Revised: 02/25/11

Who We Serve

Admissions & Service Criteria

Valor HospiceCare
& The Valor Institute for Palliative Medicine

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**
	• Patient doesn't want Hospice - caregivers do	**Patient choosing life prolonging treatments. Examples would be:**
Physician attestation of 6 months or less prognosis	• Patient wants Hospice - caregivers don't	**• Ventilator dependent**
	• Patient and family goals are unclear or are directed toward cure not palliation	**• Aggressive curative treatment program**
Patient and family goals are palliation not cure; and/or no curative treatment is available	• Limited capacity without a surrogate	**• Active dialysis - renal failure is Hospice diagnosis**
	• Stable dialysis patient with another terminal diagnosis who wants to continue dialysis	**• Patients with neuro-degenerative disorders who are physically thriving with artificial feedings (Alzheimers, ALS, MS).**
Examples would include people dying who have:	*• Aggressive treatment program not directed to symptom relief*	**• Alters Prognosis (see NHPCO Guidelines)**
• Cancer - not involved with curative treatment	• Active pulmonary TB (based on public health service guidelines on contagion)	**Stable, chronic debilitating condition**
• Non-cancer diagnosis - falls within industry accepted guidelines	• Goals of treatment directed to get to specific life event, e.g. wedding	
• Stopped dialysis prior to Hospice services	• No local PCP	**Valor is not equipped to handle at this time:**
• Failing transplant candidate	• Homeless or soon to be	• Patient and/or caregiver prone to violent behavior
• Patient has chosen involvement in non-traditional therapy	• No caregiver	• Pediatric/Youth (less than 18 years) care
• Patient receiving the following treatments when the goals are symptom relief only: transfusions, IV's, artificial feedings, antibiotics, palliative chemotherapy, palliative radiation	• Suicidal ideation	
	• Uncontrolled psychosis	
	• Active substance abuse	
	Physician:	
	• Ventilator dependent, wants off	
	• Multiple non-cancer diagnosis	
	• Community physician refuses to certify even though patient has terminal disease	
	Finance:	
	• No Hospice benefit	
	• Limited resources	
	Clinical Coordinators:	
	• Consult for staffing resource needs & intensity of service	

Bold Text: Patients who <u>should be</u> 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 <u>could be</u> referred to either Hospice or a palliative home health care program.