Hospice Clinical Appropriateness:

End-Stage Heart Disease

VITAS® Healthcare

Make the nation's hospice leader your partner in care

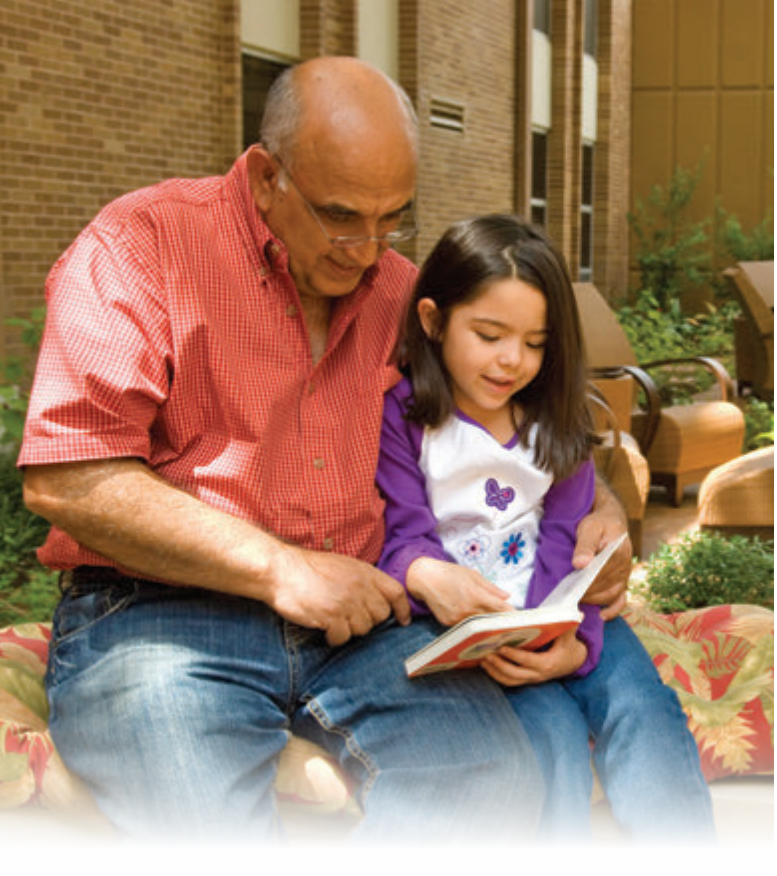
Your patients depend on you to guide them in making some of the most important decisions they will ever make. So, when it comes to helping them choose hospice, you'll want to refer them to a provider with a proven record of administering the highest quality of clinical, spiritual and emotional support services. You'll want to partner with VITAS.

Physicians, hospitals, nursing homes, assisted living communities and home health agencies refer to VITAS because they trust our protocols. Developed over more than 35 years of caring for patients at the end of life, our expertise and resources ensure comfort, peace, and satisfaction for patients and patients' families. Clinicians know we work hand-in-hand with them in a multidisciplinary team environment, so every patient will have the full benefit of excellent care and symptom management as they near the end of life.

Hospice as part of your continuum of care

Hospice services are designed to supplement the high level of care attending physicians and clinical staff bring to their patients. Partnering with VITAS has many benefits:

- VITAS staff actively monitors and manages changes/declines in your patient's condition at all times.
- VITAS support reduces emergency calls to the physician, minimizing the burden and stress on office/facility staff.
- VITAS services reduce calls to 911 or unnecessary transfers to the hospital/ED.
- VITAS clinicians are available as an experienced end-of-life resource at all times.
- VITAS employs more physicians than any other hospice, and all VITAS medical directors are highly trained in hospice and palliative medicine.
- VITAS care plans are dependent upon the attending physician's approval and welcome the physician's input on care.



Hospice for end-stage heart disease

Heart disease differs significantly from other illnesses in its course and approaches to treatment. VITAS has set the standard for palliative treatment of end-stage heart disease in all its various forms. The hospice plan of care is designed for the treatment of a wide range of symptoms including shortness of breath, chest pain, weakness, functional decline, as well as the management of fluid status.

While VITAS is providing this convenient reference guide as a tool, it does not take the place of a physician's professional judgment.

What is heart failure?

Heart failure is a clinical syndrome stemming from impaired pump function, which results in inadequate systemic perfusion.

Types of heart failure

Left heart failure:

Systolic: Left ventricular dysfunction resulting from congenital, genetic or vascular diseases that reduces the ventricle's ability to eject blood out to the body.

Diastolic: The inability of the ventricle to accept normal volumes of blood during its relaxation phase.

Both diastolic and systolic failures lead to reduced output and retained fluid volumes in the lungs. Either or both produce signs and symptoms of left heart failure.

Right heart failure:

This failure can be due to injury of the right ventricle or secondary to increased pressure or volumes in the lungs. Lung volumes increase in systolic or diastolic failure. Pressure to flow in the lungs is related to disease process in which the lungs that results in vascular resistance, such as in chronic obstructive pulmonary disease (COPD) or pulmonary hypertension. The term *cor pulmonale* refers to the process in which the right ventricle becomes dilated and weakened due to restricted blood flow through the lungs. Signs and symptoms of liver congestion and peripheral edema are common in severe failure.

Valvular disease:

Restriction to flow or stenosis of a valve can produce or add to failure of either ventricle. Inadequate closure of a valve or regurgitation can result in fluid overload into preceding heart chambers, which will produce or enhance failure through volume increases.

Knowing when a heart disease patient is ready for hospice care

Patients are eligible for hospice care when a physician makes a clinical determination that life expectancy is six months or less if the disease runs its expected course.

Comorbid disease risk factors:

- Hypertension
- Diabetes
- Coronary heart disease
- Family history of cardiomyopathy
- Prior myocardial infarction
- Valvular heart disease

End-stage disease classifications of patients who are hospice-appropriate include:

New York Heart Association (NYHA) Class III or IV symptoms of cardiac insufficiency (e.g., fatigue, palpitations, angina or dyspnea with less-than-normal exercise [III] or at rest [IV])

American College of Cardiology-American Heart Association (ACC-AHA) Classification Stage D patients with severe refractory heart failure who have tried or cannot tolerate maximum medical management and are not candidates for or do not choose to pursue high-technological therapies/surgery options such as heart transplants, chronic inotropes, permanent mechanical support or surgery, or for whom such therapies are no longer effective.

Eventually heart failure in individuals who have progressive disease with symptoms of NYHA Class III or IV and AHA/ACC Stage D are qualified to select hospice if they choose not to pursue aggressive treatment or have no further medical or surgical options.

Even before hospice is considered…

A VITAS physician is available for a consultation. We have the time to listen to the concerns of the patient and family, describe the progression of the advanced disease, explain care options and outline a realistic plan of care. You are informed of the outcome and we maintain communication with patient and family.

VITAS helps to reduce rehospitalization

A partnership with VITAS provides resources that can reduce unnecessary rehospitalization.

- **Visit frequency**—VITAS' interdisciplinary team members coordinate support based on the individualized plan of care.
- **VITAS Telecare®**—24-hour direct access to trained clinicians provides around-the-clock resources and peace of mind for patients, families and clinical staff members in nursing homes and assisted living communities.
- **Intensive Comfort Care®**—Medical management is provided in the patient's home, nursing home or assisted living community, up to 24 hours per day when medically appropriate.
- **Inpatient hospice care**—Round-the-clock care in a contract bed or VITAS unit significantly reduces associated hospital costs.

Indicators of poor cardiac prognosis:

- Renal dysfunction
- Cachexia
- Valvular regurgitation
- Ventricular arrhythmias
- Low left ventricular ejection fractions
- High B-type natriuretic peptides
- Low serum sodium
- Marked left ventricular dilatation
- Syncope and near-syncope

Advanced disease results in structural heart disease such as hypertrophy of the ventricles, dilated heart chambers, ventricular dysfunction and valvular abnormalities.

Hallmark of end-stage heart failure clinical course:

Abrupt, dramatic decline, followed by recurring recovery and stability, until sudden death. Therefore, appropriateness for service requires documentation of progressive loss of functional capacity over years, progressive failure to respond to therapies and a desire to discontinue aggressive rescue management.

The following do not preclude a patient from being hospice-appropriate:

Mechanical support devices:

Automated implantable cardioverter defibrillators (AICD) or pacemakers can be accepted.

Left ventricular assist devices (LVAD) can be acceptable as long as patient decline is documented and the patient is no longer considered to be a candidate for transplant. Mortality one year after implant is 50%; 70%–75% after two years. Deaths are usually associated with infections and/or multiorgan failure.

Related medications:

Arrhythmias: beta blockers, calcium channel blockers, digitalis and antiarrhythmics.

Chronic stable angina: ACE inhibitors, beta-blockers, calcium channel blockers and nitrates

Heart failure: ACE inhibitors, angiotensin II receptor blockers (ARBs), aldosterone antagonists (Spironolactone), beta-blockers, digitalis, vasodilators and diuretics

Inotropes: dopamine, dobutamine and milrinone

Inotropes are used to relieve symptoms due to poor perfusion and to preserve organ function in patients with severe systolic dysfunction (i.e., low blood pressure and evidence of low cardiac output) and dilated cardiomyopathy. These patients will have clinical findings of cold, clammy skin; cool extremities; decreased urine output; hypotension and altered mentation.

Despite clinical studies that show no evidence of improved patient status in acute congestive failure (and, in fact, in some studies the use of inotropes increased adverse reactions, including death), the ACC-AHA recommendations do not preclude inotropes for palliation of symptoms in end-of-life patients.

If you have a patient with end-stage heart disease who does not meet these guidelines, yet you believe is appropriate for VITAS services, please refer the patient and provide VITAS with the clinical information that supports your conclusion.

Ask your VITAS representative for more information to help determine who may be most appropriate for VITAS services.

Refer your patients to VITAS Healthcare

Call 800.93.VITAS

Easy online referrals now available at VITAS.com/referral

Download Our App on Your Smartphone

- Provides immediate access to hospice clinical criteria
- Offers one-touch referral capability
- No referral paperwork
- Puts you in immediate contact with a VITAS hospice admissions professional if you prefer

Go to VITASapp.com

Contact your local VITAS representative for more information.

To refer a patient call 800.93.VITAS

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