

# HOSPICE CLINICAL ELIGIBILITY

## Quick Reference Guide

Hospice care eligibility must evidence a prognosis of six months or less, with a certification by both the patient's attending physician and the hospice physician. This guide is designed to assist you in determining the earliest time your patient may be eligible for hospice.

### Timing Goals of Care Conversations

**The Palliative Performance Scale (PPS)** is a tool used to assess a patient's functional performance and to determine progression toward end of life. For most disease types, patients with a PPS of 50% or below are unlikely to survive greater than six months. This tool can be helpful for clinicians in timing goals-of-care conversations with patients and their families. The simplest method to assess functional ability is to ask patients: **How much time do you spend sitting in a chair or lying down?**

**Instructions:** Begin at the left column and read downwards until the appropriate ambulation level is reached, then read horizontally across to the next column and downwards again until the activity/evidence of disease is located. These steps are repeated until all five columns are covered before assigning the actual PPS score for the patient.

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity, no evidence of disease	Full	Full	Full
90%	Full	Normal activity, some evidence of disease	Full	Full	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/housework, 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 Sit/Lie	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	—	—	—	—

Adapted from Palliative Performance Scale (PPSV2) version 2. (2006). *Medical Care of the Dying*, 4th ed. Victoria Hospice Society.

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## Signs the Patient is Rethinking Goals of Care

Patient is indicating that they are:

- “Tired of” going to the hospital, chemotherapy, radiation, dialysis, transfusions, etc.
- “Tired of” taking “all these pills”
- “Tired of” never feeling good; burdens of treatment are outweighing benefits
- Expressing fear or concerns about dying

## Utilize our Team for Hospice Informational Visits

It is rare that a patient or family is 100% ready for hospice. After you have introduced the concept of hospice, we can help reassure them by conducting an in-person or virtual hospice informational visit to help answer questions, explain the covered services and benefits, and discuss next steps.

**Let us know how we can help.**

## Hospice Clinical Eligibility Guidelines for Referring Conditions

### GENERAL CRITERIA (terminal condition not attributed to a specific illness)

Documented decline over 3-6 months evidenced by:

- PPS  $\leq$  50%
- Decline in nutrition/weight loss >10% or albumin <2.5

### ALZHEIMER'S & DEMENTIA

- Stage 7 FAST Scale rating (Unable to ambulate alone > Unable to dress, bathe, or feed self > Incontinent of bowel and bladder > Unable to communicate meaningfully) **AND** one of the following in the past 12 months:
  - Aspiration pneumonia
  - Pyelonephritis/septicemia
  - Multiple pressure ulcers
  - Recurrent fever
  - Recurrent falls
  - Inability to maintain fluid/caloric intake

### CANCER

- Palliative Performance Scale score of  $\leq$  70%
- Evidence of malignancy or metastases
- Continued decline in spite of therapy/declines therapy
- Pleural effusion
- Transfusion requirements

### HEART DISEASE

- CHF w/NYHA Class IV (fatigue, SOB/angina, or dyspnea at rest and/or with minimal exertion) **OR** EF  $\leq$  20%
- Optimally treated w/diuretics and vasodilators
- Treatment resistant
- Syncope, dysrhythmia, or other abnormal monitoring

### HIV/AIDS

- PPS  $\leq$  50%
- CDC4+ <25 cells/mcL **OR** Viral load >100,000/mL **AND** one or more of the following:
  - CNS/systemic lymphoma
  - MAC bacteremia
  - Refractory wasting
  - Leukoencephalopathy
  - Renal failure w/o dialysis
  - Systemic Lymphoma
  - Karposi's Sarcoma
  - Cryptosporidiosis
  - Refractory Toxoplasmosis

### LIVER DISEASE

- End-stage cirrhosis and not a candidate for transplant
- PT > 5 sec over control, **AND** INR > 1.5, **AND** serum albumin < 2.5 **AND** one or more of the following conditions:
  - Ascites, refractory to treatment
  - Hepatic encephalopathy, refractory to treatment
  - Recurrent variceal bleeding
  - Hepatorenal syndrome
  - Spontaneous bacterial peritonitis

### NEUROLOGICAL DISEASE

- Stage 7 FAST Scale rating (Unable to ambulate alone > Unable to dress, bathe, or feed self > Incontinent of bowel and bladder > Unable to communicate meaningfully)
- Dyspnea at rest, vital capacity 30%, needs O2 at rest **AND** one or more complications of:
  - Pneumonia, septicemia, pressure ulcers, UTI, recurrent fever

### PULMONARY DISEASE

- Disabling dyspnea at rest
- FEV1  $\leq$  30% of predicted
- Dependence on oxygen therapy
- Cyanosis
- Steroid Dependence
- Noted progression of pulmonary disease (recent ED visits/hospitalizations for respiratory infection/failure)

### RENAL DISEASE

- Patient not seeking dialysis or transplant
- Uremia with confusion, nausea, restlessness
- Very low urine output
- Regular infections
- Abnormal eGFR levels (<10cc/min or in DM <15cc/min)
- Serum creatinine 8.0 mg/dL, >6.0 for diabetics
- Dehydration

### STROKE/COMA

If Stroke:

- PPS  $\leq$  40% **AND** Poor nutritional status/Inability to maintain sufficient fluid intake (>10% weight loss/6 months) **OR** relevant comorbidities and/or rapid decline

If Coma:

- Abnormal brainstem response,
- Absent verbal/withdrawal response to pain
- Complications: pressure ulcers, Serum Albumin <2.5

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