



2021 HOSPICE MEDIAN LENGTH OF STAY 17 DAYS

When is it time for Hospice Care?

Most patients near the end of life live with uncontrolled pain and symptoms making frequent trips to the emergency room or physician diminishing their quality of life - there is a better way!

Understanding hospice criteria is the best way to help patients understand their healthcare options near the end of life. Below are guidelines to determining a hospice prognosis.

Primary Hospice Diagnoses

- Cancer
- ALS
- Dementia / Alzheimer And Related Disorders
- End Stage Heart Disease
- HIV
- Liver Disease
- Pulmonary Disease
- Renal Disease
- Chronic Kidney Disease
- Stroke / Coma

Functional Decline

Dependence on two or more activities of daily living

- Ambulation
- Continence
- Transfer
- Dressing
- Feeding
- Bathing

Progression of a patient who is declining:

- Recurrent infections: sepsis, pneumonia, pyelonephritis
- Frequent Falls
- 10% Weight Loss
- Difficulty swallowing, decreased appetite, frequent choking or aspiration
- Dyspnea with increased respiratory rate
- Intractable cough
- Nausea, vomiting
- Intractable diarrhea
- Pain requiring increased doses of analgesics
- Decline in systolic blood pressure below 90
- Ascites
- Edema
- Venous, arterial or lymphatic obstruction due to local progression of metastatic disease
- Pleural/pericardial effusion
- Increasing pCO2 or decreasing pO2 or decreasing SaO2
- Increasing calcium, creatinine or liver function studies
- Increasing tumor markers (e.g. CEA, PSA);
- Progressively decreasing or increasing serum sodium or increasing serum potassium.
- History of ER visits, hospitalizations or physician visits related to primary diagnosis

Co-morbid Conditions

COPD • CHF • Ischemic Heart Disease • Diabetes mellitus • CVA • ALS • MS • Parkinson's • Renal Failure • Liver Disease • Neoplasia • HIV • Refractory autoimmune disease (e.g. Lupus or Rheumatoid Arthritis)

When in doubt, consult with your AHPCO Member Hospice Team for an evaluation.

alhospice.org
admin@alhospice.org

Understanding Hospice and Palliative Care

Hospice and palliative care both focus on improving the quality of life for patients with chronic or serious illnesses. Both are focused on comfort and symptom management, yet there are some key differences.

The Continuum of Care

Disease Modifying Treatments

Palliative Care

Hospice Care

Prognosis
6 months or less

Bereavement
Support

When to Refer

Palliative care can be provided at any stage of a serious illness, not just at the end of life. It focuses on relieving symptoms and improving the quality of life for patients, regardless of prognosis. ***Patients receiving palliative care may continue to receive curative treatments for their underlying illness.***

Hospice care is provided to patients ***who have a terminal illness with a prognosis of six months or less to live if the disease runs its normal course.*** The primary goal of hospice care is to provide comfort and support to patients and their families during the end-of-life period.

Services Provided

Palliative Care offers services focused on pain and symptom management and assistance in navigating the health care system to assist patient in meeting their needs.

Hospice Care is much more comprehensive than a palliative care program. These services include pain management, symptom control, assistance with decision-making, emotional and spiritual and emotional support with coordination of care by a team of end-of-life specialists including RNs (scheduled and on call 24 hr/day), Aides, SWs, Chaplains and Volunteers, all directed by a Physician.

Location of Services

Palliative care can be provided in various settings, including hospitals, outpatient clinics, long-term care facilities, and sometimes in the patient's home.

Hospice care is often provided in the patient's home but can also be offered in hospice facilities, nursing homes, or hospitals, depending on the patient's needs and preferences.

Payment of Services

Palliative care services may be covered by insurance, Medicare, or Medicaid, but coverage can vary depending on the specific services offered and the setting in which they are provided.

Hospice care is typically covered by Medicare, Medicaid, and most private insurance plans when patients meet eligibility criteria.