

General Inpatient Care

Access to general inpatient care (GIP) is made available to all hospice patients who are in need of pain control or symptom management that *cannot be provided in any other setting*.

The inpatient stay is not intended to be custodial or residential. In fact, the COPs refer to this level of care as *short-term* inpatient care. Once the patient's symptoms and pain are stabilized, he/she must return to a routine home care (RHC) level of care, even if he/she is still on the inpatient unit.

Documentation must answer the question, "Why GIP?" (Instead of RHC), and, "What have you tried so far to fix this?"

1. Upon transfer to GIP level of care, documentation should include a precipitating event (onset of out of control symptoms), *and* the interventions tried in the home that have failed.
2. During the inpatient stay, document *daily* why the patient still needs GIP.
Examples:
 - Pain, despite numerous changes to medication
 - Bleeding that won't stop
 - Nausea and vomiting, despite changes to medication
 - Terminal agitation, unresponsive to medication
 - Medication adjustment that must be monitored 24/7
 - Stabilizing treatment that cannot take place at home
3. Supporting documentation might include:
 - a. Pain requiring:
 - Frequent evaluation by a doctor or nurse
 - Frequent medication adjustment
 - IVs or transfusions that cannot be administered at home
 - Aggressive pain management
 - Complicated technical delivery of medication requiring a nurse to do calibration, tubing, site care
 - b. Symptoms:
 - Sudden deterioration requiring intensive nursing intervention
 - Uncontrolled nausea or vomiting
 - Pathological fractures
 - Open lesions requiring frequent skilled care
 - Unmanageable respiratory distress
 - Complex wound care requiring complex dressing changes
 - Traction and frequent repositioning requiring more than one person
 - New or worsening agitation or delirium, restlessness
4. In the Plan of Care, problems, goals and/or interventions should be changed to reflect the change in the patient's condition.
5. Progress notes should describe the patient's response to GIP interventions and the ongoing need for GIP.
6. Don't forget to document your collaborative planning and communication with facility staff.
7. Document discharge planning from time of admission.

GIP Due to Psychosocial Crisis

In April 2007, CMS issued a transmittal (1539) that clarified that GIP can not be used for caregiver breakdown, stating:

. . . some hospices are billing Medicare for "caregiver breakdown" at the higher "general inpatient" level, rather than the lower payment for "inpatient respite" or "routine home care" levels of care. To receive payment for "general inpatient care" under the Medicare hospice benefit, beneficiaries must require an intensity of care directed towards pain control and symptom management that cannot be managed in any other setting.

This means that GIP must be related to symptoms as outlined above. Psychosocial crisis of the caregiver may result in use of respite care.