Background

- Older adults are living longer and facing an increased burden of symptoms from terminal malignant and non-malignant illnesses. Furthermore, they must make difficult decisions regarding goals of care and advanced directives.
- Since both geriatricians and palliative care physicians care for the elderly patient at end of life, collaboration between these two disciplines is essential.
- Palliative care physicians and geriatricians use scales such as the Palliative Performance Scale (PPS)\(^{5,6}\) and Clinical Frailty Scale (CFS)\(^{1,2}\), respectively, to describe functional status, inform treatment decisions, and guide conversations about prognosis.
- Currently, these two scales are not interchangeable, there is therefore no common method to describe functional status in the end of life.

Purpose

- To develop a clinical tool that will make scores on the PPS and CFS interchangeable.
- To create a common language to describe functional status, thereby enhancing communication between health care professionals working in end of life care.

Methods

- Participants:
  - Patient 65 years and older were recruited from two settings in Toronto: Baycrest (chronic) and Sunnybrook Health Sciences Centre (acute), see (Figure C) for demographic information.
- Outcome Measures:
  - Functional status: PPS and CFS scores
  - Assessment of PPS: palliative care physician and advanced practice nurse
  - Assessment of CFS: geriatrician and clinical nurse specialist
- Conversion Chart:
  - Inter-rater reliability within each measure established using Cohen’s weighted kappa
  - Inter-rater reliability between each measure calculated for every possible combination of PPS categories, matching CFS categories (Figure D), in order to determine which combination achieved maximal agreement, creating the conversion chart (Figure F)

Results

- There is insufficient data to include CFS scores of 1 & 2 and PPS score of 100% in the conversion chart as patients with high-functional status (high PPS, low CFS) were not represented in our study population.
- Cut-off points on the conversion chart are optimized but not absolute. For example: a CFS score of 6 may correspond to PPS scores of 40% or 50% while a score 7 may correspond to a PPS score of 30% or 40% (Figure E).
- Our study used the 7-Point PPS scale as it is more clinically relevant than the 8-Point scale, and because of the impracticality of the CFS score of 0 to the palliative care setting.

Discussion

- The conversion chart is a useful tool for translating scores between the Palliative Performance Scale (PPS) and Clinical Frailty Scale (CFS), as demonstrated by high inter-rater reliability (Kappa = 0.41) for all combinations of each measure.
- High inter-rater reliability between each measure: weighted kappa = 0.71

Limitations

- Our conversion chart is a reliable means for translating scores between the Palliative Performance Scale (PPS) and Clinical Frailty Scale (CFS).
- The ability to match functional status scores on two disparate scales and find corresponding functional status between the geriatric and palliative care performance scales.
- There are significant limitations to the following reasons:
  - For geriatric health care teams, the conversion chart translates the CFS scores to the PPS scores, facilitating completion of the Common Palliative Care Reference Form and enabling discussions with palliative health care teams.
  - For palliative care health care teams, the conversion chart translates the PPS score to the CFS score enabling discussions with geriatric health care teams.

Conclusion

- The chart above shows the inter-rater reliability between the PPS and CFS demonstrated for each combination of PPS score. The point with the highest agreement (0.71) was chosen for the conversion chart (Figure F).

- The table shows the frequencies of the corresponding CFS and PPS scores with the highest agreement (Figure G).

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Figure A. PPS

Figure B. CFS

Figure C. Demographics

Figure D. Maximizing Inter-Rater Reliability

Figure F. CFS-PPS Conversion Chart

Figure E. Kappa

Table: Frequencies

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<thead>
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<th>PPS Score</th>
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Inter-rater reliability (Kappa = 0.41) weighted kappa = 0.71

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