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| Hospice General Inpatient  | **Last Revision:** | July 2018 |
| **Last Reviewed:** | July 2018 |
| **Applies to the following THA Group of Companies:**  | Island Hospice |
| **Included in the following THA Manuals:** | Administrative Policies & ProceduresProvision of Care, Treatment, & Service |

**PURPOSE**

To provide General Inpatient (GIP) levels of care to Island Hospice patients who need short term hospitalization for the control of pain or acute/severe clinical problems that cannot be treated in the home setting.

#### POLICY

General Inpatient Care (GIP) is provided as specified under the Medicare, Medicaid, and specific private insurance hospice benefits. General inpatient level of care is a short-term solution when symptoms cannot feasibly be managed at home.

#### PROCEDURE

1. The hospice care manager in the field evaluates the patient’s need for general inpatient services. Patients are evaluated on a case by case basis. An appropriate patient for GIP may present with one or more of, but not limited to, the following:

**Pain**

* Pain evaluation to adjust medication and/or determine appropriate treatment
* Active treatment to control pain that can not be adequately managed at home which may include titration requiring frequent evaluations by a physician or nurse

**Symptom Management**

* Intractable or protracted nausea incompatible with management in a home setting
* Respiratory distress
* Unmanageable vomiting in a home setting
* Sudden, acute general deterioration related to the terminal illness requiring intensive nursing intervention
* Open lesions with exacerbating symptoms not responsive to home care

Other conditions/symptoms in need of evaluation or which fail to respond to home care management

**Psychosocial Monitoring**

* Patient has acute symptom management needs which result in collapse of family support
* Psychosis, severe confusion, acute anxiety or depression and combativeness secondary to end-stage disease process requiring intensive intervention and not manageable in the home setting

**Imminent Death**

* With death imminent, the family is unable to cope or care requires ongoing and frequent skilled nursing
1. RN Care Coordinator along with the AVP of Hospice contacts a contracted facility which provides 24-hour nursing services sufficient to meet total nursing needs and in accordance with the patient Plan of Care. Each patient receives treatments, medication, and diet as prescribed, and is kept comfortable, clean, well-groomed, and protected from accident, injury, and infection. Each shift must include a registered nurse who provides direct patient care.
2. The Medical Director or Attending Physician writes orders to admit the patient directly to the hospital and the RN Care Coordinator and/or AVP of Hospice works closely with his/her office to establish orders that include the hospice management protocols. The facility admission coordinator is contacted about the admission and to confirm bed availability.
3. Unless a long term contract is already in place with the elected facility, a contract must be drafted and signed by Island Hospice President/CEO and the facility’s administrator.
4. Transportation through contracted services or private vehicle if appropriate must be arranged to get the patient to the facility safely and quickly.
5. The registered nurse establishes the plan of care and coordinates the GIP care. A member of the hospice core team assesses the patient daily at the hospital. Daily visits are required to assess, make changes, or initiate return to routine care. The hospice team does the following to make sure the patient fits the requirements for general inpatient care: This is included in the following:
* Pain continues to require active treatment and frequent assessment
* Symptoms such as intractable nausea/vomiting, respiratory distress, open lesions or on-going deterioration related to the terminal illness continue to require active treatment and frequent assessment
* Ongoing mental status changes requiring active treatment and frequent assessment
* Death is imminent as evidenced by clinical deterioration such as mottling of the skin, change in respiratory status, and level of consciousness
* Frequent nursing care is required and/or the family is unable to cope
1. Gather the information for discharging the patient from this level of care
* Reason for admission has stabilized.
* Re-established family support system
* Appropriate discharge plan has been developed
* Transfer to another level of care

**REIMBURSEMENT DEFINITION:**

A general inpatient care day is a day on which an individual who has elected hospice care receives general inpatient care in an inpatient facility for pain control or acute or chronic symptom management which cannot be managed in other settings.

The inpatient rate is paid for the date of admission and all subsequent inpatient days, except the day on which the patient is discharged. For the day of discharge, the appropriate home care rate is paid unless the patient dies as an inpatient. In the case where the beneficiary is discharged deceased, the inpatient rate is paid for the discharge day.

Inpatient care limitation. The total number of inpatient days used by Medicare beneficiaries who elected hospice coverage in any 12 month period preceding a certification survey in a particular hospice may not exceed 20 percent of the total number of hospice days for this group of beneficiaries.

**CHANGE IN LEVEL OF CARE:**

The RN Care Coordinator notifies the finance department via Hospice Notification email group to make sure to change the level of care from Routine home care to General Inpatient and then back to routine home care when it is completed. This is important for billing.