



Hospice of Lansing
Stoneleigh Residence

Hospice Readiness

Reference

A guide to hospice appropriateness
by disease state

About Hospice of Lansing Stoneleigh Residence

Hospice of Lansing was founded in 1979 and is the original non-profit hospice serving the mid-Michigan area. We originated as a volunteer organization with “people helping people” in the home, wherever home is. Later, we became Medicare certified, accept most insurances and expanded our home hospice reach. Hospice of Lansing is completely community-based, meaning we are not associated with a hospital or other entity. In 2001 our hospice family grew when Stoneleigh Residence opened, it is an eight suite inpatient licensed hospice home. Home based hospice is 100% covered under the Medicare Benefit, Stoneleigh Residence has a small room and board cost.

We work to visit your patient and their loved ones as soon as needed – most often within 24 hours, but sooner if needed. We will answer all questions, explain hospice services and provide information to the patient and their family about what to expect. No one has to be alone or in pain on this journey. At Hospice of Lansing, we truly care about each and every patient and family under our care.

We are FROM our community and FOR our community.

Referral How To

To refer a patient for hospice services, please call our intake office at **517-882-4500** or send a referral fax to **517-882-8822**.

Our physicians and nurse practitioners are available to consult with your office or complete an independent assessment of the patient whenever needed.

Requested Referral Information

- › Patient Name
- › Patient Date of Birth
- › Patient Diagnosis/Medical Information
- › Contact Name
- › Contact Phone Number
- › Patient Address



How to Use This Guide

Inside you will find guidelines for hospice appropriateness. They are broken down by co-morbidities and by disease-specific diagnoses for:

- › Dementia - p. 7
- › Heart Disease - p. 7
- › Liver Disease - p. 8
- › Pulmonary Disease - p. 8
- › Renal Disease - p. 9
- › Amyotrophic Lateral Sclerosis (ALS) - p. 9
- › Cancer - p. 10
- › Stroke/Coma - p. 11
- › HIV/AIDS - p. 11

If seeing the signs of appropriateness, they may qualify for hospice.

If you have any questions or would like our team to help with an independent assessment, we are available to you 24/7 days a week at **517-882-4500**.

At the end of this guide, please find charts referencing:

- › Karnofsky Performance Status Scale
- › Pain Scale for Cognitively Impaired Non-Verbal Adults (FLACC Scale)
- › Palliative Performance Scale (PPS)

Disease Specific Guidelines

For all patients consider the presence of the following:

The more items present the more predictable the prognosis. It is not necessary to have every item to be eligible for hospice.

Co-morbidities may make someone eligible without many of these items present:

- › Recurrent or intractable infections
- › Progressive weight loss
- › Decreased serum albumin
- › Dysphasia with recurrent aspiration pneumonia and/or inadequate oral intake
- › Diarrhea
- › Nausea/Vomiting (poor response to treatment)

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- › Pain
- › Pressure ulcers stage 3-4 in spite of optimal care
- › Weakness
- › Pleural Effusion
- › Edema, Ascites or decreased BP below 90
- › Increased pCO₂, calcium, creatinine or serum potassium
- › Decreased pCO₂, SaO₂, or serum sodium
- › Dependent for at least two activities of daily living
- › Karnofsky Performance or Palliative Performance score less than or equal to 70%
- › Co-Morbidities



Dementia

- Unable to ambulate, dress, bathe or speak more than 6 intelligible words
- 7 on the FAST scale
- Should have experienced one of the following in the past 12 months
 - Aspiration pneumonia
 - Pyelonephritis or other UTI
 - Septicemia
 - Decubitus ulcer, multiple stages 3-4
 - Fever, recurrent with antibiotics
 - 10% weight loss during the past 6 months or serum albumin less than 2.5mg/dl

Heart Disease

- Patient should have been optimally treated with diuretics and vasodilators or patient is not a surgical candidate or has declined a procedure (required)
- NYHA Class IV (required)
- Increased discomfort with activity
- Significant symptoms of CHF or angina at rest
- Ejection fraction of less than or equal to 20%
- The patient does not need to meet all the criteria to be hospice appropriate.

Liver Disease

- Prothrombin time of more than 5 sec. or INR more than 1.5 and a serum albumin of less than or equal to 2.5gm/dl.
- At least one of the following
 - Spontaneous bacterial peritonitis
 - Increased creatinine and BUN with oliguria more than 400cc/day
 - Urine sodium less than 10 mEq/1
 - Hepatic encephalopathy
 - Weight loss or muscle wasting
 - Ascites, unresponsive to treatment

Pulmonary Disease

- Severe chronic lung disease and disabling dyspnea at rest
- Recurring visits to the hospital or physician office for symptom control
- Hypoxia at rest on supplemental O₂, pO₂ less than or equal to 55 mmHG or O₂ sat less than 88%
- Hypercapnea, pCO₂ more than or equal to 50mmHg
- Unintentional weight loss, 10% of body weight over preceding six months.

Renal Disease

- Patient not seeking dialysis or renal transplant
- Creatinine clearance less than or equal to 10 cc/min (15 for diabetics)
- Serum creatinine more than or equal to 8.0 mg/dl (6.0 for diabetics)
- Co-morbidities that contribute to the prognosis
 - AIDS, Chronic Lung Disease, Malignancy, GI Bleeding, uremia, fluid overload not responding to treatment

Amyotrophic Lateral Sclerosis (ALS)

- Critically impaired breathing capacity
 - Dyspnea at rest
 - Vital Capacity below 30%
 - Requires supplemental O₂
- Rapid progression of ALS and critical nutritional impairment
- Recurrent aspiration pneumonia or urinary tract infections, sepsis, or Stage 3-4 decubitus ulcers

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- › Progression from independent to needing major assistance from caregiver
- › Weight loss
- › Bed bound for the majority of the waking hours
- › Patient should be examined by a neurologist within three months of the assessment for hospice, to confirm diagnosis and progression.

Cancer

1. Disease with distant metastases at presentation,
OR
2. Progression from an earlier stage of disease to metastatic disease with one of the following:
 - a. Continued decline in spite of treatment
 - b. Patient refuses further treatment

Certain cancers with poor prognoses may be eligible without fulfilling other criteria, such as: small cell lung cancer, brain cancer and pancreatic cancer.

Stroke/Coma

- › Karnofsky Performance Score of less than or equal to 40%
- › Unable to maintain caloric intake and hydration
- › Weight loss of more than 10% in the past 6 months
- › Serum albumin less than 2.5% gm/dl
- › Not on artificial nutrition or tube feeding
- › Abnormal brain stem response
- › Unable to withdraw from pain

HIV/AIDS

- › CD4 count less than 25 cells/ml or persistent viral load of more than 100,000 copies/ml
- › At least one of the following:
 - › CNS Lymphoma
 - › Cryptosporidium infection
 - › Toxoplasmosis, unresponsive to treatment
 - › Renal failure in the absence of dialysis
 - › Kaposi's Sarcoma unresponsive to treatment
 - › Muscle wasting
- › Karnofsky Performance Status of less than or equal to 50%

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