



Who We Serve

Admissions & Service Criteria

Revised: 06/30/14

Patients who benefit from Hospice (Hospice eligible and willing):	Patients who benefit from Hospice and require special planning (Hospice eligible):	Patients for whom may not be eligible or may not benefit from Hospice:
Terminal or Advanced Chronic Disease, in accordance with LCDs/LMRPs and Valor Philosophy of Care Charter	Assessment Nurse or Social Worker:	Cognitively intact patient doesn't want Hospice
	<ul style="list-style-type: none"> • Patient doesn't want Hospice - caregivers do 	Patient choosing life prolonging treatments. Examples would be:
Physician attestation of 6 months or less prognosis	<ul style="list-style-type: none"> • Patient wants Hospice - caregivers don't 	<ul style="list-style-type: none"> • Ventilator dependent
	<ul style="list-style-type: none"> • Patient and family goals are unclear or are directed toward cure not palliation 	<ul style="list-style-type: none"> • Aggressive curative treatment program
Patient and family goals are palliation not cure; and/or no curative treatment is available	<ul style="list-style-type: none"> • Limited capacity without a surrogate 	<ul style="list-style-type: none"> • Active dialysis - renal failure is Hospice diagnosis
	<ul style="list-style-type: none"> • Stable dialysis patient with another terminal diagnosis who wants to continue dialysis 	<ul style="list-style-type: none"> • Patients with neuro-degenerative disorders who are physically thriving with artificial feedings (Alzheimers, ALS, MS).
Examples would include people dying who have:	<ul style="list-style-type: none"> • <i>Aggressive treatment program not directed to symptom relief</i> 	<ul style="list-style-type: none"> • Alters Prognosis (see NHPCO Guidelines)
<ul style="list-style-type: none"> • Cancer - not involved with curative treatment 	<ul style="list-style-type: none"> • Active pulmonary TB (based on public health service guidelines on contagion) 	Stable, chronic debilitating condition
<ul style="list-style-type: none"> • Non-cancer diagnosis - falls within industry accepted guidelines 	<ul style="list-style-type: none"> • Goals of treatment directed to get to specific life event, e.g. wedding 	
<ul style="list-style-type: none"> • Stopped dialysis prior to Hospice services 	<ul style="list-style-type: none"> • No local PCP 	Valor is not equipped to handle at this time:
<ul style="list-style-type: none"> • Failing transplant candidate 	<ul style="list-style-type: none"> • Homeless or soon to be 	<ul style="list-style-type: none"> • Patient and/or caregiver prone to violent behavior
<ul style="list-style-type: none"> • Patient has chosen involvement in non-traditional therapy 	<ul style="list-style-type: none"> • No caregiver 	<ul style="list-style-type: none"> • Pediatric/Youth (less than 18 years) care
<ul style="list-style-type: none"> • Patient receiving the following treatments when the goals are symptom relief only: transfusions, IV's, artificial feedings, antibiotics, palliative chemotherapy, palliative radiation 	<ul style="list-style-type: none"> • Suicidal ideation 	
	<ul style="list-style-type: none"> • Uncontrolled psychosis 	
	<ul style="list-style-type: none"> • Active substance abuse 	
	Physician:	
	<ul style="list-style-type: none"> • <i>Ventilator dependent, wants off</i> 	
	<ul style="list-style-type: none"> • <i>Multiple non-cancer diagnosis</i> 	
	<ul style="list-style-type: none"> • <i>Community physician refuses to certify even though patient has terminal disease</i> 	
	Finance:	
	<ul style="list-style-type: none"> • <i>No Hospice benefit</i> 	
	<ul style="list-style-type: none"> • <i>Limited resources</i> 	
	Clinical Coordinators:	
	<ul style="list-style-type: none"> • Consult for staffing resource needs & intensity of service 	

Bold Text: Patients who should be referred to a palliative home health care program if available and consistent with the goals of care, and/or follow-up every month or prn for change in status/goals of care for admission to hospice. Can possibly be converted to Hospice through effective education.

Italicized Text: Patients who could be referred to either Hospice or a palliative home health care program.