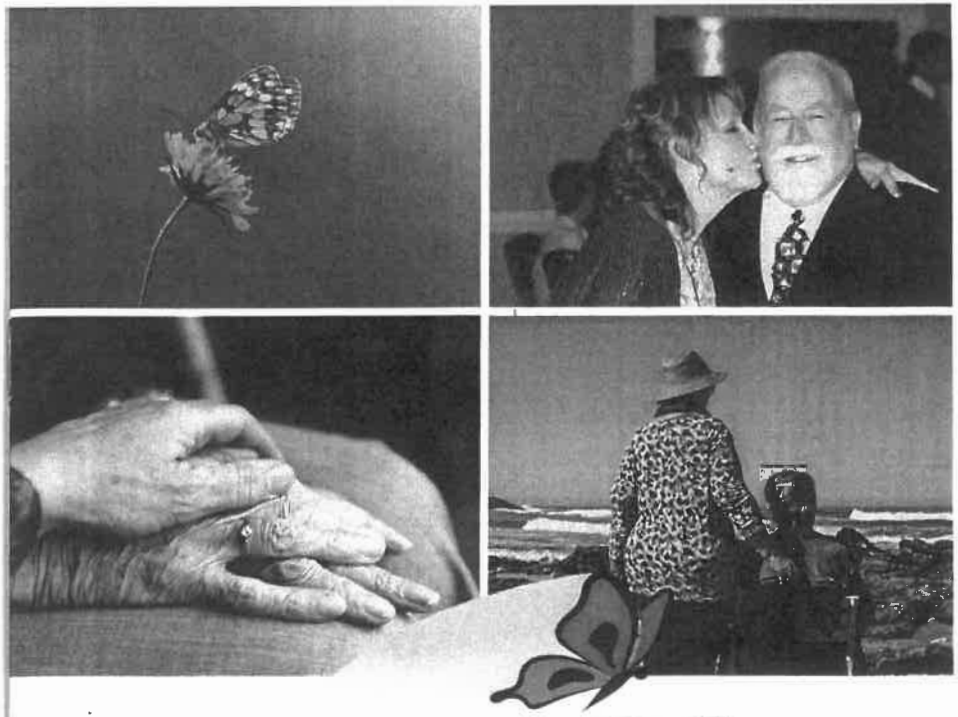
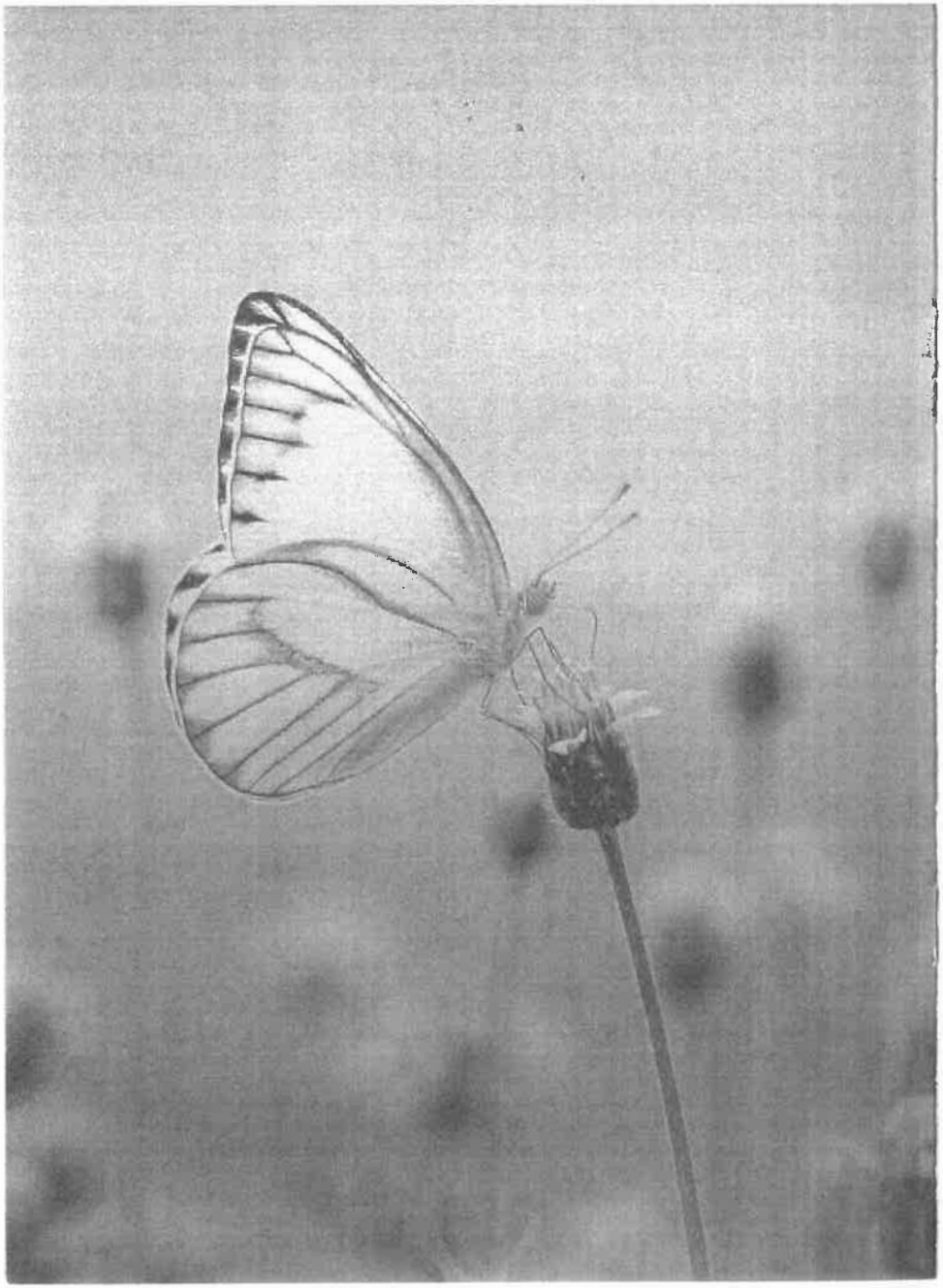


Serenity First
HOSPICE CARE

YOUR LEGACY. YOUR COMFORT.

ADMISSION CRITERIA



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HOSPICE ELIGIBILITY FOR HEART FAILURE (CHF) AND OTHER CARDIAC DISEASES

These guidelines are a tool to support a physician's best clinical judgement for hospice eligibility. A patient who does not meet these guidelines may still be eligible for hospice due to comorbidities or rapid functional decline.

Patients are considered to be in the terminal stage of cardiac disease If they meet the criteria below. Criteria 1 and 2 MUST be present.

1. At the time of initial certification or recertification for hospice:

- Patient is already optimally treated with diuretics and vasodilators, which may include Angiotensin-converting enzyme (ACE) inhibitors or the combination of hydralazine and nitrates. If side effects, such as hypotension or hyperkalemia, prohibit the use of ACE inhibitors or the combination of hydralazine and nitrates, this must be documented in the medical records;

OR

- Patients having angina pectoris, at rest, resistant to standard nitrate therapy and are either not candidates or decline invasive procedures.

AND

2. The patient has significant symptoms of recurrent congestive heart failure (CHF) at rest, and Is classified as a New York Heart Association (NYHA) Class IV.

- Unable to carry on any physical activity without symptoms;
- Symptoms are present even at rest;
- If any physical activity is undertaken, symptoms are increased.

NYHA Classification

Class I	Ordinary physical activity does not cause undue fatigue, palpitations, dyspnea and/or angina
Class II	Ordinary physical activity does not cause undue fatigue, palpitations, dyspnea and/or angina
Class III	Lass than ordinary physical activity causes undue fatigue, palpitations, dyspnea and/or angina
Class IV	Fatigue, palpitations, dyspnea and/or angina occur at rest

HOSPICE ELIGIBILITY FOR COPD AND OTHER LUNG DISEASES

Pulmonary disease is classified as any abnormal condition of the respiratory system, characterized by cough, chest pain, dyspnea, hemoptysis, sputum production, stridor, or adventitious sounds. Diagnostic procedures for pulmonary diseases include bronchoscopy; cytologic, serologic, and biochemical examination of bronchial secretions; laryngoscopy; pulmonary function tests; and radiography.

Patients will be considered to be in the terminal stage of pulmonary disease if they meet the following criteria: 1 and 2 MUST be present.

1. Severe chronic lung disease as documented by BOTH A and B:
A. Disabling dyspnea at rest, poorly or unresponsive to bronchodilators, resulting in decreased functional capacity, e.g., bed to chair existence, fatigue, and cough (documentation of Forced Expiratory Volume in one second (FEV1), after bronchodilator, less than 30% of predicted is objective evidence for severe chronic lung disease, but is not necessary to obtain).

B. Progression of end stage pulmonary disease, as evidenced by increasing visits to the emergency department or hospitalizations for pulmonary infections and/or respiratory failure (documentation of serial decrease in FEV1 of greater than 40 ml/year is objective evidence for disease progression, but is not necessary to obtain).

2. Hypoxemia, as evidenced by:
- Oxygen saturation of 88% or less on room air.
- O2 <= 55 mm Hg

(These values may be obtained from recent hospital records)

- OR persistent hypercapnia, as evidenced by pCO2 ≥50 mmHg.

(This value may be obtained from hospital records within preceding three months)

Documentation of the following factors may provide additional support for end stage pulmonary disease.

- **Significant dysphagia with associated aspiration measured objectively, for example, swallowing test or a history of choking or gagging with feeding**

In the absence of one or more of these finding, rapid decline or comorbidities may also support eligibility for hospice care.

HOSPICE ELIGIBILITY FOR CANCER

As there are many different types of cancer, the following hospice cancer criteria are general rules used by physicians in order to determine if hospice is the right choice for a patient.

Clinical hospice cancer criteria may include:
- Metastatic cancer
- Decline in condition in spite of therapy
- Palliative Performance Score or Karnofsky Score of 70% or less
- Electing to forgo further disease directed curative treatment. *Palliative radiation or chemotherapy may still be included.*

Typically, these patients:
- Are unable to carry on normal activity or do normal work
- Are unable to move or ambulate; spend more than 50% of their time in a bed, chair or a single room
- Exhibit evidence of significant disease
- Are able to provide only limited self-care
- Have reduced nutritional intake

HOSPICE ELIGIBILITY FOR STROKE OR COMA

Poor nutritional status with inability to maintain sufficient fluid and calorie intake with 1 or more of the following:

- 10% weight loss in past 6 months
- 7.5% weight loss in past 3 months Serum albumin
- Serum albumin<2.5
- Current history of pulmonary aspiration without effective response to speech therapy interventions to improve dysphagia and decrease aspiration events
- Supporting documentation includes:
- Coma (any etiology) with 3 of the following on the 3rd day of coma:
- Abnormal brain stem response
- Absent verbal responses
- Absent withdrawal response to pain
- Post anoxic stroke
- Serum creatinine>1.5

If a patient meets the medical criteria above, they are by definition eligible to receive hospice services. Some patients may not meet the criteria, but may still be eligible for hospice care due to comorbidities or rapid functional decline

HOSPICE ELIGIBILITY CRITERIA FOR ALZHEIMER'S DISEASE

DEMENTIA: SENILE DEGENERATION OF THE BRAIN

Referral for people with late-stage dementia should weigh experienced clinical judgement, Functional Assessment Staging (FAST scale) (PDF, 37 KB) or GDS guidelines, and input from family members.

Patients will be considered to be in the terminal stage of Alzheimer's disease if they meet the following criteria: 1 plus either 2 or 3 MUST be present:

1. Stage 7 on the Functional Assessment Staging (FAST) Scale – A, B & C criteria are very important indicators of end stage Alzheimer's disease.
Additional criteria lend additional support to terminal status:

- Incontinence
- Inability to communicate meaningfully (1 to 5 words a day)
- Non-ambulatory (unable to ambulate and bear weight)
- All intelligible vocabulary lost
- Unable to sit up independently
- Unable to smile
- Unable to hold head up

2. Presence of co-morbid disease distinct from the terminal illness will impact functional impairment. The combined effects of Alzheimer's and any co-morbid condition should support a prognosis of 6 months or less.

- COPD
- CHF
- Cancer
- Liver Disease
- Renal Failure
- Neurological Disease

3. Patients should have had one of the following secondary conditions within the past 12 months:

- Delirium
- Recurrent or intractable infections, such as pneumonia or other URI
- Pyelonephritis or other urinary tract infection
- Septicemia
- Decubitus ulcers, multiple, stage 3-4
- Fever, recurrent after antibiotics
- Inability to maintain sufficient fluid and calorie intake demonstrated by either of the following: 10% weight loss during the previous six months OR Serum albumin < 2.5 gm/dl
- Aspiration pneumonia

If a patient meets the dementia-related medical criteria above, they are by definition eligible to receive hospice services. Some patients may not meet the criteria, but may still be eligible for hospice care due to comorbidities or rapid functional decline.

HOSPICE ELIGIBILITY CRITERIA FOR NEUROLOGIC DISEASE

Chronic degenerative conditions such as ALS, Parkinson's, Muscular Dystrophy, Myasthenia Gravis or Multiple Sclerosis

Critically impaired breathing capacity, with all: Dyspnea at rest, vital capacity < 30%, needs oxygen at rest, refuses artificial ventilation

OR

Rapid disease progression with progression from: Independent ambulation to wheelchair or bed-bound status Normal to barely intelligible or unintelligible speech Normal to pureed diet Independence in most ADLs to needing major assistance in all ADLs

AND

Critical nutritional impairment demonstrated by all of the following in the preceding 12 months: Oral intake of nutrients/fluids insufficient to sustain life Continuing weight loss Dehydration or hypovolemia Absence of artificial feeding methods

OR

Life-threatening complications in the past 12 months > : Recurrent aspiration pneumonia, pyelonephritis, sepsis, recurrent fever, stage 3 or 4 pressure ulcers

HOSPICE ELIGIBILITY CRITERIA LIVER DISEASE

Symptoms experienced by patients with end-stage liver disease (ESLD) may be well known to a physician, but determining hospice eligibility can be difficult, especially for patients eligible for transplant.

Patients will be considered to be in the terminal stage of liver disease, and typically eligible for hospice, if they meet the following criteria: 1 and 2 MUST be present; factors from 3 will lend supporting documentation.

1. The patient has end stage liver disease as evidenced by BOTH of the following:

- Prothrombin time prolonged more than 5 seconds over control, or International Normalized Ratio (INR)>1.5
- Serum albumin<2.5

AND

2. The patient shows at least ONE of the following:

- Ascites, refractory to treatment or patient non-compliant
- Spontaneous bacterial peritonitis
- Hepatorenal syndrome (elevated creatinine and BUN with oliguria (<400ml/day) and urine sodium concentration
- Hepatic encephalopathy, refractory to treatment, or patient non-compliant
- Recurrent variceal bleeding, despite intensive therapy

3. Documentation of the following factors will support eligibility for hospice care:

- Progressive malnutrition
- Muscle wasting with reduced strength and endurance
- Continued active alcoholism (>80 gm ethanol/day)
- Hepatocellular carcinoma
- HBsAg (Hepatitis B) positivity
- Hepatitis C refractory to interferon treatment

Patients awaiting liver transplant who otherwise fit the above criteria may be certified for the Medicare hospice benefit, but if a donor organ is procured, the patient must be discharged from hospice.

If a patient meets the medical criteria above, they are by definition eligible to receive hospice services. Some patients may not meet the criteria, but may still be eligible for hospice care due to comorbidities or rapid functional decline.

HOSPICE ELIGIBILITY CRITERIA FOR HIV/AIDS

CD4+ <25 or viral load >100,000

AND

At least one of the following:

- CNS lymphoma
- untreated or refractory wasting (loss of >33% lean body mass)
- MAC bacteremia
- PML
- systemic lymphoma
- visceral ICS, RF on no HD,
- cyptosporidium infection
- refractory toxoplasmosis

AND

PPS <50%

PALLIATIVE PERFORMANCE SCALE (PPS)

%	Amubulation	Activity and Evidence of Disease	Self-Care	Intake	Level of Conciousness
100	Full	Normal activity, no evidence of disease	Full	Normal	Full
90	Full	Normal activity, 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 to do normal work, some evidence of disease	Full	Normal or reduced	Full
60	Reduced	Unable to hobby or some housework, significant disease	Occasional assit 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 any work, extensive disease	Mainly assistance	Normal or reduced	Full, drowsy, or confusion
30	Totally bed bound	Unable to do any work, extensive disease	Total Care	Reduced	Full, drowsy, or confusion
20	Totally bed bound	Unable to do any work, extensive disease	Total Care	Minimal sips	Full, drowsy, or confusion
10	Totally bed bound	Unable to do any work, extensive disease	Total Care	Mouth care only	Drowsy or coma
0	Death	-	-	-	-

FUNCTIONAL ASSESSMENT SCALE (FAST)

1	No difficulty either subjectively or objectively.
2	Complaints of forgetting location of objects. Subjective work difficulties.
3	Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity.*
4	Decreased ability to perform complex task, (e.g., planning dinner for guests, handling personal finances, such as forgetting to pay bills, etc.]
5	Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. pt may wear the same clothing repeatedly, unless supervised.*)
6	Occasionally or more frequently over the past weeks. * for the following: A) Improperly putting on clothes without assistance or cueing. B) Unable to bathe properly (not able to choose proper water temp) C) Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue) D) Urinary incontinence E) Fecal incontinence
7	A) Ability to speak limited to approximately ≤ 6 intelligible different words in the course of an average day or in the course of an intensive interview. B) Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview C) Ambulatory ability is lost (cannot walk without personal assistance.) D) cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair.) E) Loss of ability to smile. F) Loss of ability to hold up head independently.

***Scored primarily on information obtained from a knowledgeable informant.**
Psychopharmacology Bulletin, 1988 24:653-659.