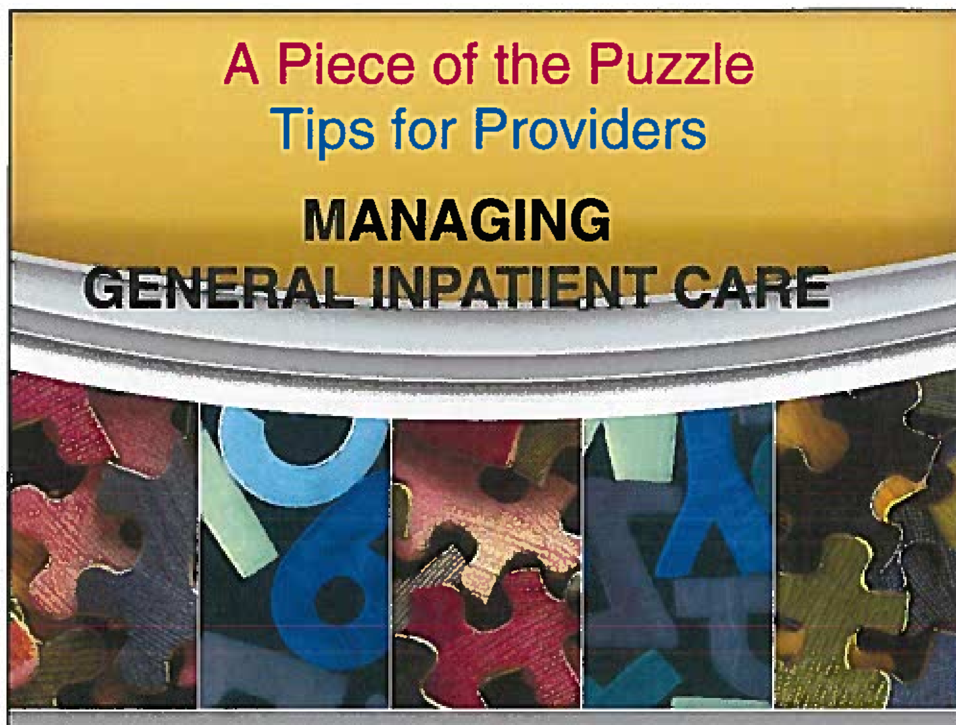
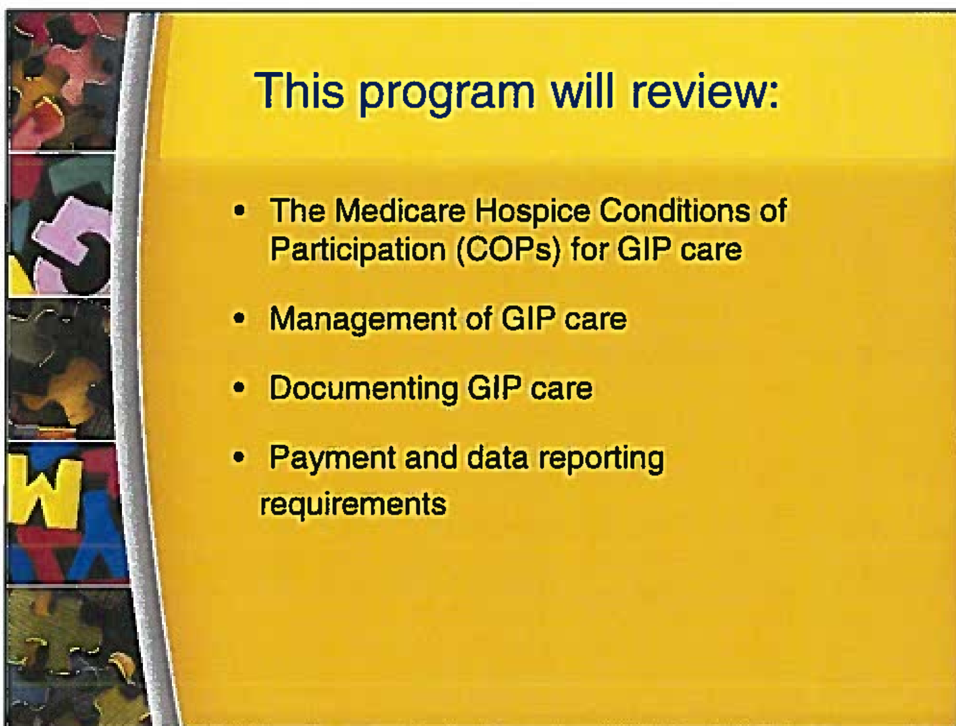

A Piece of the Puzzle
Tips for Providers
MANAGING
GENERAL INPATIENT CARE


This program will review:
• The Medicare Hospice Conditions of Participation (COPs) for GIP care
• Management of GIP care
• Documenting GIP care
• Payment and data reporting requirements

- General Inpatient (GIP) Care is one of the four levels of hospice care required to be available under the Medicare Hospice Benefit
- GIP for symptom management is a valuable tool that allows hospice staff to provide clinical services to a degree that cannot typically be provided in a patient's home
- It is intended for specific circumstances and for a short duration of time and thus must be carefully managed from start to finish

- §418.108 Short-term inpatient care
- §418.110 Hospices that provide inpatient care directly
- §418.202 (e) Covered Services

✓ There are references to GIP in other sections 42CFR418 Hospice Regulations (i.e.: 418.302, 418.309), but they relate primarily to payment issues.

What Is GIP?

- Pain control or acute or chronic symptom management that cannot feasibly be provided in any other setting
- Initiated when other efforts to manage symptoms are ineffective
- No particular disease, condition, or symptom specified that is a qualifier for GIP
- Each patient's symptoms will differ
- May help one patient and not to another with the same disease

What Is GIP? (page 2)

- GIP has specific requirements regarding where the services may be provided as well as types and levels of staffing
- GIP care cannot be provided in the home, in an assisted living facility, a hospice residential facility, or in a nursing facility that does not have a registered nurse available 24 hours per day to provide direct patient care
- GIP is intended to be a short term intervention (similar to an acute hospital stay)

What Is GIP? (page 3)

- There is no limit on the number of days or number of episodes of GIP each patient receives
- GIP is the level of care for patients who
  - cannot comfortably remain in a residential setting
  - require skilled nursing care around the clock to maintain comfort

When Is GIP Appropriate?

- GIP may be initiated when the interdisciplinary group (IDG) determines that the patient's pain and symptoms cannot be effectively managed in the patient's home or other residential setting
- This may occur suddenly after a period of gradual decline, with a sudden change in symptoms or condition, or when Continuous Home Care (CHC) has failed to relieve the problems

When Is GIP Appropriate? (page 2)

- The IDG (including the attending physician and/or the hospice Medical Director) assess that the patient requires a higher level of skilled nursing care to achieve effective symptom management
- It is the IDG's clinical skills and judgment that determine when and if GIP is appropriate
- Documentation of the need for GIP is key to provide medical reviewers with a clear understanding of the GIP admission. There must be a physicians order written in the electronic record. Documentation should also include that a discussion with IDG members/medical director occurred.

When Is GIP Appropriate? (page 3)

- If the hospice and the caregiver, working together, are no longer able to provide the necessary skilled nursing care in the individual's home
- If the individual's pain and symptoms can no longer be managed by the hospice IDG at home
- GIP may also be provided at the end of an acute hospital stay if there is a need for pain control or symptom management which cannot be feasibly provided in the home setting at hospital discharge.

Triggers To Consider GIP

- Pain or symptom crisis not managed by changes in treatment in the current setting and need frequent adjustments.
- IVS or transfusions that cannot be managed at home
- Intractable nausea/vomiting
- Advanced open wounds requiring changes in treatment and close monitoring
- Unmanageable respiratory distress
- Delirium/agitation with behavior issues
- Sudden decline necessitating intensive nursing intervention.
- Family/Caregiver teaching-complex medication and treatments.
- Ask yourself the question, "Do I need to visit later today or tomorrow to check and see if the recommendations I made are working?". If yes, most probably GIP level of care.

When Is GIP Not Appropriate?

- It is also important to **keep in mind when GIP is not.**
  - It is not intended for caregiver respite. If a caregiver is not in the home, or unable to help the patient adequately, other arrangements can or should be made.
  - It is not intended as a way to address unsafe living conditions in the patient's home.
  - It is not an "automatic" level of care when a patient is imminently dying. There must be pain or symptom management and skilled nursing needs present (intensity of care).

Where Can GIP Be Provided?

- GIP must be provided in a participating certified Medicare facility as follows:
  - A Medicare-certified hospice that meets the conditions of participation for providing inpatient care directly as specified in §418.110.
  - A Medicare-certified hospital or a skilled nursing facility that also meets the standards specified in §418.110(b) and (e) regarding 24-hour nursing services and patient areas.

§418.110(b) Standard: Twenty-Four Hour Nursing Services

- (1) The hospice facility must provide 24-hour nursing services that meet the nursing needs of all patients and are furnished in accordance with each patient's plan of care. Each patient must receive all nursing services as prescribed and must be kept comfortable, clean, well-groomed, and protected from accident, injury, and infection.
- (2) If at least one patient in the hospice facility is receiving general inpatient care, then each shift must include a registered nurse who provides direct patient care.

§418.110(e) Standard: Patient Areas

- The hospice must provide a home-like atmosphere and ensure that patient areas are designed to preserve the dignity, comfort, and privacy of patients.
  (1) The hospice must provide—
  - (i) Physical space for private patient and family visiting;
  - (ii) Accommodations for family members to remain with the patient throughout the night; and
  - (iii) Physical space for family privacy after a patient's death.

  (2) The hospice must provide the opportunity for patients to receive visitors at any hour, including infants and small children.

What Are The Hospice Responsibilities For GIP?

- Admission and Documentation Of GIP Need
- Professional Management And Oversight
- Visits From The Hospice Team When GIP Is In A Contracted Facility
- Discharge Planning
- Audit Readiness

Admission and Documentation Of GIP Need

- The hospice should arrange for transfer to the appropriate inpatient setting that can meet the patient's needs. Per COP 418.56(e)(4) the hospice staff must share information between all disciplines providing care and services in all settings, whether the care and services are provided directly or under arrangement.
- The precipitating event (onset of uncontrolled symptoms or pain) which prompted the need to change to GIP level of care should be evident in the comprehensive assessment documentation

Admission and Documentation Of GIP Need (page 2)

- Documentation of pain and symptom management interventions that were implemented in the home prior to initiating GIP level of care should be documented in the electronic record and available to the inpatient staff
- The team needs to provide report to the inpatient staff and furnish a copy of the patient's current plan of care

Professional Management And Oversight

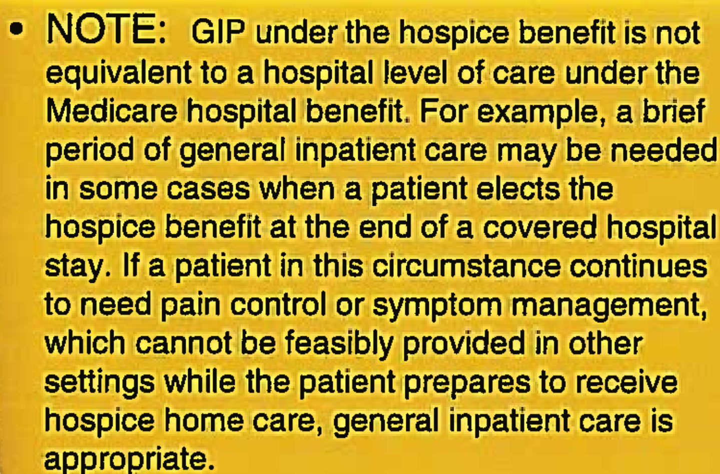
- Regardless of care setting, the hospice IDG is responsible for the professional management of the patient's care in accordance with the hospice plan of care as set by the IDG
- Contracts with appropriate facilities for GIP services should be clear regarding
  - the IDG oversight role
  - scope of services
  - Communication
  - all the other federal and state regulatory requirements regarding services by arrangement
- The written agreements may also clarify payment rates and procedures

Visits From The Hospice Team When GIP Is In A Contracted Facility

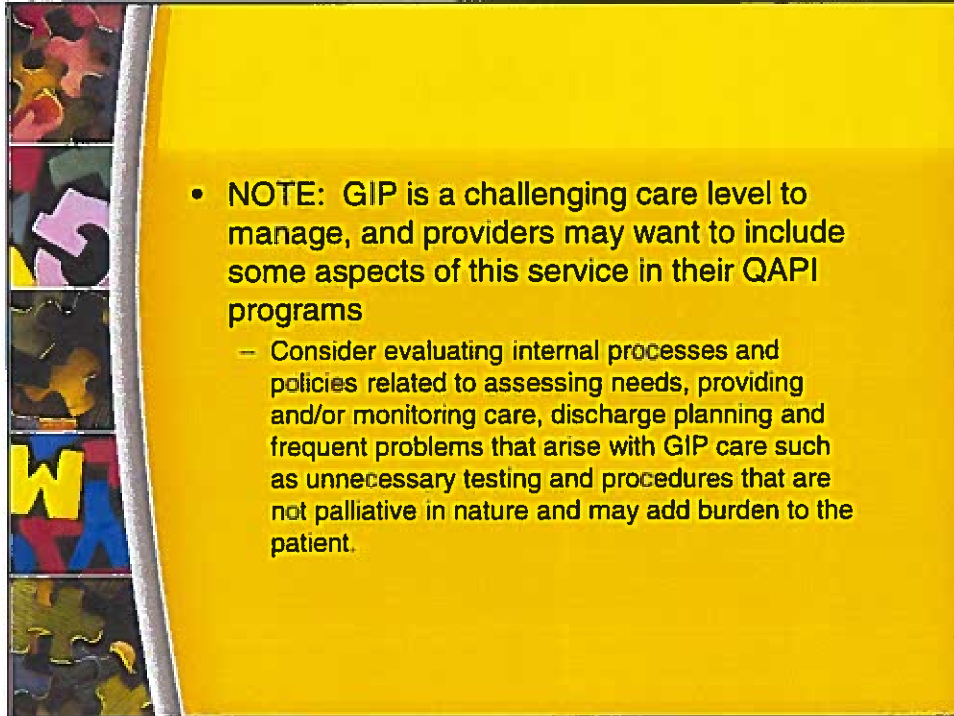
- The frequency of IDG visits to a patient receiving GIP level of care is not specified in the regulations
- A good standard of care is daily visits from an IDG member to assure professional management, coordination of the plan of care, communication with the patient and family, continuity of care and evaluation of continued eligibility for this level of care

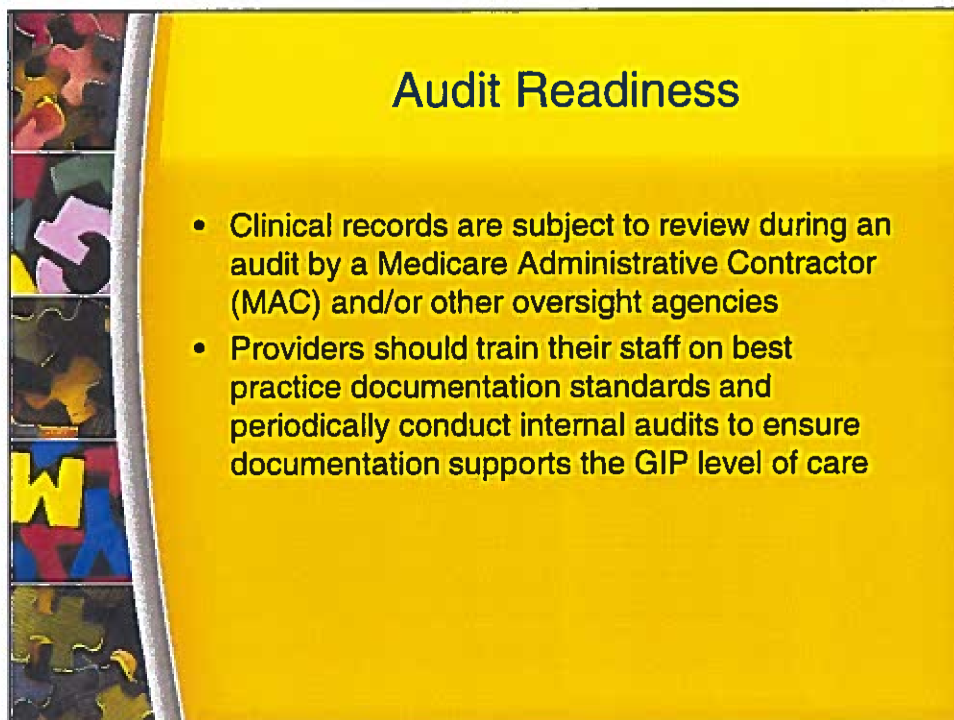
Discharge Planning

- Consideration of the discharge planning needs of the patient should occur the moment the patient transfers to the GIP level of care
- The hospice (not the hospital discharge planners when the facility is a hospital) is responsible for managing the discharge
- Documentation should show that the IDG is assessing the situation on a daily basis and planning for the transfer to another setting or level of care

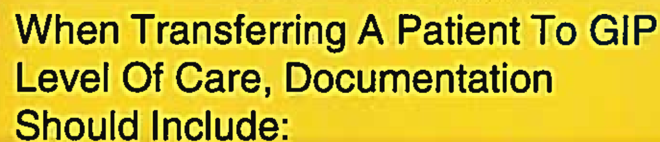


- NOTE: GIP under the hospice benefit is not equivalent to a hospital level of care under the Medicare hospital benefit. For example, a brief period of general inpatient care may be needed in some cases when a patient elects the hospice benefit at the end of a covered hospital stay. If a patient in this circumstance continues to need pain control or symptom management, which cannot be feasibly provided in other settings while the patient prepares to receive hospice home care, general inpatient care is appropriate.

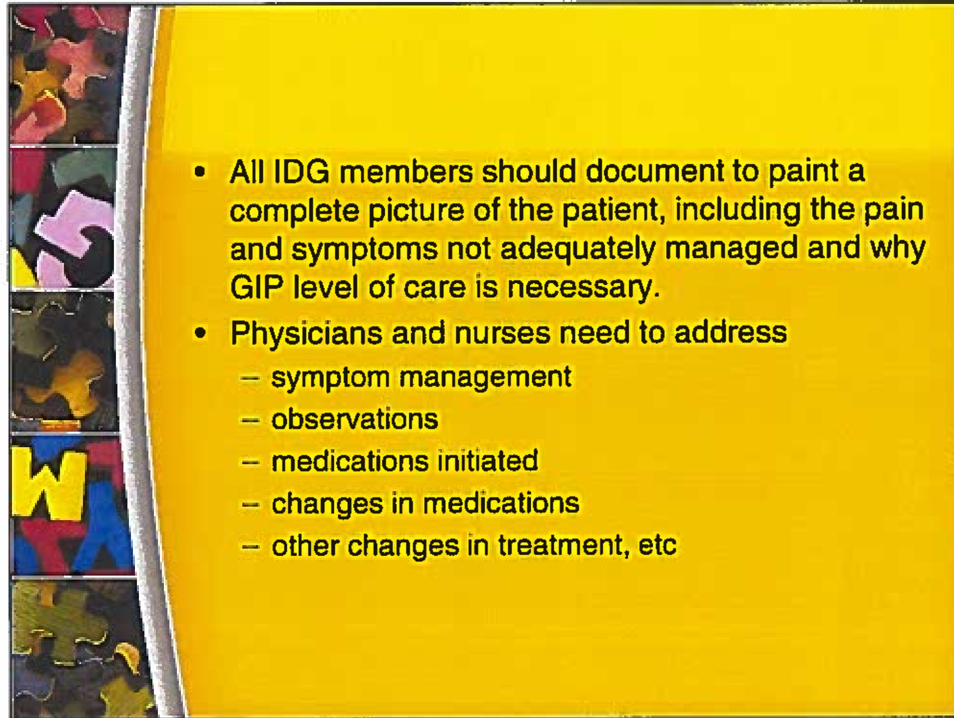

• NOTE: GIP is a challenging care level to manage, and providers may want to include some aspects of this service in their QAPI programs
– Consider evaluating internal processes and policies related to assessing needs, providing and/or monitoring care, discharge planning and frequent problems that arise with GIP care such as unnecessary testing and procedures that are not palliative in nature and may add burden to the patient.

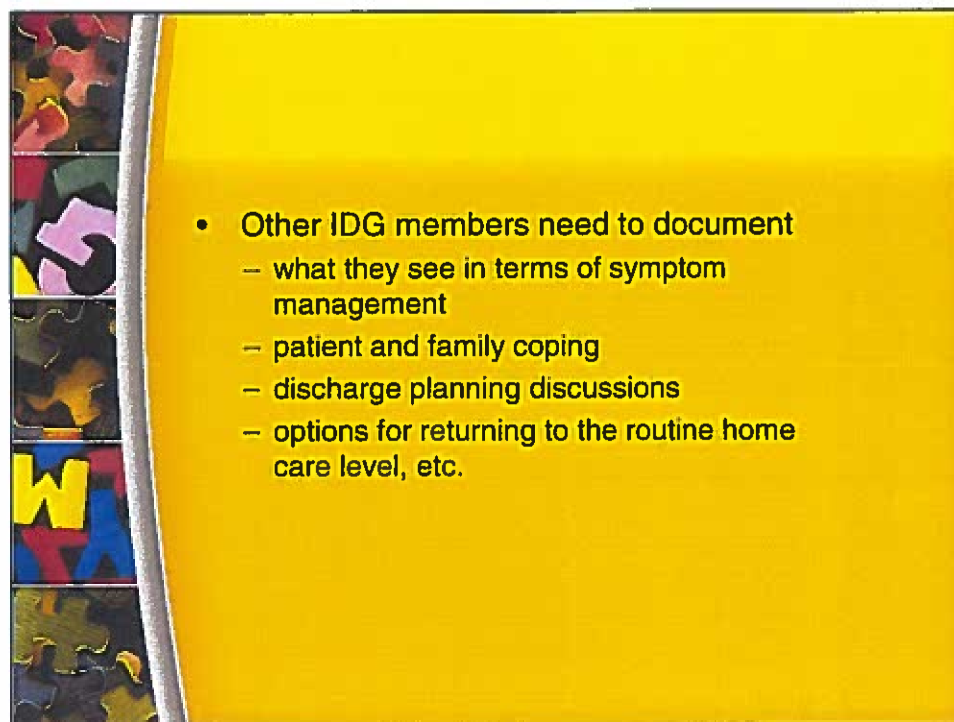

Audit Readiness
• Clinical records are subject to review during an audit by a Medicare Administrative Contractor (MAC) and/or other oversight agencies
• Providers should train their staff on best practice documentation standards and periodically conduct internal audits to ensure documentation supports the GIP level of care

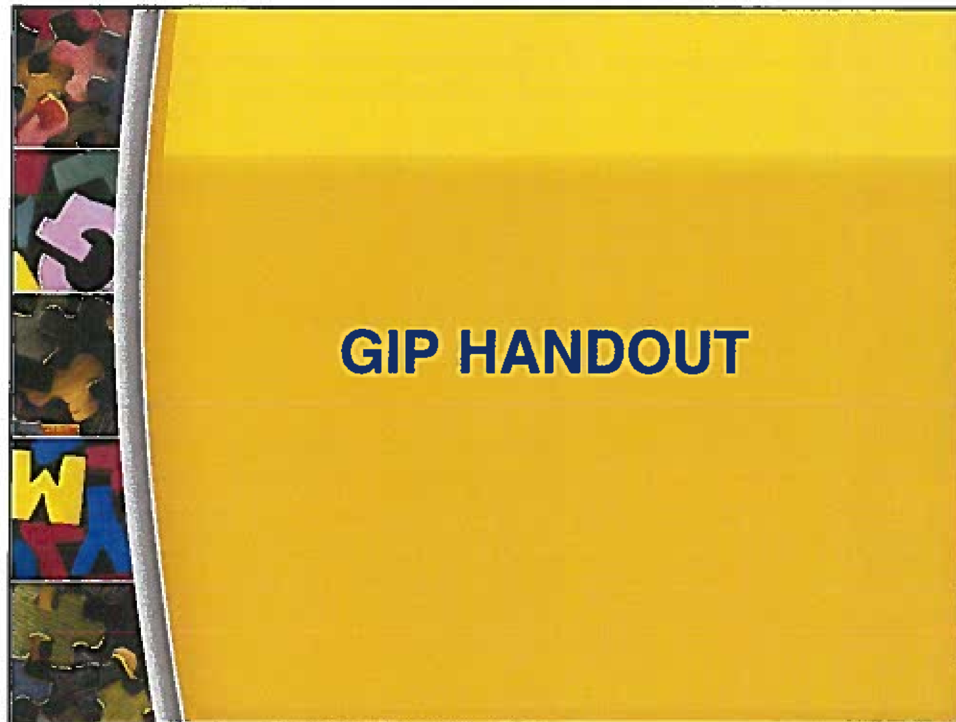
- Documentation during GIP level of care must be thorough and reflect the need and intensity of care for this level at all phases of care
- Implementation of the plan of care must be directed to
  - stabilizing the acute or chronic symptom management
  - obtaining a positive palliative outcome (did the care make a difference
  - and moving the patient to a lower level of care at the appropriate time



- The skilled nursing interventions being provided to the patient and the patient's response
- A Plan of Care that reflects the change in level of care and interventions to stabilize the patient's acute pain and symptom crises
- Collaboration with the facility staff
- Discharge planning (remember: GIP is short-term)


• All IDG members should document to paint a complete picture of the patient, including the pain and symptoms not adequately managed and why GIP level of care is necessary.
• Physicians and nurses need to address
– symptom management
– observations
– medications initiated
– changes in medications
– other changes in treatment, etc


• Other IDG members need to document
– what they see in terms of symptom management
– patient and family coping
– discharge planning discussions
– options for returning to the routine home care level, etc.



GIP section/question	What documentation should be present in the chart? Where will documentation be located?
Was the POC updated and do the goals and/or interventions reflect the GIP symptom management?	• Care plans should be updated as needs for the patient change. Care plan interventions and goals should reflect relevant assessments and present symptoms. • Medication orders should be updated once SNF/hospital accept and obtain the order from their MD/NP. We should not enter orders only upon making recommendation unless order is obtained by facility. We must review medications at each visit. • Clinicians see current care plan/goal/intervention orders under "care plan" in the patient's chart. If the "history" box is checked, they are able to see discontinued orders. • Clinicians will also be entering their GIP order via the care plan section.
Is there documentation on the collaborative planning and communication with the staff?	• Community GIP visit collaboration with our staff and hospital/SNF staff should be documented in the narrative note. We should be documenting exactly who we spoke to during our visits.
Is d/c planning evident at the initiation of GIP and ongoing?	• Discharge planning should be initiated at admission. Admitting RN should discuss varying levels of care as well as a plan B should the patient become routine LOC. This documentation should be present in narrative note. • Ongoing discussion and planning should occur with the primary care team at subsequent visits.
Is there evidence of discussion with the NP/MD/interdisciplinary team regarding GIP?	• At each GIP visit the RN should be calling MD/NP to discuss ongoing GIP status. Documentation should be located in the narrative note stating "Per MD/NP (name) patient remains GIP LOC for management of..." If the patient remains GIP.

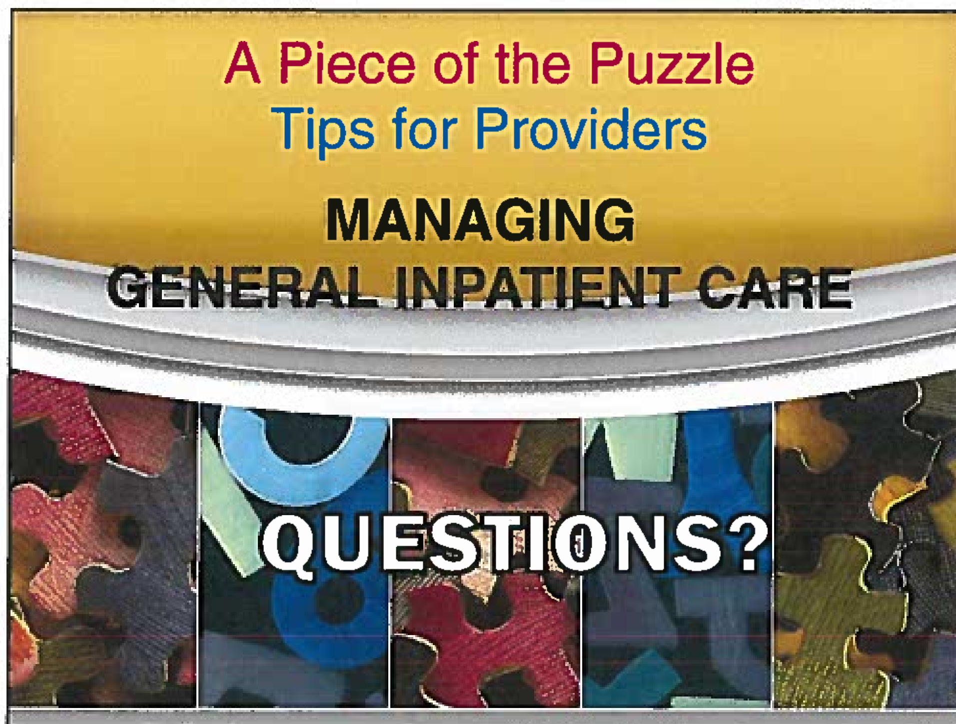
GIP section/question	What documentation should be present in the chart? Where will documentation be located?
Is there supporting documentation of previous interventions/treatments without adequate results?	• Medication lists and care plans must be up to date to reflect changes to the POC. • If a patient in the community becomes GIP LOC and is transferring to the HPH or becoming GIP in hospital/SNF, documentation in visits should be clear as to what interventions have been in place, medications given/frequency/dose in use, and symptoms requiring in-patient management.
Once GIP, in the hospital or community, were daily visits related to the qualifying symptoms? Is there daily documentation related to the admitting reason for GIP, describing the patient's responses to treatment and the ongoing need for GIP?	• Daily RN visits occur for all GIP patients in hospital and SNF settings. • Documentation should support why patient is GIP. RN should document at each daily visit symptom being managed, medications in use, frequency/dose changes, response to changes, etc. to support ongoing need for GIP. • As stated above, discussion with MD/NP occurs with each daily visit as well.
Was there a precipitating event?	• Documentation in narrative note/quick note is required. • Detailed report to team leader when transferring to the HPH also required as well as order from MD/NP. • For routine to GIP in community SNF or hospital, a visit note narrative should detail the LOC of care change and GIP order from MD. ! • If change in LOC in SNF, business office must be given VOR changing LOC from routine to GIP and vice versa.
Was there an MD order in the POC for GIP?	• In iPad, the LOC orders are found in the care plan tab under "Hospice Level of Care". Community nurses should add this order when transferring to the HPH or changing LOC to GIP at SNF/hospital. • If changing a patient from routine to GIP in the community, level of care attribute must also be changed with the date of the change.

Resources

Compliance Tip Sheet National Hospice And Palliative Care Organization - Managing General Inpatient Care For Symptom Management (www.nhpco.org/regulatory)

State Operations Manual Appendix M - Guidance To Surveyors: Hospice

Medicare Benefit Policy Manual Chapter 9 - Coverage Of Hospice Services Under Hospital Insurance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