VITAS® Healthcare

Hospice Admission Guidelines

End-Stage Liver Disease

At A Glance

More than 101,000 patients were discharged from the hospital in 2010 with chronic liver disease or cirrhosis of the liver as the primary diagnosis.[1]

In 2017, more than 41,000 Americans died of liver disease, accounting for 12.8 deaths per 100,000 population.[2]

End-stage liver disease (ESLD) is an irreversible condition that leads to complete liver failure. Alcohol abuse and hepatitis C are major causes of ESLD in the US.[3]

Hospice care for patients with liver disease manages symptoms, addresses pain and supports quality of life for patients and their families.

Why Choose Hospice

Hospice care for end-stage liver disease patients focuses on quality of life and is designed to address a wide range of issues, including pain, weight loss and other persistent symptoms of hepatic failure. Hospice care also provides the emotional support that benefits patients with ESLD and their families, all tailored to meet their needs, preferences and values.

Hospice patients end-stage with liver disease experience fewer hospital/ICU admissions, 911 and invasive procedures, lowers 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 is too sick to stay 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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End-Stage Liver Disease (Cont.)

Because specific prognosis varies from patient to patient, VITAS suggests using these factors as general guidance.

Functional Decline:

- Loss of functional independence
- Weight loss and/or reduced oral intake
- Unable to work
- Mostly sits or reclines
- Confusion, cognitive impairment

Laboratory Indicators:

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

Other Factors:

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

Progressive Symptoms Not Responsive to Optimal Medical Management Due to Patient Noncompliance, Including:

- Multiple hospitalizations, ED visits or increased use of other healthcare services
- Serial physician assessments, laboratory or diagnostic studies consistent with disease progression
- Multiple active co-morbid conditions
- Ascites, refractory to sodium restriction and diuretics, especially with associated spontaneous bacterial peritonitis
- Hepatic encephalopathy refractory to protein restriction and medical management
- Recurrent variceal bleed despite therapeutic interventions
- Hepatorenal syndrome

Referrals are secure and simple with the VITAS app.

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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.

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3. Potosek, J., Curry, M., Buss, M., & Chittenden, E. (2014). Integration of palliative care in end-stage liver disease and liver transplantation. *Journal of Palliative Medicine*, 17(11), 1271–1277. doi:10.1089/jpm.2013.0167
4. Obermeyer, Z., Makar, M., Abujaber, S., Dominici, F., Block, S., & Cutler, D. M. (2014). Association between the Medicare hospice benefit and health care utilization and costs for patients with poor-prognosis cancer. *JAMA*, 312(18), 1888–1896. doi:10.1001/jama.2014.14950

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