 identifies potential needs of people with advanced illness. This is particularly useful in those with disease progression and functional decline. A succinct reporting of performance status allows for communication about the amount of support the person may need with decreases in scores indicating a progressing condition. Although initially designed for 'palliative' adults with advanced illness, the PPSv2 has been utilized across various settings and is translatable for others based on performance or functional status.

MORE ON THE TOPIC:

Best practice information on care of older adults: <https://consultgeri.org>.

Evers, M.M., Meier, D.E., & Morrison, R.S. (2002). Assessing differences in care needs and service utilization in geriatric palliative care patients. *Journal of Pain and Symptom Management*, 23(5), 424-32.

Ho, F., Lau, F., Downing, M.G., & Lesperance, M. (2008). A reliability and validity study of the Palliative Performance Scale. *BMC Palliative Care*, 7:10. doi:10.1186/1472-684X-7-10.

Institute of Medicine. Committee on the Future Health Care Workforce for Older Americans. (2009). *Retooling for an Aging America*. Washington: National Academies Press. Institute of Medicine.

Matzo, M. (2008). The universal nursing obligation: All gerontological care is palliative care. *Journal of Gerontological Nursing*, 34(7), 3-4.

Palliative Performance Scale (PPSv2) version 2. *Medical Care of the Dying*, 4th ed. p. 121. Copyright Victoria Hospice Society, 2006.

Wilner, L.S., & Arnold, R. (2018). The Palliative Performance Scale: Fast Facts and Concepts #125. The Palliative Care Network of Wisconsin. Available at: <https://www.mypcnow.org/blank-irr0h>

World Health Organization, Regional Office for Europe. Palliative care for older people: Better practices. (2011). Hall, S., Petkova, H., Tsouros, A.D., Costantini, M., & Higginson, I.J. (Eds). Available at: http://www.euro.who.int/_data/assets/pdf_file/0017/143153/e95052.pdf.

The Palliative Performance Scale (PPSv2) Version 2



Victoria Hospice

Palliative Performance Scale (PPSv2) version 2

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 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	-	-	-	-

Instructions for Use of PPS (see also definition of terms)

- 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.
- 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.'
- 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.
- 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

Definition of terms and instructions for use of the PPS available at:

<http://www.victoriahospice.org/sites/default/files/imce/PPS%20ENGLISH.pdf>

Palliative Performance Scale (PPSv2) version 2. Medical Care of the Dying, 4th ed.; p.120. ©Victoria Hospice Society, 2006.

Copyright Victoria Hospice Society: www.victoriahospice.org



A series provided by The Hartford Institute for Geriatric Nursing,
NYU Rory Meyers College of Nursing

EMAIL: nursing.hign@nyu.edu HARTFORD INSTITUTE WEBSITE: www.hign.org
CLINICAL NURSING WEBSITE: www.ConsultGeriatric.org