



Hospice

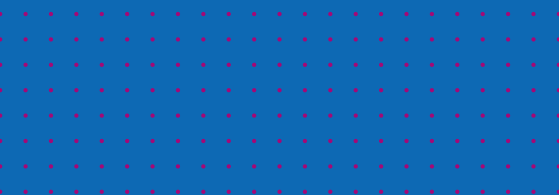
QUICK REFERENCE

Eligibility Guide

Questions?

CALL KINDFUL FIRST

(866) 730-4550



We dedicate this book to all the patients we have been honored to serve and who's families have entrusted us with their care.

KINDFUL HEALTH

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ASK YOURSELF

“Would I be surprised if
this patient died within
the next six months?”

IF THE ANSWER IS “NO”,
THEN THEY ARE MOST LIKELY
APPROPRIATE FOR HOSPICE.

General Guidelines

Patients experiencing the following symptoms are potential candidates for hospice care.

- Uncontrolled or increased pain
- Increasing emergency room visits, hospitalizations, or physician visits
- Progressive weight loss
- Recurrent infections
- Decline in functional status
- Deteriorating mental abilities
- Multiple decubitus ulcers
- Increased breathing difficulties
- Decreasing Palliative Performance Scale (PPS) score

Amyotrophic Lateral Sclerosis (ALS)

- ALS (Amyotrophic Lateral Sclerosis)
- Critically impaired breathing
- Rapid progression in ALS
- Critical nutritional impairment
- Recurrent aspiration pneumonia
- Two critical factors in determining prognosis
 - ▶ Ability to breathe
 - ▶ Ability to swallow



Alzheimer's Disease

- FAST Scale (7 is target by LCD)
- Recurrent infections
- UTI
- Fever, recurrent after antibiotics
- 10% weight loss during previous 6 months
- Aspiration pneumonia

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 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, etc.)
5	Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. pt may wear the same clothing repeatedly, unless supervised.)*
6	Occasionally or more frequently over the past weeks. *For the following: a) Improperly putting on clothes without assistance or cueing b) Unable to bathe properly (not able to choose proper water temp) 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
7	a) Ability to speak limited to approximately ≤ 6 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

Cancer

- Palliative Performance Scale 70% or less
- Pathology report reveals malignancy or metastases
- Dependence on 2 or more ADL's
- Progression from earlier stage of disease to metastatic disease

PALLIATIVE PERFORMANCE SCALE (PPS)

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Levels of Conscious
100	Full	Normal activity, no evidence of disease	Full	Normal	Full
90	Full	Normal activity, 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 to do normal work, some evidence of disease	Full	Normal or reduced	Full
60	Reduced	Unable to do hobby or some housework, significant disease	Occasional assist necessary	Normal or reduced	Full or confusion
50	Mainly Sit/Lie	Unable to do any work, extensvie disease	Considerable assistance required	Normal or reduced	Full or confusion
40	Mainly in bed	Unable to do any work, extensvie disease	Mainly assistance	Normal or reduced	Full, drowsy, or confusion
30	Totally bed bound	Unable to do any work, extensvie disease	Total care	Reduced	Full, drowsy, or confusion
20	Totally bed bound	Unable to do any work, extensvie disease	Total care	Minimal sips	Full, drowsy, or confusion
10	Totally bed bound	Unable to do any work, extensvie disease	Total care	Mouth care only	Drowsy or coma
0	Death	-	-	-	-

1 *out of* **6**

hospice patients had
a primary diagnosis of
heart disease



Cardiac Disease

- Patient optimally treated with diuretics and vasodilators
- Angina pectoris at rest
- Resistant to standard nitrate therapy
- Unable to carry on physical activity without symptoms; symptoms increase

Dementia

- Stage 7 on the FAST Scale
- Aspiration pneumonia in the last 12 months
- UTI
- Fever, recurrent after antibiotics
- 10% weight loss over previous six months



*more
than*

177,000

out of **1.55 MILLION**

hospice patients had a diagnosis of Dementia

HIV Disease

- CD4+ Count < 25 cells/mcL or persistent viral load >100,000 copies/ml
- CNS lymphoma
- Wasting (loss of 33% lean body mass)
- Karnofsky Performance Scale (KPS) 50% or less



THE KARNOFSKY PERFORMANCE SCALE

100	Normal; no complaints; no evidence of disease
90	Able to carry on normal activity; minor signs or symptoms of disease
80	Normal activity with effort; some signs or symptoms of disease
70	Cares for self; unable to carry on normal activity or do work
60	Requires occasional assistance, but is able to care for most personal needs
50	Requires considerable assistance and frequent medical care
40	Disabled; requires special care and assistance
30	Severely disabled; hospitalization indicated although death not imminent
20	Very sick; hospitalization necessary; requires active support treatment
10	Moribund; fatal processes progressing rapidly
0	Dead

Liver Disease

- Ascites
- Laboratory results show elevated creatinine and BUN
- Progressive malnutrition
- Muscle wasting
- Continued active alcoholism
- Hepatitis B positivity

In essence, liver disease patients are appropriate for hospice care if, despite adequate medical management, they suffer from persistent symptoms of hepatic failure, such as ascites, hepatic encephalopathy or recurrent varicella bleeding, and meet many of the following guidelines¹:

- Multiple hospitalizations, ED visits or increased use of other healthcare services
- Serial physician assessments, laboratory or diagnostic studies consistent with disease progression
- Multiple active comorbid conditions

FUNCTIONAL DECLINE

- Loss of functional independence
- Weight loss and/or reduced oral intake
- Unable to work
- Mainly sit or lie
- Confusion, cognitive impairment



Parkinson's Disease

- Dyspnea at rest
- Supplemental O-2 at rest
- Patient declines artificial ventilation
- Independent ambulation to wheelchair dependent
- Normal to barely intelligible speech

Patients with neurological diseases may be eligible for hospice when they experience the following signs or symptoms:

- Severely compromised breathing, marked by inability to clear respiratory secretions, persistent cough, or recurring aspiration pneumonia
- Increased shortness of breath, even at rest or on oxygen
- Inability to swallow liquids or soft food without choking or coughing; progression to a mainly pureed diet
- Spends most of the time in the same room, chair or bed
- Barely intelligible speech
- Continued weight loss
- Inability to manage most activities of daily living

In addition, patients with neurological diseases become eligible for hospice when they experience continuous decline in clinical or functional status over time, leading to a poor prognosis.²

Intercurrent illnesses associated with neurological disease include:

- Pneumonia
- Sepsis
- Upper urinary tract infection or other infection, despite antibiotic therapy
- Abnormal/absent brain response, verbal response or withdrawal response to pain

Pulmonary Disease

- Disabling dyspnea at rest
- Poor response to bronchodilators
- Frequent upper respiratory infection
- Frequent hospitalization
- Oxygen saturation of 88% or less on room air

Just under

1 in 10

had a diagnosis of respiratory disease



Renal Disease

- Patient not seeking dialysis or renal transplant
- Laboratory results with increased serum creatinine
- Comorbids such as sepsis and cachexia

Why Kindful

We Believe


Clinical care at the end of life is just as important as clinical care at beginning of life.

Kindful Care

Providing relief, comfort, compassion, and kindness to you and your loved one.

Kindful People

To deliver Kindful Care, we hire to our traits and values creating teams of like minded "kindful" people to deliver on our Purpose, to Serve Patients and their Families.

 Courtesy of Kindful Health

Sources

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*Making end-of-life
as beautiful as
the beginning through*
BEST-IN-CLASS HOSPICE