

# Hospice Admission Guidelines

## Coma, Stroke, Parkinson's Disease and Multiple Sclerosis

### At A Glance

Hospice provides patient comfort and support, respite care for caregivers, and reduced hospitalization rates and costs for healthcare providers.<sup>1</sup>

Stroke is the sixth most common diagnosis (9.2%) for admission to hospice, equating to 97,000 patients in 2017.<sup>2</sup>

About 60,000 Americans are diagnosed each year with Parkinson's disease.<sup>1</sup>

Nearly 1 million Americans over age 18 live with multiple sclerosis.<sup>3</sup>

### Why Choose Hospice

A hospice interdisciplinary team provides neurological disease patients and their caregivers with extra layers of support to manage a range of symptoms, keeping patients out of the hospital and in their preferred care setting.

Hospice services address symptoms such as impaired breathing, difficulty eating or swallowing, limited mobility, pain and more.

Members of the hospice interdisciplinary team can facilitate decision-making by patients with advanced neurological diseases about their treatment options and care preferences.

Timely and appropriate identification of hospice-eligible patients increases the likelihood that patients and their families will benefit from compassionate, end-of-life care.<sup>4</sup>

### Not sure if your patient is hospice-eligible?

Contact VITAS for an evaluation to determine whether hospice is an appropriate option for care.

### What Hospice Offers

- Comfort care provided in the patient's preferred setting of care
- Medication and supplies delivered to the patient, covered by Medicare
- Inpatient care when the patient is too sick to stay home
- Intensive Comfort Care<sup>®</sup>, when medically necessary, provides around-the-clock hospice care to manage acute symptoms in the patient's preferred care setting so the patient can avoid hospitalization
- 24/7 access to hospice clinicians

# Hospice Admission Guidelines

Coma, Stroke, Parkinson's Disease and Multiple Sclerosis (Cont.)

Regardless of the specific diagnosis, patients with neurological diseases become eligible for hospice when they experience continuous decline in clinical or functional status over time, leading to a poor prognosis.

## Signs of Hospice Eligibility Include:

- Severely compromised breathing, marked by inability to clear respiratory secretions, persistent cough, or recurring aspiration pneumonia
- Increased shortness of breath, even at rest or on oxygen
- Inability to swallow liquids or soft food without choking or coughing; progression to a mainly pureed diet
- Spends most of the time in the same room, chair or bed
- Barely intelligible speech
- Continued weight loss
- Inability to manage most activities of daily living

## Comorbidities That Indicate Hospice Eligibility Can Include:

- Pneumonia
- Sepsis
- Upper urinary tract infection or other infection, despite antibiotic therapy
- Abnormal/absent brain response, verbal response or withdrawal response to pain

## When to Ask About Hospice?

In general, hospice patients are thought to have six months or less to live. When improvement is unlikely, or when a decision is made to discontinue a feeding tube or ventilator/breathing support, hospice care should be considered.

Referrals are secure and simple with the VITAS app.



Partner with VITAS to improve quality of life, reduce hospitalizations and boost satisfaction with care for your patients with neurological diseases and their families.

1. National Hospice and Palliative Care Organization. (2018). NHPCO Facts and Figures: 2018 Edition. Retrieved from: [https://www.nhpco.org/wp-content/uploads/2019/07/2018\\_NHPCO\\_Facts\\_Figures.pdf](https://www.nhpco.org/wp-content/uploads/2019/07/2018_NHPCO_Facts_Figures.pdf)

2. Parkinson's Foundation. (2019). Understanding Parkinson's - Statistics. Retrieved from: <https://www.parkinson.org/Understanding-Parkinsons/Statistics>

3. National Multiple Sclerosis Society. (2019). MS FAQs. Retrieved from: <https://www.nationalmssociety.org/What-is-MS/MS-FAQ-s>

4. Temel, et a. (2010). Early palliative care for patients with metastatic non-small-cell lung cancer. *New England Journal of Medicine*, 363(8), 733-742.