



Eligibility Guide

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innovate **empower** honor™

A decorative illustration of a plant with green leaves and orange-brown stalks, positioned in the bottom right corner of the page.

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About Ecumen Hospice

Ecumen Hospice Philosophy

At Ecumen Hospice, our team cares deeply about providing patient centered care that empowers and honors all those we serve. We focus on engaging patients, as well as their caregivers and families, in the creation of their individualized care plan. We believe that each person continues to have great significance and deserves to have their voice heard and valued in this season of life. At Ecumen Hospice, we do everything possible to provide a great hospice experience for all those involved.

About Ecumen Hospice

Our Values

Service: We intensely focus on serving our customers and delivering what they want with excellence.

People: We believe in hiring and investing in dedicated, passionate people who make Ecumen a great place to work.

Innovation: We celebrate creativity and ingenuity, anticipate change, and understand that responsible risk is essential to delivering cutting-edge products and services.

Spirituality: We honor our faith-based heritage by creating welcoming, inclusive communities that nurture and support the spiritual needs of the people we serve.

Wellness: We believe that physical, intellectual, spiritual, social, emotional, and vocational growth is essential to wellness.

Collaboration: We partner with other progressive organizations to maximize solutions for the people and communities we serve.

Stewardship: We are committed to being financially successful and good stewards of our resources.

Initiating the Discussion

Start with an honest discussion about why you believe it may be the right time for hospice

Example approach:

“Over the past weeks/months we have seen a (steady/dramatic/significant) decline in the health of your loved one. I want to let you know that there is another service that we can bring in if your goal is to keep him/her comfortable and keep their symptoms managed here as they arise. There is typically no added cost to the resident or their family for this service. The service I am talking about is called Ecumen Hospice. The team can come in to add another layer of support in the physical, emotional, social and spiritual care of Mr./Mrs./Ms. _____ as well as for you and the rest of the family. There are other options for hospice too but we have great continuity of care within our Ecumen family of services. Does that sound like something you would like to move forward with?”

Benefits of Hospice

The Hospice Medicare Benefit includes the following, when indicated:

- Medications and medical supplies related to the terminal condition
- Medical equipment necessary for safety and comfort
- Nursing, social services to spiritual care
- Companion and vigil volunteers
- Essential and complimentary therapies (PT/OT/SLP/ Music/Massage)
- Inpatient and respite levels of care
- Physician services
- Bereavement care (13+ months after passing)

Why Ecumen Hospice:

- Prompt response to the needs of the patient
- Same day admissions (holidays, evenings, weekends included)
- Increased initial visits to reduce risk of unnecessary hospitalizations
- Patient-centered care based on desires of the patient
- Expert team members that provide continuous education to patients, families, and caregivers

Role Specific Indicators

Hospice Indicators: Nursing

- Prognosis <6 months (contributing co-morbidities likely)
- Comfort care requested by patient/family
- New DNR/DNI orders
- Difficulty with pain control, increased confusion, dehydration and infections have resulted in increased hospitalizations/ER visits in the past six months
- Unintentional weight loss despite interventions
- Chronic infections that do not respond to treatments (UTI, pneumonia, sepsis, decubitus ulcers/wounds)
- Totally bed-bound or increased time in bed with noted increase in sleep
- Unable to bathe, dress and ambulate without assistance
- Edema unrelieved with medications resulting in weight gain
- Lack of response to treatments (chemotherapy, radiation, dialysis)
- Short of breath at rest with poor response to medications
- Oxygen saturation < 90% while using oxygen
- Discomfort while carrying out physical activities due to heart failure
- Dysphagia or aphagia, history of aspiration pneumonia

Role Specific Indicators

Hospice Indicators: Social Work

- Comfort care requested by patient/family
- Frail with decreased ability to perform self-care
- Family expressing difficulty coping and managing family dynamics
- Despite medication changes depression, anxiety, agitation, confusion have increased
- Emotional-spiritual distress is apparent
- Increasing tearfulness, decreased smiles, increased sleeping

Hospice Indicators: Nutritional Services

- Appears to have lost muscle mass and weight, clothes ill-fitting
- Inadequate oral intake, decreasing food portion consumption
- Experiencing aspiration, having difficulty chewing and/or swallowing
- Having a pureed diet or receiving thickened liquids
- History of aspiration pneumonia, coughing with meals
- Totally dependent at meal times

Role Specific Indicators

Hospice Indicators: Recreational Therapy

- Either not attending or no longer participating in activities
- Increasing need for assistance during activities
- Noticeable decline in general functioning, both physical and mental
- Depression, anxiety or agitation during activities which is new

Hospice Indicators: PT/OT/SP

- Sudden decline in self cares, mobility and change in ambulation resulting failure to meet goals for rehabilitation
- Worsening wounds despite re-positioning and the use of interventions
- Musculoskeletal pain which is getting worse or is uncontrolled
- Weight gain due to edema unrelieved with medications
- Experiencing aspiration, having difficulty chewing and/or swallowing

General Signs/Symptoms

Hospice Admission Recommendations

For hospice eligibility, it is *recommended* a person meet:

- 4 general signs and/or symptoms

AND

- Have a major diagnosis with at least 3 disease-specific criteria

IF the disease runs its normal course

If your resident/patient is exhibiting some of the following general signs and symptoms and/or some of the disease specific signs and symptoms, call hospice.

General Signs/Symptoms

General Indicators

- Recurrent or persistent infections
- Unintentional weight loss of 10% or more or six month period
- Decreasing arm or abdominal circumference, not related to use of medications
- Decreasing serum albumin or cholesterol
- Dysphagia leading to recurrent aspiration and/or inadequate oral intake
- Difficulty breathing with tachypnea
- Cough which is unmanageable
- Nausea/vomiting not positively responding to treatment
- Chronic diarrhea
- Pain requiring increasing doses of major analgesics more than briefly
- Systolic BP below 90 or a drop in BP with postural changes
- Ascites, increased abdominal swelling
- Venous, arterial or lymphatic obstruction due to local progression or metastatic disease
- Edema which is not easily managed or controlled
- Significant weakness and drowsiness
- Change in level of consciousness

Disease Specific Indicators

Major Diagnosis: Alzheimer's Disease

- Stage 7 or beyond on Functional Assessment Staging Scale
- Unable to ambulate, dress or bathe without assistance
- Intermittent or constant fecal or urinary incontinence
- Verbal communication no longer is meaningful
- Had one of the following conditions within the last 12 months:
 - o Aspiration pneumonia
 - o Pyelonephritis, kidney infection
 - o Septicemia
 - o Decubitus ulcers, multiple, stage 3-4
 - o Fever, recurrent after antibiotics
 - o 10% unintentional weight loss over past 6 months despite interventions, serum albumin <2.5 gm/dl

Disease Specific Indicators

Major Diagnosis: Heart Disease

- Patient is or has been optimally treated for heart disease and is not or does not desire to be a surgical candidate
- Symptoms of heart failure when at rest
- Any physical activity causes discomfort
- History of cardiac arrest or resuscitation
- History of unexplained fainting

Disease Specific Indicators

Major Diagnosis: Cancer

- Cancer Diagnosis with metastases at initial diagnosis
Or
- Progression from an earlier stage of cancer to metastatic cancer when either:
 - o Despite therapy, a continued decline is noted or
 - o Disease-directed therapy is no longer desired
- A poor prognosis of squamous cell lung cancer, brain cancer and pancreatic cancer may render an individual hospice eligible without fulfilling other criteria

Disease Specific Indicators

Major Diagnosis: Lung Disease

- Severe, debilitating asthma/emphysema/COPD
- Dyspnea at rest, poorly responsive to bronchodilators
- Increased hospital or MD visits for pulmonary infections and/or respiratory failure
- Hypoxemia (O₂ sat less than or equal to 88% at room air)
- Right heart failure secondary to cor pulmonale
- Tachycardia at rest >100/min
- 10% unintentional weight loss in past 6 months (despite interventions)

Disease Specific Indicators

Major Diagnosis: Liver Disease

- Prothrombin time more than 5 seconds over the control, serum albumin < 2.5 gm/dl
- Abnormal liver enzymes
- Ascites, poorly responsive to treatments
- Recurrent variceal bleeding
- Muscle-wasting with reduced strength and endurance
- Progressive malnutrition
- Jaundice

Disease Specific Indicators

Major Diagnosis: Renal Failure

- Patient is not seeking dialysis or kidney transplant
- Creatinine clearance is $<10\text{cc}/\text{min}$ (15 for diabetics)
- Serum creatinine $> 8.0\text{ mg}/\text{dl}$ (> 6.0 for diabetics)
- Uremia, oliguria, hyperkalemia, fluid overload

Major Diagnosis: Stroke

- Palliative Performance Scale (PPS) of 40% or less
- 10% weight loss in the past 6 months (despite interventions), or serum albumin $<2.5\text{ gm}/\text{dl}$
- Mainly bed bound, unable to do any activity including self-cares
- History of pulmonary aspiration or dysphagia severe enough to prevent the patient from continuing fluids/food intake necessary to sustain life
- Worsening aphasia

Assessment Tools

Palliative Performance Scale (PPSv2)

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work. No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work. No evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort. Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable normal job/work. Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work. Significant disease	Occasional assistance necessary	Normal or reduced	Full or confusion
50%	Mainly Sit/Lie	Unable to do any work. Extensive disease	Considerable assistance necessary	Normal or reduced	Full or confusion
40%	Mainly in bed	Unable to do most activity. Extensive disease	Mainly assistance	Normal or reduced	Full or drowsy +/- confusion
30%	Totally bed bound	Unable to do any activity. Extensive disease	Total Care	Normal or reduced	Full or drowsy +/- confusion
20%	Totally bed bound	Unable to do any activity. Extensive disease	Total Care	Minimal to sips	Full or drowsy +/- confusion
10%	Totally bed bound	Unable to do any activity. Extensive disease	Total Care	Mouth care only	Drowsy or coma +/- confusion
0%	Death	-	-	-	

Assessment Tools

Functional Assessment Staging (FAST)

Check highest consecutive level of disability:

- 6d) Urinary incontinence (occasional or more frequently over the past weeks)
- 6e) Fecal incontinence (occasional or more frequently over the past weeks)
- 7a) Ability to speak limited to approximately a half dozen intelligible different words or fewer, in the course of an average day or in the course of an intensive interview
- 7b) Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview (the person may repeat the word over and over)
- 7c) Ambulatory ability is lost (cannot walk without personal assistance)
- 7d) Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair)
- 7e) Loss of ability to smile
- 7f) Loss of ability to hold head up independently



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