VNA Hospice Care

Medical requirements to cover hospice care:

1. Physician's order
2. Estimate of six months or less to live if the disease follows its normal progression
3. Patient must agree to palliative care for the terminal diagnosis rather than curative care

Patients are encouraged to live as normally as possible while receiving hospice care. Patients often don't drive due to illness or medications, but may do so if they are able.

VNA Hospice Care includes:

1. A team (nurses, hospice team physician, therapists, social workers, chaplains, volunteers, and home health aides) who work with their existing doctor
2. Hospice team physician
3. Dietician when needed
4. All medications and home medical equipment and supplies related to the terminal illness
5. Bereavement care for a minimum of 13 months after the patient's death
6. Assistance with navigation healthcare options and symptom-management treatments

The **VNA Hospice Care** team members make intermittent visits based on patient's need with the focus on relief of symptoms and provision of emotional and spiritual support. Care is provided where the patient lives (ex. home, nursing home, assisted living, etc). Other levels of hospice care include:

- **Continuous care** – if symptoms become uncontrolled, the hospice team may decide to place nurses and/or aides in the home to help manage and control the symptoms.
- **Inpatient care** – the hospice team may decide to place the patient in an inpatient setting to manage and control symptoms that cannot reasonably be provided elsewhere.
- **Respite care** – in a nursing home setting, it may be provided for up to 5 consecutive days, when there is a need to provide the primary caregiver some relief.

All care provided must be approved by the hospice team in order to be covered by the hospice benefit.

Hospice Care General Guidelines

- Life-limiting conditions; prognosis < 6 months if the disease follows its normal progression
- Progressive difficulty in many ADLs (a critical factor in determining prognosis)
- Progression of disease(s)
  - Need for frequent medical care, hospitalization
- Patients of any age with a BMI < 20 kg/m_2 who are ill enough to be hospitalized, regardless of diagnosis, have significant morbidity within 6 months
- Weight loss > 10% over past 6 months (one of the most critical indicators in the elderly)
- Serum Albumin < 2.5 g/dl
- Cholesterol < 156 mg/dl
- HCT < 41%
- Two or more comorbid conditions
- Family desires palliative care only
- No longer pursuing aggresive medical treatment

critical factors
supporting factors

AIDS / HIV

- CD4 < 25/mcl or viral load > 100,000/ml plus ≥1 of the following:
  1. Weight loss of at least 33% of lean body mass (wasting syndrome)
  2. CNS or systemic lymphoma, unresponsive to treatment
  3. PML (progressive multifocal leukoencephalopathy)
  4. Cryptosporidiosis
  5. MAC (mycobacterium avium complex)
  6. Visceral Kaposi's Sarcoma, unresponsive to treatment
  7. Renal failure without anticipated dialysis
- Karnofsky Performance Scale ≤50
- Chronic diarrhea > 1 year
- Persistent serum albumin < 2.5 g/dl
- Advanced AIDS dementia complex
- CHF, symptomatic at rest
- Current substance abuse
- Age > 50
- Absence of antiretroviral, chemotherapeutic, or prophylactic drug therapy specifically for HIV disease

critical factors
supporting factors

Amyotrophic Lateral Sclerosis (ALS)

- Progression differs markedly from patient to patient
- The two factors most critical to survival (and prognosis) are ability to breathe, and to a lesser extent, the ability to swallow
- At least one of the following:
  1. Critically impaired breathing capacity
     - VC < 30% of predicted
     - Dyspnea at rest
     - Requires O_2 at rest
     - Declines ventilator
  2. Rapid progression of ALS
     - Wheelchair or bed-bound
     - Barely intelligible speech
     - Requires pureed or liquid diet
     - Requires assistance with all ADLs
  3. Critical nutritional impairment
     - Oral intake of nutrients and fluids insufficient to sustain life
     - Dehydration or hypovolemia
     - Progressive weight loss
     - Declines feeding tube
  4. Both rapid progression of ALS and life-threatening complications
     - Rapid progression, see 2 above
     - Life-threatening complications
       a. Recurrent aspiration pneumonia
       b. URIs/pyelonephritis
       c. Sepsis
       d. Recurrent fever after antibiotic therapy
- Exam by neurologist within 3 months of hospice evaluation

critical factors
supporting factors

Cancer

- Certain cancer diagnoses with poor prognosis may be hospice eligible without fulfilling other criteria
  1. Small Cell Lung Cancer
  2. Brain Cancer
  3. Pancreatic Cancer

Other Criteria:

- Patient meets ALL of the following:
  1. Clinical findings of malignany with widespread, aggressive or progressive disease as evidenced by increasing symptoms, worsening lab values and/or evidence of metastatic disease
  2. Palliative Performance Scale (PPS) ≤ 70%
  3. Refuses further life-prolonging therapy or continues to decline in spite of definitive therapy
  4. Karnofsky < 70%

Documentation includes:

- Hypercalcemia > 12 mg/dL
- Cachexia or weight loss of 5% in the past 3 months
- Recurrent disease after surgery, radiation or chemotherapy
- Tissue diagnosis or reason why tissue diagnosis is not available
- Signs of advanced disease (e.g., nausea, requirement for transfusions, malignant ascites or pleural effusion, increased pain, etc.)

critical factors
supporting factors

CVA and Coma

Acute Phase

- Had at least one of the following:
  1. Myoclonus and/or persistent vegetative state persists 3 days post anoxic event
  2. Decreased level of consciousness or coma which = 3 of the following:
     - Abnormal brain stem response
     - Absent speech or meaningful verbal response
     - ≤6 intelligible words in 24 hours
     - Absent pain response
     - Serum creatinine > 1.5 mg/dl
     - Bed-bound, unable to care for self

Chronic Phase

Both of the following or documentation of severe comorbidities and rapid decline:

- FAST Scale ≥Stage 7 or Karnofsky ≤40
  1. Dependence in most ADLs, paralysis, incontinence, aphasia
  2. Post CVA dementia
- Inability to maintain hydration and nutrition
  1. Decreased nutritional status despite tube feeding, if present
  2. Weight loss > 7.5% in past 3 months
  3. Serum albumin < 2.5 g/dl
  4. Current history of pulmonary aspiration without effective response to speech therapy
- Increased medical complications
- Diagnostic imaging supports poor prognosis

critical factors
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End-Stage Alzheimer's

- Functional Assessment Staging Scale ≥7 (does not affect the impact of comorbid conditions)
- Unable to walk, bathe, dress without assistance
- Dual incontinence
- Speaks ≤6 spontaneous words/day
- Had at least one of the following in the past 12 months:
  1. Medical complications (aspiration pneumonia or other URI, UTI, sepsis, Multiple Stage 3-4 decubiti)
  2. Dysphagia
  3. Poor nutritional status (despite tube feedings, if present)
  4. Fever, recurrent after antibiotics
- Weight loss > 10% during previous 6 months

critical factors
supporting factors

End-Stage Heart Disease

- NYHA Class IV:
  1. Symptomatic at rest despite maximum therapy and not pursuing therapy
  2. Angina at rest
  3. Ejection fraction < 20%
- Recurrent CHF and/or angina
- Increased discomfort with minimal activity
- Arrhythmias resistant to treatment
- History of cardiac arrest
- Cardiogenic embolic CVA
- Concomitant HIV disease
- Hx unexplained syncope
- Oxygen dependent

critical factors
supporting factors

End-Stage Liver Disease

- PTT > 5 sec above control or PT/INR > 1.5 sec
- Serum albumin < 2.5 g/dl
- One or more of the following:
  1. Ascites despite optimum diuretics
  2. Peritonitis
  3. Hepatorenal syndrome
  4. Encephalopathy with asterixis, somnolence, coma
  5. Recurrent variceal bleeding
- Liver transplant either not anticipated or would discharge from hospice if it is scheduled
- Progressive malnutrition, muscle wasting, reduced strength and endurance
- Active ETOH abuse
- Hepatocellular carcinoma
- + for Hepatitis B
- Hepatitis C refractory to treatment

critical factors
supporting factors

End-Stage Lung Disease

- Disabling dyspnea at rest, unresponsive to bronchodilators
- Recurrent pulmonary infections and/or respiratory failure
- Frequent ER visits, hospitalizations
- pO_2 < 55 mm Hg or O_2 sat < 88% on O_2 or pCO_2 ≥50 mm Hg
- FEV 1 < 30% after bronchodilators
- Cor Pulmonale/right heart failure not secondary to left heart failure
- Weight loss > 10% in 6 months
- Resting tachycardia > 100/min
- Age > 70

critical factors
supporting factors

End-Stage Parkinson's Disease

- Progression differs markedly from patient to patient
- Severely impaired breathing capacity such as:
  1. Dsypnea at rest
  2. Requires supplemental oxygen at rest
  3. The patient declines artificial ventilation
- Rapid disease progression and (one of the below):
  1. Progression from independent ambulation to w/ chair or bed-bound
  2. Severe muscle weakness affecting speech, chewing or swallowing
  3. Progression from independence in most or all ADLs to needing major assistance
- Severe nutritional impairment evidenced by:
  1. Weight loss > 10%
  2. Dehydration or hypovolemia
  3. No desire to implement artificial feedings
  4. Poor nutritional status (despite tube feedings, if present)
- Life-threatening complications demonstrated by one or more of the following:
  1. Recurrent aspiration pneumonia
  2. Upper UTI
  3. Sepsis
  4. Recurrent fever after antibiotic therapy
- Exam by neurologist within 3-6 months of hospice evaluation

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

critical factors
supporting factors

End-Stage Renal Disease

- Creatinine clearance < 10 cc/min (< 15 cc/min if diabetic)
- Creatinine > 8 mg/dl (> 6 mg/dl if diabetic)
- Not seeking dialysis or renal transplant
- Signs of uremia (confusion, nausea, pruritus, restlessness, pericarditis)
- Oliguria < 400 cc / 24 hrs
- Uremic pancreatitis
- Hepatorenal syndrome
- Hyperkalemia > 7 mEq/L
- Intractable fluid overload, not responsive to treatment
- Weight loss
- Decline in ADLs

critical factors
supporting factors

Medical Guidelines for Hospice Appropriateness

To make a referral:
Phone (214) 689-2355
Fax (877) 992-4062