

Trust VITAS for seamless hospice care transitions for your complex patients



Managing the complex needs of patients with life-limiting illnesses can present a significant challenge for hospitals. VITAS® Healthcare offers high-acuity solutions.

Challenge: Timely identification of eligible patients

→ **Solution:** VITAS provides ongoing education for your staff on topics like hospice eligibility and goals-of-care conversations, which help streamline processes and ensure patients who qualify for hospice are identified promptly.

Challenge: Timely evaluations and discharge planning

→ **Solution:** With 24/7/365 availability, we strive to assess patient eligibility at the bedside within the same day of a referral. If a patient is determined to be hospice eligible by a physician and referred to VITAS, our team works collaboratively with your team to support a timely transition of care while supporting the hospital's established discharge planning process.

Challenge: Care transitions

→ **Solution:** Once a patient elects hospice, VITAS coordinates a seamless transition from the hospital to the appropriate level of hospice care**. Depending on the patient's needs, care may be provided in a VITAS inpatient hospice care center, a GIP bed within the hospital or the patient's preferred setting of care. This helps hospitals optimize bed capacity, reduce delays in patient flow and improve the patient and family experience. VITAS manages all aspects of care coordination, including transportation, medical equipment and medication delivery.

Challenge: Post-acute care solutions for complex patients

→ **Solution:** VITAS is equipped with the resources, expertise and clinical capabilities to provide complex modalities to eligible patients, helping facilitate timely transitions from acute care settings to hospice*.

Challenge: Readmissions

→ **Solution:** Patients and families have 24/7 access to clinical support and symptom management, including after-hours RN Telecare support. Many concerns can be resolved over the phone, while others may require a clinician to visit the bedside. If symptoms become more complex, VITAS can provide Continuous Care at home or short-term inpatient hospice care until the patient is stabilized, often preventing unnecessary hospitalizations and readmissions**.

*May vary by VITAS program and requires clinical case discussion between the VITAS medical director and attending physician.

**Per Medicare guidelines, higher levels of care are provided when a VITAS physician determines a patient is eligible for a higher level of care (LOC) such as GIP. Eligibility to remain on a higher LOC is assessed by a VITAS RN & VITAS physician daily. Higher LOCs are provided on a temporary basis until the symptom(s) are optimally managed.



Intensive Symptom Management and Support for Patients With Advanced Illness

Diagnosis and Common GIP Symptoms	Hospice Eligibility Guidelines	Available Complex Modalities*
Advanced Cardiac Disease - Dyspnea - Palpitations - Angina - Anxiety - Nausea/vomiting - Agitation	- NYHA Class III or IV if dyspnea, fatigue, palpitations or angina are present with minimal exertion or at rest - No further surgical treatment options exist	- Continue cardiac medications - Inotrope therapy - IV/Sub-Q diuretics - Respiratory therapy - ICDs, LVADs
Advanced Lung Disease - Dyspnea at rest or with minimal exertion - Agitation - Anxiety	- Dyspnea present at rest or with minimal exertion - New or existing oxygen requirement - Hospitalization for respiratory infection or failure - No longer wishes to be intubated	- Bronchodilators - High-flow oxygen - BiPAP and CPAP - Continued respiratory medications - Thoracentesis - Tracheostomy (non-ventilator dependent) - Antibiotics, including parenteral - Respiratory therapy - Mechanical and non-invasive ventilation - Ventilator withdrawal
Advanced Cancer - Pain - Nausea/vomiting - Anxiety/agitation/restlessness - Dyspnea	- ECOG score of 3 or greater - PPS score of 70% or lower	- IV hydration - TPN (amino acids, electrolytes, dextrose) - Thoracentesis, paracentesis - Blood transfusions - PleurX drains - Parenteral opioids - Venting G tube
Sepsis/Post-Sepsis Syndrome - Fever - Dyspnea - Fatigue - Nausea/vomiting - Agitation - Pain	1 of 6 ADL; 1 of 5 IADL - Any degree of dementia - Hospice eligible (for cancer, heart disease, lung disease) but not identified upon/during admission	- Antibiotics - IV hydration - Parenteral opioids - Compassionate extubations - Respiratory therapy

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In addition to the complex modalities, the following may be incorporated in a patient's plan of care: Goals-of-care conversations, PT, OT, speech therapy, nutritional counseling and specialized HME.

VITAS® Healthcare

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E-10973A