Hospice

Quick Reference Guide for Determining Eligibility for Hospice Care

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Hospice is a comprehensive service available to patients and their families who have a life expectancy of six months or less.

Medicare A, Medicaid and most insurances have hospice benefits.

This is a guideline based on Local Coverage Determination (LCD) for Hospice eligibility used by National Government Services (NGS), a Medicare fiscal intermediary.

Sometimes a patient does not "fit" into the guidelines but still has a life expectancy of six months or less and therefore is eligible for hospice.

Predicting a life-expectancy of six months or less usually involves a significant, documented deterioration in physical status/function, such as weight loss or decreased function and/or an end-stage disease.

Decline may also be due to refusal of treatments, medications or hospitalization aimed at improving or stabilizing an advanced disease.

If your patient does better than initially expected, he or she may get discharged from hospice, yet can always receive hospice service at a later time when more appropriate. There is no penalty for early referral.

Intake	Level of Consciousness
Normal	Full
Normal	Full
Normal or reduced	Full
Normal or reduced	Full
Normal or reduced	Full or confusion
Normal or reduced	Full or confusion
Normal or reduced	Full, drowsy or confusion
Reduced	Full, drowsy or confusion
Minimal sips	Full, drowsy or confusion
Mouth care only	Drowsy or coma

Karnofsky Performance Score (KPS)

The Karnofsky score, used as an indicator for hospice appropriateness, measures patient performance in activities of daily living.

Score Function

100 Normal, no evidence of disease
90 Able to perform normal activity with only minor symptoms
80 Normal activity with effort, some symptoms
70 Able to care for self but unable to do normal activities
60 Requires occasional assistance, cares for most needs
50 Requires considerable assistance
40 Disabled, requires special assistance
30 Severely disabled
20 Very sick, requires active support treatment
10 Moribund

Palliative Performance Scale (PPS)

%	Ambulation	Activity and Evidence of Disease	Self-Care
100	Full	Normal activity, no evidence of disease	Full
90	Full	Normal activity, no evidence of disease	Full
80	Full	Normal activity with effort, some evidence of disease	Full
70	Reduced	Unable to do normal work, some evidence of disease	Full
60	Reduced	Unable to do hobby or some housework, significant disease	Occasional assist necessary
50	Mainly sit/lie	Unable to do any work, extensive disease	Considerable assistance required
40	Mainly in bed	Unable to do any work, extensive disease	Mainly assistance
30	Totally bed bound	Unable to do any work, extensive disease	Total care
20	Totally bed bound	Unable to do any work, extensive disease	Total care
10	Totally bed bound	Unable to do any work, extensive disease	Total care
0	Death		

Please call us if you think your patient may benefit from hospice service. We would be happy to evaluate your patient for hospice eligibility. Hospice Medical Director's consult service is also available.

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GENERAL INDICATORS OF DECLINE IN CLINICAL STATUS

1. Progression of disease evidenced by symptoms, signs & test results
2. Decline in PPS to 50% or less
3. BMI <22 or more than 10% weight loss in 6 months
4. Albumin <2.5% (helpful)
5. Progressive stage 3-4 pressure ulcers in spite of optimal care.
6. Dysphagia leading to recurrent aspiration and/or inadequate oral intake documented by decreasing food portion consumption.
7. Patient refusing enteral or parenteral nutrition support or has not responded to such support, despite adequate caloric intake

SHORT-TERM INPATIENT HOSPICE LEVEL OF CARE

Hospice Care under the General Inpatient (GIP) Level of Care is a benefit specifically designed for short-term inpatient care for patients who need intensive symptom management and an intensity of services which cannot be feasibly provided in any other care setting (such as in the home or nursing home).

Patients receiving hospice care in the hospital or inpatient hospice unit need to work on a discharge plan right from admission.

The hospice team will work in collaboration with family/caregivers and the facility team (Social Work, Utilization Review, Nursing, and Medical) to identify options and begin planning for discharge if the patient stabilizes from a symptom standpoint.

Discharge locations may include home, nursing home, or a comfort care home in the community.

Your patients may be eligible for hospice if they meet some or all of these guidelines.

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

Patients tend to have a constant overall rate of decline, however no single variable deteriorates at a uniform rate in all patients.

Therefore, **multiple clinical parameters are required to judge the progression of ALS including**:

1. **Critically impaired respiratory function as evidenced by:** Vital capacity < 40% predicted, dyspnea at rest; orthopnea; use of accessory respiratory muscles; paradoxical abdominal motion; reduced speech volume; weakened cough; sleep disordered breathing; daytime somnolence
2. **Severe nutritional status defined by dysphagia with progressive weight loss.** Gastrostomy feeding tube is permissible with the primary goal to relieve hunger
3. **Functional decline and ADL dependency,** including progression to bedbound status.
4. **Secondary complications in the past 12 months such as:** a) recurrent aspiration pneumonia; b) upper UTI; c) sepsis; d) recurrent fever in spite of antibiotics; e) advanced stage pressure ulcers

8. History of increasing ER visits, hospitalizations, or physician visits related to the hospice primary diagnosis
9. Progression to dependence on assistance with activities of daily living

CANCER

Should have 1 **or** 2:

1. **Distant Metastases at Diagnosis or**
2. **Progression From Earlier Stage to Metastatic Disease** with **either**: a) failure of treatment; **or** b) refusal of further treatment

NOTE: may be eligible on diagnosis of small-cell lung cancer, brain cancer, and pancreatic cancer if treatment is not sought.

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LUNG DISEASE

Should have 1 **and** 2:

1. **Dyspnea at Rest and Minimal Exercise Tolerance (with FEV1 < 30% if available) and Progression of Disease with Increased ER Visits, Hospitalizations or MD Home Visits** (documented serial decrease in FEV1 40 ml/year if available) **and**
2. **PO2** < 55 mm Hg ON ROOM AIR or O2 SAT < 88 ON O2 or Pco2 > 50 mm Hg

Supportive documentation: a) cor pulmonale; b) weight loss, 10% in past six months; c) HR > 100/min at rest

HEART DISEASE

Should have 1 **and** 2:

1. **Optimal Treatment and either not a Candidate for/or Refuse Surgery and**
2. **NYHA Class IV (Discomfort with any Physical Activity; Symptoms of CHF/Angina at Rest).**

Supportive documentation: a) symptomatic arrhythmias resistant to treatment; b) previous arrest/CPR; c) unexplained syncope; d) brain embolus from heart; e) HIV; f) EF < 20% optional

NYHA Functional Classification for Congestive Heart Failure

1. **Class I:** patients with no limitation of activities; they suffer no symptoms from ordinary activities
2. **Class II:** patients with slight, mild limitation of activity: they are comfortable with rest or with mild exertion
3. **Class III:** patients with marked limitation of activity; they are comfortable only at rest
4. **Class IV:** patients who should be at complete rest, confined to bed or chair; any physical activity brings on discomfort and symptoms occur at rest

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STR0KE

Should have 1 **and** 2:

1. **Karnofsky Performance Score (KPS)/Palliative Performance Scale (PPS) < 40**
2. **Inadequate nutrition with one of the following:** a) weight loss > 10% in 6 months **or** 7.5% in 3 months; **or** b) albumin < 2.5; **or** c) aspiration pneumonia not responsive to speech therapy intervention; **or** d) inadequate caloric intake counts; **or** e) severe dysphasia and no artificial feeding

Supportive documentation: any of the following in the previous 12 months: a) aspiration pneumonia; b) upper UTI; c) sepsis; d) refractory decubitus ulcer 3/4; e) recurrent fever on antibiotics

Note: specific CT findings on hemorrhagic or embolic strokes may support poor prognosis.

LIVER DISEASE

Should have 1 **and** 2:

1. **PT > 5 sec. over control or INR 1.5 and albumin < 2.5**
2. **One of the following:** a) refractory ascites or non-compliance; b) spontaneous bacterial peritonitis; c) hepato-renal syndrome; d) refractory encephalopathy or non compliance; e) recurrent esophageal variceal bleeding despite treatment

Supportive documentation: a) weight loss > 10%; b) muscle wasting/loss of strength; c) continued alcohol consumption; d) hepatocellular cancer; e) HBsAg positive; or f) hepatitis C refractory to treatment

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ACUTE RENAL FAILURE

Both 1 **and either** 2, 3, or 4 should be present:

1. **Stopping Dialysis or Not seeking Dialysis or Transplant and**
2. **Creatinine Clearance** < 10 cc/min (< 15 **for Diabetics**) or < 15 cc/min with CHF (< 20 cc/min for Diabetics) **or**
3. **Creatinine** > 8 mg/dl (> 6 for Diabetics) **or**
4. **Estimated** GFR < 10ml/min

Supportive documentation: a) mechanical ventilation; b) cancer; c) chronic lung disease; d) advanced heart disease; e) advanced liver disease; f) sepsis; g) AIDS; h) albumin < 3.5; i) cachexia; j) platelet counts < 25,000; k) DIC; l) GI bleeding

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

7A. 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.

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FAST Scale (Functional Assessment Scale)

1. No difficulty either subjectively or objectively
2. Complains 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 tasks, (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. patient 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)

CHRONIC RENAL FAILURE

Both 1 **and either** 2, 3, or 4 should be present:

1. **Stopping Dialysis or Not seeking Dialysis or Transplant**
2. **Creatinine Clearance** < 10 cc/min (< 15 **for Diabetics**) or < 15 cc/min with CHF (< 20 cc/min for Diabetics) **or**
3. **Creatinine** > 8 mg/dl (> 6 for Diabetics) **or**
4. **Signs and Symptoms** of Renal Failure, including: uremia, oliguria (400 cc/24 hours), hyperkalemia (> 7), not responding to treatment, uremic pericarditis, hepatorenal syndrome, intractible fluid overload

Supportive documentation: a) uremia; b) oliguria (< 400cc/day); c) K+ > 7 with treatment; d) pericarditis; e) hepatorenal syndrome; f) intractable fluid overload; g) Estimated GFR < 10ml/min

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AIDS

Patients should have 1 **and** 2:

1. **CD4+ < 25** (2 or more assays at least one month apart) **or Viral Load > 100,000 and** one of the following: a) CNS lymphoma; **or** b) wasting with weight loss > 10%; **or** c) MAC, untreated or treatment ineffective or refused; **or** d) PML; **or** e) systemic lymphoma with partial chemo response; **or** f) visceral Kaposi's sarcoma unresponsive to treatment; **or** g) renal failure and no dialysis; **or** h) cryptosporidium; **or** i) toxoplasmosis unresponsive to treatment **and**
2. **Karnofsky Performance Score (KPS)/Palliative Performance Scale (PPS) < 50**

Supportive documentation: a) diarrhea > 1 year; b) albumin < 2.5; c) ongoing substance abuse; d) age > 50; e) resistance to antiretrovirals or prophylactic RX; f) advanced AIDS dementia; g) toxoplasmosis; h) CHF; i) advanced liver disease

COMA

Patients with **any 3** of the following on day 3 of coma:

1. **Abnormal Brain Stem Reponse**
2. **No Verbal Response**
3. **No Withdrawal Response to Pain**
4. **Creatinine** > 1.5

Note: For supportive factors see 3 under Stroke

DEMENTIA

Should have 1 **and** 2:

1. **> Stage 7 on Fast Scale:** a) unable to ambulate and dress and bathe without assistance; b) incontinent of urine and stool; c) 6 or less intelligible words/day
2. **One of the following in the past 12 Months:** a) aspiration pneumonia; **or** b) upper UTI; **or** c) septicemia; **or** d) multiple stage 3/4 decubitus ulcers; or d) recurrent fever on antibiotics; **or** e) weight loss > 10% in past six months/ albumin < 2.5

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