

Hospice Admission Guidelines

Advanced Cardiac Disease



At A Glance

The estimated annual cost of heart disease is about \$200 billion each year.¹

Heart disease is the leading cause of death in the United States across all demographics.²

Hospice care can help manage a wide range of symptoms, address chest pain and support the patient and family with dignity.

Heart disease accounts for 17.8% of hospice deaths, second only to cancer (30.1%).²

Why Choose Hospice

Patients are ideal candidates for goals-of-care conversations when they have severe refractory heart failure or extensive symptoms of cardiac insufficiency, have tried or cannot tolerate maximum medical management and are not candidates for curative therapies or surgical interventions.

Hospice care addresses a wide range of symptoms, including shortness of breath, chest pain, weakness and functional decline.

End-stage heart failure is often marked by an abrupt, dramatic decline, followed by recurring recovery and stability until sudden death. Declining patients also undergo a cycle of hospital readmissions and discharges. Eligibility for hospice may require documentation of progressive loss of functional capacity over years, progressive failure to respond to therapies and a desire to discontinue curative treatment.

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, to manage acute symptoms 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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Advanced Cardiac Disease (Cont.)

Despite downward trends in hospital length of stay for heart failure patients, 30-day readmission rates are up, with over two-thirds of patients with cardiac disease undergoing readmission.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
- Ensuring patient wishes or care goals are met

Comorbid Disease Risk Factors

- Hypertension
- Diabetes
- Coronary artery disease
- Family history cardiomyopathy
- Prior myocardial infarction
- Valvular heart disease

Indicators of Poor Cardiac Prognosis

- Renal dysfunction
- Cachexia
- Valvular regurgitation
- Ventricular arrhythmias
- Low left ventricular ejection fractions
- High B-type natriuretic peptides
- Low serum sodium
- Marked left ventricular dilatation
- Syncope and near-syncope

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. Centers for Disease Control and Prevention, National Center for Health Statistics. (2016). Multiple Cause of Death 1999-2015 on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.
2. Benjamin EJ, Blaha MJ, Chiuve SE, Cushman M, Das SR, Deo R, et al. Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association. *Circulation*. 2017;135:e1–e458. DOI: 10.1161/CIR.0000000000000485.
3. National Hospice and Palliative Care Organization. (2018). NHPCO Facts and Figures 2018 edition.
4. Ziaeian, B., & Fonarow, G. C. (2016). The Prevention of Hospital Readmissions in Heart Failure. *Progress in cardiovascular diseases*, 58(4), 379–385. doi:10.1016/j.pcad.2015.09.004