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 end-stage condition 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 hospital-incurred 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
• Palliative care administered wherever the patient calls home
• Medication and supplies brought to the patient, covered by Medicare
• Inpatient care when the patient is too sick to stay home
• Around-the-clock Intensive Comfort Care*, when medically appropriate, to manage acute symptoms at home or in another facility so the patient can avoid hospitalization
• 24/7 phone access to hospice clinicians

Not sure if your patient is hospice-eligible?
Contact VITAS to schedule a consultation. The patient and family are never obligated to accept hospice services.

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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 aICU and hospital bed availability
- Increase ED throughput

Hospital Inpatient

Hospice eligible, not previously identified
- Cancer-solid tumor and hematologic
- Heart disease
- Lung disease
- Dementia

Clinical complications of sepsis
- Vasopressors
- Mechanical ventilation
- Hyperlactemia
- Acute kidney injury
- Hepatic injury
- Thrombocytopenia

At Hospital Discharge

Hospice eligible, not previously identified
- Cancer-solid tumor and hematologic
- Heart disease
- Lung disease
- Dementia

Pre-hospital functional ability
- Physical impairment
  - 1 of 6 ADL or 1 of 5 IADL
- Cognitive status
  - Any degree of dementia

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