Pocket Reference Guide for Hospice Eligibility Guidelines

Banner Hospice

General Guidelines/General Decline

Part 1: Decline in clinical status guidelines

Progression of disease as documented by worsening clinical status, symptoms, signs and laboratory results

A. Clinical Status

1. Recurrent/ intractable infections (sepsis, urinary tract infection, pneumonia)
2. Progressive inanition as documented by:
   a. Weight loss not due to reversible causes
   b. Decreasing mid-arm circumference, abdominal girth
   c. Decreasing serum albumin or cholesterol
3. Dysphagia leading to recurrent aspiration and/or inadequate oral intake documented by decreasing food portion consumption

B. Symptoms: Dyspnea with increasing respiratory rate • Intractable cough • Nausea/vomiting poorly responsive to treatment • Intractable diarrhea • Pain requiring increasing/frequent doses of narcotics

C. Signs: Decline in systolic BP below 90/progressive postural hypotension • Ascites • Venous, arterial or lymphatic obstruction due to local progression or metastatic disease • Edema • Pleural/ pericardial effusion • Weakness; change in level of consciousness

D. Laboratory (when available; lab testing is not required to establish hospice eligibility)

1. Increasing pC02 or decreasing p02 or decreasing Sa02
2. Increasing calcium, creatinine or liver function studies
3. Increasing tumor markers (e.g., CEA, PSA)
4. Progressively decreasing or increasing serum sodium or increasing serum potassium

E. Decline in Palliative Performance Score (PPS) due to progression of disease

F. Increasing emergency room visits, hospitalization, or physician visits

G. Progressive decline in Functional Assessment Staging Tool for dementia (FAST)

H. Progression to dependence on assistance with additional activities of daily living (See Part 2, Section B)

I. Progressive stage 3-4 pressure ulcers in spite of optimal care

Part 2: Non-disease specific baseline guidelines (both of these should be met)

A. Physiologic impairment of functional status as demonstrated by Palliative Performance Scale (PPS) <70%

B. Dependence on assistance for two or more activities of daily living (ADLs): Feeding ● Ambulation ● Continence ● Transfer ● Bathing ● Dressing

Part 3: Co-morbidities

The presence of comorbid or secondary diseases should be considered in determining hospice eligibility

Coma

A. Comatose patients with any three of the following: Abnormal brain stem response ● Absent verbal response • Absent withdrawal response to pain • Serum creatinine >1.5 mg/dl

B. Documentation of the following factors will support eligibility hospice care: Aspiration pneumonia • Upper urinary tract infection (pyelonephritis) • Sepsis • Refractory stage 3-4 decubitus ulcers • Fever recurrent after antibiotics

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work 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 normal job/work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable 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 most activity Extensive disease	Mainly assistance	Normal or reduced	Full or drowsy +/- confusion
30%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Normal or reduced	Full or drowsy +/- confusion
20%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Minimal to sips	Full or drowsy +/- confusion
10%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Mouth care only	Drowsy or coma +/- confusion
0%	Death	_	_	_	_

Reference: Palliative Performance Scale(PPS-version 2) ©2001 Victoria Hospice Society

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Dementia Due to Alzheimer's Disease & Related Disorders

A. Stage 7 or beyond according to the Functional Assessment Staging Tool (below): Unable to ambulate without assistance • Unable to dress without assistance • Unable to bathe without assistance • Urinary and fecal incontinence • No consistently meaningful verbal communication

B. Patients should have had one of the following within the past 12 months: Aspiration pneumonia • Pyelonephritis or other upper urinary tract infection • Septicemia • Decubitus ulcers, multiple, stage 3-4 • Fever, recurrent after antibiotics • Inability to maintain sufficient fluid and calorie intake with 10% weight loss during the previous six months or serum albumin <2.5 gm/dl

Functional Assessment Staging Tool (FAST)

7	**A. Ability to speak limited to approximately 6 intelligible different words in 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

Heart Disease

A. Optimally treated for heart disease

B. New York Heart Association (NYHA) Class IV (significant symptoms of heart failure or angina at rest); significant CHF may be documented by an ejection fraction of ≤ 20%, *(not required if not available)*

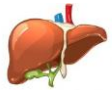
C. Documentation of the following factors will support but is ***not required*** to establish eligibility for hospice care: Treatment resistant symptomatic supraventricular or ventricular arrhythmias • History of cardiac arrest or resuscitation • History of unexplained syncope • Brain embolism of cardiac origin • Concomitant HIV disease

HIV Disease

A. CD4+ Count <25 cells/mcl or persistent viral load >100,000 copies/ml, plus one of the following: CNS Lymphoma ● Untreated/persistent wasting ● Mycobacterium avium complex (MAC) bacteremia ● Progressive multifocal leukoencephalopathy ● Systemic lymphoma ● Visceral Kaposi's sarcoma ● Renal failure in the absence of dialysis ● Cryptosporidium infection ● Toxoplasmosis

B. Decreased performance status with PPS 50% or less

Liver Disease



A. The patient should show both a and b:
   a. PT >5 seconds over control, or (INR) >1.5
   b. Serum albumin <2.5 gm/dl

B. End stage liver disease present and patient shows at least one of the following: Ascites, refractory to treatment/patient non-compliant • Spontaneous bacterial peritonitis • Hepatorenal syndrome with oliguria • Hepatic encephalopathy, refractory to treatment/patient non-compliant • Recurrent variceal bleeding, despite intensive therapy

C. Documentation of the following factors will support eligibility for hospice care: Progressive malnutrition • Muscle wasting • Continued active alcoholism • Hepatocellular carcinoma • Hep B • Hepatitis C refractory to interferon treatment

Pulmonary Disease

A. Severe chronic lung disease as documented by: Disabling dyspnea at rest, poorly or unresponsive to bronchodilators, resulting in bed to chair existence, fatigue, and/or cough • Progression of end stage pulmonary disease, evidenced by increasing visits to the ED/ physician visits or hospitalizations

B. Hypoxemia at rest on room air, as evidenced by p02 s55 mmHg; or oxygen saturation s88

C. Documentation of the following will lend supporting documentation: Right heart failure (RHF) secondary to pulmonary disease (Cor pulmonale) • Unintentional progressive weight loss • Resting tachycardia >100/min

Amyotrophic Lateral Sclerosis (ALS)

A. Patient should demonstrate critically impaired breathing capacity

B. Patient should demonstrate both rapid progression of ALS and critical nutritional impairment

C. Patient should demonstrate both rapid progression of ALS and life-threatening complications

Renal Disease

The patient is not seeking dialysis or renal transplant, or is discontinuing dialysis AND Creatinine clearance cc/min (<15 cc/min. for diabetics) or <15cc/min (<20cc/min for diabetics) with comorbidity of congestive heart failure

OR

Serum creatinine >8.0mg/dl (>6.0 mg/dl for diabetics); comorbid conditions for supporting documentation:

Acute: Acute-mechanical ventilation ● Malignancy ● Chronic lung disease ● Advanced cardiac disease ● Advanced liver disease ● Sepsis ● Immunosuppression/AIDS ● Albumin <3.5gm/dl ● Cachexia ● Platelet count <25,000 ● Disseminated intravascular coagulation ● GI bleeding

Chronic: Uremia ● Oliguria ● Intractable hyperkalemia (>7.0) not responsive to treatment ● Uremic pericarditis ● Hepatorenal syndrome ● Intractable fluid overload

Stroke

A. Palliative performance scale (PPS) of 40% or less

B. Inability to maintain hydration/caloric intake with one of the following: Weight loss in the last six months/ >7.5% in the last three months • Serum albumin <2.5 gm/dl • Pulmonary aspiration • Inadequate caloric/fluid intake • Dysphagia

C. Documentation of diagnostic imaging factors which support poor prognosis after stroke

Cancer Diagnosis

Disease with distant metastases at presentation

OR

Progression from an earlier stage of disease to metastatic disease with either:

A. A continued decline in spite of therapy

B. Declined further disease directed therapy by patient

Note: Certain cancers with poor prognoses (e.g., small cell lung cancer, brain cancer and pancreatic cancer) may be hospice eligible without fulfilling the other criteria stated above.

Banner Hospice

For referrals or questions, please call 480.657.1100

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