

"When speaking with my terminally ill patients and their families about hospice options, I recommend Houston Hospice. I've known so many people who work there and I have the utmost confidence in them. It is clear to me that Houston Hospice truly advocates for the patient. All the people who work for Houston Hospice — the doctors, nurses, aides, volunteers, social workers — are angels."

—Dr. Sarah Selleck, Baylor College of Medicine, Internist and Geriatrician

Houston Hospice's ten-county service area (Austin, Brazoria, Colorado, Fort Bend, Harris, Jackson, Matagorda, Montgomery, Waller and Wharton Counties) is covered through multiple offices. Care teams of physicians, nurses, social workers, chaplains, hospice aides and trained volunteers are available to patients and their families 24 hours a day, 7 days a week.

Care is provided in-home and in residential facilities. Inpatient care is provided through the Margaret Cullen Marshall Hospice Care Center located in the Texas Medical Center. Respite care is provided in area facilities.



HOUSTON HOSPICE
Life Matters

Houston: 713-HOSPICE (713-467-7423)

El Campo: 979-578-0314 or 800-420-6193 (Toll Free)

Admissions: 713-468-2441 or 800-824-2911 (Toll Free) 281-469-3353 (Fax)

1905 Holcombe Boulevard, Houston, Texas 77030

www.houstonhospice.org

Houston Hospice, a 501(c)(3) organization, is a community-based, community-supported, not-for-profit. In this spirit, Houston Hospice is dedicated to providing uncompromised, compassionate, end-of-life care to each patient, family and loved one, irrespective of ethnicity or beliefs.

Member of the Texas Medical Center | NHPCO | TNMHO | TNPHA | CHAP | NIJH



HOUSTON HOSPICE
Life Matters



COMFORT CARE
When is a patient appropriate for hospice care?

HOSPICE ELIGIBILITY CRITERIA:

1. The patient has a terminal condition with prognosis of six months or less if the disease follows its natural course, in the judgment of the referring physician and the hospice physician
2. The patient/family are informed of the terminal condition
3. Patient/family choose hospice

GENERAL: Rapid functional and nutritional decline over the past 6 months with

1. PPS score < 50% (activity limited to mainly sit/lie, unable to work, extensive disease and requires considerable assistance)
2. Involuntary weight loss > 10% and/or serum albumin < or equal to 2.5 g/dl
3. Documented progression of terminal diagnosis
4. Significant comorbidities or secondary conditions help support eligibility

HEART DISEASE:

1. NYHA Class IV disease with symptoms at rest
2. Patient is optimally treated, refuses treatment or is no longer able to tolerate treatment
3. EF < or equal to 20% helps support eligibility

PULMONARY DISEASE:

1. Disabling dyspnea at rest with decreased functional capacity (e.g., bed to chair existence)
2. Documented progression of disease (e.g., increasing hospitalizations, infections, respiratory failure)
3. Hypoxemia at rest on room air (O2 sat < 88%) or hypercapnia with pCO2 > 50 mmHg
4. Unintended weight loss or cor pulmonale help support eligibility

ALZHEIMER'S, DEMENTIA AND RELATED DISORDERS:

FAST score 7a or greater (dependent for all activities of daily living, incontinent of bowel and bladder and ability to speak limited to < 6 words in a day) Plus one or more of the following:

1. Unintended weight loss > 10% in past 6 mos or albumin < 2.5 g/dl
2. Aspiration pneumonia
3. Sepsis
4. Multiple stage 3-4 pressure ulcers
5. Recurrent fever

STROKE/COMA:

1. PPS < or equal to 40% (activity mainly confined to bed, unable to do any work, extensive disease and mainly requires assistance for activities of daily living)
2. Unintended weight loss > or equal to 10% in past 6 months or serum albumin < 2.5 g/dl
3. Abnormal brain stem response, absent verbal response, absent withdrawal to pain, serum creatinine > 1.5 g/dl on day 3 of coma help support eligibility

NEUROLOGIC DISEASE (e.g., amyotrophic lateral sclerosis, Parkinson's disease, multiple sclerosis, myasthenia gravis):

1. Critically impaired breathing capacity with dyspnea at rest, O2 dependence at rest, patient refuses artificial ventilation OR
2. Rapid functional decline, with dependence for ADLs, dysphagia, no longer ambulatory
3. Nutritional impairment in the absence of artificial feeding, stage 3-4 pressure ulcers, aspiration pneumonia or sepsis help support eligibility

HIV DISEASE:

1. CD4 < 25 cells/mcl, OR persistent viral load > 100,000 copies/ml AND
2. PPS < 50% (activity limited to mainly sit/lie, unable to work, extensive disease and requires considerable assistance) AND
3. One or more of the following: CNS lymphoma, refractory wasting, MAC bacteremia, PML, refractory toxoplasmosis, cryptosporidium infection or renal failure without dialysis

LIVER DISEASE:

1. PT prolonged > 5 seconds over control or INR > 1.5 AND
2. Serum albumin < 2.5 g/dl
3. Plus one or more of the following – refractory ascites, history SBP, hepatorenal syndrome, refractory hepatic encephalopathy, history of recurrent variceal bleeding
4. Progressive malnutrition, ongoing alcoholism, hepatocellular carcinoma, HBsAg, refractory Hep C help support eligibility

RENAL FAILURE:

1. Patient not seeking dialysis or transplant AND
2. Creatinine clearance < 10 cc/min (< 15 for diabetics) AND
3. Serum creatinine > 8 mg/dl (> 6 for diabetics)
4. Uremia, oliguria, intractable hyperkalemia (> 7.0), hepatorenal syndrome, intractable fluid overload help support eligibility