



## Who is a candidate for VNSNY Hospice and Palliative Care?



### The following are some important questions to ask yourself about your advanced illness patient:

- Would you be surprised if this patient lived longer than one year?\*
- Is the patient experiencing more frequent hospitalizations or ED visits?
- Would a conversation about goals of care for the time remaining relieve anxiety or improve this patient's quality of life?

**If you answered “yes” to any of these questions, your patient may benefit from VNSNY Hospice and Palliative Care.**

\*This is a helpful screening question used nationally. Actual eligibility for hospice requires patient's physician to certify terminal illness (life expectancy of 6 months or less).

**For information about eligibility or services, or to make a referral, call 212-609-1900.**

**Referrals can also be faxed to 212-290-1825. Visit us online at [vnsny.org/professionals/hospice](https://vnsny.org/professionals/hospice).**

**Advanced illness patients may exhibit one or more of the following core and disease-specific indicators to be eligible for Advanced Illness Care from VNSNY Hospice and Palliative Care.**

**Core Indicators for Hospice:**

- Multiple hospitalizations
- Physical decline
- Weight loss
- Serum albumin < 2.5 gm/dl
- Infections
- Stage 3–4 pressure ulcers
- Multiple comorbidities
- Dependence on assistance for most ADLs
- Signs and symptoms such as increasing pain, dyspnea, nausea/vomiting, edema, pericardial/pleural effusion, ascites
- Karnofsky or Palliative Performance Scale (PPS) score < 70%

**Disease-specific Indicators:  
Dementia Due to Alzheimer’s  
Disease and Related Disorders**

- Stage 7 or beyond according to the Functional Assessment Staging (FAST) scale, including:
  - Unable to walk/dress/bathe without assistance
  - Urinary and fecal incontinence
  - No consistently meaningful verbal communication
- One of the following within the past 12 months:
  - Aspiration pneumonia, pyelonephritis, septicemia
  - Multiple decubitus ulcers, stage 3–4
  - Fever, recurrent after antibiotics
  - Insufficient fluid and calorie intake

**Heart Disease**

- NYHA Class IV Heart Failure; angina
- Discomfort with physical activity
- Supporting factors:
  - Ejection fraction  $\leq$  20%
  - Arrhythmias resistant to treatment
  - History of cardiac arrest or resuscitation
  - Brain embolism of cardiac origin
  - Concomitant HIV disease

## **Pulmonary Disease**

- Dyspnea at rest
- Recurrent pulmonary infections
- $pO_2 \leq 55$  mmHg (on RA) or oxygen saturation  $\leq 88\%$
- Supporting factors:
  - Cor pulmonale
  - Weight loss  $> 10\%$  in past 6 months
  - Resting tachycardia  $> 100/\text{min}$

## **Liver Disease**

- PT  $> 5$  sec, or INR  $> 1.5$
- Serum albumin  $< 2.5$  gm/dl
- In combination with at least one of the following complications:
  - Ascites despite maximum diuretics
  - Spontaneous bacterial peritonitis
  - Hepatorenal syndrome
  - Hepatic encephalopathy
  - Recurrent variceal bleeding

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**VNSNY also offers hospice and palliative care for patients with cancer, renal disease, CVA, HIV/AIDS, ALS and other chronic neurodegenerative diseases.**

Source: Local Coverage Determination (LCD) for Hospice—Determining Terminal Status (L25678), National Government Services, June 5, 2009.

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**Concerned your patient is not stable enough to go home? See back cover for General In-Patient (GIP) care eligibility criteria.**

## Eligibility Criteria for Admission to General In-Patient (GIP) Care



Hospice patients may be eligible for GIP care when symptoms are such that it is not feasible for care to be safely performed in a home or residential setting. For example:

- Medication issues that require titration
- Unstable condition
- Complicated care – when specialized treatment or care is needed
- Difficult symptoms – when there are ongoing difficult, uncontrolled symptoms

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