PRACTICAL RECOMMENDATIONS
FOR IDENTIFYING
AND ESTABLISHING PROGNOSTIC
APPROACH OF PEOPLE WITH
ADVANCED CHRONIC CONDITIONS
AND PALLIATIVE CARE NEEDS
IN HEALTH AND SOCIAL SERVICES
NECPAL 4.0 PROGNOSTIC (2021)

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INTRODUCTION AND BACKGROUND: THE NECPAL PROGRAM

The NECPAL Program was built to respond the challenge of timely, comprehensive, and integrated palliative approach and care for people with advanced chronic conditions from all causes in all settings of the health ad social systems, and has included research, education, and knowledge transfer. The tool has been translated and validated in many cultures, and used intensively in many countries.

The NECPAL utilities

The NECPAL utilities have been so far the screening of people with palliative care needs in services, which allows the determination of their prevalence, and to elaborate a basic checklist of their needs. In the evolutive updating of the tool, it has been improved, adding some criteria as the geriatric and psychosocial issues, and defining more precisely the existing parameters.

Developing the NECPAL 4.0 PROGNOSTIC

The aim of designing the NECPAL 4.0 PROGNOSTIC is to explore its prognostic utility, and has included different steps: literature review, expert's consensus, building a predictive model, and testing it's validity with a retrospective analysis of a cohort recruited previously.

HOW TO USE IT IN PRACTICE IN HEALTH AND SOCIAL SERVICES?

Steps: the first steps are similar to the previous versions:

1. Review the list of people attended by the service.

2. Elaborate a list of those persons with chronic conditions specially affected.

3. Apply the surprise question to doctors and nurses about well-known patients: "Would you be surprised inf this patient die in one year?" with clinical criteria.

4. In those patients in which the response was "I'm or we will not be surprised", explore the different NECPAL generic parameters and the specifics for conditions.

The result of this procedure will be **list of patients having palliative care needs and a limited life prognosis** *(Figure 1: NECPAL «classic» 3.1)*

Figure 1. NECPAL 3.1 «classic» with all components

Surprise question (to/among professionals):
Would you be surprised if this patient dies within the next year?

▶ **YES,** I would be surprised → **NOT NECPAL** ▶ **NO,** I would not be surprised

"Demand" or "Need"	- Demand: Have the patient, the family or the team requested in implicit or explicit manner, palliative care or limitation of therapeutic effort?
	- Need: identified by healthcare professionals from the team
General Clinical Indicators: 6 months - Last 6 months - Not related to recent/reversible intercurrent process	- Nutritional Decline
	- Functional Decline
	- Cognitive Decline
Severe Dependence	- Karnofsky <50 o Barthel <20
Geriatric Syndromes	- Falls - Pressure Ulcers - Dysphagia - Delirium - Recurrent infections
Persistent symptoms	Pain, weakness, anorexia, digestive…
Psychosocial aspects	Distress and/or Severe adaptive disorder
	Severe Social Vulnerability
Multi-morbidity	>2 chronic diseases (from the list of specific indicators)
Use of resources	Evaluate Demand or intensity of interventions
Specific indicators of illness severity/progression	Cancer, COPD, CHD, Liver, Renal, CVA, Dementia, Neurodegenerative diseases, AIDS, other advanced illnesses

If there is at least 1 NECPAL Parameter: **NECPAL+**

NECPAL TOOL VERSION 4.0 2021

SURPRISE QUESTION — Would you be surprised if this patient die in one year? **YES** → NECPAL **NEGATIVE**

NO ↓

+ IF THERE IS AT LEAST 1 PARAMETER

NO → NECPAL **NEGATIVE**

PALLIATIVE NEEDS IDENTIFIED — Professionals think that he/she has palliative care needs

FUNCTIONAL DECLIVE — Clinical assessment of functional decline sustained, severe and irreversible

NUTRITIONAL DECLINE — Clinical assessment of nutritional decline sustained, severe, and irreversible

MULTI-MORBIDITY — More tan 2 chronic diseases added to the principal condition

USE OF RESOURCES — ≥2 emergency admission or increase of demand of interventions and 6 months

SPECIFIC DISEASE CRITERIA — Severity or progression of chronic conditions as Heart, Renal, Lung, Neurologic, or Hepatic

YES → NECPAL **POSITIVE**

1. Realize a rapid checklist of the need's dimensions.

2. Complement with additional indicators and parameters if needed.

3. Elaborate aims and actions to respond to the identified needs.

4. Elaborate a comprehensive therapeutic plan.

The result of this procedure permits to identify palliative care needs and elaborate a comprehensive therapeutic plan:

Actions for the comprehensive care of people identified

1. Multidimensional assessment

2. Assessment of the stage of diseases and conditions and possible evolution

3. Identify values, preferences, and start advance care planning

4. Identify and care principal career

5. Identify and actívate referent profesional

6. Multidimensional Therapeutic Plan

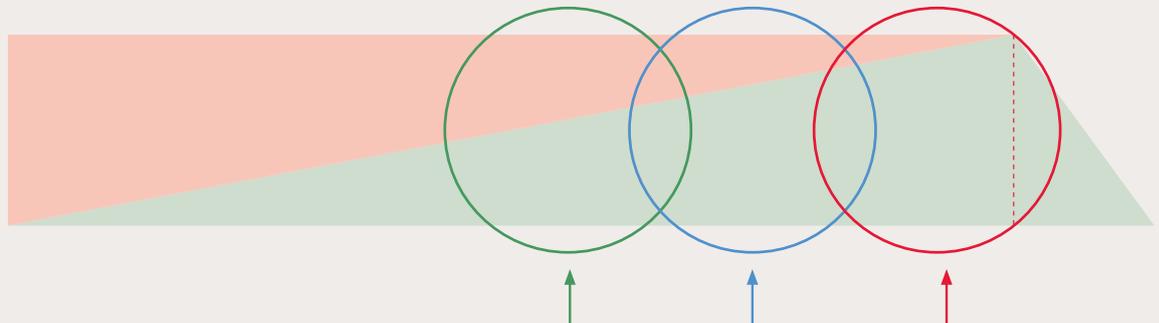**7.** Case management and integrated care with other services

> **"Situational" Checklist: identification of the prognostic risk to elaborate the prognostic approach:**

- Situational prognostic checklist
- Risk estimation
- Criteria for prognostic approach

Listing the parameters with prognostic utility (palliative needs identified by professionals, functional decline, nutritional decline, multimorbidity, increased use of resources, and parameters of the specific disease.

The result of this procedure includes the patient MACA in one of these three prognostic stages:

The evolutive stage: can be determined according to the number of parameters affected. If 1-2 or 3-4 or 5-6

PS	List of Prognostic parameters	Stage I	Stage II	Stage III
Surprise question	• Palliative needs identified by professionals • Functional decline • Nutritional decline • Multimorbidity • Increase in use of resources • Disease-Specific parameters	• PS + 1-2 parameters • Median: 38 months	• PS + 3-4 parameters • Median: 17.2 months	• PS + 5-6 parameters • Median: 3.6 months

ASPECTS TO CONSIDER

How to manage the prognostic assessment in clinical practice

1. The prognosis is one of the elements to consider, added to the needs and demands .

2. The prognostic risk is applied to populations that accomplish criteria, but must be applied with caution to individual patients.

3. Once established, we will have a prognostic situational perspective, which can be valuable for a therapeutic approach.

4. It is recommended to update it regularly.

Risks and benefits of the prognostic approach

1. The most relevant benefit of the prognostic assessment is to contribute to the situational assessment and permits redefinition of the therapeutic aims, introducing gradually a palliative approach.

2. This assessment must be shared with patients, relatives and team, with the rithm, intensity, and concretion adapted individually to the adjustment and preferences of patients.

3. The most relevant risk consists in the automatic individual application of a population-based risk.

4. There are other identified risks, as those related to loosing curative opportunities, stigmatization, impact on patients and families, and must be prevented.

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