

General Inpatient Care Facts for Hospitals



WHO DECIDES IF MY PATIENT IS ELIGIBLE FOR GIP?

Eligibility for hospice (6 month prognosis) is made by the hospice physician in collaboration with the attending physician, if any. The level of care (GIP in this case) is determined by the hospice interdisciplinary team.

When the patient's acute symptom crisis resolves, they are transitioned to the routine home care level of hospice care.

DO I NEED A WRITTEN AGREEMENT WITH A HOSPICE PROVIDER FOR GIP?

Yes. For hospice patients admitted to a hospital for GIP level of care, federal and state hospice statutes and regulations require an agreement between the hospice and the hospital or SNF for the provision of GIP care to be in writing and contain certain provisions.

HOW LONG CAN A PATIENT REMAIN IN GIP CARE?

The goal of the hospice interdisciplinary team is to stabilize the patient's acute symptom crisis and transition them from GIP to the routine home care level of hospice care. The hospice team is working to achieve this goal from the moment that the patient enters the GIP level of care.

The length of stay must be individualized to the needs of each patient. The level of care must be determined each day based on the interdisciplinary team's assessment.

HOW CAN A HOSPITAL MAKE A REFERRAL TO TABITHA HOSPICE?

To get started, call Tabitha Continuum Navigation, and then fax the following: last office visit notes; current medication list; current H&P; demographics; and insurance information.

PHONE: 402.484.9604 | FAX: 402.486.8590



GIP AT A GLANCE

General Inpatient Care ("GIP") is short-term care provided for a patient's acute pain management or symptom control that cannot be managed in another setting.

GIP is not for patient caregiver support or for patients who are imminently dying without an acute symptom crisis.

Under the Medicare hospice benefit, GIP is not equivalent to an acute level of care in a hospital.

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, but the patient must meet GIP criteria to receive GIP care.

The hospice provider is the manager of the patient's GIP plan of care per federal hospice regulations, even if they are not providing 24/7 hands on care.

The hospice interdisciplinary team will visit the patient during the GIP stay to coordinate with hospital staff about the patient's status, interventions for care, and plan for transitioning the patient from GIP to the routine home care level of hospice care.