



Hospice Admission Guidelines

Oncology

At A Glance

Cancer is the leading cause for referrals to hospice (31.1%) and the leading cause of death among hospice patients (327,344 in 2017).¹

An estimated 1.76 million new cases of cancer were diagnosed in the US in 2019 and 606,000 people died from it.²

Hospice care manages symptoms, addresses pain and supports quality of life for patients and families with advanced, non-curable Stage III/IV cancers.

Hospice patients with advanced cancer are more likely to die at home or in their preferred setting.³

Why Choose Hospice

Hospice care for a patient with advanced cancer focuses on quality of life and is designed to address a wide range of issues, including pain, poor appetite, shortness of breath, nausea, vomiting and progression of other symptoms. Hospice care also provides the emotional support that benefits advanced cancer patients and their families, all tailored to their needs, preferences and values.

Hospice patients with advanced cancer experience fewer hospital/ICU admissions, 911 calls and invasive procedures, lower costs of care and greater likelihood of dying in their preferred setting, compared to patients not referred to hospice.⁴

Timely and appropriate identification of hospice-eligible patients increases the likelihood that patients and their families will benefit from compassionate, end-of-life 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's symptoms and pain cannot be managed at home
- Intensive Comfort Care[®], 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

Not sure if your patient is hospice-eligible?

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

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Oncology (Cont.)

ECOG Score for Functional Status

An Eastern Cooperating Oncology Group scale (ECOG) score of 3 or higher correlates roughly with life expectancy of three months or less.

An ECOG score of 2 is generally supportive of hospice eligibility.

- 0: Asymptomatic
- 1: Symptomatic but completely ambulatory
- 2: Symptomatic, <50% in bed during the day
- 3: Symptomatic, >50% in bed but not bedbound
- 4: Bedbound
- 5: Death

Palliative Performance Scale for Functional Status

Typically, a cancer patient who scores 70% or lower on the Palliative Performance Scale may be eligible for hospice. Typically, these patients:

- Are unable to carry on normal activity or do normal work
- Are unable to move or ambulate; spend more than 50% of their time in a bed, chair or a single room
- Exhibit evidence of significant disease
- Are able to provide only limited self-care
- Have reduced nutritional intake

Referrals are secure and simple with the VITAS app.

To further assist with prognosis, the VITAS app contains an interactive Palliative Performance Scale that quickly quantifies hospice eligibility based on a patient's functional status.



Patient Feedback for Functional Status

The simplest method to assess functional ability is to ask patients: How do you spend your time? How much time do you spend in a chair or lying down?

If >50% of a patient's time is spent sitting or lying down, and if that time is increasing, you can roughly estimate a prognosis of three months or less. Survival time tends to decrease as additional physical symptoms develop—especially dyspnea, if secondary to cancer.

Hospice Considerations for Patients Receiving Anti-Tumor Therapy

When necessary, VITAS makes specific considerations for cancer patients receiving anti-tumor therapy by offering palliative treatments that focus on quality of life:

- Intravenous fluids or artificial nutrition/hydration to maintain hydration/nutritional status secondary to cancer
- Radiation and hormonal therapy for pain/symptom relief

Hospice care for patients on chemotherapy requires a discussion between the referring physician and a VITAS medical director. Oncologic immunotherapy is not consistent with hospice.

1. National Hospice and Palliative Care Organization, *NHPCO Facts and Figures*, 2018 Edition. Retrieved from: <https://www.nhpco.org/research/>
2. American Cancer Society, *Cancer Facts & Figures 2019* Retrieved from: <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2019.html>
3. What are Palliative Care and Hospice Care? 2019. National Institute on Aging. Retrieved from: <https://www.nia.nih.gov/health/what-are-palliative-care-and-hospice-care>
4. Teno, et al. (2004). Family perspectives on end-of-life care at the last place of care. *JAMA*, 7;291(1):88-93.