



Agrace

Care & Support Through the Stages of Serious Illness

Guidelines for Hospice Eligibility

It can be challenging to recognize when a patient could benefit from palliative care and hospice services. This booklet describes clinical guidelines for determining whether and when to refer a patient for palliative or hospice care.

Referrals & Admissions: (800) 930-2770

Table of Contents

Identifying a Primary Hospice Diagnosis.....	1
Amyotrophic Lateral Sclerosis (ALS).....	2
Cancer.....	3
Cerebral Vascular Accident/Stroke or Coma.....	4
Dementia/Alzheimer’s.....	5
Heart Disease/CHF.....	6
HIV Disease.....	7
Huntington’s Disease.....	8
Liver Disease.....	9
Lung Disease/COPD.....	10
Multiple Sclerosis.....	11
Muscular Dystrophy.....	12
Parkinson’s Disease.....	13
Renal Failure – Chronic.....	14

APPENDIX 1 – NYHA Functional Classifications

APPENDIX 2 – Palliative Performance Scale (PPS)

APPENDIX 3 – Functional Assessment Staging (FAST)

Identifying a Primary Hospice Diagnosis

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

Agrace is available 24/7 to assist in identifying whether a patient may be eligible for hospice services.

*See Appendix 2 for Palliative Performance Scale

Amyotrophic Lateral Sclerosis (ALS)

The patient meets at least one of the following (1 or 2):

1. Severely impaired breathing capacity with all of the following findings:

- Dyspnea at rest
- Vital capacity less than 30%
- Requirement for supplemental oxygen at rest
- The patient declines artificial ventilation

OR

2. Rapid disease progression with either a or b below: Rapid disease progression as evidenced by all of the following in the preceding 12 months:

- Progression from independent ambulation to wheelchair or bed-bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independence in most or all Activities of Daily Living (ADL) to needing major assistance by caretaker in all ADL

a. Severe nutritional impairment demonstrated by all of the following in the preceding 12 months:

- Oral intake of nutrients and fluids insufficient to sustain life
- Continuing weight loss
- Dehydration or hypovolemia
- Absence of artificial feeding methods

OR

b. Life-threatening complications demonstrated by one or more of the following in the preceding 12 months:

- Recurrent aspiration pneumonia (with or without tube feeding)
- Upper urinary tract infection (Pyelonephritis)
- Sepsis
- Recurrent fever after antibiotic therapy
- Stage 3 or Stage 4 pressure ulcer(s)

In the absence of one or more of the above findings, rapid decline or comorbidities may also support eligibility for hospice care.

Cancer

The patient has 1, 2 and 3:

1. Clinical findings of malignancy with widespread, aggressive or progressive disease as evidenced by increasing symptoms, worsening lab values and/or evidence of metastatic disease
2. Impaired performance status with a Palliative Performance Score (PPS) <70%*
3. Refuses further curative therapy or continues to decline despite definitive therapy. Decline is evidenced by:
 - Hypercalcemia ≥ 12
 - Cachexia or weight loss of 5% in the preceding three months
 - Recurrent disease after surgery/radiation/chemotherapy
 - Signs and symptoms of advanced disease, e.g., nausea, anemia, malignant ascites or pleural effusion, etc.

The following information will be required:

1. Tissue diagnosis of malignancy
- OR
2. Reason(s) why a tissue diagnosis is not available

In the absence of one or more of the above findings, rapid decline or comorbidities may also support eligibility for hospice care.

Concurrent therapy:

Agrace may accept a patient for hospice while the patient continues to receive treatment (such as chemotherapy), under circumstances such as to meet a time-bound goal or for symptom management. *Please call Agrace to discuss patients who may need concurrent therapy.*

*See Appendix 2 for Palliative Performance Scale

Cerebral Vascular Accident/Stroke or Coma

The patient has both 1 and 2:

1. Poor functional status with Palliative Performance Score of 40% or less (unable to care for self)*
AND

2. Poor nutritional status with inability to maintain sufficient fluid and calorie intake with either:

- >10% weight loss over the previous six months
- >7.5% weight loss over the previous three months
- Serum albumin <2.5 gm/dl
- Current history of pulmonary aspiration without effective response to speech language pathology interventions to improve dysphagia and decrease aspiration events

Supporting evidence for hospice eligibility:

Coma (any etiology) with three of the following on the third day of coma:

- Abnormal brain stem response
- Absent verbal responses
- Absent withdrawal response to pain
- Serum creatinine >1.5 gm/dl

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

*See Appendix 2 for Palliative Performance Scale

Dementia/Alzheimer's

The patient has both 1 and 2:

- 1.** Stage 7 or beyond according to the Functional Assessment Staging Scale (FAST)* with all of the following:
 - Inability to ambulate without assistance
 - Inability to dress without assistance
 - Urinary and fecal incontinence, intermittent or constant
 - No consistent meaningful/reality-based verbal communication, or the ability to speak is limited to a few intelligible words

AND

- 2.** Has had at least one of the following conditions within the past 12 months:
 - Aspiration pneumonia
 - Pyelonephritis or other upper urinary tract infection
 - Septicemia
 - Pressure ulcers, multiple and/or Stage 3 or Stage 4
 - Fever, recurrent after antibiotics
 - Inability to maintain sufficient fluid and caloric intake demonstrated by either of the following:
 - a.** 10% weight loss during the previous six months

OR

- b.** Serum albumin <2.5 gm/dl

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

*See Appendix 3 for Functional Assessment Staging Scale

Heart Disease/CHF

The patient has 1 or 2 and 3:

1. Poor response to (or patient's choice is not to pursue) optimal treatment with diuretics, vasodilators and/or angiotensin converting enzyme (ACE) inhibitors

OR

2. The patient has angina pectoris at rest resistant to standard nitrate therapy and is not a candidate for invasive procedures and/or has declined revascularization procedures

AND

3. New York Heart Association (NYHA) Class IV symptoms with both of the following:
 - The presence of significant symptoms of recurrent Congestive Heart Failure (CHF) and/or angina at rest
 - Inability to carry out even minimal physical activity with symptoms of heart failure (dyspnea and/or angina)

Supporting evidence for hospice eligibility:

- Echo demonstrating an ejection fraction of 20% or less
- Treatment-resistant symptomatic dysrhythmias
- History of unexplained or cardiac related syncope
- CVA secondary to cardiac embolism
- History of cardiac arrest or resuscitation

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

*See Appendix 1 for New York Heart Association (NYHA) Functional Classification

HIV Disease

The patient has 1a or 1b, 2 and 3:

1a. CD4 + Count <25 cells/mm³

OR

1b. Persistent viral load > 100,000 copies/ml from two or more assays at least one month apart

AND

2. At least one of the following conditions:

- CNS lymphoma
- Untreated or refractory wasting (loss of >33% lean body mass)
- Mycobacterium avium complex (MAC) bacteremia, untreated, refractory or treatment refused
- Progressive multifocal leukoencephalopathy
- Systemic lymphoma
- Refractory visceral Kaposi's sarcoma
- Renal failure in the absence of dialysis
- Refractory cryptosporidium infection
- Refractory toxoplasmosis
- Treatment-resistant symptomatic dysrhythmias
- History of unexpected or cardiac-related syncope
- CVA secondary to cardiac embolism
- History of cardiac arrest or resuscitation

AND

3. Palliative Performance Score of <50% (requires considerable assistance and frequent medical care, activity limited mostly to bed or chair)*

Supporting evidence for hospice eligibility:

- Chronic persistent diarrhea for one year
- Persistent serum albumin <2.5
- Concomitant active substance abuse

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

*See Appendix 2 for Palliative Performance Scale

Huntington's Disease

The patient has both 1 and 2:

- 1.** Stage 7 or beyond according to the Functional Assessment Staging Scale with all of the following:*

 - Inability to ambulate without assistance
 - Inability to dress without assistance
 - Urinary and fecal incontinence, intermittent or constant
 - No consistent meaningful verbal communication

AND

- 2.** Has had at least one of the following conditions within the past 12 months:
 - Aspiration pneumonia
 - Pyelonephritis or other upper urinary tract infection
 - Septicemia
 - Multiple Stage 3 or Stage 4 pressure ulcers
 - Toxoplasmosis unresponsive to therapy
 - Fever, recurrent after antibiotics
 - Inability to maintain sufficient fluid and caloric intake with one or more of the following during the preceding 12 months:
 - a.** 10% weight loss during the previous six months
- OR**
- b.** Serum albumin <2.5 gm/dl
- OR**
- c.** Significant dysphagia with associated aspiration measured objectively, e.g., swallowing test or a history of choking or gagging with feeding

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

*See Appendix 3 for Functional Assessment Staging

Liver Disease

The patient has both 1 and 2:

1. Synthetic liver failure as demonstrated by **a** or **b** and **c**:

a. Prothrombin time (PTT) prolonged more than five seconds over control

OR

b. International Normalized Ratio (INR) >1.5

AND

c. Serum albumin <2.5 gm/dl

AND

2. End-stage liver disease is present and the patient has one or more of the following conditions:

- Ascites, refractory to treatment, or patient declines or is non-compliant
- History of spontaneous bacterial peritonitis
- Hepatorenal syndrome (elevated creatinine with oliguria [<400 ml/day])
- Hepatic encephalopathy, refractory to treatment or patient non-compliant
- History of recurrent variceal bleeding despite intensive therapy or patient declines therapy

Supporting evidence for hospice eligibility:

- Progressive malnutrition
- Muscle wasting with reduced strength
- Ongoing alcoholism (>80 gm ethanol/day)
- Hepatocellular carcinoma
- Hepatitis B surface antigen positive
- Hepatitis C refractory to interferon treatment

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

Lung Disease/COPD

The patient has severe chronic lung disease as documented by 1, 2 and 3:

1a. Disabling dyspnea at rest

1b. Poor response to bronchodilators

1c. Decreased functional capacity, e.g., bed to chair existence, fatigue and cough

- An FEV1 <30% is objective evidence for disabling dyspnea but is not required

AND

2. Progression of disease as evidenced by a recent history of increased visits to MD office, home or emergency room and/or hospitalizations for pulmonary infections and/or respiratory failure

AND

3. Documentation within the past three months of a or b:

a. Hypoxemia at rest ($pO_2 < 55$ mgHg by ABG) or oxygen saturation <88%

b. Hypercapnia evidenced by $pCO_2 > 50$ mm Hg

Supporting evidence for hospice eligibility:

- Cor pulmonale and right heart failure secondary to pulmonary disease
- Unintentional progressive weight loss >10% over the preceding six months
- Resting tachycardia >100 bpm

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

Multiple Sclerosis

The patient must meet at least one of the following criteria (1 or 2):

1. Severely impaired breathing capacity with **all** of the following findings:

- Dyspnea at rest
- Vital capacity less than 30%
- The requirement of supplemental oxygen at rest
- The patient declines artificial ventilation

OR

2. Rapid disease progression and either **a** or **b** below:

Rapid disease progression as evidenced by all of the following in the preceding 12 months:

- Progression from independent ambulation to wheelchair or bed-bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independence in most or all Activities of Daily Living (ADL) to needing major assistance by caretaker in all ADL

AND

a. Severe nutritional impairment demonstrated by all of the following in the preceding 12 months:

- Oral intake of nutrients and fluids insufficient to sustain life
- Continuing weight loss
- Dehydration or hypovolemia
- Absence of artificial feeding

OR

b. Life-threatening complications demonstrated by one or more of the following in the preceding 12 months:

- Recurrent aspiration pneumonia (with or without tube feedings)
- Upper urinary tract infections (e.g., Pyelonephritis)
- Sepsis
- Recurrent fever after antibiotic therapy
- Stage 3 or Stage 4 pressure ulcer(s)

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

Muscular Dystrophy

The patient must meet at least one of the following criteria (1 or 2):

1. Severely impaired breathing capacity with **all** of the following findings:

- Dyspnea at rest
- Vital capacity less than 30%
- The requirement of supplemental oxygen at rest
- The patient declines artificial ventilation

OR

2. Rapid disease progression and either **a** or **b** below:

Rapid disease progression as evidenced by all of the following in the preceding 12 months:

- Progression from independent ambulation to wheelchair or bed-bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independence in most or all Activities of Daily Living (ADL) to needing major assistance by caretaker in all ADL

AND

a. Severe nutritional impairment demonstrated by all of the following in the preceding 12 months:

- Oral intake of nutrients and fluids insufficient to sustain life
- Continuing weight loss
- Dehydration or hypovolemia
- Absence of artificial feeding

OR

b. Life-threatening complications demonstrated by one or more of the following in the preceding 12 months:

- Recurrent aspiration pneumonia (with or without tube feedings)
- Upper urinary tract infections (e.g., Pyelonephritis)
- Sepsis
- Recurrent fever after antibiotic therapy
- Stage 3 or Stage 4 pressure ulcer(s)

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

Parkinson's Disease

The patient must meet the following criteria:

Rapid disease progression and either **a** or **b** below:

- Progression from independent ambulation to wheelchair or bed-bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independence in most or all Activities of Daily Living (ADL) to needing major assistance by caretaker in all ADL

AND

a. Severe nutritional impairment demonstrated by all of the following in the preceding 12 months:

- Oral intake of nutrients and fluids insufficient to sustain life
- Continuing weight loss
- Dehydration or hypovolemia
- Absence of artificial feeding

OR

b. Life-threatening complications demonstrated by one or more of the following in the preceding 12 months:

- Recurrent aspiration pneumonia (with or without tube feedings)
- Upper urinary tract infections, e.g., Pyelonephritis
- Sepsis
- Recurrent fever after antibiotic therapy
- Stage 3 or Stage 4 pressure ulcer(s)

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

Renal Failure – Chronic

The patient has 1 and either 2 or 3:

1. The patient is not seeking dialysis or transplant*

AND

2. Creatinine clearance* <10cc/min (<15cc/min for diabetics)

*Creatinine Clearance Calculation for men

$$\text{CrCl} = \frac{(140 - \text{age in years}) \times (\text{weight in Kg})}{72 \times (\text{serum creatine in mg/dl})}$$

*Creatinine Clearance Calculation for women

$$\text{CrCl} = \frac{(140 - \text{age in years}) \times (\text{weight in Kg})}{72 \times (\text{serum creatine in mg/dl})} \times 0.85$$

OR

3. Serum creatinine >8.0 mg/dl (>6.0 mg/dl for diabetics)

Supporting evidence for hospice eligibility:

- Uremia
- Oliguria (urine output is less than 400 cc in 24 hours)
- Intractable hyperkalemia (greater than 7.0) not responsive to treatment
- Uremic pericarditis
- Hepatorenal syndrome
- Immunosuppression/AIDS
- Intractable fluid overload, not responsive to treatment

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

*There are instances when dialysis is used as a concurrent therapy or is not related to the patient's primary hospice diagnosis and the patient may be eligible for hospice. ***Please call Agrace to discuss patients who may continue dialysis while on hospice.***

APPENDIX 1

NEW YORK HEART ASSOCIATION (NYHA)

FUNCTIONAL CLASSIFICATION

(Class and Description)

- I Patients with cardiac disease, but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, palpitations or anginal pain.
- II Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, dyspnea, palpitations or anginal pain.
- III Patients with marked limitations of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, dyspnea, palpitations or anginal pain.
- IV Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.

APPENDIX 2

PALLIATIVE PERFORMANCE SCALE (PPS)

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Conscious Level
0	Death	—	—	—	—
10	Totally bedbound	Unable to do any work, extensive disease	Total care	Mouth care only	Drowsy or coma
20	Totally bedbound	Unable to do any work, extensive disease	Total care	Minimal sips	Full or drowsy or confusion
30	Totally bedbound	Unable to do any work, extensive disease	Total care	Reduced	Full or drowsy or confusion
40	Mainly in bed	Unable to do any work, extensive disease	Mainly assistance	Normal or reduced	Full or drowsy or confusion
50	Mainly sit/lie	Unable to do any work, extensive disease	Considerable assistance necessary	Normal or reduced	Full or confusion
60	Reduced	Unable hobby/housework, significant disease	Occasional assistance necessary	Normal or reduced	Full or confusion
70	Reduced	Unable normal job/work, some evidence of disease	Full	Normal or reduced	Full
80	Full	Normal activity, with effort, some evidence of disease	Full	Normal or reduced	Full
90	Full	Normal activity, some evidence of disease	Full	Normal	Full
100	Full	Normal activity, no evidence of disease	Full	Normal	Full

Adapted from Anderson, Fern et al. (1996) Palliative Performance Scale (PPS) a new tool. *Journal of Palliative Care* 12(1), 5–11

APPENDIX 3

Functional Assessment Staging (FAST)

Check highest consecutive level of disability:

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), difficulty shopping, 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.
 - a. Improperly putting on clothes without assistance or cueing (e.g., may put street clothes on over night clothes, or put shoes on the wrong feet, or have difficulty buttoning clothing) occasionally or more frequently over the past weeks.*
 - b. Unable to bathe properly (e.g., difficulty adjusting the bath-water temperature) occasionally or more frequently over the past weeks.*
 - c. Inability to handle mechanisms of toileting (e.g., forgets to flush the toilet, does not wipe properly or properly dispose of toilet tissue) occasionally or more frequently over the past weeks.*
 - d. Urinary incontinence (occasionally or more frequently over the past weeks).*
 - e. Fecal incontinence (occasionally or more frequently over the past weeks).*
7.
 - a. Ability to speak limited to approximately half a dozen intelligible different words or fewer, 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 (the person may repeat the word over and over).
 - 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 armrests on the chair.
 - e. Loss of ability to smile.
 - f. Loss of ability to hold head up independently.

*Scored primarily on the basis of information obtained from knowledgeable information and/or category. Reisberg, B. Functional Assessment Staging (FAST). *Psychopharmacology Bulletin* 1988; 24:653-659