



LifePath Hospice Inpatient Unit Overview

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LIFEPATH
H O S P I C E

A Chapters Health® Affiliate

Objectives

Define general inpatient (GIP) level of care criteria

Review services provided for GIP

Review GIP eligibility

Review GIP documentation requirements

Review the role of the attending/consulting provider in the inpatient unit

IPU Hospice Services

- Medical:
 - 24-hour nursing care
 - Daily medical staff visits
- Emotional:
 - Experienced hospice nurses and support staff
- Social/Bereavement:
 - Experienced hospice social workers and counselors
- Spiritual support:
 - Experienced, non-denominational chaplains

What is General Inpatient Care (GIP)?

Issues/Problems addressed in an inpatient setting due to the following:

- Pain control or other symptom management that cannot be provided/controlled in other settings
- Acute, short-term crisis care is needed to maintain comfort

Goal for inpatient care:

- Manage severe symptoms, return them to home, long-term care facility or ALF as soon as possible

Symptoms Often Associated with GIP

- Active pain management that requires frequent medication adjustments and monitoring
- Intractable nausea and vomiting
- Unmanageable respiratory distress
- Intractable seizures
- Complicated technical delivery of medication that requires RN for calibration, titration, site care, etc.

Initiating GIP Care: Documentation

- A physician's order to change the level of care must be entered
- Documentation of the skilled need or problem necessitating IPU admission
- Documentation that, together, the caregiver and the hospice cannot provide the necessary care plan in the patient's home
- GIP following a hospital stay must include documentation why the care cannot be provided in the home at the time of hospital discharge

Initiating GIP Care: Documentation (cont.)

- The precipitating event prompting the need for change to GIP level of care must be evident and documented, i.e. an accounting of the onset of uncontrolled symptoms or pain
- The plan of care must be stated clearly
- D/C plans must be started at admission to an inpatient hospice unit

When is GIP Not Appropriate?

- Caregiver respite, which would be classified as a respite level of care
- As a means to address unsafe living conditions in the patient's home
- Imminent death unless there is a skilled, short-term crisis/uncontrolled symptom that can not be adequately addressed in another setting

Documenting GIP Level of Care

A change in the patient condition requires a change in the plan of care and adjustment of the intensity of services.

- The plan of care must demonstrate interventions to:
 - Stabilize the acute symptom
 - Obtain a positive outcome for palliation of symptoms (Did the higher level of care make a difference?)
 - Move the patient to a lower level of care at the appropriate time

Daily Documentation for GIP Care

- Describe the pain and/or symptom(s) that remain inadequately managed
- Describe the skilled interventions being provided to the patient and the patient's response including observations, frequency of nursing interventions, changes in medications and other changes in treatment
- Each note should stand on its own to support inpatient level of care

Examples of GIP Denials

- 1) Patient is GIP for pain management. Oral meds are given every 4 hours.
- 2) PRN medications are being given only once or twice daily to manage symptoms such as pain, anxiety or nausea
- 3) Patient is GIP for respiratory symptoms. Patient is not requiring frequent prn medications, nebulizer treatments, suctioning or other skilled interventions

GIP Documentation Tips

- Avoid:
 - Patient stable
 - Pain management
 - Interventions or medication effective
- Instead use:
 - Care needs are evidenced by q2 hour suctioning, q2 hour nebulizer treatments for severe SOB
 - Level “9” pain continues to require titration of (drug, route, frequency)
 - Symptom management is continuously reevaluated to achieve optimum comfort as evidenced by (list sign and symptoms being managed)

GIP Documentation Tips (cont.)

- Avoid:
 - Patient is actively dying
 - Sudden general decline
- Instead use:
 - Patient requires frequent RN/MD/NP assessment and titration of medications to control _____. Document all end-of-life symptoms that are being aggressively managed.
 - Sudden breakdown in caregiver support while patient requires skilled nursing care. Document reason caregiver CANNOT manage medication titration or other care. Document that the hospice is aggressively working to develop a safe discharge.

GIP Documentation Tips (cont.)

- Described in detail the hospice services being provided at inpatient level of care
- Document in detail failed attempts to manage/control symptoms, previous to GIP admission and current
- Document changes/progress/context including sudden deterioration requiring additional management

EMR GIP Forms

The Solutions GIP tab is mandatory for all patients admitted to an inpatient unit.

In a phrase, state why the patient continues to require GIP level of care.

- For example, “Morphine infusion rate adjusted for uncontrolled pain.” Or perhaps “Continuing to experience intractable nausea and vomiting requiring addition of _____”

Paper Orders

- Providers who do not have access to a compatible electronic prescribing system may utilize the preprinted order set that is available in the inpatient unit
- Medications such as opiates, benzodiazepines, antiemetics, bronchodilators, bowel medications and others can be ordered using a simple check-box format
- The completed order set is then signed and sent by facsimile to the Chapters Health Pharmacy at **888-238-4008**

Special Procedures for IPU

If a patient in the IPU requires ventilator withdrawal, left ventricular assistive device (LVAD) deactivation, or paracentesis, the community provider must review the appropriate guideline or procedure with a member of the hospice medical staff prior to performing the procedure for the first time. Other medically indicated procedures may be performed by the community attending if approved by the hospice medical director or designee.

Hospice Medications

- The Chapters Health System medication formulary will be provided to attending/consulting providers in print.
- Providers will also be able to access the formulary electronically at:
www.chaptershealth.org/community-providers/
- IPU medications will be delivered by Chapters Health Pharmacy

Discharge Planning

- Starts the moment the patient enters the GIP level of care
- Hospice is responsible for managing the plan of care including the discharge when the patient is in GIP level of care in a hospital
- Documentation must show the IDG is:
 - ✓ Assessing the situation daily
 - ✓ Planning for transfer to another level of care
 - ✓ Changing the plan of care to reflect the immediate needs of the patient

Attending/Consulting Providers

- Community providers can continue to follow their patients admitted to the LifePath Hospice IPU at Tampa General Hospital (TGH)
 - ✓ Complete application for privileges at Chapters Health
 - ✓ Complete confidentiality agreement included in application
 - ✓ Chapters Health will execute a contract with the community physician to assure appropriate reimbursement when serving as consulting physician

Attending Physician/ARNP

- Completes history and physical
- Visits patient daily and completes daily notes
- Documents in hospice EMR
- Signs all verbal orders within 24 hours of receipt
- ARNPs only reimbursed when listed as attending
 - ARNPs must list supervising physician
 - ARNP supervising physician must also be credentialed with Chapters Health

Consulting Physician

- Complete documentation on the day of encounter
- Documents in the hospice EMR or
- Documents into an alternate EMR/Word document and provides a copy of the completed document to the IPU staff for scanning into the EMR

Attending/Consulting Providers

- Submit orders electronically through an acceptable prescription network to the Chapters Pharmacy
- If provider does not have access to a compatible e-prescribing network; dispensing orders sent via fax to the Chapters Pharmacy
- Provider may provide pharmacy a verbal order. ***CII may be verbal only in emergent situations. Quantity limited to three days. Provider must provide pharmacy with a properly written order within three days.***

Attending/Consulting

- All patients in the hospice IPU will have the hospice medical staff involved in the hospice care
 - If community physician is the attending, the hospice medical staff will be listed as consulting
 - The hospice medical staff will be consulted for pain and symptom management, as well as, inpatient level of care eligibility

Attending/Consulting Providers

- A community provider may arrange for another provider to care for patients admitted to the IPU, in his/her absence
 - The covering provider will also be required to be privileged by Chapters Health

Test Your Knowledge

Q. Community physicians/ARNPs are allowed to round on their patients while they are admitted to the IPU at TGH?

Answer: Yes. Physicians and ARNPs can continue to see patients admitted to the hospice IPU.

Test Your Knowledge

Q. How often should attending providers visit a patient while admitted to the IPU at TGH?

Answer: Daily. CMS requires daily visitation and documentation supporting the need for GIP care.

Test Your Knowledge

Q. What are the goals of hospice GIP?

Answer:

- Acute symptom management of symptoms
- Long-term caregiving services

Test Your Knowledge

Q. A CII emergent verbal medication is ordered for an IPU patient in pain. The provider must provide a properly written order within _____ days?

- a. 5
- b. 3
- c. 1

b. 3 days

Test Your Knowledge

Q. Imminent death, without acute symptoms, is an acceptable reason for a patient to be admitted to the IPU?

- a. True
- b. False

b. False. Imminent death unless there is a skilled need for symptom management.

Test Your Knowledge

Q. Medications for patients admitted to the IPU at TGH will be supplied by:

- a. The TGH Pharmacy
- b. The Chapters Health Pharmacy
- c. The local CVS

b. The Chapters Health Pharmacy

Attestation

Please complete the education attestation form and electronically email to:

medcredentialing@chaptershealth.org

OR

Fax to: Medical Services Department @
813-533-0493

References

CMS (Center for Medicare and Medicaid Services). Retrieved 5/22/2018 from <https://www.cms.gov/Regulations-and-Guidance/Legislation/CFC'sANDCoP's/Hospice.html>

National Hospice and Palliative Care Organization. Retrieved 5/22/2018 from [https://www.nhpco.org/files/public/regulatory/Criteria for General Inpatient.pdf](https://www.nhpco.org/files/public/regulatory/Criteria%20for%20General%20Inpatient.pdf)

Stein, Stewart.2017. PPT. General Inpatient Care and Documentation

Palmetto GBA website www.palmettogba.com