General Inpatient (GIP) Level of Care
Hospice Levels of Care

- There are 4 Hospice Levels of Care.

1) Routine
2) Respite
3) Continuous
4) General Inpatient

- Each level of care is “approved”, “pre-planned” or “arranged”
- No level of hospice care “happens” on its own accord
What is General Inpatient?

- General Inpatient (GIP) is one of four levels of care required to be available under the Medicare Hospice Benefit.

- GIP is hospice care provided for a hospice patient in an inpatient setting for symptom management that cannot be provided IN THE HOME.

- Initiated when other efforts to relieve symptoms are ineffective.
GIP continued:

• Care provided in the hospital setting is only General Inpatient (GIP) if it is *related* to the terminal diagnosis.

• Hospitalizations of hospice patients for conditions *un-related* to the terminal diagnosis are considered “acute care” and *not* GIP.

• GIP care is always arranged with a contracted facility. A “per-patient” contract is also acceptable.
Contracted Facility

Why is having a contract and arranging this level of care important?

1. Medicare reimburses the Hospice GIP level of care at a set rate. Ranges from $500-$600.
2. The hospice provider bills Medicare and we reimburse the hospital 100% of the Medicare approved rate.
3. **Legacy Hospice receives $0 revenue from GIP patients.**
Contracted Facility

- Conversations must take place regularly between hospital key personnel and hospice staff to reiterate and re-educate important points of GIP care.

  A great resource is NHPCO’s Compliance Tip Sheet for GIP care.
Potential reason for GIP

The following symptoms or conditions may warrant GIP for some patients but not others.

- Pain or symptom crisis unmanaged in current setting or requires frequent med adjustment or monitoring
- Intractable nausea/vomiting
- Advanced open wounds requiring frequent changes in treatment and close monitoring
- Unmanageable respiratory distress
- Delirium with behavioral issues
- Sudden decline that necessitates intense nursing intervention. (ie; frequent IV pain meds, suction, etc.)
- Imminent death- only if skilled nursing needs are required
Inappropriate reasons to arrange GIP

- Caregiver requests respite or voices inability to continue care
- The patient’s living conditions have been determined as unsafe
- The patient is imminently dying
- Patient or caregiver request a visit or need care during inclement weather with office closing and unsafe, staff travel conditions.
- Patients that do not notify hospice of ER/hospital visit until they are on their way to hospital.
- Patients that notify hospice at their normal scheduled home visit they were in the hospital over the weekend
GIP is not to be used for caregiver breakdown in the absence of a need for skilled care.

GIP is necessary only when there is a required intensity of care directed towards pain control and symptom management that cannot be managed in any other setting.
Mr. Smith is on hospice with dx of COPD. His wife calls the on-call nurse at 2 am.

She reports that Mr. Smith is having shortness of breath and anxiety. She reports she has increased his oxygen without results.

She reports she is taking him to the ER.

*Should the hospice arrange for the GIP level of care at a contracted facility?*
Case Study #1

- **No.** As the on-call nurse is preparing to go to the patient’s home for assessment/treatment, he/she should review other interventions with caregiver to try until he/she arrives.

- **Rationale:** At this time, there is no clear evidence that supports the patient’s symptoms cannot be managed in the home.

If the caregiver/pt insist on going to the hospital without first receiving treatment from hospice nurse, we should offer them the option of revocation.

If they chose not to revoke, you must make them aware that their hospital visit will not be a hospice approved visit and there is a possibility they will be responsible for the costs.
Case Study # 2

Ms. Jones is on hospice for pancreatic cancer with metastasis. She is experiencing severe nausea/vomiting with severe abdominal pain.

The hospice nurse received a call and has made a visit to the patient’s home.

She is giving her IV fluids and Phenergan suppositories (2 within 2 hours without relief). IM Phenergan given 45 minutes after suppository without relief.

Should the nurse arrange for GIP care at this time?
Case Study #2

- **Yes.** The nurse should arrange for the GIP level of care.

- **Rationale:** Interventions in the home have been unsuccessful with no relief of symptoms. At this time, the GIP level of care is appropriate.
Case Study # 3

A hospital discharge planner calls and has an inpatient referral.
Ms. Young is end-stage CHF and is actively dying. The case manager states that the physician wants Ms. Young admitted to hospice on the GIP level of care.

Should Ms. Young be admitted to hospice on GIP?
Case Study #3

- **Answer:** We need more information.

1. Ask the d/c planner: what interventions/treatments are being done for patient that we could not continue in the home.
2. If the patient has interventions/treatments “ordered” that cannot be given/performe in the home, find out if the patient is truly receiving those interventions/treatments. Review nurse documentation, MD orders, and MAR.

*If the patient is truly receiving care that cannot be provided in the home setting, admitting to the GIP level of care would be appropriate.*
How to arrange GIP:

- Hospice RN contacts appropriate interdisciplinary team members to receive “orders” and any other necessary directions to continue.

- Team members to contact may include: PCC, Medical Director, Attending Physician, and if applicable, insurance case manager.

- Hospice RN contacts contracted facility Admission Dept. to arrange direct admission (bypass the ED) of a hospice patient and identify payor source.

- Hospice RN arranges transport to the contracted facility.
Continued:

- Hospice RN will provide the Nursing Unit of the contracted facility with the most current hospice plan of care, a list of current medications, advanced directives, code status, and narrative summary including current clinical and psychosocial issues.

- Notify IDT of Level of Care change
Documenting GIP:

Good documentation is the key to GIP coverage.

- Every detail surrounding the events leading up to GIP care must be documented.

- Documentation must show WHY the GIP level of care is needed and must justify a reason for continued GIP level of care.

- Documentation continues throughout the patient’s GIP stay.
Documenting continued:

Reason for GIP—be specific, especially if a patient has been at the higher level of care for more than a few days.

Symptoms—be specific—to what extent are pain or other symptoms impacting comfort—include physical, mental, and emotional symptoms.

Frequency of nausea, shortness of breath, or other distressing symptom.

Frequency of need for staff intervention to monitor condition.

Summary of interventions to manage symptoms and patient’s response.
Decline in patient’s functional abilities—physical and mental—be specific.

Medications—how frequent are PRNs used, what changes have been made during the shift, how effective are changes.

Wounds—be specific—location, size, drainage, treatment, changes in appearance

Other interventions—suctioning, positioning, spiritual support
Synopsis of EMR documentation:

- “Content” of hospice nurse documentation to be included in hospice EMR:
  - Patient symptoms
  - Interventions implemented
  - Results of interventions
  - Conversations between hospice and hospital GIP staff

This documentation should be made available to hospital GIP staff.
CPC required forms:

- Physician’s order to “Admit to GIP loc”
- Nursing notes detailing events precipitating GIP loc
- IDT note discussion of events
- Level of Care change order

All phone contact made with pt/cg and/or facility staff during GIP stay should be documented. Progress notes may be used for documentation.
Follow up:

- Hospice care of the patient continues even while the patient is in the GIP level of care.

- Routine, scheduled visits to the pt by Nursing, Chaplain, and Social Work staff should continue.

- On days visits are not scheduled, hospice staff should phone the pt/cg to assess and determine condition/needs.
Continued:

- Discharge planning begins the moment the patient enters GIP care.

- **Hospice is responsible for managing the discharge**

- Conversations should be held *DAILY* with GIP staff regarding patient condition, current treatments, and discharge plans.
Continued:

- Documentation should show the IDT is assessing the patient daily and planning for d/c.

- When patient is no longer requiring care that can’t be provided in the home, the patient must be removed from the GIP loc.

- Not acceptable to continue the GIP loc because pt/cg do not want to go home or because hospital MD wants to continue GIP.
If the GIP loc no longer required and pt/cg/MD refuse to transfer to another level of care:

- First: discuss GIP Medicare requirements with physician.
- Second: discuss options with pt/cg
Continued:

If after discussing concerns with pt/cg, they elect to remain in hospital:

**Option #1:** the pt/cg can be counseled on paying for the hospital stay out of pocket. (must issue ABN if this option chosen)

**Option #2:** pt/cg can revoke the hospice benefit.
Continued:

- All conversations held with physician, pt/cg regarding options/decisions should be documented in hospice EMR.

- If the patient returns home, routine hospice care continues.

- The patient should **ALWAYS** receive a hospice nursing visit the day he/she returns home. (if pt/cg refuse visit, nurse must document conversation)
Continued:

- It may be necessary to increase nursing visits temporarily.

- Other disciplines’ visits may also need to be increased for additional support.

  **Documentation from the hospital visit must be filed in the hospice chart.**
  - Hospital H & P
  - Admission note
  - Discharge summary
References:

NHPCO Compliance Tip Sheet: Managing General Inpatient Care for Symptom Management

Legacy Hospice preferred practice, in collaboration with Angie Pereira, LMSW, Regional Administrator