

# Active Living Program

## 美善生活籌劃

(for patients with palliative care)

# Development of Active Living program

The goal of comprehensive palliative care is to address the full range of problems associated with a serious illness, from physical symptoms to emotional anxiety and even spiritual concerns (WHO, 2013). In accordance with one of the goals of palliative care - “**providing support to enable patients to live as actively as possible until death**”,

an “**Active Living Program**” is developed aiming to give our patients **control and choices**, to help them engage in their roles, interests and living lifestyles; so as to improve their **sense of well-being and quality of life**.

# Target Client

- Patient discharged from hospital who is under the management of palliative care with palliative performance scale (PPS v.2) **50% to 70%**; and
- whose opportunity to engage in desired activity is restricted by personal, social or environmental limitation; and
- who is willing to participate in the program.

**How do levels of Palliative Performance Scale (PPSv2) version 2 (developed by Victoria Hospice Society)/ Patient Reported Functional Status (PRFS) or Patient ECOG/ECOG compare? <sup>6,7</sup>**

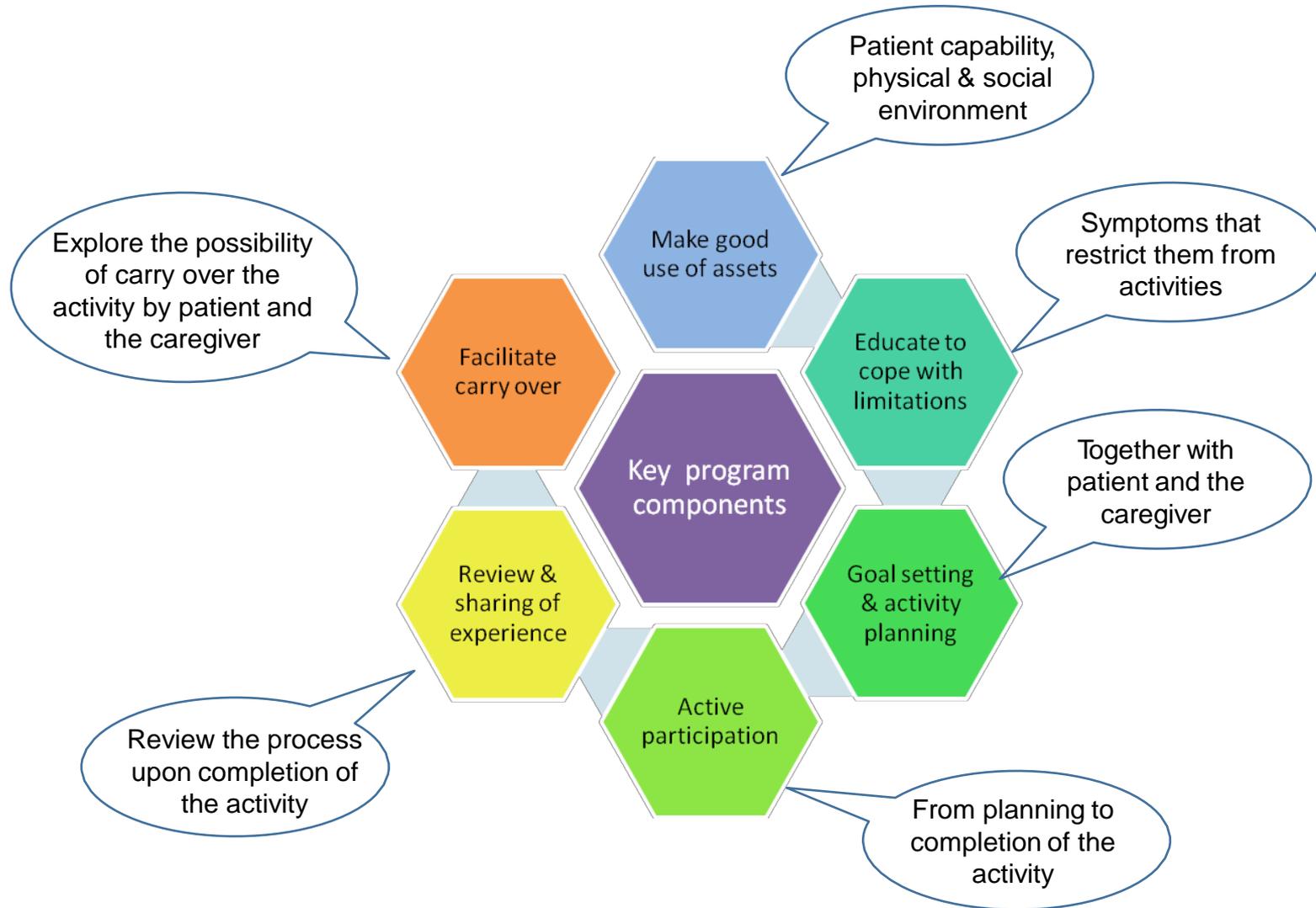
	PPS Level	ECOG Level	Patient ECOG/Patient Reported Functional Status (PRFS)	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
Stable Phase	100%	0	0	Full	Normal activity & work No evidence of disease	Full	Normal	Full
	90%	1	1	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
	80%	1	1	Full	Normal activity <i>with</i> Effort Some evidence of disease	Full	Normal or reduced	Full
Transitional Phase	70%	2	2	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
	60%	2	2	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
	50%	3	3	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
	40%	3	3	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
End of Life Phase	30%	4	4	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
	20%	4	4	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
	10%	4	4	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
	0%	5	-	Death	-	-	-	-

Used with permission Victoria Hospice, 2006  
Condensed CCPs April, 2013

[www.cancercare.on.ca](http://www.cancercare.on.ca)

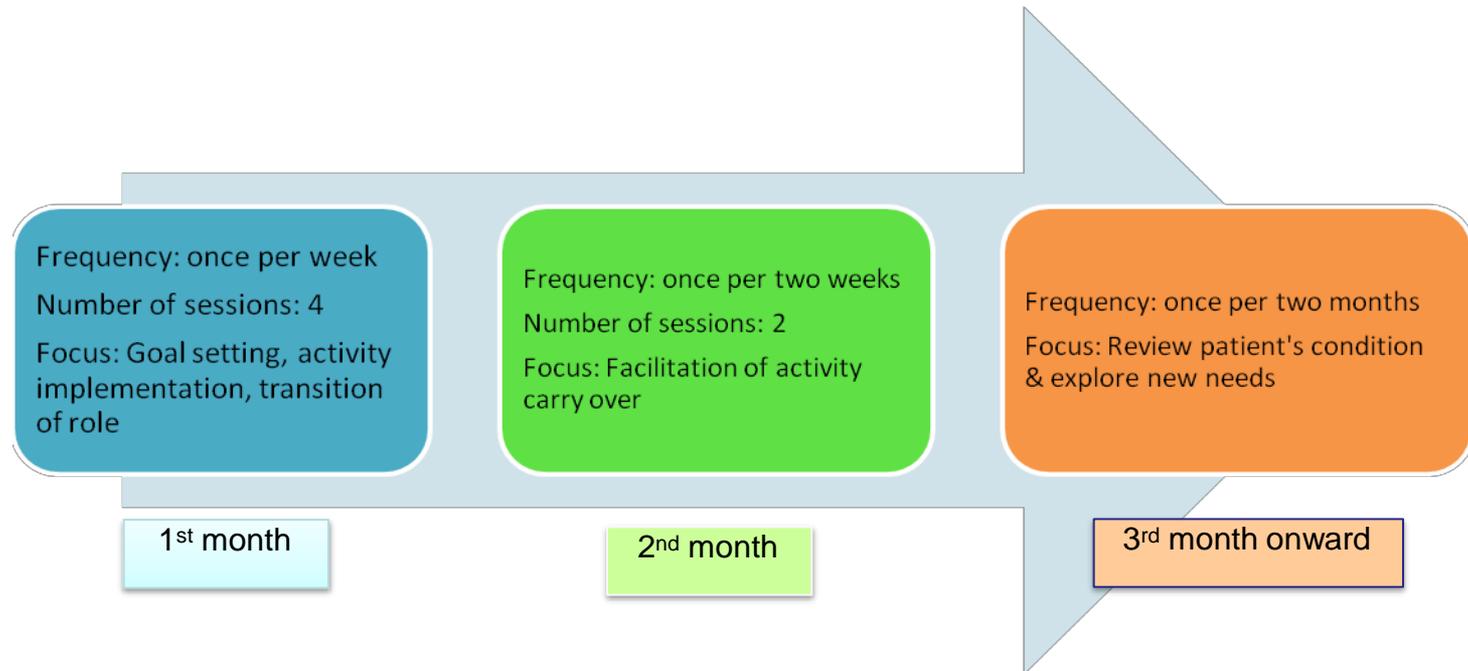
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# The Six Key Components of the Program



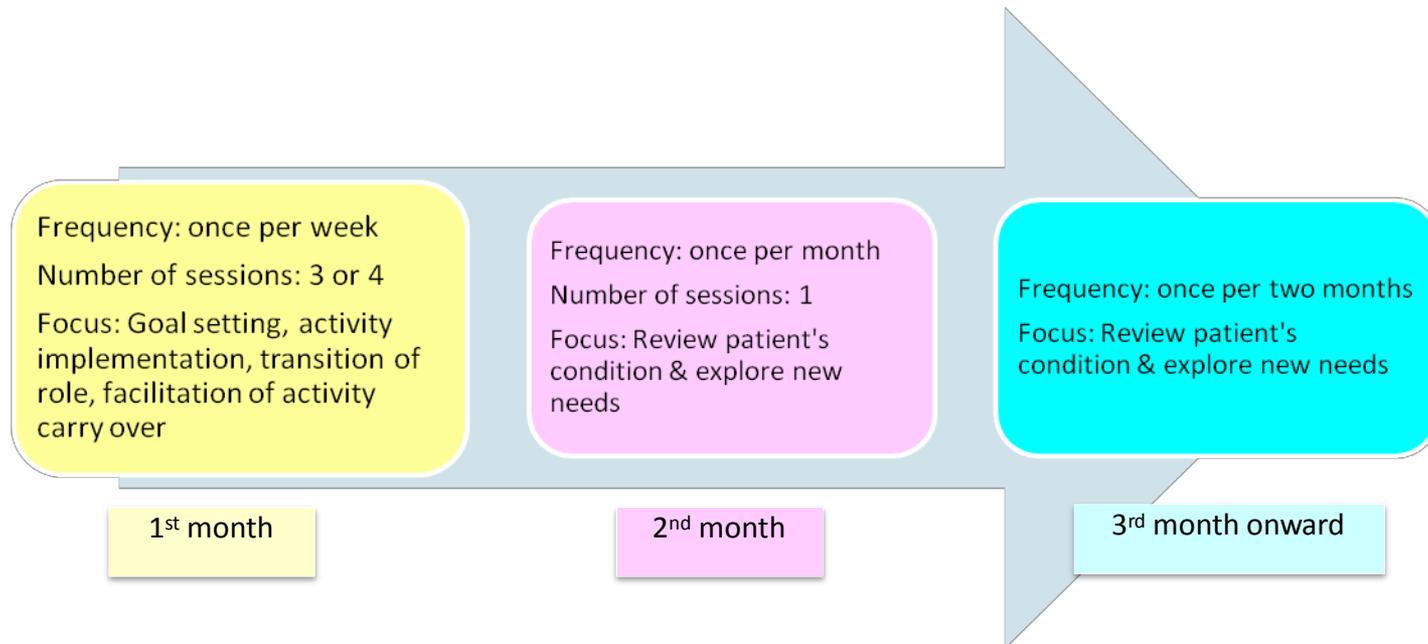
# Program 1: Patients with entry PPS 60% or 70%

Patient may be mostly home bounded

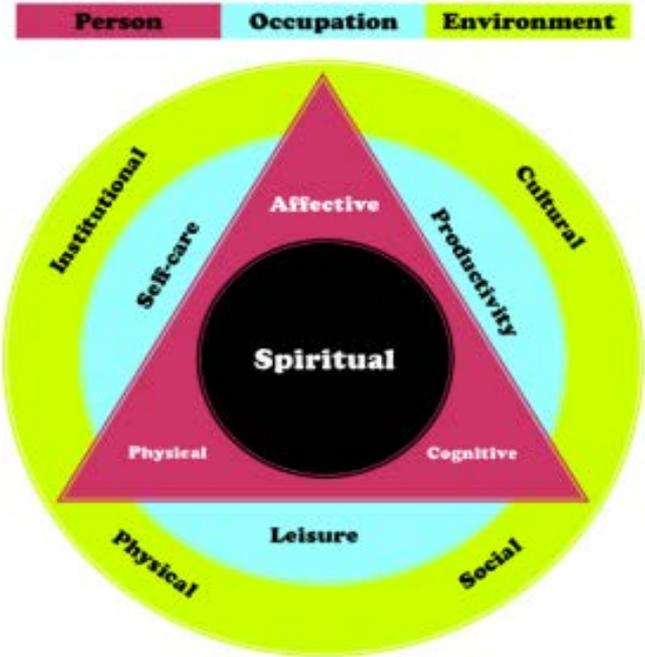


# Program 2: Patients with entry PPS 50%

Patient may be mostly chair bounded



# Canadian Model of Occupational Performance



# Canadian Occupational Performance Measures (COPM)

- The COPM was developed as a **client-centred** tool.
- Designed for use by **occupational therapists**.
- Broad focus on **occupational performance** in all areas of life, including self-care, leisure and productivity.
- Is intended for use as an **outcome measure**, administered at the beginning of services, and repeat at appropriate intervals thereafter.
- <http://www.thecopm.ca/about/>

# COPM—Initial Assessment

- **Importance**

可以做到呢個活動例如：去飲茶，對你有幾重要？  
1是完全唔重要，10是極之重要。

- **Performance**

就你現時嘅能力同狀況去做到呢個活動例如：去飲茶，你會俾自己幾多分？  
1是完全做唔到，10是完全做得極之好。

- **Satisfaction**

就你現時嘅能力同狀況去做到呢個活動例如：去飲茶，你有幾滿意？  
1是完全唔滿意，10是極之滿意。

(Remark: capture score once the activity for treatment is identified; use whatever cues or methods to assist patient on rating e.g. graphic.)

# COPM—Post activity Assessment

- **Performance**

就你剛才做完呢個活動例如：去飲茶，你會俾自己嘅表現幾多分？  
1是完全做唔到，10是做得極之好。

- **Satisfaction**

就你剛才做完呢個活動例如：去飲茶，你有幾滿意？  
1是完全唔滿意，10是極之滿意。

(Remark: capture score once the activity is completed, no matter a one-off session or after several sessions, i.e. activity base.)

# Case Sharing

- A 51 year gentleman diagnosed with Hepatocellular Carcinoma (HCC) with CT in 8/2013 showed progressive disease with diffuse multifocal disease. In view of diffuse involvement, patient and family opted for palliative care.
- Lives with wife and two teenage daughters, was running his own business, had stopped managing his company since his illness
- PPS 70%, reported spending most of his time at home, mainly resting
- Claimed that he used to be able to go for hiking and perform qigong exercises in the earlier stage of his illness
- Activities terminated due to SOBOE, general fatigue, low back pain and lower limb swelling.
- Existing tolerance was around 15-20 minutes

# Case Sharing--Initial COPM Ratings

Goal:

To be able to stroll in the park for at least 30 minutes, with gradual increase duration to 1 hour.

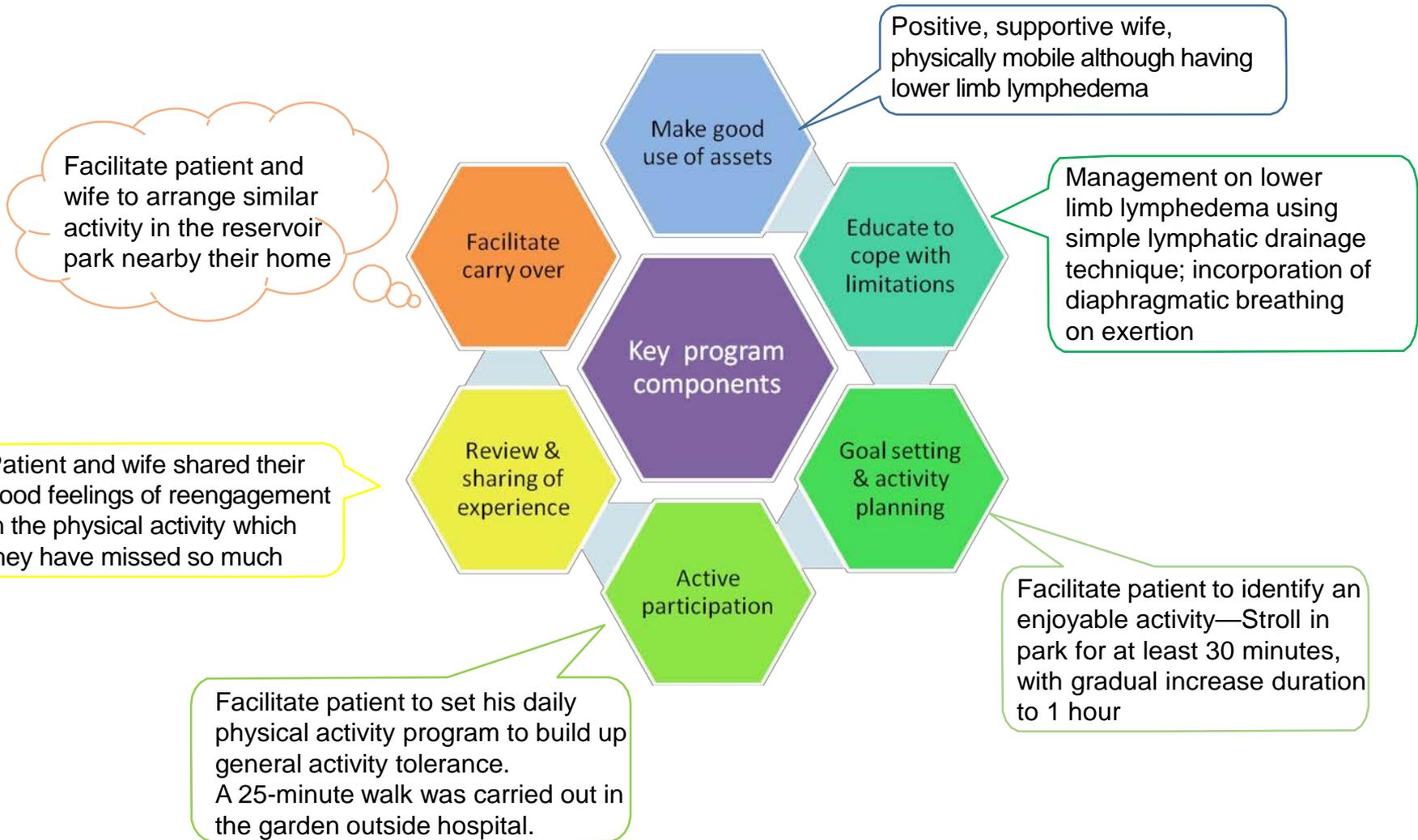
Ratings:

Significance of goal: 8/10

Subjective existing performance of goal: 6/10

Satisfaction in existing performance of goal: 6/10

# Analysis of the Components



# Case Sharing--Post COPM Ratings

Ratings:

Significance of goal: 8/10

Subjective existing performance of the goal: 7/10

Satisfaction in existing performance of the goal: 7/10

Patient's rating on "Overall satisfaction of ALP" : 8/10

Patient's rating on "Helpfulness of ALP": 8/10

# Experience Gained and Problem Encountered

1. Pilot program was conducted from January to June 2014 and a total of four patients were recruited. Post program COPM scores was able to obtain in one patient only; many of the patients deceased after the first session.
2. A structured program with sessions of content, duration, frequency, etc. may not be applicable for patient at palliative stage as possibility of carry-over of program by caregiver was uncertain due to rapid change of general condition.
3. Activity that could be completed in one session is encouraged as it could provide immediate satisfaction and outcome could be assessed immediately after accomplishment. Yet inclusion of the key components in the session is encouraged as it can facilitate therapist to conduct the program.
4. ALP could be applied in any types of setting, not restricted to those in community living.
5. Least assessments and outcome measures are the best; the presentation of scale could be modified to promote easy rating.

# Conclusion

- Active Living Program is worthy to continue.
- The format of the service could be a single session or a series of session depending on the case type.
- The six key components should be contained in the session(s).
- The effect of the program on improving the sense of well-being of the patient could be studied.

**Thank you for your attention!**