



FRIENDS

*of Caroline*

Palliative • Hospice • Grief Support

## 4 Levels of Hospice Care

- Routine
- Respite
- Continuous
- General Inpatient (GIP)

# Documentation

Any time a patient changes a level of care (LOC), or physical location-  
an order must be put in the EMR  
and signed by hospice medical  
director/NP or attending physician.

# How to request a LOC

- Team has determined patient needs a LOC change.
- Enter an order for LOC in EMR
- Alert Director of Clinical Operations
- Alert Social Worker. Helps coordinate LOC and fills out LOC pink slip.

# Routine Home Care

A day the patient elects to get hospice care at home and isn't getting continuous home care. A patient's home might be a home, a skilled nursing facility (SNF), or an assisted living facility. Routine home care is the level of care provided when the patient isn't in crisis.

# Respite Care

Inpatient respite care: A day the patient elects to get hospice care in an approved inpatient facility for up to 5 consecutive days to give their caregiver a rest.

This must be a contracted facility i.e. Sprenger, NHC, Caroline's Cottage

## Respite Documentation, continued

- If respite is due to caregiver breakdown, documentation must include events leading up to respite care. (Respite only for breakdown, cannot do GIP for breakdown)
- Documentation must include collaborative care planning i.e., working with Social Worker
- Documentation must include communication with facility staff

## When to order respite care

Caregiver needs a short break for the following reasons:

- Caregiver breakdown/exhaustion
- Scheduled trip such as a wedding or graduation
  - Caregiver is having an elective surgery



# Continuous Care (CC)

**Continuous home care:** A day when both of the following apply:

- The patient gets hospice care in a home setting that isn't an inpatient facility.
- The care consists mainly of nursing care on a continuous basis at home

Patients can also get hospice aide on a continuous basis. Hospice patients can get continuous home care only during brief periods of crisis and only as needed to maintain the patient at home.

## Continuous Care Criteria

- A dying patient is NOT a crisis unless the symptoms are so severe that without continuous care the patient will be hospitalized.
- Think of continuous care as the same as general inpatient care but the goal is to avoid hospitalization.

## Continuous Care Criteria

- Patients and families need to understand that this is for a limited time period. The goal is to stabilize the patient.
- Continuous care is meant for a brief period of time ~2-3 days.
- Minimum of 8 hours of care per day. Does not have to be continuously. You can do 24 hours of continuous care. 51% of time must be RN or LPN.

## Continuous Care Day Example

- On-call nurse gets a call at 5 am. Patient is having severe pain. Nurse stays at home for 2.5 hours. 5 am-7:30 am
- CNA arrives at 8 am for shift. She stays for 1.5 hours. 8 am-9:30 am
- RN (Case Manager) arrives at home for scheduled visit and patient is having severe pain. RN stays for 4 hours. From 11 am-3 pm.

This is a continuous care day

# Continuous Care Documentation

Hourly documentation required and describes the following:

- Ongoing symptoms
- Symptom management/Care to manage
  - Effectiveness of interventions

# When to order Continuous Care

- Patient is having symptoms that the family/caregivers are unable to manage.
- Family would like to send patient to the hospital because they are overwhelmed with how to manage symptoms. (Crisis mode)
- Education and medical interventions are needed at the bedside for a long period of time.

# General Inpatient Care (GIP)

**General inpatient care:** A day the patient elects hospice care in an inpatient facility for pain control or acute or chronic symptom management, which can't be managed in other settings.

Settings include Beaufort Memorial or Caroline's Cottage

## General Inpatient Care (GIP) Criteria

- Patient needs pain control or symptom management that cannot be provided in any other setting.
- GIP is short-term care for crisis management.



## General Inpatient Care (GIP) Criteria

- Pain, despite numerous changes to medication
- Bleeding that won't stop
- Nausea and vomiting, despite changes to medication
- Terminal agitation, unresponsive to medication

## General Inpatient Care (GIP) Criteria

- Medication adjustment that must be monitored 24/7. Starting a PCA or methadone.
- Stabilizing treatment that cannot take place at home.

# GIP Documentation

- GIP Admission Packet
- Documentation must include: “Why GIP?”
- What has been tried so far to fix this issue?

# GIP Pain Documentation

- Frequent evaluations needed by a doctor or nurse
- Frequent medication adjustments
- 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

# GIP Symptom Documentation

- Sudden deterioration requiring intensive nursing interventions
- Uncontrolled nausea and vomiting
- Pathological fractures
- Open lesions requiring frequent skilled care
- Unmanageable respiratory distress
- Complex wound care requiring complex dress changes
- Traction and frequent repositioning requiring more than one person
- New or worsening agitation or delirium, restlessness

# GIP Documentation

- Plan of Care, problems, goals and/or interventions must be changed in the EMR to reflect GIP status.
- Progress notes need to describe patient's response to interventions
- Documentation must include need for ongoing GIP
- Communication with Team and facility staff
- Discharge planning from beginning of GIP admission should be started by Team especially Social Worker.

# Q&As



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