### PURPOSE

To establish the criteria for admitting and continuing general inpatient and respite levels of care.

### Policy

General inpatient level of care (GIP) and respite level of care will be provided as specified under the Medicare, Medicaid, and specific private insurance hospice benefits. Inpatient care may be recommended in other circumstances not related to the terminal illness but will not be the financial responsibility of Ohio Living.

Short-term general inpatient level of care is available when the patient requires palliation for acute medical reasons, symptom management and/or pain control and must be provided in a participating Medicare or Medicaid facility. General Inpatient level of care and respite level of care can be provided in a hospital or skilled nursing facility. General Inpatient level of care requires a facility that provides 24-hour registered nursing coverage.

Hospice personnel will be available 24 hours a day for clinical consultation to the inpatient personnel.

Home management will always be the preferred method over hospitalization.

General inpatient level of care is a short-term level of care for symptom management that is used when care cannot feasibly be provided at home.

### PRocEDURE

1. Transfer from routine to General inpatient level of care decisions are made on an individual case-by-case basis after evaluation by the hospice interdisciplinary group and in consultation with the patient's attending physician and Hospice Medical Director. Criteria for the patient to be considered appropriate for admission for general inpatient level of care may include but are not limited to the following:
	1. Pain evaluation to adjust medication and/or determine appropriate treatment.
	2. Intractable or protracted nausea incompatible with management in a home setting.
	3. Severe shortness of breath or respiratory distress that creates an unmanageable situation for patient and family/caregiver in home care setting.
	4. Open lesions requiring frequent professional care (decubiti, malignant ulcerations, burns, severe abrasions or fistulas—at least b.i.d. dressing changes).
	5. Rapid decline related to varied factors, such as bleeding, that are inconsistent with home management.
	6. Fluctuating/deteriorating mental status, psychosis, severe confusion and/or combativeness necessitating titration of medications, change in environment, or consultation and intervention by psychologist or psychiatrist.
	7. Depression, anxiety in the extreme—suicidal ideation, euthanasia, assisted suicide ideation, extreme withdrawal, including inadequate oral intake.
	8. Other complicated care—frequent nasotracheal suctioning or GI suctioning, frequent parenteral injections, management of draining fistulas.
	9. Need for continued close monitoring of unstable recurring medical conditions, e.g., hemorrhage, severe anemia, severe hypertension, unstable diabetes, recurrent severe electrolyte disturbance, recurrent seizures, rapidly reaccumulating ascites or pleural effusion requiring recurrent tapping, recurrent aspiration.
2. Decisions for continued inpatient stay will be made on an individual case-by-case basis after evaluation by members of interdisciplinary group including the Hospice Medical Director and in consultation with the patient's attending physician.
3. Criteria for the patient to be considered for transfer to short term inpatient respite level of care are based on the need to relieve family members or other persons who normally care for the individual at home. Respite care may be provided only on an occasional basis and may not be reimbursed for more than 5 consecutive days at a time.