Hospice Referral Guidelines

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Referral hotlines

Monday - Friday 8 am-5 pm **410-742-7878**
After hours, weekends, holidays **877-839-0497**

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Indicators of Decline

Medicare uses the following indicators to measure decline. Patients who suffer from a chronic disease process and exhibit one or more of these signs and/or symptoms over time may benefit from a hospice evaluation.

- Recurrent or intractable infections
- Weight loss not due to reversible causes and/or decreasing anthropomorphic measurements
- Decreasing serum albumin or cholesterol
- Dysphagia leading to aspiration and/or inadequate nutritional intake
- Dyspnea
- Pain requiring increasing doses of analgesia
- Decreasing systolic BP
- Edema and/or ascities
- Pleural effusion
- Weakness
- Decline in Palliative Performance Scale (PPS) to <70% due to disease progression
- Increasing ER visits, hospitalizations, and/or physician visits related to disease progression
- Progressive decline in Functional Assessment Staging (FAST) for dementia
- Progressive pressure ulcers

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Palliative Performance Scale (PPS)

A patient appropriate for hospice will likely score 70 or less.

%	Ambulation	Activity level evidence of disease	Self-care	Intake	Level of consciousness
70	Reduced	Can't do normal job or work *Some disease*	Full	Normal or reduced	Full
60	Reduced	Can't do hobbies or housework *Significant disease*	Occasional assistance needed	Normal or reduced	Full or confusion
50	Mainly sit/lie	Can't do any work *Extensive disease*	Considerable assistance needed	Normal or reduced	Full or confusion
40	Mainly in bed	As above	Mainly assistance	Normal or reduced	Full or drowsy confusion
30	Bed bound	As above	Total care	Reduced	As above
20	Bed bound	As above	As above	Minimal	As above
10	Bed bound	As above	As above	Mouth care only	Drowsy or coma
0	Death	-	-	-	-

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Cancer Diagnosis

Once a cancer patient reaches the point of terminal decline, the trajectory toward death is very often rapid. Hospice is most effective when the referral is made before death is imminent -- providing the cancer patient relief from symptoms and the family support through the death of a loved one.

A patient that is covered under a commercial or private insurance plan is very often eligible to receive hospice care while still continuing to receive chemotherapy and/or radiation treatments.

- Disease with distant metastases.

- Progression from an earlier stage of disease to metastatic disease with either a continued decline in spite of therapy or patient declines further disease directed therapy.

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Dementia/Alzheimer's Diagnosis

Dementia patients that exhibit the following progression of symptoms would benefit from a hospice evaluation. The advanced dementia patient has an increased dependence on family, and hospice can provide much-needed support for the caregiver.

Stage 7 or beyond on the FAST Scale

- Unable to ambulate without assistance
- Unable to dress without assistance
- Unable to bathe without assistance
- Urinary and fecal incontinence; intermittent or constant
- No consistently meaningful verbal communication

Patients may have had one or more of the following in the past 12 months

- Aspiration pneumonia
- Pyelonephritis
- Septicemia
- Decubitus ulcers
- Fever, recurrent
- Inability to maintain sufficient fluid and calorie intake with 10 % weight loss during the previous 6 months or a serum albumin <2.5

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Functional Assessment Staging Scale (FAST)

A dementia patient that is appropriate for hospice care will generally have a FAST scale score of 7a or greater. Call hospice if you have any questions regarding how to interpret these scores or about a patient whom you feel might benefit from hospice care.

1. No difficulties, either subjectively or objectively.
2. Complains of forgetting location of objects. Subjective word finding difficulties.
3. Decreased job function evident to co-workers; difficulty traveling to new locations. Decreased organization capacity.
4. Decreased ability to perform complex tasks.
5. Requires assistance in choosing proper clothing to wear.

6a. Difficulty putting on clothes properly without assistance.
6b. Unable to bathe properly.
6c. Inability to handle mechanics of toileting.
6d. Urinary incontinence (occasional or more frequently).
6e. Fecal incontinence (occasional or more frequently).

7a. Ability to speak limited to approximately a half-dozen different words or fewer in the course of an average day.
7b. Speech ability limited to the use of a single intelligible word.
7c. Independent ambulatory ability lost.
7d. Unable to sit up without assistance or support.
7e. Loss of the ability to smile.

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Heart Disease Diagnosis

If plotted on a graph, the disease progression for heart disease would mimic a "saw tooth" trajectory, defined by exacerbations and temporary improvements, which, over time, depict a clear pattern of decline. Hospice can manage not only the physical symptoms associated with end-stage heart disease, but can also support the reality of terminal decline in a chronic disease process.

1. Patient has received optimal treatment for heart disease or is not a candidate for a surgical procedure or has declined a procedure.

2. New York Heart Association Class IV and may have significant symptoms of heart failure or angina at rest.

- Class IV patients with heart disease have an inability to carry on physical activity without dyspnea and/or other symptoms. If physical activity is undertaken, dyspnea and/or other symptoms worsen.

- Congestive heart failure may be documented by an ejection fraction of 20% or less.

- Comorbid factors:
  - Treatment resistant symptomatic supraventricular or ventricular arrhythmias
  - History of cardiac arrest or resuscitation
  - History of unexplained syncope
  - Brain embolism of cardiac origin
  - Renal Failure
  - COPD

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Pulmonary Disease Diagnosis

Patients may be in the terminal stage of pulmonary disease if they meet the following criteria. Hospice can help manage the symptoms associated with end stage pulmonary disease.

Severe chronic lung disease documented by:

- Disabling dyspnea at rest or with minimal exertion
- Dyspnea poorly responsive or unresponsive to bronchodilators resulting in decreased functional capacity; bed to chair existence, fatigue and cough.
- Increasing ER visits or hospitalizations for pulmonary infections and/or respiratory failure
- Hypoxemia at rest on room air
  - PO2 < 55 mmHg
  - O2 Sat < 88%

Supporting factors for eligibility:

- Cor pulmonale
- Continuous chronic oxygen therapy
- Resting tachycardia >100 bpm
- Steriod dependent
- Unintentional weight loss of greater than 10% of body weight over preceding 6 months
- Hypercapnia
  - PCO2 > 50 mmHg

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Renal Disease Diagnosis

An end-stage renal patient who is refusing dialysis or considering quitting dialysis could benefit from a hospice referral. Hospice can help facilitate the difficult conversation this patient and family face.

Acute renal failure:

- The patient is not seeking dialysis or renal transplant or is discontinuing dialysis
- Creatinine clearance <10cc/min (<15cc/min for diabetics) or <15cc/min (20cc/min for diabetics) with no co-morbidity of congestive heart failure
- Serum creatinine >8mg/dl (>6mg/dl for diabetics)
- Other co-morbid condition including chronic lung disease, cardiac disease, liver disease, sepsis, mechanical ventilation or malignancy

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Chronic Renal Failure Diagnosis

Chronic renal failure:

- The patient is not seeking dialysis or renal transplant or is discontinuing dialysis
- Creatinine clearance <10cc/min (<15cc/min for diabetics) or <15cc/min (20cc/min for diabetics) with co-morbidity of congestive heart failure
- Serum creatinine >8mg/dl (>6mg/dl for diabetics)
- Uremia
- Oliguria (<400cc/24 hours)
- Hyperkalemia
- Uremic pericarditis
- Hepatorenal syndrome
- Intractable fluid overload

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Liver Disease Diagnosis

The following signs and symptoms indicate that a hospice evaluation may be appropriate.

- Laboratory values
  - Prothrombin time proglonged more than 5 seconds over control or INR >1.5
  - Serum albumin <2.5gm/dl
- Ascites refractory to treatment or patient non-compliant
- Spontaneous bacterial peritonitis
- Hepatorenal syndrome
  - BUN <400ml/day
  - Urine Sodium concentration <10mEq/1
- Hepatic encephalopathy refractory to treatment or patient non-compliant
- Variceal bleeding
- Progressive malnutrition
- Muscle wasting with reduced strength and endurance

NOTE: Patients awaiting a liver transplant who otherwise fit the above criteria may be certified for the Medicare hospice benefit. If a donor organ is procured, the patient should be discharged from hospice.

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Stroke and Coma Diagnosis

A hospice referral is always appropriate under these circumstances.

Stroke

- PPS Score of 40 or less
- Severe dysphagia and/or inability to maintain hydration and caloric intake
- Weight loss >10 % in the past 6 months or 7.5 % in the past 3 months
- Serum albumin <2.5gm/dl

Coma

- Comatose patient with any 3 of the following on day 3 of the coma:
- Abnormal brain stem response
- Absent verbal response
- Absent withdrawal and response to pain
- Serum creatinine >1.5mg/dl

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Parkinson's Disease Diagnosis

Critical nutritional impairment evidenced by:

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

OR

Rapid disease progression or complications in the preceding 12 months evidenced by:

- 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 independent in most or all ADLs to needing major assistance by caretaker in all ADLs

Supporting evidence:

- Dyspnea at rest
- The requirement of supplemental oxygen at rest
- The patient declines artificial ventilation
- Recurrent aspiration pneumonia (with or without tube feedings)
- Upper urinary tract infection (pyelonephritis)
- Sepsis
- Recurrent fever after antibiotic therapy
- Stage 3 or 4 decubitus ulcers

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Amyotrophic Lateral Sclerosis Diagnosis

Hospice can help support the patient and family through the final stages of this very difficult disease progression. However, early referral is essential.

1. Critically impaired breathing capacity
   - Vital capacity less than 30 % of normal
   - Dyspnea at rest
   - Declining mechanical ventilation
2. Rapid progression of ALS and Nutritional Impairment
   - Progression from independent ambulation to wheelchair to bed bound status
   - Progression from normal to barely intelligible or unintelligible speech
   - Progression from normal to pureed diet
   - Progression from independence in most ADL's to dependence
   - Continuing weight loss
   - Absence of artificial feeding methods sufficient to sustain life but not for relief of hunger
3. Life-threatening complications
   - Infection
   - Fever
   - Decubitus ulcers
   - Recurrent aspiration pneumonia

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