VNSNY Hospice and Palliative Care provides compassionate, comfort-focused care for those with advanced illnesses, with the goal of providing:

1. Better quality of life for patients and their families
2. Improved pain and symptom management
3. Greater feeling of control for both patients and families

A wide variety of patients can benefit from hospice care including those diagnosed with cardiopulmonary disease, dementia, kidney disease, liver disease, cancer or any end-stage disease. A patient might benefit from hospice care if you answer "yes" to any of these questions:

- Would you be surprised if the 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 the patient’s quality of life?

Core Indicators for Hospice Care

- 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%

For more information, or to refer a patient, please call VNSNY at 212-609-1900.

*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).
### 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

### Stroke

- Karnofsky or PPS < 40%
- Inability to maintain hydration and caloric intake
- Weight loss > 10% in last 6 months or > 7.5% in last 3 months
- History of pulmonary aspiration
- Severe dysphagia

### 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

### Pulmonary Disease

- Dyspnea at rest
- Recurrent pulmonary infections
- pO2 ≤ 55 mmHg (on RA) or oxygen saturation ≤ 88%
- Supporting factors:
  - Cor pulmonale
  - Weight loss > 10% in past 6 months
  - Resting tachycardia > 100/min

### 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

### 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
HIV Disease

- Karnofsky Performance Status (KPS) scale ≤ 50%
- CD4+ count < 25 cells/mcl or persistent viral load > 100,000 copies/ml
- In combination with one of the following:
  - CNS lymphoma
  - Wasting (weight loss > 10%)
  - Ejection fraction ≤ 20%
  - MAC (mycobacterium avium complex) bacteremia
  - PML (progressive multifocal leukoencephalopathy)
  - Systemic lymphoma
  - Visceral Kaposi’s sarcoma
  - Toxoplasmosis
  - Cryptosporidiosis
  - Renal failure in absence of dialysis

Amyotrophic Lateral Sclerosis (ALS)

- Critically impaired respiratory function (not opting for tracheostomy and invasive ventilation)
- Severe nutritional insufficiency (with/without PEG)

Parkinson’s Disease, MS, Other Neurodegenerative Diseases

- Consider core indicators

Cancer Diagnoses

- Consider core indicators
- Disease with metastases at presentation or progression from an earlier stage to metastatic disease in spite of therapy, or patient declines further disease-directed therapy

For more information, or to refer a patient, please call VNSNY at 212-609-1900.

Source: Local Coverage Determination (LCD) for Hospice — Determining Terminal Status (L25678), National Government Services, June 5, 2009.
PALLIATIVE PERFORMANCE SCALE (PPS\textsuperscript{v2})\textsuperscript{1}

Patients with a PPS score of <70% may be appropriate for hospice care.

<table>
<thead>
<tr>
<th>PPS Level</th>
<th>Ambulation</th>
<th>Activity &amp; Evidence of Disease</th>
<th>Self-Care</th>
<th>Intake</th>
<th>Conscious Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>Full</td>
<td>Normal activity and work</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No evidence of disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90%</td>
<td>Full</td>
<td>Normal activity and work</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
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<tr>
<td></td>
<td></td>
<td>Some evidence of disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>Full</td>
<td>Normal activity with effort</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some evidence of disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70%</td>
<td>Reduced</td>
<td>Unable to do normal job/work</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Significant disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60%</td>
<td>Reduced</td>
<td>Unable to do hobby/housework</td>
<td>Occasional assistance necessary</td>
<td>Normal or reduced</td>
<td>Full or confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Significant disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50%</td>
<td>Mainly sit/lie</td>
<td>Unable to do any work</td>
<td>Considerable assistance required</td>
<td>Normal or reduced</td>
<td>Full or confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extensive disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40%</td>
<td>Mainly in bed</td>
<td>Unable to do most activity</td>
<td>Mainly assistance</td>
<td>Normal or reduced</td>
<td>Full or drowsy +/- confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extensive disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td>Totally bed bound</td>
<td>Unable to do any activity</td>
<td>Total care</td>
<td>Normal or reduced</td>
<td>Full or drowsy +/- confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extensive disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20%</td>
<td>Totally bed bound</td>
<td>Unable to do any activity</td>
<td>Total care</td>
<td>Minimal to sips</td>
<td>Full or drowsy +/- confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extensive disease</td>
<td></td>
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</tr>
<tr>
<td>10%</td>
<td>Totally bed bound</td>
<td>Unable to do any activity</td>
<td>Total care</td>
<td>Mouth care only</td>
<td>Drowsy or coma +/- confusion</td>
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<tr>
<td></td>
<td></td>
<td>Extensive disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0%</td>
<td>Death</td>
<td>-</td>
<td>-</td>
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</tr>
</tbody>
</table>

 OUR SERVICES

VNSNY provides customized, expert hospice care to meet a broad spectrum of patient needs. Services include:
- Managing symptoms and physical discomfort
- Facilitating communication between the patient and the family, and with the primary care physician
- Providing guidance on disease progression to help shape expectations
- Counseling for emotional support

We are committed to providing care wherever your patients reside and being available to you and your patients at any time.

Our 24/7 services include:
- A nurse support hotline providing access to a hospice health professional
- The Hospice Referral Center, which accepts referrals and handles inquiries
- Our dedicated caregiver helpline providing one-on-one crisis nursing care and access to on-call RNs

For more information, or to refer a patient, please call VNSNY at 212-609-1900.

\textsuperscript{1} Palliative Performance Scale version 2 (PPS\textsuperscript{v2}). Medical Care of the Dying, 4th ed., 120-121. ©Victoria Hospice Society, 2006.