

Hospice Admission Guidelines

Sepsis and Concomitant Advanced Illness

At A Glance

Hospice-eligible patients have an underlying advanced illness, or, prior to sepsis, had an underlying physical disability or cognitive impairment.

The estimated annual cost of sepsis readmission is >\$3.5 billion.¹

In one study, 40% of sepsis deaths met hospice eligibility guidelines at the time of hospital admission.²

Hospice care can help you manage long-term symptoms, address pain and support the patient and family with dignity.

Why Choose Hospice

Sepsis-related complications, particularly organ dysfunction, should trigger goals of care conversations, especially when the patient has an advanced illness such as cancer (solid tumor or hematologic), heart disease, lung disease or dementia.

Compared with those who are functionally and cognitively intact, patients with functional and cognitive impairments are significantly more likely to die after hospital discharge—and therefore should be referred to hospice.³

Patients who survive a hospitalization for sepsis often develop decrements in health status along with disease exacerbation such as impaired cardiac or lung function, refractory delirium/cognitive impairment, or dysphagia.

What Hospice Offers

- Comfort care provided in the patient's preferred setting of care
- Medication and supplies brought 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 phone 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.

Hospice Admission Guidelines

Sepsis and Concomitant Advanced Illness (Cont.)

Increased readmission risk was observed regardless of sepsis severity and was associated with adverse outcomes.⁴

With Hospice

Less Likely

- Hospital readmission
- Mortality and in-hospital deaths
- Medicare Per-beneficiary spend

More Likely

- Improve ICU and hospital bed availability
- Increase ED throughput

Hospital Inpatient

Hospice eligible, not previously identified

- Cancer-solid tumor and hematologic
- Heart disease
- Lung disease
- Dementia

At Hospital Discharge

Hospice eligible, not previously identified

- Cancer-solid tumor and hematologic
- Heart disease
- Lung disease
- Dementia

Clinical complications of sepsis

- Vasopressor use
- Mechanical ventilation
- Hyperlactemia
- Acute kidney injury
- Hepatic injury
- Thrombocytopenia

Pre-hospital functional ability

- Physical impairment
 - 1 of 6 ADL or 1 of 5 IADL
- Cognitive status
 - Any degree of dementia

Referrals are secure and simple with the VITAS app.



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.

1. Gadre, SK et al. Epidemiology and Predictors of 30-Day Readmission in Patients With Sepsis. *CHEST*, 155(3):483-490.
2. Rhee C et al. (2019) "Prevalence, Underlying Causes and Preventability of Sepsis-Associated Mortality in US Acute Care Hospitals." *JAMA Network Open*, doi:10.1001/jamanetworkopen.2018.7571
3. Iwashyna TJ et al. (2010) "Long-term Cognitive Impairment and Functional Disability Among Survivors of Severe Sepsis." *JAMA*, 304(16):1787-1794.
4. Jones TK et al. (2015) Post-Acute Care Use and Hospital Readmission after Sepsis. *Ann Am Thorac Soc.*, (12)904-913.