

in the **INDUSTRY**

**When are cardiac patients considered “end of life”?**

by Christopher Hughes, MD, Hospice Medical Director



As a Hospice Medical Director, one of the most challenging aspects of my job is determining when a person is “hospice eligible,” which is another way of saying whether or not I think the person has a likely prognosis of six months or less. This is true for many of our patients because we want them to have available the many benefits of hospice earlier in the course of their illness rather than later.

Many illnesses, such as heart and lung disease, are so variable in their course and presentations, it makes it challenging to know when the time is right. As physicians, we tend to be optimistic in our assessment of our patients’ prognosis. The closer we are to the patient, the more optimistic we tend to be – physicians routinely overestimate our patients’ lifespans by two or three times!

So how do we figure it out? One way is the surprise question: **“Would you be surprised if this person died within the next year?”** Answering “no” does not mean the person has a prognosis of six months or less, but it should make us step back and investigate a bit more.

A recent scientific publication has collected evidence from many studies to help us figure out which factors in an individual patient makes them more likely than not, to have a six-month prognosis. To be clear, many patients live far longer than that even when they meet these criteria, but these findings help us determine in a reasonably objective way, that a person may be at this point in their illness.

For heart disease, the authors found that persons with symptomatic heart failure, with shortness of breath on exertion, for example (NYHA Class III or IV), and with **3 or more** of the following more likely than not had a prognosis of six months or less:

- Age > 70 years
- Left ventricular ejection fraction < 20%
- Serum B-type natriuretic peptide > 950 pg/ml
- Cardiac troponin I > 0.4 ng/ml
- C-reactive protein > 3.5 mg/L
- Systolic blood pressure < 110
- Fourth hospitalization, or repeat hospitalization in 2 months
- Dependency of 3 or more activities of daily living or need for home care
- Malnutrition (weight loss or serum albumin < 3 g/dL)
- History of cardiogenic shock, arrhythmia, cardiac arrest, CPR, or mechanical vent
- Serum creatinine > 2 mg/dl or BUN > 40 mg/dL
- Serum sodium < 135 mEq/L
- Cardiovascular disease (ischemic or cerebrovascular)
- Other comorbid illness (cancer, dementia, COPD)

As you consider your patients, you may be thinking that you have more than a few patients like this. If so, they should be considered for evaluation for admission to hospice. Our prognostic decisions are based on our best clinical judgment, but tools such as this help us to better serve our patients by guiding us to better decision making.

Salpeter, et al, Systematic Review of Noncancer Presentations with a Median Survival of 6 Months or Less; Am J Med. 2012 May;125(5):512.e1-6. doi: 10.1016/j.amjmed.2011.07.028

in **SOCIAL WORK**

**March is National Social Work Month**

Family Hospice and Palliative Care would like to thank all of the social workers who stand up each and every day to assure that our patients and families have a voice and are heard. This year’s national theme of “Stand Up” helps to highlight the many efforts of social workers to advocate and support those in need. Whether it’s working within the community to link patients and families to resources, or connecting with elected officials to enact laws and pass legislation, social workers are advocates for many underserved and underrepresented communities.

From all of us at Family Hospice, we say THANK YOU to all of the social workers who work so tirelessly to assure that our patients not only have the highest quality of life, but also make the most of life.



Referrals:

1-800-513-2148

FamilyHospicePA.org



## in the INPATIENT CENTERS

### When is a patient transferred to the Inpatient Center?

by Jen Trone, RN, Senior Manager, Clinical Operations



To be eligible for general inpatient care under the Medicare hospice benefit, patients must require an intensity of care directed toward symptom management that cannot be managed in any other setting.

Some of the symptoms that we often manage are pain, nausea, vomiting, agitation, restlessness, and difficulty breathing. Other considerations are also evaluated, such as how the symptom is being managed and any contributing factors that may be exacerbating the present symptoms but could be managed with a goal of comfort care.

The Inpatient Centers are intended for short stays for the patients. Some patients are discharged to home or a SNF once symptoms have been controlled and can be managed properly by a routine level of care by Family Hospice. Other patients come to the Inpatient Center at the end of life with symptoms and management being closely monitored until the time of passing.

For more information on our Inpatient Centers at Mount Lebanon or Lawrenceville, contact one of our Healthcare Account Representatives at 1-800-513-2148.

## in the INDUSTRY

### National Healthcare Decisions Day provides opportunity for end-of-life conversations

National Healthcare Decisions Day is being honored the week of April 16<sup>th</sup> to shine the light on necessary conversations for people of all ages to have with their loved ones. Encourage your patients and residents to consider their desires for end-of-life care by having these critical conversations and documenting their wishes.

**90% of people say that talking with their loved ones about end-of-life care is important. 27% have actually done so.\***

- Advance care planning is more than just a document. It's a process of planning and conversation.
- Things can happen at any time, to any of us, and it's important to be prepared.
- Without the conversation, there can be confusion, conflict, and guilt in a situation that's already very stressful. With a plan in place, you can focus on the things that matter.

The Pennsylvania Advance Health Care Directive can be downloaded for free at [FamilyHospicePA.org](http://FamilyHospicePA.org).

\*Data Source: The Conversation Project National Survey (2013)

## COMING UP

### Raising Funds for Those We Serve

All proceeds benefit the more than 2,700 people Family Hospice serves each year throughout the community.

### On Living: Make Each Day Matter

*An Evening With Kerry Egan, hospice chaplain and author of the critically acclaimed book On Living*

Thursday, April 27 at 7:30 p.m.  
Upper St. Clair High School Theater

Have you ever wondered what it must be like to be a hospice chaplain? This is Kerry Egan's life's work, listening to the hopes, dreams, regrets, and life lessons told to her by her patients. In those stories beautifully shared in *On Living*, we find messages that all can appreciate as we strive to find meaning in our daily lives.

Tickets are \$50 each.

### 30th Anniversary Golf Benefit & Auction

Monday, May 22  
Valley Brook Country Club

Join us for this charitable event featuring a Hole in One contest for \$50,000 and an auction with condominium stays.

Last year's event raised \$70,000 for patient and family services.

There are several ways to help support:

- Sponsor the event
- Register a foursome
- Buy a tee sign
- Make a general donation
- Donate an auction item

Visit [FamilyHospicePA.org](http://FamilyHospicePA.org) for more information or to register for these upcoming events.

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