Eligibility Guide

Advocate Hospice

Inspiring medicine. Changing lives.

Admission Indicators

Admission criteria include:

- Life limiting illness with a prognosis of < 6 months
- Patient and family desire comfort care
- Two physicians confirm terminal condition
- Clinical progression of terminal disease

Admission indicators may include:

- Patient likely to die if disease runs its normal course
- Recent decline in functional status as determined by:
  - Karnofsky Performance Status < 50% (see scale on page 2)
  - Dependence in at least 3 of 6 ADLs
- Impaired nutritional status evidenced by either:
  - Weight loss > 10% over the past 6 months
  - Serum albumin < 2.5 gm/dl
- Hospitalizations or emergency room visits
- Infections such as UTI, URI, sepsis
- Decubitus ulcers

Karnofsky Performance Scale

General Category	Index	Specific Criteria
Unable to care for self, requires institutional or hospital care or equivalent, disease may be rapidly progressing	50	Requires considerable assistance from others and frequent medical care
	40	Disabled, requires special care and assistance
	30	Severely disabled, hospitalization indicated, death not imminent
	20	Very sick, hospitalization necessary, active supportive treatment necessary
	10	Moribund, actively dying

Hospice Indicators for Adult Failure to Thrive and Debility*

- Unexplained weight loss
- Malnutrition or nutritional disability
  - BMI < 22 kg/m^2
    (BMI (kg/m^2) = 703 x (wt in lbs) / (ht in inches)
  - Mid-arm muscle circumference, in cm, (if BMI cannot be measured) that is below norms (based on age and gender)
- Declines enteral or parenteral nutritional support or not responding to nutritional support
- Disability demonstrated by Karnofsky Performance Scale (see page 2) or Palliative Performance Scale (see page 4) value, or = 40%

Some patients may not meet the admission criteria, yet still be appropriate for hospice care because of other co-morbidities or rapid decline. These patients are often described as failing to thrive or having debility. Coverage for these patients may be approved on an individual consideration basis.

** Adult failure to thrive and/or debility can be used as a secondary diagnosis*

Palliative Performance Scale*

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Consciousness Level
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 do Hobby/House Work Significant Disease	Occasional Assistance 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 or Drowsy or Confusion
30	Totally Bed Bound	Unable to do Any Work Extensive Disease	Total Care	Reduced	Full or Drowsy or Confusion
20	Totally Bed Bound	Unable to do Any Work Extensive Disease	Total Care	Minimal Sips	Full or Drowsy or Confusion
10	Totally Bed Bound	Unable to do Any Work Extensive Disease	Total Care	Mouth Care Only	Drowsy or Coma
0	Death	–	–	–	–

*This scale is a modification of the Karnofsky Performance Scale. It takes into account ambulation, activity, self-care, intake and consciousness level.

Hospice Indicators for Cancer

- Treatments ineffective
- Treatment is having negative impact on patient's quality of life
- 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 Palliative Performance Scale less than 50%
- Exhausted patient and family/caregivers
- Patient/family wants to stop curative or palliative radiation and/or chemotherapy
- May qualify for palliative radiation and/or chemotherapy treatment on an individualized basis for cancer symptom management

Did you know?

What is hospice? Hospice is a program designed specifically for people who have chosen to change the plan of care for a life-limiting illness from aggressive medical treatment, focused on curing an illness, to care that manages pain and symptoms so patients can make the most of every day.

Hospice Indicators for Cardiopulmonary Disease

Identification of specific structural/functional impairments, along with relevant activity limitations such as:

- Disabling dyspnea at rest, poor response to bronchodilators
- Persistent symptoms of recurrent CHF at rest
- Optimally treated with diuretics and vasodilators (ACE inhibitors) or unable to tolerate
- New York Heart Class IV
- Impairment in the contraction force of ventricular muscles
- Supraventricular arrhythmias that are resistant to arrhythmia therapy
- History of unexplained syncope
- History of cardiac arrest or MI
- Increasing visits to the ER or hospitalizations for respiratory infections and/or respiratory failure
  - pO_2 < or = 55 mmHg
  - Oxygen saturation < or = to 88%
- Resting tachycardia > 100/minute
- Presence of cor pulmonale or right heart failure (RHF)
- Identification of functional limitation, such as:
  - Decline in functional status

Examples of secondary conditions: Delirium, pneumonia, stasis ulcers, pressure ulcers, failure to thrive and debility

Example of co-morbid condition: End Stage Renal Disease (ESRD)

Did you know?

The timing of end-of-life conversations is critical. The American Society of Clinical Oncology recommends that patients be told what end-of-life care choices are available earlier in the course of their disease. Doing so empowers them to define his/her final wishes.

Hospice Indicators for Dementia

Includes diagnoses such as Alzheimer's Disease, Parkinson's Disease, Lewy Body Dementia and Frontal Lobe Dementia

- Stage 7 or higher on FAST scale (loss of speech, locomotion and consciousness)
  - 7a: Ability to speak is limited (1 to 5 words a day)
  - 7b: Speech is unintelligible
  - 7c: Non-ambulatory
  - 7d: Unable to sit up independently
  - 7e: Unable to smile
  - 7f: Unable to hold head up

Co-morbidity, such as:

- CHD (Coronary Heart Disease)
- COPD

Secondary Conditions, such as:

- Delirium
- Dysphagia
- Aspiration pneumonia
- Urinary tract infection
- Decubitus ulcers

Did you know?

Hospice is not a place. Rather, it is a comprehensive service that is provided in the home 90 percent of the time. Sometimes, patients are temporarily moved to a hospital if a patient’s pain or symptoms can be more easily managed by hospice staff.

The hospice team can also provide respite care so that caregivers can have a little time away from the day-to-day requirements of caring for a loved one in hospice care. The patient can be placed in a nursing home for a predetermined number of days while continuing to receive care from the hospice team.

Hospice Indicators for HIV Disease

1 and 2 must be present; factors from 3 will add supporting documentation:

1. CD4 + Count < 25 cells/mcL or persistent viral load > 100,000 copies/ml, plus ONE of the following:
   a. CNS Lymphoma
   b. Untreated, or not responsive to treatment, wasting (loss of 33% lean body mass)
   c. Mycobacterium avium complex (MAC) bacteremia, untreated, unresponsive to treatment, or treatment refused
   d. Progressive multifocal leukoencephalopathy
   e. Systemic lymphoma, with advanced HIV disease and partial response to chemotherapy
   f. Visceral Kaposi's sarcoma unresponsive to therapy
   g. Renal failure in the absence of dialysis
   h. Cryptosporidium infection
   i. Toxoplasmosis, unresponsive to therapy

2. Decreased performance status, as measured by the Karnofsky Performance Status (KPS) scale of < or = 50

3. Documentation of the following factors support eligibility for hospice care:
   a. Chronic persistent diarrhea for one year
   b. Persistent serum albumin < 2.5
   c. Concomitant, active substance abuse
   d. Age > 50 years

Eligibility factors continued on reverse

Hospice Indicators for HIV Disease (cont.)

e. Absence of antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease
f. Advanced AIDS dementia complex
g. Toxoplasmosis

Did you know?

A multi-disciplinary team cares for hospice patients. The team includes: patient/caregiver; patient's physician; hospice physician; registered nurse; certified home health aide; social worker; chaplain; grief counselor; and volunteers.

Hospice Indicators for Liver Disease

Criteria in 1 and 2 must be present; factors from 3 will lend supporting documentation:

1. INR > 1.5 (or Prothrombin time prolonged more than 5 seconds over control). Serum Albumin < 2.5 gm/dl

2. Documentation of end stage liver disease, and 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 (< 400 ml/day) and urine sodium concentration < 10 mEq/l)
- Hepatic Encephalopathy, refractory to treatment, or patient non-compliant
- Recurrent variceal bleeding despite intensive therapy

3. 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.

Did you know?

Hospice is affordable. Medicare and Medicaid provide coverage for hospice services so there are no out-of-pocket expenses. Hospice services and medications used to manage the life-limiting illness are covered at 100%.

Hospice Indicators for Neurological Conditions

Includes diagnoses such as CVA, Parkinson's Disease, ALS and MS

- Neurological conditions are associated with impairments, activity limitations and disability
- Identification of specific structural/functional impairments, together with any relevant activity limitations, should serve as the basis for palliative interventions and care-planning

Secondary Conditions such as:

- Dysphagia
- Pneumonia
- Pressure ulcers

Co-morbid conditions, such as COPD, may be distinct from the primary condition itself. However services aimed at the co-morbid condition may be related to palliation and management of the terminal condition.

Did you know?

Patients can dis-enroll from hospice at any time. They just simply sign a form. Patients may feel the service is not right for them. Or, the patient's life-limiting illness may improve, and they come off of hospice. Patients can also re-enroll if they change their mind again and want to go back on hospice. A hospice stay of longer than six months is also possible if the disease runs its usual course and surpasses the timeframe.

Hospice Indicators for Renal Care

The patient is not seeking dialysis or renal transplant

- Creatinine clearance < 10 ml/min (< 15 for diabetes)
- Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetes)

Supplemental

Presence of co-morbid conditions in acute renal failure is helpful

- Coronary heart disease (CHD), i.e. dyspnea, orthopnea, chest pain, peripheral vascular disease (PVD), vascular dementia

Secondary conditions, directly related to the primary condition:

- Secondary hyperparathyroidism
- Calciphylaxis
- Nephrogen systemic fibrosis
- Electrolyte abnormalities
- Anorexia
- Fluid overload

Presence of signs and symptoms in chronic renal failure is helpful:

- Examples include uremia, oliguria (< 400 ml/day), hyperkalemia (> 7.0) not responsive to treatment, hepatorenal syndrome, etc.

Did you know?

After a patient dies, Advocate Hospice offers family and loved ones a 13-month bereavement program. Grief support can be provided in different ways: *Daybreak* monthly newsletter; individual grief support; grief support groups; workshops; and education.

How Advocate Hospice Helps Patients and Families

- Enhances quality of life
- Consultations available 24 hours a day, 7 days a week by professional staff (ie., RN, psychosocial and physician)
- Pain evaluated on every visit
- Expertise in pain and symptom management
- Provides 4 Levels of Care
- Treats infections and wounds to promote patient comfort
- Provides medications, supplies and equipment related to symptom management of the terminal illness, anxiety and depression
- Educates regarding nutrition and hydration issues, with a focus on patient comfort and goals; evaluation for swallowing concerns can be ordered if needed
- Personalized plan of care for ADLs
- Reduces physician office calls, 911 calls, ER visits and hospitalizations
- Provides higher level of care for change in condition

(continued on reverse)

How Advocate Hospice Helps Patients and Families (cont.)

- Help with end of life planning
  - Prepare advance directives, obtain a Limitation of Emergency Treatment (LET) order and assist with funeral planning arrangements
- Anticipates needs of patient and family; may refer to available community resources
- Use of non-pharmacological therapy (ie., massage therapy)
- Increases patient and caregiver support
- Visits provided by psychosocial and spiritual staff with ongoing follow-up for patients, families and staff
- Communicates with families regarding patient's condition
- Communication and patient updates as determined by the referral source
- Attend and confirm deaths
- 13 months of bereavement services

To learn more about Advocate Hospice or to make a referral, call:

Chicagoland Area: 630.963.6800

Normal, IL Area: 309.268.5930

Advocate at Home

Inspiring medicine. Changing lives.

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