Levels of Care – General Inpatient Care (GIP) PC.L25

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L-Tag(s):	704, 705, 706, 707

POLICY: Lifesong Hospice and Palliative Care provides the general inpatient level (GIP) of care for pain control and symptom management in Medicare certified facilities with which the hospice has written agreements.

PROCEDURE:

1. Short-term inpatient care for pain control and symptom management is only provided in a Medicare-certified hospital, nursing facility or hospice inpatient center that has a registered nurse working on each shift, 24/7.

2. Short-term inpatient hospice care is provided when the patient's condition or disease progression must be closely monitored to manage pain and/or related symptoms that cannot safely be managed in the patient's own home. Caregiver breakdown or placement issues do not qualify a patient for General Inpatient Level of Care.

3. Patients and families are requested to call the hospice before arranging to go to a hospital and attending and hospital physicians are requested to call the hospice before admitting hospice patients to a hospital or nursing home for the inpatient level of care. If the patient is admitted to a non-contracted facility, the hospice staff requests the patient be transferred to a facility with which Lifesong Hospice and Palliative Care contracts. If the patient remains at a non-contracted facility, arrangements will be made to transfer the patient to a contracted hospice or to discharge the patient if the hospice cannot provide reasonable care.

4. The hospice physician is consulted to obtain orders to initiate GIP and to determine if the need for the inpatient admission is related or unrelated to the terminal illness. If unrelated, the hospice does not bill for GIP, and the patient remains on routine level of care.

5. The RN Case Manager or designee calls the contracted inpatient facility and provides them with appropriate patient information and arranges transportation of the patient to the inpatient facility if needed.

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6. The RN Case Manager or designee provides the inpatient facility with a transfer summary or level of care change form that includes, at a minimum, a copy of the patient's plan of care, current medications and DNR and advance directives status.

7. The RN Case Manager or designee ensures that the patient's comprehensive assessment, plan of care and medications profile are updated in the hospice medical record to reflect the patient's GIP admission.

8. The RN Case Manager is responsible for the coordination of services provided by the IDG and for the professional management of the patient's plan of care during the inpatient admission. The RN Case Manager or designee collaborates with members of the interdisciplinary team to ensure that services and professional management are coordinated with the facility.

9. Ongoing assessments of the patient's condition by the RN Case Manager or designee, and the attending or hospice physician, determine the continued appropriateness of the general inpatient level of care.

10. Patients receiving the general inpatient level of care at a contracted facility receive a documented visit by the RN Case Manager or designee daily or more often as determined necessary by the patient's clinical needs and plan of care.

11. At a minimum, a visit to the patient and communication with the inpatient staff is documented daily. The nurse communicates any changes in the patient's status to the attending (if any) and the hospice physician and other members of the IDG.

12. The Social Worker, in collaboration with the RN Case Manager (or RN designee), is responsible for coordinating discharge plans for the patient in anticipation of ending the general inpatient level of care and returning the patient to routine home care.

13. Copies of all patient records and/or the discharge summary are provided by the inpatient facility and entered into the patient's hospice clinical record upon the patient's discharge from the general inpatient level of care.

14. When the patient returns to routine home care, his/her comprehensive assessment and plan of care are updated to reflect current level of care, status, needs, interventions and goals.

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