

King's Daughters Health System | 2201 Lexington Avenue, Ashland, Kentucky | Palliative Care (606) 408-1643 | Annette Steele, R.N., BSN, and Shannon Runnels, APRN

Screening Tool

Advanced Illness Management Services
ADVANCED ILLNESS MANAGEMENT SERVICES SCREENING TOOL

CRITERIA: Please consider the following criteria when determining the AIMS score of this patient:

1. Basic Disease Process	d. End stage renal disease	Score 2 points EACH
a. Cancer	e. Advanced cardiac disease - i.e., CHF	
b. Advanced COPD	f. Other life-limiting illness	Score 1 point overall
c. Stroke (with decreased function by at least 50%)		

2. Concomitant Disease Process

a. Liver Disease	d. Moderate congestive heart failure	Score as specified below
b. Moderate renal disease	e. Other condition complicating care (Specify):	
c. Moderate COPD		

3. Functional status of patient
Using ECOG Performance Status (Eastern Cooperative Oncology Group)

ECOG Grade	Scale	Score
0	Fully active, able to carry on all pre-disease activities without restriction.	Score 0
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work.	Score 1
2	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.	Score 2
3	Capable of only limited self-care; confined to bed or chair more than 50% of waking hours.	Score 3
4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.	Score 1 point EACH

4. Other criteria to consider in screening

The patient:

- has unacceptable level of pain > 24 hours
- has uncontrolled symptoms (i.e., nausea, vomiting)
- has uncontrolled psychosocial or spiritual issues
- has frequent visits to the Emergency Department (> 1 month for same diagnosis)
- has more than one hospital admission for the same diagnosis in last 30 days
- has prolonged length of stay without evidence of progress
- has prolonged stay in ICU(s) without evidence of progress
- is in an ICU setting with documented poor or futile prognosis
- is not a candidate for curative therapy
- has life-limiting illness and chosen not to have life-prolonging therapy

TOTAL SCORE = 2 Give patient AIMS information brochure
TOTAL SCORE = 3 Consider Palliative Care consult; give info to patient
TOTAL SCORE ≥ 4 PC Consult recommended (create provider orders)

** Would you be surprised if this patient passed away within the next 6 months? YES/NO
If NO, consider Hospice referral.

Rounding Tool

	Date		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Avoid Infection	Antibiotics	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Can we remove Foley?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Can we remove lines?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Avoid Complication	Restraint order current?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Delirium	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	GI prophylaxis	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	DVT prophylaxis	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Nutrition	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	BM last 24 hours	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Goals	Skin breakdown? If Y, wound? c/s?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Mobility?	PT/OT	PT/OT	PT/OT	PT/OT	PT/OT	PT/OT	PT/OT	PT/OT
Goals	Family Updated?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Does patient have symptoms that would benefit from palliative care?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
	Does patient have symptoms that would benefit from hospice?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Obstacles to Growth

Obstacle

Physician apprehension

Nursing education

Administrative support

Outpatient support

Volume

Solution

- Education through:
 - Conferences
 - Quarterly Medical Staff meetings
 - Outpatient clinic visits

- Residencies
- ICU fellowships
- Screening tool

- More clinical approach to leadership

- Collaboration with outpatient programs:
 - Outpatient palliative care
 - Home Health
 - Hospice

- PC staff ratio:
 - Unit allows for more patients to be seen



Our Family Respite Room

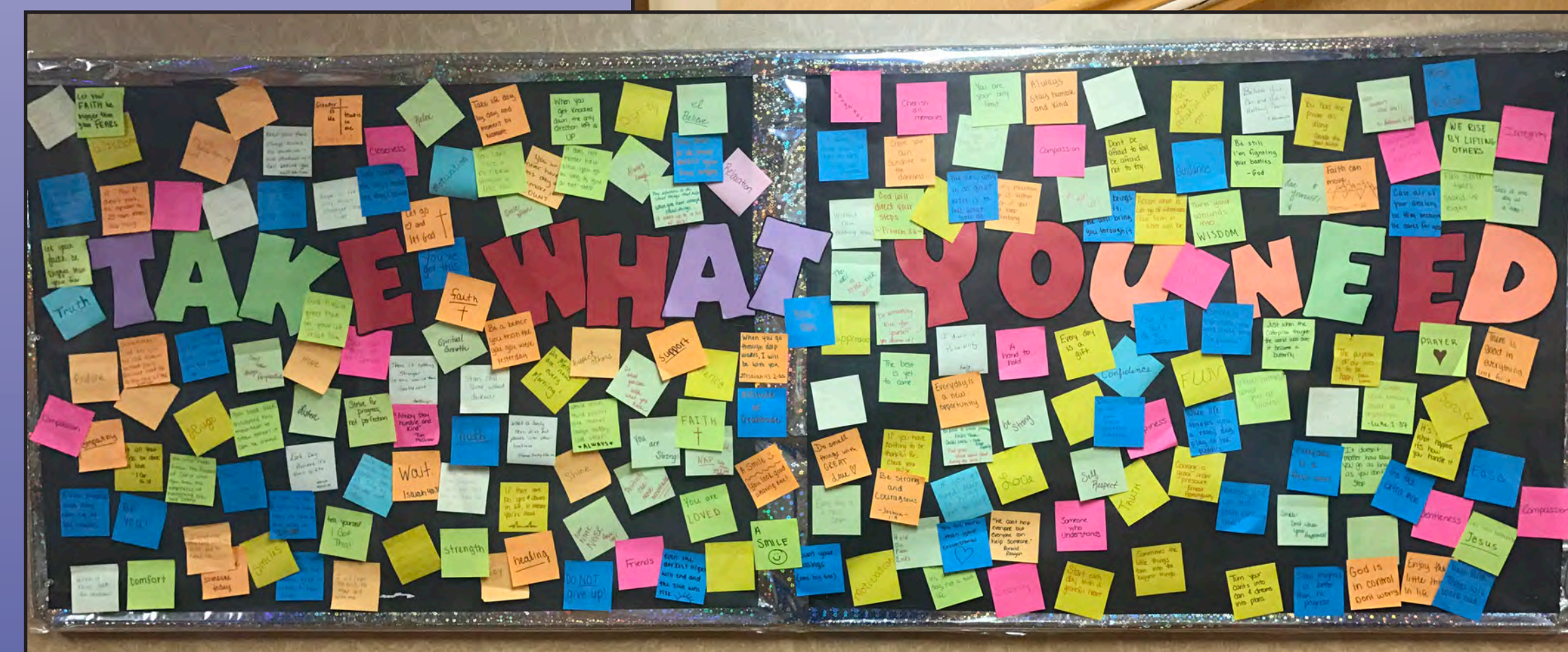
Every member of our team is featured where patients and families can read about the team, and what inspires them as a person and a caregiver.

MEET YOUR AIMS TEAM

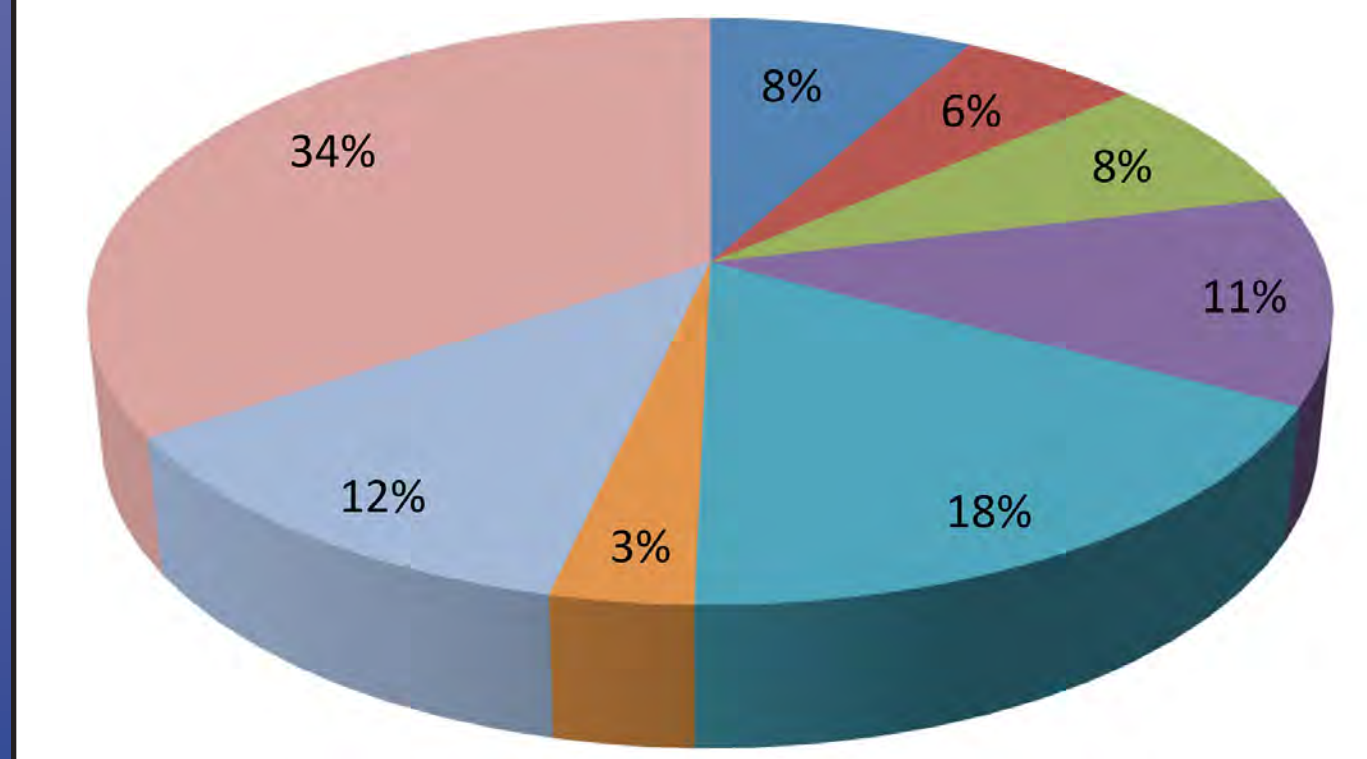


Family Room

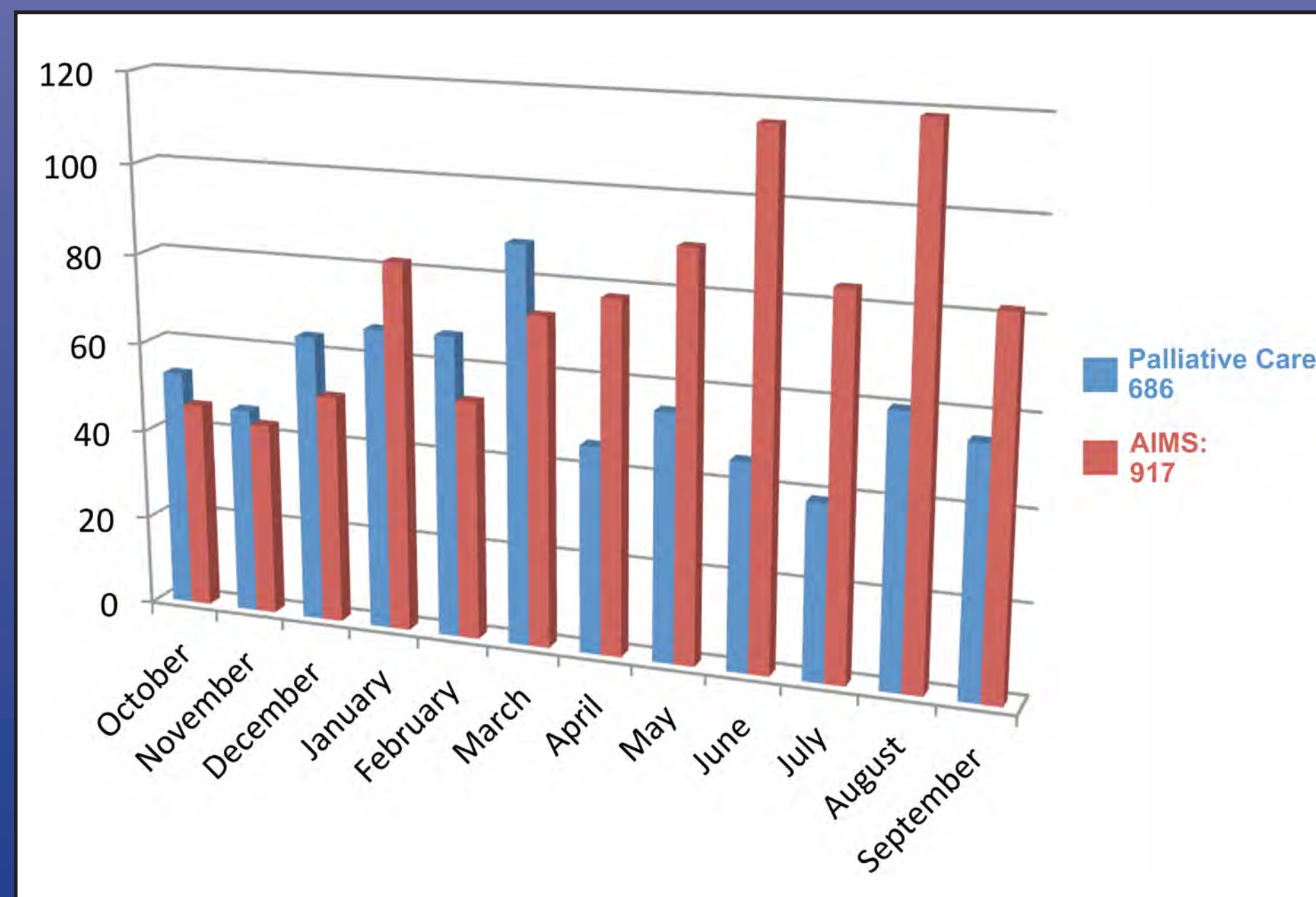
OVER 200 YEARS OF EXPERIENCE CARING FOR YOU



A "Take What You Need" wall for our families to share and post messages



Utilization of Community Resources FY 2017



Palliative Care Consults FY 2009-2016

Inpatient Palliative Care Consults vs. AIMS Encounters FY 2017

1,603 total consults

