HEART DISEASE - Initial

Hospice of the Piedmont
Guideline Worksheet for Determining Terminal Prognosis – Heart Disease – Initial Certification

Patient Name: _________________________________________  ID# _________________  Certification Date: _______________

The following criteria will support a prognosis of six months or less if the terminal illness runs its normal course for patients with Heart Disease on initial certification.

Non-disease specific baseline guidelines: (both 1 and 2 should be met)

1) Physiologic impairment of function status as demonstrated by:
   a) Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) ≤ 70% due to progression of disease
      KPS or PPS (circle one) Score: __________%

2) Dependence on assistance for 2 or more activities of daily living (ADLs):
   - Feeding
   - Ambulation
   - Continence
   - Transfer
   - Bathing
   - Dressing

PLUS

Disease Specific Guidelines:
Guideline 1 and 2 should¹ be present.

1) At the time of initial certification or recertification for hospice:
   - Patient is or has been already optimally treated ² for heart disease
   - or
   - Patient is not a candidate for surgical procedures
   - or
   - Patient declines surgical interventions

2) Patient is classified as New York Heart Associations (NYHA) Class IV (see classification scale below)
   and
   - Patient may have significant symptoms of heart failure or angina at rest.
     - (Class IV patients with heart disease have an inability to carry on any physical activity without discomfort. Symptoms of heart failure or angina syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.)
     - Significant CHF may be documented by an ejection fraction of < 20%, but is not required if it is not already available.

   Ejection Fraction: ______%

New York Heart Association (NYHA) Functional Classification of Heart Failure

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
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<tbody>
<tr>
<td>Class I</td>
<td>Patient has no physical limitation &amp; is asymptomatic</td>
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<tr>
<td>Class II</td>
<td>Patient has mild symptoms while doing light exercise of daily living (ADLs)</td>
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<tr>
<td>Class III</td>
<td>Patient has difficulty doing simple ADLs</td>
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<tr>
<td>Class IV</td>
<td>Patient is frequently bed- or chair-ridden for most of the day and is too weak and short-of-breath (SOB) to do simple activities.</td>
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3) Documentation of the following factors will support but is not required to establish eligibility for hospice care:
   - History of cardiac arrest or resuscitation
   - History of unexplained syncope
   - Brain embolism of cardiac origin
   - Concomitant HIV disease

Comorbidities: A diagnosis that is not the primary hospice diagnosis nor related to the primary hospice diagnosis, but the presence and severity of such disease is likely to contribute to a life expectancy of 6 months or less. Such diseases are not related to the hospice diagnosis and do not therefore imply financial responsibility under the hospice benefit.

- Chronic obstructive pulmonary disease (COPD)
- Liver Disease
- Neurological disease (CVA, ALS, MS, Parkinson’s)
- Acquired immune deficiency syndrome (AIDS)
- Diabetes Mellitus
- Renal failure
- Neoplasia
- Dementia
- Ischemic heart disease

Form completed by: ______________________________________________________ Date: ___________________________

¹The word “should” in the disease specific guidelines means that on medical review the guideline so identified will be given weight in making coverage determination but does not mean, however, that meeting the guideline is obligatory.
²Optimally treated means that patients who are not on vasodilators have a medical reason for refusing these drugs, e.g., hypotension or renal disease.