

Hospice Indicators



Hospice Indicators Contents

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About Hospice

In the continuum of hospice care, hospice professionals strive for “a good death,” where patients receive personal, emotional and spiritual comfort; are freed from pain and suffering, and are surrounded by loved ones. Hospice brings a team of specially trained professionals who offer tools, experience and interventions to facilitate a peaceful death that occurs with respect and dignity.

Evercare Hospice and Palliative Care provides end-of-life care coordination and services through a holistic team approach, working collaboratively to fulfill the physical, psychological and spiritual needs of patients and their families during a uniquely personal time of transition.

Hospice has been demonstrated to improve the quality of life for patients with life-limiting conditions and disease, including:

- Cancer
- Cardiovascular Disease
- Congestive Heart Disease
- Chronic Obstructive Pulmonary Disease (COPD)

- Dementia or Alzheimer's Disease
- Neurological Disease
(Parkinson's, ALS, etc.)
- Renal Disease
- Liver Disease
- Acquired Immune Deficiency
Syndrome (AIDS/HIV)

Patients may be eligible for hospice care if any or all of the following are present:

- Progressive decline in status despite curative treatments
- Frequent hospitalizations
- Repeat or multiple infections
- Increased or uncontrolled pain
- Progressive/profound weakness and fatigue
- Shortness of breath with or without oxygen
- Dependency (decrease in ADLs)
- Alterations in mental status
- Weight loss

Medical Indicators for Hospice

Medical Indicators for Hospice

The evidence-based best practices on the following pages are accepted medical indicators for hospice eligibility.

The PPS values given are taken from the Victoria Hospice Palliative Performance Scale,* which can be found at **www.victoriahospice.org/pdfs/PPSv2.pdf**

Cancer

Cancer

Cancer

- Treatments not curing disease
- Failed multiple treatments
- Increasing pain and/or symptoms
- Multiple trips to hospital for symptom management
- Metastasis and/or Stage 3 or 4
- Toxicity outweighs benefits
- Poor performance status:
 - ECOG of 3 – 4
 - Karnofsky or PPS value <50
- Terminal prognosis with only a few treatments left
- Exhausted patient and family/caregivers
- Treatment is having negative impact on patient's quality of life
- Patient/family wants to stop curative treatment

The guidelines given for each disease are predictive for patients with a single condition. Additional comorbidities or complications should be taken into consideration when evaluating appropriateness for hospice care.

Congestive
Heart Failure (CHF)

Congestive Heart Failure (CHF)

Congestive Heart Failure (CHF)

- Class IV functional status (NYHA)
- Ejection fraction <20%
- Optimal diuretic and vasodilator therapy
- Recurrent symptoms of CHF at rest
- Persistent ventricular arrhythmia
- History of cardiac arrest
- History of unexplained syncope
- Brain embolism of cardiac origin

The guidelines given for each disease are predictive for patients with a single condition. Additional comorbidities or complications should be taken into consideration when evaluating appropriateness for hospice care.

*Chronic
Obstructive
Pulmonary
Disease
(COPD)*

Chronic Obstructive
Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease (COPD)

- Disabling dyspnea at rest
- Oxygen dependent
- O₂ saturation less than 88% on room air
- Recurrent infections
- Poor response to bronchodilators
- FEV1 after bronchodilator less than 30% of predicted
- Heart failure secondary to pulmonary disease
- Resting tachycardia greater than 100 beats per minute
- Weight loss greater than 10% over previous six months

The guidelines given for each disease are predictive for patients with a single condition. Additional comorbidities or complications should be taken into consideration when evaluating appropriateness for hospice care.

*Dementia
or Alzheimer's*

Dementia or Alzheimer's

Stage 7 or higher on FAST:

- Unable to ambulate alone
- Unable to dress, bathe or feed self
- Incontinent of bowel and bladder
- Unable to speak or communicate meaningfully

Presence or history of at least one co-morbid condition in the past year, such as:

- Weight loss
- UTI
- Aspiration
- Pneumonia
- Decubitus ulcers

The guidelines given for each disease are predictive for patients with a single condition. Additional comorbidities or complications should be taken into consideration when evaluating appropriateness for hospice care.

Neurological
(CVA, Coma,
Parkinson's, etc.)

Neurological
(CVA, Coma, Parkinson's, etc.)

Neurological (CVA, Coma, Parkinson's, etc.)

- Karnofsky or PPS value less than 40%
 - Unable to ambulate alone
 - Unable to dress, bathe or feed self
 - Incontinent of bowel and bladder
 - Speech limited
- Poor nutritional status, dysphagia, and/or more than 10% weight loss
- Serum albumin less than 2.5 grams per dl
- Dysphagia (history of aspiration)

The guidelines given for each disease are predictive for patients with a single condition. Additional comorbidities or complications should be taken into consideration when evaluating appropriateness for hospice care.

Liver Disease

Liver Disease

- Documentation of specific liver disease
- Jaundice
- Ascites
- Abnormal liver enzymes
- Elevated PTT greater than 5 seconds; INR >1.5
- Encephalopathy

The guidelines given for each disease are predictive for patients with a single condition. Additional comorbidities or complications should be taken into consideration when evaluating appropriateness for hospice care.

*Debility
Unspecified*

Debility Unspecified

Debility Unspecified

Adult failure to thrive syndrome is characterized by unexplained weight loss, malnutrition and disability. The syndrome has been associated with multiple primary conditions, but always includes two defining clinical elements, namely nutritional impairment and disability. The nutritional impairment and disability associated with the adult failure to thrive syndrome may be severe enough to affect the patient's short-term survival.

Adult failure to thrive syndrome may manifest as an irreversible progression in the patient's nutritional impairment/disability despite a trial of therapy. The presence of co-morbid conditions may hasten the patient's clinical progression and as such should be identified and addressed.

The guidelines given for each disease are predictive for patients with a single condition. Additional comorbidities or complications should be taken into consideration when evaluating appropriateness for hospice care.

The medical criteria below supports the terminal prognosis for patients with adult failure to thrive syndrome:

- Nutritional impairment is severe enough to impact patient's weight; Body Mass Index (BMI) is below 22 kg/m²
- Patient declines enteral/parenteral nutritional support, or
- Does not respond to nutritional support, despite adequate caloric intake
- Karnofsky or PPS value less than or equal to 40%

The guidelines given for each disease are predictive for patients with a single condition. Additional comorbidities or complications should be taken into consideration when evaluating appropriateness for hospice care.

ALS

ALS

1. The patient must demonstrate critically impaired breathing capacity as demonstrated by all the following characteristics occurring within the 12 months preceding initial hospice certification:

- Vital capacity (VC) less than 30% of normal
- Significant dyspnea at rest
- Requires supplemental oxygen at rest
- Patient declines artificial ventilation

2. Patient must demonstrate both rapid progression of ALS and critical nutritional impairment as demonstrated by all the following characteristics occurring within the 12 months preceding initial hospice certification:

- Progression from independent ambulation to wheelchair or bedbound status
- Progression from normal to barely intelligible or unintelligible speech

The guidelines given for each disease are predictive for patients with a single condition. Additional comorbidities or complications should be taken into consideration when evaluating appropriateness for hospice care.

- Progression from normal to pureed diet
- Progression from independence in most all ADLs to needing major assistance by caretaker in all ADLs
- Oral intake of nutrients and fluids insufficient to sustain life
- Continuing weight loss
- Dehydration or hypovolemia
- Absence of artificial feeding methods

3. Patient must demonstrate life-threatening complications as demonstrated by one of the following occurring within the 12 months preceding initial hospice certification:

- Recurrent aspiration pneumonia (with or without tube feeding)
- Upper urinary tract infection; e.g., pyelonephritis
- Sepsis
- Recurrent fever after antibiotic therapy

The guidelines given for each disease are predictive for patients with a single condition. Additional comorbidities or complications should be taken into consideration when evaluating appropriateness for hospice care.

Renal Disease

Renal Disease

- Creatinine greater than 8 mg per dl;
6 mg/dl in diabetics
- Urine output <400 ml/24 hours
- Patient/family choose to
stop dialysis
- Hepatorenal syndrome

The guidelines given for each disease are predictive for patients with a single condition. Additional comorbidities or complications should be taken into consideration when evaluating appropriateness for hospice care.

AIDS/HIV

AIDS/HIV

AIDS/HIV

CD4 lymphocyte count less than 25 with a viral load greater than 100,000 copies, plus one of the following:

- Central nervous system lymphoma
- Persistent wasting
- Mycobacterium avium complex untreated or unresponsive to treatment
- Progressive multifocal leukoencephalopathy
- Systemic lymphoma
- Visceral Kaposi's sarcoma unresponsive to treatment
- Renal failure
- Cryptosporidium infection
- Toxoplasmosis
- Karnofsky performance or PPS value less than 50

The guidelines given for each disease are predictive for patients with a single condition. Additional comorbidities or complications should be taken into consideration when evaluating appropriateness for hospice care.

*Karnofsky
Performance
Status*

Karnofsky Performance Status

General Category	Index	Specified Criteria
Able to carry on normal activity and to work; no special care needed	100	Normal, no complaints; no evidence of disease
	90	Able to carry on normal activity; minor signs or symptoms of disease
	80	Normal activity with effort; some signs or symptoms of disease
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed	70	Cares for self; unable to carry on normal activity or to do active work
	60	Requires occasional assistance, but is able to care for most of his or her personal needs
	50	Requires considerable assistance and frequent medical care
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly	40	Disabled; requires special care and assistance
	30	Severely disabled; hospital admission is indicated although death not imminent
	20	Very sick; hospital admission necessary; active supportive treatment necessary
	10	Moribund; fatal processes progressing rapidly
	0	Dead

*In-patient
or
Continuous Care*

In-patient or Continuous Care

Eligibility for in-patient or continuous care includes symptoms that require acute medical management. Examples include, but are not limited to, the following:

Uncontrolled pain

- Sudden onset or new manifestation of unmanageable pain
- Ongoing pain control/management requiring frequent adjustment in dose; or analgesia requiring constant monitoring and evaluation
- Non-verbal signs of pain (groans and grimaces)

Intractable nausea, vomiting and diarrhea

Respiratory distress

- Symptoms of rales, rhonchi, wheezing, severe shortness of breath, or ineffective airway clearance

Intensive teaching

- Such as complicated wound care, dressing changes, and medication administration requiring intensive interventions

Abrupt changes in **psychosocial problems *and* uncontrolled symptoms**, which can create significant stress on the patient/family:

- Abrupt change in behavioral or cognitive abnormalities causing severe agitation, disorientation, or combative behavior
- Severe depression and/or anxiety necessitating a change in environment for safety
- Suicide ideation, gestures, attempts, threats of euthanasia
- Acute breakdown or disruption in family dynamics, preventing family members from functioning as adequate caregivers (either physically or emotionally)
- Death is imminent with unstable symptoms and caregiver distress

Seizures requiring intensive intervention, continuous monitoring, and medications

Hemorrhage or bleeding causing symptoms that are difficult for the family to manage

Other symptoms defined by the interdisciplinary team as unmanageable by the family

About Our Company

Evercare Hospice and Palliative Care is part of America's most experienced and trusted provider of coordinated, customized care plans that meet the individualized needs of people with complex medical conditions. We are part of the UnitedHealth Group family of businesses, and we are proud to represent one of this country's most admired health care companies.

Our company is rooted in a deep commitment to the people we serve, through all phases of their lives. We strive to make health care accessible and affordable. We are internationally recognized for our advances in improving the health care system. We respect our patients and sincerely appreciate the trust they put in us.

About Our Foundation

The United Health Hospice Foundation provides education about the value of hospice care and works with leading, national hospice organizations to advance overall understanding of the hospice movement. Our foundation promotes hospice care through community outreach activities, including collaborations with medical providers, social service and religious groups, hospitals and clinics, residential care facilities, and with patients and families themselves.

www.evercarehospice.com



Hospice & Palliative Care

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