

# Hospice prognostic indicators

These guidelines are a tool to support a physician's clinical judgement concerning hospice eligibility. A patient who does not meet these guidelines may still be eligible for hospice due to comorbidities or rapid functional decline. If you feel a patient may be eligible and requests hospice care, please contact us.

## General (non-specific) terminal illness

- Terminal condition cannot be attributed to a single specific illness.
- Rapid decline over past three to six months evidenced by:
  - Progression of disease evidenced by sx, signs, and test results
  - Decline in PPS to  $\leq 60\%$
  - Involuntary weight loss  $>10\%$  and/or Albumin  $<2.5$  (helpful)
  - Frequent hospitalizations

## Cancer

Patient meets **all** of the following:

- Clinical findings of malignancy with widespread, aggressive, or progressive disease as evidenced by increasing sx, worsening lab values, and/or evidence of metastatic disease.
- Palliative Performance Scale (PPS)  $\leq 70\%$
- Refuses or not a candidate for further anti-cancer therapy.

Supporting findings include:

- Hypercalcemia  $> 12$ , Cachexia, or weight loss of 5% in past three months
- Recurrent disease after surgery/radiation/chemotherapy
- Signs and sx of advanced disease (e.g. nausea, requirement for transfusions, brain metastases, malignant ascites, or pleural effusion, etc.)

## Dementia

The patient has both 1 and 2.

1. Stage 7A or beyond according to the FAST scale
2. One or more of the following conditions in the last 12 months:
  - Aspiration
  - Pneumonia
  - Pyelonephritis
  - Septicemia
  - Multiple pressure ulcers (stage 3-4)
  - Recurrent fever

Other significant condition that suggests a limited prognosis: Inability to maintain sufficient calorie intake in the past six months (10% weight loss or albumin  $< 2.5$  gm/dl).

## Heart disease

The patient has 1, and either 2 or 3:

1. CHF with NYHA Class IV sx and both: Significant sx at rest and inability to carry out even minimal physical activity without dyspnea or angina.
2. Patient is optimally treated (e.g. diuretics, vasodilators, ACEI, or hydralazine and nitrates).
3. The patient has angina pectoris at rest, resistance to standard nitrate therapy, and is either not a candidate for/or has declined invasive procedures.

Supporting findings include:

- EF  $\leq 20\%$
- Treatment resistant symptomatic dysrhythmias
- H/o cardiac-related syncope
- CVA related to cardiac embolism
- H/o cardiac resuscitation
- Concomitant HIV disease

# Hospice prognostic indicators - page 2

## Liver disease

The patient has both 1 and 2:

1. End stage liver disease as demonstrated by A and B:
  - A. INR > 1.5
  - B. Serum albumin <2.5 gm / dl
2. One or more of the following conditions:
  - Refractory ascites
  - H/o spontaneous bacterial peritonitis
  - Hepatorenal syndrome
  - Refractory hepatic encephalopathy
  - H/o recurrent variceal bleeding

Supporting findings include:

- Progressive malnutrition
- Muscle wasting with decreased strength
- Ongoing alcoholism (> 80 gm ethanol/day)
- Hepatocellular CA
- Hep. C refractory to treatment
- HBsAG positive

## Pulmonary disease

Severe chronic lung disease as documented by 1, 2, and 3:

1. The patient has all of the following:
  - Disabling dyspnea at rest, little or no response to bronchodilators
  - Decreased functional capacity (e.g., bed to chair existence), fatigue, and cough
2. Progression of disease as evidenced by a recent h/o increasing office, home, or ED visits and/or hospitalizations for pulmonary infection and/or respiratory failure.
3. Documentation within the past three months  $\geq$ 1:
  - Hypoxemia at rest on room air ( $pO_2 < 55$  mmHg by ABG) or oxygen saturation < 88%
  - Hypercapnia evidenced by  $pCO_2 > 50$  mmHg

Supporting findings include:

- Cor pulmonale and right heart failure
- Unintentional, progressive weight loss

## Neurologic disease

(Chronic degenerative conditions, such as ALS, Parkinson's, muscular dystrophy, myasthenia gravis, or multiple sclerosis) The patient must meet at least one of the following criteria:

1. Critically impaired breathing capacity, with all:
  - Dyspnea at rest
  - Vital capacity < 40%
  - Need oxygen at rest
  - Patient refuses artificial ventilation
2. Rapid disease progression with either A or B below: (Progression from: independent ambulation to wheelchair or bed-bound status, normal to barely intelligible or unintelligible speech, normal to pureed diet, independence in most ADLs to needing major assistance in all ADLs.)
  - A. Critical 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
  - B. Life-threatening complications in the past 12 months as demonstrated by one of the following:
    - Recurrent aspiration pneumonia
    - Pyelonephritis
    - Sepsis
    - Recurrent fever
    - Stage 3 or 4 pressure ulcer(s)

# Hospice prognostic indicators - page 3

## Renal failure

The patient has 1 and either 2, 3, or 4:

1. The patient is not seeking dialysis or renal transplant.
2. Creatinine clearance is < 10 cc/min (<15 for diabetics)
3. Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics)
4. Estimated GFR < 10

Supporting findings for chronic renal failure include:

- Uremia
- Oliguria (urine output < 400 cc in 24 hours)
- Intractable hyperkalemia (> 7.0)
- Uremic pericarditis
- Hepatorenal syndrome
- Intractable fluid overload

Supporting findings for acute renal failure include:

- Mechanical ventilation
- Malignancy (other organ system)
- Chronic lung disease
- Advanced cardiac disease
- Advanced liver disease

## Functional Assessment Scale (FAST)

- 1 No difficulty either subjectively or objectively.
  - 2 Complains of forgetting location of objects. Subjective work difficulties.
  - 3 Decreased job functioning evident to coworkers. Difficulty in traveling to new locations. Decreased organizational capacity.\*
  - 4 Decreased ability to perform complex task (e.g., planning dinner for guests, handling personal finances, forgetting to pay bills, 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).\*
- The following occurs occasionally, or more frequently over the past weeks.\*
- A. Improperly putting on clothes without assistance or cues.
  - B. Unable to bathe properly (not able to choose proper water temperature).
  - C. Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue).
  - D. Urinary incontinence.
  - E. Fecal incontinence.
- 6
    - A. Ability to speak limited to approximately ≤ six intelligible different words 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.
    - 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.

# Hospice prognostic indicators - page 4

## Two easy ways to connect your patients to hospice care:

### 1. **NEW! Call SSM Health at Home**

Simply call SSM Health at Home and a RN will take your referral and expedite your patient's transition to hospice care.

<b>St. Louis West:</b> 636-695-2050	<b>Greater Fond du Lac Area:</b> 920-923-7950
<b>St. Louis:</b> 314-989-2800	<b>Greater Madison Area:</b> 608-242-1516
<b>Southern IL:</b> 618-899-1631	<b>Oklahoma:</b> 405-231-3755
<b>All Regions:</b> 1-800-924-2273	

### 2. **Existing! Epic - Using the Current REF 35 Process**

Continue using the familiar REF 35 process within Epic to refer your patients effortlessly.