Who Is Eligible For General Inpatient Care (GIP)?

Patients are evaluated on a case by case basis. A patient appropriate for this level of care may present with one or more of, but not limited to, the following:

**Pain**
- Active treatment to control pain that cannot be adequately managed at home.

**Symptom management**
- Intractable or protracted nausea incompatible with management in a home setting
- Respiratory distress
- 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, as referenced above, which result in the collapse of family support
- Psychosis, severe confusion, acute anxiety or depression and combative tendencies secondary to end-stage disease process requiring intensive intervention and not manageable in the home setting.

Criteria for Continued Stay in General Inpatient Level of Care

- Pain continues to require frequent skilled and daily interventions and ongoing assessments
- Symptoms such as intractable nausea/vomiting, respiratory distress, open lesions or ongoing deterioration related to the terminal illness continue to require daily skilled interventions and ongoing assessments
- Ongoing mental status changes which require daily skilled interventions and ongoing assessments
- Frequent nursing care is required.

Criteria for Discharge from General Inpatient Level of Care

- The medical and/or psychosocial reason for the patient’s admission has been stabilized for 24 hours.
- No medication adjustment or changes in care have been made within a 24-hour period of time.
- An appropriate discharge plan has been developed.
- The patient is transferring to another level of care.
Iowa City Hospice
Inpatient Options

Patients of Iowa City Hospice can also receive care as an inpatient in the hospital or Medicare-approved care facility. For patients on Medicare, Medicaid and some Commercial Insurances, there are two levels of inpatient care available: **inpatient respite care** for the relief of the patient’s caregivers, and **general inpatient care** for pain control or symptom management.

These inpatient services are designed to provide short-term inpatient care for the purposes of pain control and other symptom management; evaluation in changes in condition; and respite care.

The intent of these inpatient services is to offer Iowa City Hospice’s care in an environment that is as home-like and conducive to the normalization of living as possible.

Iowa City Hospice has contracts for Inpatient Respite Care and General Inpatient Care with several hospitals and Medicare-approved care facilities throughout our seven county service area. To learn more about these two levels of care, call Iowa City Hospice at 319-351-5665 or (800) 897-3052 and ask to speak with a nurse or social worker.

Inpatient Respite Care

Inpatient respite care is intended to give family caregivers a brief break, or “respite” from the demands of caregiving for up to 5 days at a time; for Medicare recipients, there is no limit to the number of these stays. (For some Commercial Insurances, there may be a limit)

Inpatient respite care is generally provided at the request and with the consent of the primary caregiver.

Respite care does not require that a worsening of the patient’s condition precede the respite stay.

Examples of appropriate use of respite care:

- Caregiver feels if he/she had relief of care giving responsibilities for a short time, that the caregiver could resume or continue caring for the patient at home again.
- Caregiver is temporarily unable to provide care to patient because of personal illness.
- Caregiver needs to go out of town overnight.

Inpatient respite care is a short-term, temporary stay, rather than a long-term solution for care.

General Inpatient Care

Iowa City Hospice patients may be admitted for short-term general inpatient (GIP) care when the physician, Iowa City Hospice team, and the patient believes symptom management cannot feasibly be provided in the home setting.

Although the length of stay for general inpatient level of care is based on the patient’s condition and acute need, not any specific numbers of days, patients are not usually in the hospital setting for longer than a week. The patient returns or transitions to home hospice care once daily interventions have ceased and symptoms subside.

Examples include:

- A patient elects the hospice benefit at the end of a covered hospital stay because the patient remains in need of pain control or symptom management, which cannot feasibly be provided in another setting.

- A patient transfers from the home setting for pain or symptom management when:
  - Interventions provided at home have not effectively managed the symptoms
  - Complicated technical interventions are needed
  - Frequent evaluation and medication adjustments by a nurse are necessary