



Hospice Eligibility Criteria

**Please write an order for
“Destiny Hospice Evaluation”
Admit if Appropriate**

General Guidelines

- Illness is terminal and palliative care is elected with Karnofsky < 50%
(Check Specific criteria for HIV, stroke, and coma)
- Presence of co-morbid disease, the severity of which is likely to contribute to a life expectancy of six months or less and should be considered in determining hospice eligibility (COPD, CHF, heart disease, Diabetes Mellitus, CVA, ALS, MS, Parkinson's)
- At least 10% loss of body weight in prior 6 months (not due to reversible causes such as depression or use of diuretics) observation of loose fitting clothes, decrease in skin turgor, decreasing mid-arm circumference
- Recurrent or intractable serious infections such as pneumonia, sepsis, or pyelonephritis
- Dependence on assistance in 3/6 ADL's (include sum score)
- Decreased tolerance to physical activity
- Desire palliative care over curative
- Spends most of day in chair or bed
- History of increasing hospitalizations, ER visits or physician visits related to hospice diagnosis

Lab Values/Co-Morbid Conditions

- Serum albumin <2.5g/l
- Other co-morbid conditions
 - ~ Patient has decubitus ulcers stage III to IV despite therapy
 - ~ Dysphagia leading to recurrent aspiration and/or inadequate oral intake documented by decreasing food portion consumption

Alzheimer's Disease

Must show all:

- Fast Scale 7 or >
- Unable to ambulate, dress or bathe without assistance
- Incontinent of bowel/bladder intermittent or constant
- No consistently meaningful verbal communication; 6 or fewer intelligible words

Must have one (1) of the following in previous 12 months:

- Aspiration pneumonia
- Pyelonephritis or UTI
- Septicemia
- Multiple decubitus ulcers Stage III - IV
- Recurrent fever (post antibiotics)
- 10% weight loss in previous 6 months
- Serum albumin < 2.5g/l

End-Stage Neurological Disease

- Functional Vital Capacity < 40% (FVC)
- Dyspnea at rest
- Orthopnea
- Weakened cough
- Reduced speech or vital volume
- Symptoms of sleep disordered breathing with frequent awakening, daytime somnolence or unexplained headaches, confusion, anxiety or nausea
- Severe nutritional impairment: dysphagia with weight loss of at least 5% with or without feeding tube

End-Stage Lung Disease

(1 and 2 must be present)

1. Severe chronic lung disease as documented by both a and b

Supporting Documentation

- A. Dyspnea at rest or with minimal activity, unresponsive or poorly responsive to bronchodilator therapy
- B. Progression of disease as evidenced by visits to ER or hospitalizations for pulmonary infections and or respiratory failure
- C. Oxygen dependent

2. Hypoxemia at rest on room air, as evidenced by pO₂ less than or equal to 55 mm Hg; or oxygen saturation less than or equal to 88%, determined either by arterial blood gases or oxygen saturation monitors; OR hypercapnia, as evidenced by pCO₂ greater than or equal to 50mmHg. (these values may be obtained from recent (within 3 months) hospital records)

Supporting Documentation

- A. Right heart failure (RHF) secondary to pulmonary disease
- B. Unintentional progressive weight loss of greater than 10% of body weight over the preceding six months
- C. Resting tachycardia

End-Stage Cardiac Disease

- Patient is being treated or unable to tolerate intensive medical management (diuretics & vasodilators)
- Intractable angina, heart failure or dyspnea at rest or with minimal exertion (AHA Class IV)

Supporting Documentation

(not required for admission)

- Recurrent symptomatic arrhythmia despite meds
- Karnofsky < 60%
- Patient not a candidate for a heart transplant
- Patient has S&S of chronic CHF
- Ejection fraction < or = 20%
- Previous cardiac resuscitation
- History of unexplained syncope
- Brian embolism of cardiac origin
- Concomitant HIV disease
- 2-3 acute care admits for end-stage cardiac disease

End-Stage Renal Disease

Must have:

- Patient has chosen to discontinue chronic dialysis or declines transplant

One (1) of the following must be present:

- Creatinine clearance < 10cc/min (< 15cc / min in diabetics) or with CHF
- Serum creatinine > 8mg/dl (> 6mg / dl in diabetics)
- Co-morbidities will support the prognosis

Supporting Documentation

(not required for admission)

- Uremia
- Oliguria (< 400cc / 24 hours)
- Intractable hyperkalemia (> 7.0)
- Uremic pericarditis
- Hepatorenal syndrome
- Intractable fluid overload
- + co-morbid

End-Stage Liver Disease

Must have:

- Patient has chosen to discontinue chronic dialysis or declines transplant

One (1) of the following must be present:

- Creatinine clearance < 10cc/min (< 15cc / min in diabetics) or with CHF
- Serum creatinine > 8mg/dl (> 6mg / dl in diabetics)
- Co-morbidities will support the prognosis

Supporting Documentation

(not required for admission)

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Stroke and Coma

Stroke

- Karnofsky Performance Scale or Palliative Performance Scale < 40
- Inability to maintain hydration and caloric intake with one of the following:
 - ~Weight loss > 10% in the last 6 months or 7.5% in the last 3 months
 - ~Serum albumin < 2.5g/dl
 - ~HX of aspiration not responsive to speech/language therapy
 - ~Sequential calorie counts documenting inadequate caloric/fluid intake
 - ~Dysphagia severe enough to prevent patient from continuing food/fluids necessary to sustain life and patient does not receive artificial nutrition and hydration

Coma

Must have three (3) of the following on day 3 of coma:

- Abnormal brain stem response
- Absent verbal response
- Absent withdrawal response to pain
- Serum creatinine > 1.5 mg/dl

Medical complications and diagnostics used for support of terminal diagnosis

- CT/MRI that indicates poor prognosis

HIV Disease

Must have:

- Karnofsky </= 50%
- CD4 count < 25 cell/mcl or viral load > 100,000
(2 assays at least one (1) month apart)

Additional criteria

One (1) of the following must be present:

- CNS lymphoma
- Persistent body wasting (loss of at least 10% lean body mass)
- Mycobacterium avium complex
- Progressive multifocal leukoencephalopathy
- Systemic lymphoma
- Visceral Kaposi's sarcoma, unresponsive to therapy
- Renal failure in the absence of dialysis
- Cryptosporidium infection
- Toxoplasmosis, unresponsive to therapy
- Chronic diarrhea for 1 year
- Age is over 50 years

Malignant Disease

- Disease with distant metastases at presentation
- No longer receiving curative treatment
- Progression of disease
 - ~ Continued decline despite therapy
 - ~ Patient declines further therapy

Functional Assessment Scale (FAST)

Parameters Measured

Inability to perform necessary daily activities (in increasing order of severity)

1. No difficulties
2. Forgetting locations of objects; subjective work difficulties
3. Difficulty in traveling to new locations, decreased organizational capacity
4. Decreased ability to perform complex tasks
5. Requires assistance with choosing proper clothing
6. a) Requires assistance with putting clothing on properly
b) Unable to bathe properly
c) Inability to handle mechanics of toileting
d) Urinary incontinence
e) Loss of ability to smile
7. a) Speaking ability limited to about a dozen words in an average day
b) All intelligible vocabulary lost
c) Nonambulatory
d) Cannot sit up without assistance
e) Loss of ability to smile
f) Loss of ability to hold head up independently

The Karnofsky Performance Scale Index allows patients to be classified as to their functional impairment. The lower Karnofsky score, the worse the survival for most serious illness.

Karnofsky Performance Status Scale Definitions Rating (%) Criteria

Able to carry on normal activity and to work; no special care needed.	100	Normal no complaints; no evidence of disease.
	90	Able to carry on normal activity; minor signs or symptoms of disease.
	80	Normal activity with effort; some signs or symptoms of disease.
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed.	70	Cares for self; unable to carry on normal activity or to do active work.
	60	Requires occasional assistance, but is able to care for most of his personal needs.
	50	Requires considerable assistance and frequent medical care.
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly.	40	Disabled; requires special care and assistance.
	30	Severely disabled; hospital admission is indicated although death not imminent.
	20	Very sick; hospital admission necessary; active supportive treatment necessary.
	10	Moribund; fatal processes progressing rapidly.
	0	Dead

Pain Rating Scale

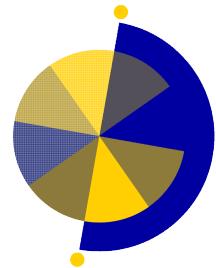
Wong-Baker FACES® Pain Rating Scale



English - Please point to the number that best describes your pain.



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Destiny
Palliative Care Support

Destiny Palliative Care Support is a Community Based Palliative Care (CBPC) program that was certified by The Joint Commission on October, 2016. The program is offered as a transitional care between Destiny Home Health Agency Inc. and Destiny Hospice Care, Inc. **Destiny Palliative Care Support** will benefit those patients with chronic and, or terminal diagnosis who do not qualify for hospice services due to eligibility or their fear, but require ongoing supportive services that are not provided by home health. Patients can be offered with the supportive care provided by hospice while continuing with curative services also. The program offer 24/7 nursing services on the phone or in person. A palliative certified physician oversee the entire program, alongside the patients' primary care physician.



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