Hospice Eligibility

Pulmonary Disease

- Recent visits to the ER or hospitalization for pulmonary infections or respiratory failure
- Dyspnea or tightness in the chest (FEV1 <30% of predicted)
- Identification of specific structural/functional impairments
- Relevant activity limitations
- Changes in appetite and unintentional progressive weight loss
- Impaired sleep functions
- Decline in general physical endurance
- Impaired mobility
- Requires oxygen some or all of the time
- May require breathing treatments or use of inhalers
- May have difficult eating or carrying on conversations without supplemental oxygen

Neurological Conditions

- Structural/functional impairments
- Impaired mental function
- Impaired sensory function and pain
- Impaired neuromusculoskeletal and movement functions
- Impaired communication
- Impaired mobility
- Self-care deficit
- Activity limitations
- Comorbid and secondary conditions also contribute to a terminal prognosis.

How Pathway Hospice Can Help

The end-of-life experience can be peaceful and a patient can pass with dignity when provided with appropriate intervention. Hospice staff provide expert care and guidance during this time.

- Development of advance directives and end-of-life planning
- Assistance to create an environment in which family and friends can reminisce and spend time together
- Clinical assessment and intervention
- Medication and symptom management
- Life review and legacy work
- Emotional support and spiritual counseling
- Personal Care
- Volunteer support
- Provision of medications, supplies, and durable medical equipment
- Bereavement support for the family for up to 13 months

Hospice Eligibility

Non-Disease-Specific Guidelines

Determining a primary hospice diagnosis can be challenging when a patient has some, but not all, of the clinical indicators of a specific disease or condition. The following clinical signs often support hospice eligibility in combination with another primary diagnosis.

1. Rapid decline over the past three to six months, evidenced by:
   • Rapid progression of disease • Progressive decline in Palliative Performance Score (PPS) • Weight loss not due to reversible causes and/or declining serum albumin levels • Dependence on assistance for two or more ADLs: feeding, ambulation, continence, transfer, bathing or dressing
2. Dysphagia leading to inadequate nutritional intake or recurrent aspiration
3. Decline in systolic blood pressure to below 90 systolic or progressive postural hypotension
4. Increasing ER visits, hospitalizations or physician follow-up
5. Multiple progressive Stage 3 or Stage 4 pressure ulcers in spite of optimal care
6. Frequent falls or increasing problems with balance and weakness
7. Increased lethargy/sleepiness
8. Uncontrolled pain, shortness of breath, nausea/vomiting, anxiety
9. Multiple, recurrent infections
10. Patient appears to be "giving up" physically and emotionally

AIDS/HIV

- Must have established AIDS or HIV diagnosis
- Decision has been made to forego antiretroviral, antibacterial, antifungal, chemotherapeutic and prophylactic drug therapy related specifically to the AIDS diagnosis.
- Chronic, persistent diarrhea
- Significant weight loss of 10% or more in the past three months
- Generalized weakness
- Viral load > 100,000 copies/ml
- CD4 count < 25
- History of frequent opportunistic infections
- Palliative Performance Indicator Score of 50% or less
- CHF at rest
- AIDS dementia complex
- Toxoplasmosis
- Generalized wasting
- Substance Abuse

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Hospice Eligibility

Alzheimer's Disease

In order for a dementia patient to meet the hospice eligibility criteria, he or she must have a life expectancy of six months or less if the disease continues in its typical progression. For patients with dementia, it may be time to consider hospice when the patient's physical condition begins to decline. Some things to look for include:

- A diagnosis of other conditions such as COPD, CHF, cancer or congenital heart disease
- An increase in hospitalizations, frequent visits to the doctor and/or trips to the ER
- A diagnosis of pneumonia or sepsis
- Weight loss or dehydration due to challenges in eating/drinking

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

Cancer

- Pathology report reveals evidence of malignancy or metastases
- Decline in condition in spite of therapy, or patient opts out of further disease-directed therapy
- Palliative Performance Score or Karnofsky Score of 70% or less
- Electing to forgo further disease directed curative treatment
- Certain cancer diagnoses are often eligible for hospice without other criteria including small cell lung cancer, pancreatic cancer, and primary CNS malignancy

Cerebral Vascular Accident/Stroke

- Palliative Performance Score or Karnofsky Score of 40% or less
- Mainly bed to chair bound
- Impaired functional status
- Requires assistance with activities of daily living (ADLs)
- Changes in orientation status
- Unable to maintain sufficient fluid and caloric intake
- Progressive weight loss, the patient's doctor, and often a hospice doctor as well, must determine that the patient is terminally ill, with a life expectancy of six months or less; the decision to treat someone at a higher level of care falls to the hospice physician

Heart Disease

- Identification of specific structural/functional impairments
- Ejection fraction <20% (not required, but an important consideration)
- A poor response to diuretics and vasodilators
- Dyspnea, tightness or pain in the chest
- Impaired heart rhythms, contraction force of ventricular muscles and impaired blood supply to the heart
- Changes in appetite, unintentional weight loss
- Impaired sleep functions
- Decline in general physical endurance
- Relevant activity limitations and/or impaired mobility

Liver Disease

- Weakness and compromised ability to perform activities of daily living (ADLs)
- Recurrent variceal hemorrhage
- Hepatic encephalopathy
- Prothrombin time prolonged more than five seconds over control or INR > 1.5
- Serum albumin < 2.5 gm/dl
- Peritonitis
- Elevated creatinine and BUN with Oliguria <400 ml/day and urine sodium concentration <10 mEq/l
- Ascites
- Malnutrition
- Muscle wasting
- Asterixis
- May be awaiting liver transplant, but if organ is procured, the patient is no longer eligible

Renal Failure

- Creatinine clearance of <10cc/min (<15cc/min for diabetics) AND serum creatinine >8.0 mg/dl (>6.0 mg/dl for diabetics)
- Uremia with obtundation
- Nausea/vomiting
- Patient has chosen not to have renal dialysis
- Intractable hyperkalemia
- Hepatorenal syndrome
- Structural and functional impairments
- Platelet count <25,000
- Comorbid and secondary conditions contribute to terminal prognosis
- Pruritus
- Self-care deficits
- Activity limitations
- Uremic pericarditis
- Anorexia
- Albumin <3.5 gm/dl

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