Advanced Illness Management
(AIM Program)
A Program of Sutter VNA & Hospice

Program Description

The AIM Program provides:

- Full range of services at home for patients with serious illness.
- Management of the transition from active treatment toward end of life care.
- A customized blend of disease-modifying and comfort care.

AIM Program goals:

- Capture patients who are within 6-12 months of end of life.
- Discuss disease process, prognosis with patient, family and physicians.
- Decide on goals of treatment.
- Establish realistic and effective plan of care.
- Facilitate advance care planning.
- Manage symptoms, especially pain and dyspnea.
- Prevent unnecessary emergency visits and rehospitalizations.
- Encourage earlier use of hospice.

AIM is different from home care (although it is based in home care):

- Home care promotes recovery and patient safety.
- Home care is episodic: patients are admitted and discharged quickly.
- AIM promotes transition toward end-of-life care for patients with end-stage illness.
- AIM provides more continuity of care than regular home care.

AIM is different from hospice (although it encourages hospice use):

- Hospice is for the terminally ill.
- Hospice patients must forego disease-modifying treatment.
- Hospice provides aid in dying.
- AIM is for patients with advanced illness who may not yet be “terminal.”
- AIM is also for patients who are terminally ill but who have not yet chosen hospice.
- AIM provides concurrent disease-modifying and comfort care.
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Admission Criteria

All patients referred to AIM must be homebound.

Note: Hospice referrals do not need to meet this requirement.

**Key Question: Would you be surprised if patient died in 6-12 months?**

If “no,” evaluate patient using the following criteria.

**AIM referrals should satisfy at least three of the following four criteria:**

1. Diagnosis of cancer, advanced CHF, end-stage pulmonary disease or end-stage neurological disease.

2. Treatment of primary disease process is failing or losing effectiveness.
   - Examples: Cancer: chemotherapy ineffective.
   - CHF: refractory fluid overload.
   - COPD: severe or frequent exacerbations.
   - Neurological: recurrent stroke, dysphagia.

3. Decline in functional status OR nutritional status in past 30 days.

4. Pain OR shortness of breath severe enough to limit activity.

For referral to home care, AIM or hospice, please call SVNA&H Central Intake in Emeryville, (510) 450-8523.