# Hospice Clinical Appropriateness:

## End-Stage Renal Disease

VITAS® 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-quality 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 and unnecessary readmissions/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.

## Underutilization of hospice in end-stage renal disease (ESRD)

In 2011, more than 92,000 Americans died from causes related to kidney failure.[1] Patients with ESRD on dialysis are subject to much more intensive medical care in the last month of life than are patients dying of cancer or heart failure. Only 20 percent of ESRD patients were referred to hospice, compared with 40 percent of patients dying of heart failure and 55 percent of cancer patients.[2]

There are many barriers that keep ESRD patients from accessing the vital support that only hospice can provide.

- The patient or family may have difficulty accepting the terminal diagnosis.
- The patient or family may not be aware of hospice and its benefits.
- Physicians may not be comfortable initiating end-of-life care discussions.
- Physicians may not be familiar with new, more accurate models for estimating prognosis in ESRD patients.
- Physicians may not be familiar with the Medicare hospice benefit or how to make referrals.
- There may be financial benefits to initiating and keeping patients on dialysis.

## Knowing when a patient with ESRD is ready for hospice

When a patient is diagnosed with ESRD, the question the nephrologist or attending physician asks is, "What is the goal of care?" The goal is either to provide rehabilitative dialysis in order to maintain or improve function, or to provide palliative care.

Patients with ESRD are increasingly characterized by older age and multiple comorbid illnesses, and have a mortality rate 8 times higher than the general Medicare population. Dialysis patients are appropriate for palliative care because of their high mortality rate and high symptom burden. More patients and families are choosing not to start or to withdraw dialysis for multiple reasons, particularly in patients older than 60 years. Advance directives and resuscitation directives are important in ensuring compassionate and goal-directed palliative care of ESRD patients.[3]

When a patient refuses dialysis or chooses to stop it, palliative care is clearly recommended. End-of-life care should also be considered when a patient has a poor prognosis, when dialysis cannot be provided safely, or when dialysis is more likely to interfere with the terminal patient's quality of life than to improve it.

There are a number of indicators that would suggest a poor prognosis for patients with ESRD, including:

- Advanced age—75 or older
- Multiple comorbidities
- Dementia—patient is unable to cooperate with treatment
- Functional impairment—Karnofsky status <40 or PPS 40
- Malnutrition—alb <2.5 g/dL

**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.

[1]National Kidney Foundation®. "Chronic Kidney Disease — a Growing Problem." Web. http://www.kidney.org/news/newsroom/factsheets/African-Americans-and-CKD.cfm. Accessed July 24, 2014.

[2]Wong, Susan P.Y., et al. "Treatment Intensity at the End of Life in Older Adults Receiving Long-term Dialysis." *Archives of Internal Medicine.* 172(8):661-663.

[3]Werb R. "Palliative Care in the Treatment of End-Stage Renal Failure. *Primary Care.* 38(2):299-309.

## 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 or another appropriate setting, up to 24 hours per day when medically appropriate for the management of acute symptoms.
- **Inpatient level of care**—For aggressive management of acute symptoms that cannot be managed at home.

## Hospice for ESRD

Nearly 80 percent of Medicare patients on dialysis were hospitalized in the 30 days before death; they spent twice as many days in the hospital as patients dying of cancer. "It's really a shame that these elderly patients go through such intensive, aggressive treatment, and I'm sure they suffer more because of that, rather than being comfortable and dying at home," said Alvin H. Moss, MD, a West Virginia nephrologist and palliative care physician.[1] With the assistance of VITAS, more people are given the option of living and dying in the comfort of home. Hospice helps to reduce hospitalization, minimize pain and symptoms, and improve quality of life.

## The hospice plan of care

The hospice plan of care for ESRD addresses the patient's physical and psychosocial well-being and seeks to manage a wide variety of kidney failure symptoms including:

- Pain
- Fatigue
- Loss of appetite
- Nausea and vomiting
- Itching
- Difficulty breathing
- Difficulty sleeping
- Anxiety
- Depression

Withdrawing from dialysis, or choosing to forgo it altogether, is often an emotionally difficult process. Hospice offers emotional and spiritual support for patients and their loved ones.

## ESRD and Hospice

*Common indicators of end-stage renal disease:*

- Uremia
  - Confusion, obtundation
  - Intractable nausea and vomiting
  - Generalized pruritis
  - Restlessness, "restless legs"
- Oliguria: urine output <400 cc/24 hrs
- Intractable hyperkalemia: persistent serum potassium >7.0
- Uremic pericarditis
- Hepatorenal syndrome
- Intractable fluid overload

*Laboratory criteria:*

- Creatinine clearance <10cc/min (<15 cc/min for diabetics)

AND/OR

- Serum creatinine >8.0 mg/dL (>6.0mg/dL for diabetics)

## Hospice admission guidelines

*Patient refuses or stops dialysis*

*OR*

*Patient is on dialysis but has the following:*

- Adult failure to thrive (weight loss, functional and cognitive decline, social withdrawal)
- Uncontrolled pain
- Frequent nausea
- Increasing weakness
- Recurrent episodes of hypotension
- Recurrent dehydration
- Decreasing muscle mass
- Impaired immune function
- Increase in infections
- Repeated hospitalizations
- Repeated ICU stays

*Comorbid conditions associated with a poor prognosis for patients on dialysis:*

- Mechanical ventilation
- Chronic lung disease
- Advanced liver disease
- Immunosuppression/AIDS
- Cachexia
- Age >75 yrs
- Gastrointestinal bleeding
- Malignancy
- Advanced cardiac disease
- Sepsis
- Serum albumin <3.5 g/dL
- Platelet count <25,000
- Disseminated intravascular coagulation (DIC)

VITAS provides these guidelines as a convenient tool. They do not take the place of a physician's professional judgment.

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

VITAS.com/referral

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