



# Hospice Clinical Appropriateness:

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End-Stage Liver Disease

**VITAS**<sup>®</sup>  
Healthcare



### Partner with the nation's hospice leader

Patients depend on their physicians to guide them in making some of the most important decisions they will ever make. When it's time for hospice, refer them to a provider with a proven record of administering the highest quality of clinical, spiritual and emotional support services. Partner with VITAS.

Physicians, hospitals, nursing homes, assisted living communities and home health agencies refer to VITAS because they trust our clinical management. 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 an interdisciplinary team environment, so every patient will have the full benefit of excellent care and symptom management as he or she nears the end of life.

### Hospice as part of the 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 the patient's condition.
- VITAS support reduces emergency calls to the physician, which minimizes 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 care plans are dependent upon the attending physician's approval, and we welcome the physician's input on care.

## VITAS helps reduce hospitalization

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.



## What is liver disease?

The term “liver disease” applies to many diseases and disorders that cause the liver to function improperly or stop functioning. Abdominal pain, jaundice of the skin or eyes, or abnormal results of liver function tests suggest liver disease. According to a 2010 National Hospital Discharge Survey, 101,000 patients were discharged with chronic liver disease or cirrhosis (scarring) of the liver as the first-listed diagnosis.<sup>1</sup> In 2011, over 33,000 Americans died of liver disease.<sup>2</sup>

End-stage liver disease (ESLD) is an irreversible condition that leads to the imminent complete failure of the liver. Alcohol abuse is the major cause of ESLD in the United States and most Western countries. Cirrhosis, viral hepatitis, genetic disorders, cancer of the liver, autoimmune disorders, obesity, and toxins and drugs can be factors of ESLD and liver failure.

Without a liver transplant, patients with ESLD have a low life expectancy. They and their caregivers face significant physical and psychosocial challenges.

### 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.

## Knowing when a patient with liver disease is ready for hospice care<sup>3</sup>

Physicians may use clinical guidelines to identify patients in the final six months of liver disease. But when it comes to end-of-life care, patients should be both physiologically and psychologically hospice-appropriate.

In essence, patients are appropriate for VITAS hospice care if, despite adequate medical management, they suffer from persistent symptoms of hepatic failure, such as ascites, hepatic encephalopathy or recurrent variceal bleeding, and meet many of the following criteria:

- Multiple hospitalizations, ED visits or increased use of other healthcare services
- Serial physician assessments, laboratory or diagnostic studies consistent with disease progression
- Multiple active comorbid conditions

Refer your patients to  
VITAS Healthcare  
Call 800.93.VITAS

Easy online referrals now available  
at [VITAS.com/referral](http://VITAS.com/referral)

<sup>1</sup>Centers for Disease Control and Prevention. "National Hospital Discharge Survey: 2010 Detailed diagnosis and procedure tables, Number of first-listed diagnoses" (see ICD9-CM code 571). Web. <http://www.cdc.gov/nchs/fastats/liver-disease.htm>. Accessed July 18, 2014.

<sup>2</sup>Hoyert Donna L. and Xu Jiaqua. National Vital Statistics Reports. "Deaths: Preliminary Data for 2011." National Vital Statistics Reports. Web. [http://www.cdc.gov/nchs/data/nvst/nvsr61/nvsr61\\_06.pdf](http://www.cdc.gov/nchs/data/nvst/nvsr61/nvsr61_06.pdf). Accessed July 18, 2014.

<sup>3</sup>Wright, James, and Barry Kinzbrunner. *End-of-Life Care : A Practical Guide*. New York: McGraw Hill, 2011. Print.







## Hospice admission guidelines for patients with ESLD

### ***Functional decline:***

- Loss of functional independence
- Weight loss and/or reduced oral intake
- Unable to work
- Mainly sit or lie
- Confusion, cognitive impairment

### ***Progressive symptoms not responsive to medical management or patient noncompliance, including:***

- Ascites, refractory to sodium restriction and diuretics, especially with associated spontaneous bacterial peritonitis
- Hepatic encephalopathy refractory to protein restriction and lactulose or rifaximin.

- Recurrent variceal bleed despite therapeutic interventions
- Hepatorenal syndrome

### ***Laboratory indicators:***

- Protime five seconds more than control or INR > 1.5
- Serum albumin  $\leq 2.5$  g/dL

### ***Other factors:***

- Progressive malnutrition
- Muscle wasting with reduced strength and endurance
- Continued active ethanol intake (> 80 g ethanol per day)
- HbsAg Positive

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## 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](http://VITASapp.com)

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Contact your local VITAS representative for more information.

To refer a patient call 800.93.VITAS

VITAS.com/referral  

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