



RIVERCROSS HOSPICE
SERVICES FOR THE MIND, BODY & SPIRIT™

Referral Criteria

General Eligibility Criteria for Common Diagnosis

We are providing this admission criteria tool to assist you with common diagnosis information for admitting patients to our hospice program.

Hospice is an interdisciplinary team approach to care. We provide physical, emotional and spiritual support to individuals with a terminal disease and their loved ones.

Our care is delivered at the patient's place of residence, whether in a private home, nursing facility, independent or assisted living facility or group home.

The Hospice Benefit requires that the following three criteria be met for a beneficiary to qualify for hospice:

1. A terminal disease process has been identified;
2. The physician determines that the patient's life is limited to 6 months or less if the disease runs its expected course; and
3. The patient, or legal representative, desires comfort care rather than aggressive or curative interventions.

Every patient has the legal right to elect the hospice benefit.

The patient, family members, friends, physicians, nurses, pastors, home health agencies, community representatives or anyone else who believes that hospice care is an appropriate option can initiate referrals to hospice. The Rivercross Hospice Care Team will follow up with the patient's attending physician to determine if the above criteria are met.

AIDS

- Palliative Performance Scale < 50%
- Life threatening complications
- Cryptosporidiosis Infection
- Wasting – loss of 33% lean body mass
- MAC bacteremia, untreated or unresponsive to treatment
- Progressive multifocal leukoencephalopathy
- Renal failure – refuses or fails dialysis

DEMENTIA

- Inability to ambulate or dress without assistance
- Urinary and fecal incontinence
- No consistent meaningful communication
- Meets one of the following criteria within the past 12 months:
 - Aspiration pneumonia
 - Pyelonephritis or UTI
 - Septicemia
 - Decubitus ulcers (multiple, stage 3-4)
 - Recurrent infections after antibiotics
 - Impaired nutritional status

HEART DISEASE

- Poor response to diuretics, vasodilators, ace inhibitors
- Dyspnea at rest and with minimal exertion
- Syncope, weakness, chest pain, jugulo-venous distention
- Ejection fraction less than 20%
- Cachexia

LIVER DISEASE

- Serum albumin less than 2.5 gm/dl
- Meets one of the following criteria :
 - Ascites
 - Hepatic encephalopathy
 - Recurrent variceal bleeding
 - Spontaneous bacterial peritonitis
 - Hepato-renal syndrome

NEUROLOGIC DISEASES (ALS, Multiple Sclerosis, Parkinsons)

- Diminished mobility
- Barely intelligible or unintelligible speech
- Assistance in most ADL's/Dependence in all ADL's
- Significant dyspnea at rest
- Vital capacity less than 30%
- Impaired nutritional status
- Recurrent infections (pneumonia, UTI's, sepsis)

NON-SPECIFIC TERMINAL ILLNESS

- Inability to ambulate independently
- Decline in functional status
- Requires assistance with ADL's
- Increased physician visits, ER visits and hospital visits
- Progression of cognitive impairment
- Dysphagia with decline in nutritional status or recurrent aspiration

PULMONARY DISEASE

- Decreased functional capacity
- Hypoxemia on room air less than 88% by oximetry
- Dyspnea at rest or with minimal exertion
- Poor response to bronchodilators
- Increasing visits to physician, ER or hospital for pulmonary infections
- Resting tachycardia

RENAL FAILURE

- Patient not seeking dialysis
- Creatinine clearance less than 10cc/min or less than 15cc/min for diabetics
- Serum creatinine greater than 8.0 mg/dl or greater than 6.0 mg/dl for diabetics

STROKE

- Impaired nutritional status/weight loss over 10% past 6 months
- Speech limited to 6 or less intelligible words
- Unable to walk without assistance
- Unable to care for self
- Recurrent infections (pneumonia, UTI's, sepsis) after antibiotics
- Coma with 3 of the following on the third day of coma:
 - Abnormal brain stem response
 - Absent verbal response
 - Absence of withdrawal response to pain
 - Serum creatinine greater than 1.5 mg/dl

For further information on Functional Assessment Staging (FAST) and the Palliative Performance Scale (PPS), please contact us.