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.

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.

*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).
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 ≤ 20%
  – Arrhythmias resistant to treatment
  – History of cardiac arrest or resuscitation
  – Brain embolism of cardiac origin
  – Concomitant HIV disease

Renal Disease: Acute Renal Failure/Chronic Kidney Disease
• No hemodialysis, no renal transplant
• In combination with at least one of the following:
  – Creatinine clearance < 10 cc/min (< 15 cc/min with diabetes or CHF; < 20 cc/min with diabetes and CHF)
  – Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl in diabetics)
  – Signs and symptoms of uremia (confusion, nausea, pruritus, restlessness, pericarditis)
  – Intractable fluid overload
  – Oliguria
  – Intractable hyperkalemia (> 7.0 mmol/l)
  – Glomerular filtration rate (GFR) < 10 ml/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

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

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

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