

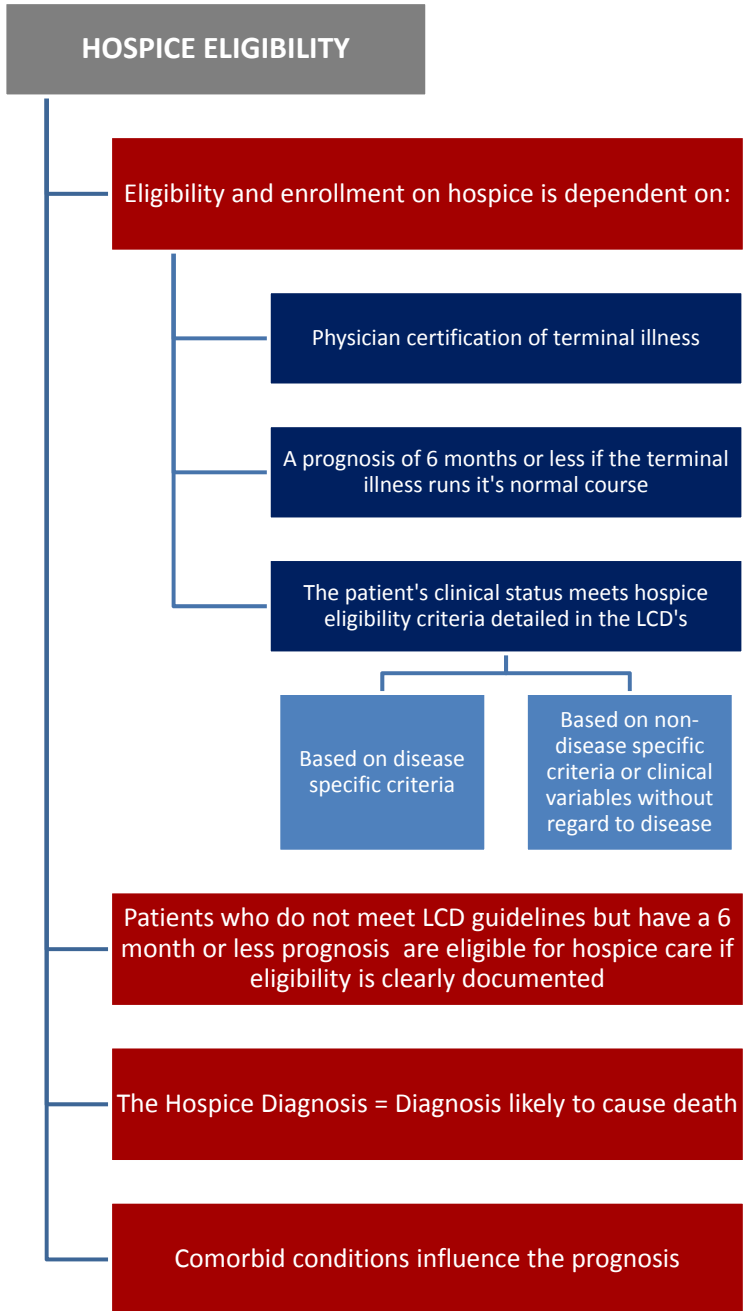
ABOUT HOSPICE

Hospice Eligibility

The hospice benefit is defined in the conditions of participation. The eligibility guidelines are known as the local coverage determinations (LCD's). Patients who are eligible for hospice care ELECT the hospice benefit.

- Eligibility and enrollment on hospice is dependent on:
 - Physician certification of terminal illness
 - A prognosis of 6 months or less if the terminal illness runs its normal course
 - The patient's clinical status meets hospice eligibility criteria detailed in the LCD's
 - Based on disease specific criteria
 - Based on non-disease specific eligibility criteria or clinical variables without regard to disease
- Patients who do not meet LCD guidelines but have a 6 month prognosis are eligible for hospice care if eligibility is clearly documented
- The hospice diagnosis = diagnosis likely to cause death
- Comorbid conditions influence the prognosis

Hospice clinicians and liaisons can be very helpful in gathering evidence of hospice eligibility by copying medical records, gathering test results and documenting the patient's medical history.



THE LOCAL COVERAGE DETERMINATIONS

Part II: Non-Disease Specific Baseline Guidelines

Evidence of decline in clinical status from this section should be used in conjunction with the disease specific criteria listed in Part III. Baseline evidence of decline in clinical status is evidenced by a decreased score on the KPS or PPS scale and increased dependence in ADL's. Documentation of the history of decline prior to admission to hospice and throughout the course of the patient's admission is recommended.

- Both A and B should be met:
 - A. Karnofsky scale (KPS) or Palliative Performance Scale (PPS)
 - KPS or PPS <70%.
 - KPS or PPS ≤ 50% for HIV
 - KPS or PPS < 40% for stroke

 - B. Dependence on assistance for 2 or more activities of daily living:
 - Ambulation
 - Toileting
 - Transfer
 - Dressing
 - Feeding
 - Bathing

- Comorbid conditions likely to contribute to the prognosis include:
 - Chronic obstructive pulmonary disease
 - Congestive heart failure
 - Ischemic heart disease
 - Diabetes mellitus
 - Neurological disease
 - Renal failure
 - Liver disease
 - Neoplasia
 - HIV / AIDS
 - Dementia
 - Refractory severe autoimmune disease

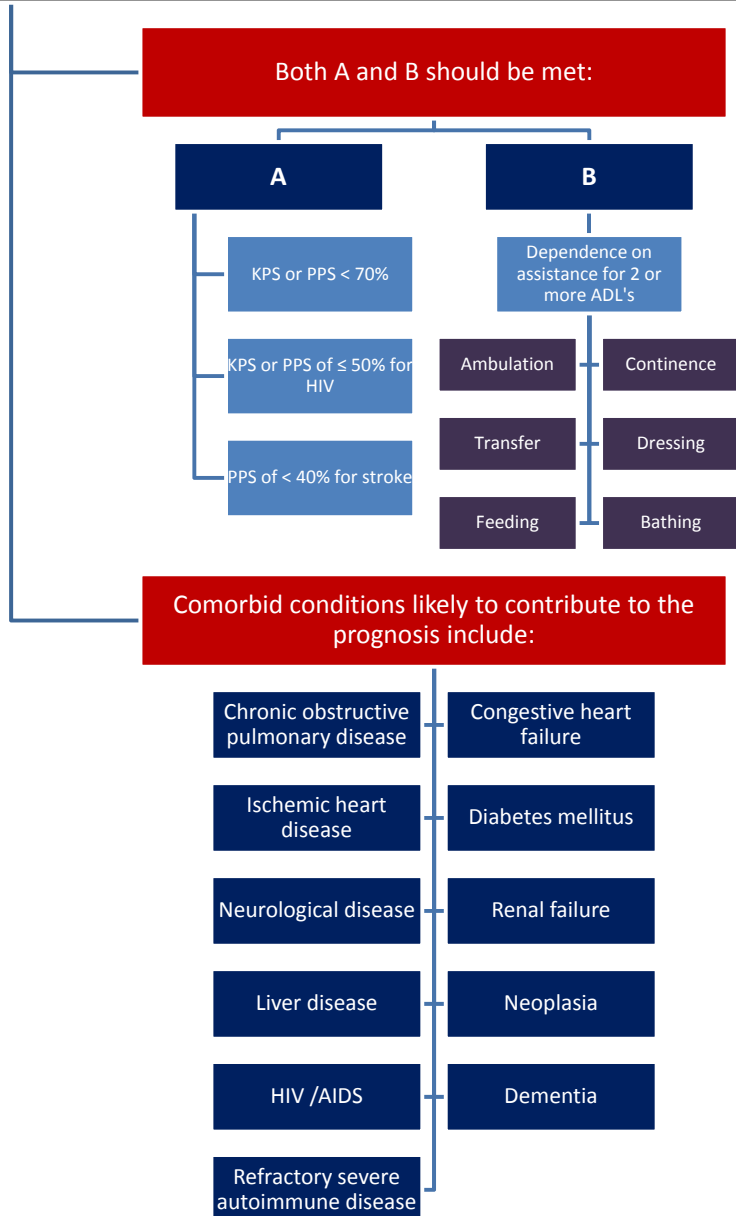
Neurological Diseases

- CVA (stroke)
- ALS (amyotrophic lateral sclerosis)
- MS (multiple sclerosis)
- Parkinson's disease

THE LOCAL COVERAGE DETERMINATIONS

Part II: Non-Disease Specific Baseline Guidelines

PART II: NON-DISEASE SPECIFIC BASELINE GUIDELINES



ASSESSMENT SCALES AND TOOLS

Prognostic Scales and Tools

Mortality Risk Index

- Used to evaluate mortality risk in nursing home residents
- Minimum Data Set (MDS) results are needed to complete this tool

Mortality Risk Index (Score Sheet to Estimate 6-Month Prognosis in Nursing Home Residents With Advanced Dementia)		
Risk Factor From Minimum Data Set	Points	Score
Activities of Daily Living Scale = 28*	1.9	
Male Sex	1.9	
Cancer	1.7	
Congestive Heart Failure	1.6	
Oxygen Therapy needed in prior 14 days	1.6	
Shortness of Breath	1.5	
<25% of food eaten at most meals	1.5	
Unstable medical condition	1.5	
Bowel Incontinence	1.5	
Bedfast	1.5	
Age >83 years	1.4	
Not awake most of the day	1.4	
TOTAL RISK SCORE (rounded to the nearest integer) Possible Range, 0-19		

*The Activities of Daily Living Scale is obtained by summing the resident's self performance ratings on the Minimum Data Set for the following 7 functional activities: bed mobility, dressing, toileting, transfer, eating, grooming, and locomotion. The Minimum Data Set, functional ability is rated on a 5-point scale for each activity (0, independent; 1, supervision; 2, limited assistance; 3, extensive assistance; and 4, total dependence). A total score of 28 represents complete functional dependence.

Mortality Risk Index Results	
If Total Risk Score is:	Risk Estimate of Death within 6 months
0	8.9%
1 or 2	10.8%
3, 4 or 5	23.2%
6, 7 or 8	40.4%
9, 10 or 11	57%
≥ 12	70%

Note: Based on information from Mitchell et al. (2004)

ASSESSMENT SCALES AND TOOLS

Pediatric Assessment: Pain Assessment

Wong-Baker FACES Pain Rating Scale

- A pain assessment tool utilizing faces with facial expressions representing severity of pain.
- Used for children and patients who are unable to verbalize severity of pain.

Instructions: Explain to the person that each face is for a person who has no pain or some, or a lot of pain.

Face 0 doesn't hurt at all. Face 2 hurts just a bit. Face 4 hurts a little more. Face 6 hurts even more. Face 8 hurts a whole lot. Face 10 hurts as much as you can imagine, although you don't have to be crying to have this worst pain.

Ask the person to choose the face that best describes how much pain he has.



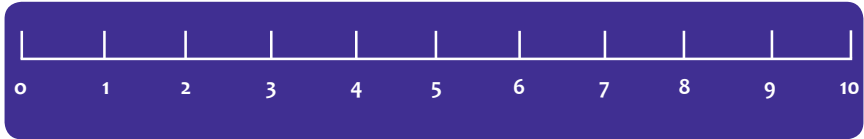
Source: Wong DL, Baker CM. Pain in children: comparison of assessment scales, *Pediatr. Nurs.* 1988 14(1):9017

ASSESSMENT SCALES AND TOOLS

Symptom Assessment Scales: Pain Scales

Numeric Pain Intensity Scale

- A simple pain assessment scale where patients indicate the severity of their pain on the scale using numbers which ranges from 0 “No Pain” to 10 “Pain as bad as it could possibly be”.



Instructions: Ask the patient to identify the number that best describes their current pain where 0 is no pain and 10 is the worst possible pain.

Source: McCaffery, M., and Beebe, A. (1993). *Pain: Clinical Manual for Nursing Practice*. Baltimore: V.V. Mosby Company.

ASSESSMENT SCALES AND TOOLS

Disease Specific Tools and Classifications: Heart Failure

New York Heart Association Functional Classification System

- This classification system relates symptoms to every day activities and the patient's quality of life.
- Patients enrolled on hospice with a hospice diagnosis of heart failure are expected to have Class IV heart disease and should be symptomatic at rest.

Class	Patient Symptoms
Class I (Mild)	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, or dyspnea (shortness of breath).
Class II (Mild)	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, or dyspnea.
Class III (Moderate)	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea.
Class IV (Severe)	Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.

Source: *The Criteria Committee of the New York Heart Association. Nomenclature and Criteria for Diagnosis of Diseases of the Heart and Great Vessels. 9th ed. Boston, Mass: Little, Brown & Co; 1994:253–256.*

COMMON HOSPICE DEFINITIONS

COMMON HOSPICE DEFINITIONS

A

Activities of Daily Living (ADL's)

Self care necessary on a daily basis. ADL's include such activities as bathing, personal hygiene, dressing, undressing, grooming, oral care, eating, toileting, ambulation and transferring.

Advance Directive

An instruction such as a durable power of attorney for health care, a directive pursuant to patient self-determination initiatives, a living will or an oral directive which states either a person's choices for medical treatment or, in the event the person is unable to make treatment choices, designates who will make those decisions.

Assessment

Procedures by which the patient's and family member's strengths, weaknesses, problems, needs and opportunities for growth are identified.

Attending / Primary Physician

A licensed doctor of medicine, doctor of osteopathy legally authorized by the state where he/she performs that function who is designated by the patient as responsible for providing his or her medical care.

B

Benefit

- A commonly used guideline to describe the successful or intended outcome of a medical treatment. Often evaluated intermittently to determine if a treatment plan is effective and should be continued.
- The hospice benefit under Medicare / Medicaid is elected by the patient and provides for the payment of medical and non-medical treatments and services for terminally ill patients. Treatment and services covered under the hospice benefit include medical, nursing, social, spiritual, aide services and other services deemed necessary in the care of the patient. Additionally, medications and supplies related to the terminal diagnosis are covered.

Benefit / Certification Period

- The hospice conditions of participation specify that benefit periods are for 90 days for the first 2 certification periods and every 60 days thereafter.
- For the initial benefit period, 2 physicians must concur that the patient has a prognosis of 6 months or less if the illness runs its normal course and must certify that the patient is eligible for hospice care.