What is hospice General Inpatient (GIP) care?
Hospice is based on a philosophy of holistic, palliative care, provided by an interdisciplinary team, with the patient and family at the center of care. More than 96 percent of care provided last year was at the routine home care level – which is the goal of the hospice team. If the clinical care needs of the patient increase to the point where care at home is no longer sufficient to effectively manage the patient’s pain and symptoms, then more direct clinical care by hospice staff can be provided. The hospice team has two options to meet the needs of the patient and their families. First, the hospice may bring additional staff into the home to address the acute symptoms that require complex care management. This level of care, continuous care, provides more skilled professionals in the home for longer periods of time than routine home care. If, in the judgment of the hospice interdisciplinary team which includes the hospice physician, the patient’s symptoms cannot be effectively managed at home, then the patient is eligible for a more medically intense level of care. This is general inpatient care provided in a setting outside the home (most often a hospice unit, skilled nursing facility, or hospital).

What about those hospices that can’t provide any general inpatient care?
They need to find a way to provide the required levels of care, or they should go out of business.

Why aren’t hospices able to provide General Inpatient (GIP) level of care?
The regulations governing hospice programs within Medicare mandate that every hospice has to have the capacity to deliver the full range of services, as detailed in the Medicare hospice Conditions of Participation– this includes all four levels of care provision. If they cannot offer all four levels of care, they should not be Medicare certified.

Why aren’t more patients receiving GIP?
The focus of hospice is to honor the goals of the patient and family. Most of the time that means that they want to be free of their pain and other symptoms, surrounded by family and friends, at home, and not be a burden to their loved ones. Research has found that eight out of ten people would want to be in the home if at all possible. For almost all hospice patients, these goals are met, day in and day out, by hospice professionals, volunteers and family caregivers. Pain and other symptoms are anticipated, and professionally managed by the hospice team so that they don’t reach a state of crisis (necessitating more intense care). In those rare occurrences where the disease course causes acute symptoms that can’t be managed through routine home care, the hospice offers the patient and the family the clinically based option of more intense services (continuous or general inpatient levels of care). All quality hospice care providers must be equipped to deliver this care. Note that the patient can refuse to receive this level of service. That is always the patient’s option, but when the more acute levels of care are clinically appropriate, they have to be made available.
Isn’t there an expectation of providing progressively more intense services in hospice?
No, the goal is always to provide all necessary care and services in the home setting if at all possible. Each patient and family is different. As the statistics show, GIP is delivered in 2.7 percent of patients. And, that is a good thing – it means hospice is working effectively as the care model was envisioned. It is only in those instances where the medical circumstances become acute that the clinical criteria warrant the decision to take a different course.

What about complaints about lack of care or bad hospice experiences?
Hospice has a well deserved reputation and extensively documented history of very high quality care and patient and family satisfaction. Hospice served more between 1.5 – 1.6 million patient and their families last year, with all health care systems serving huge patient populations, there are times when those high standards are not met. Every one of those patients and families deserve the highest levels of care.

While not every patient will need crisis care, even one case of a patient not receiving the care necessary to address pain and symptoms is one too many and is unacceptable. Caring for people at life’s end is complicated. It is not checkbox medicine. It is a combination of art and science practiced by trained professionals, volunteers and family caregivers with the patient and family as the unit of care. Every patient and their family members should be supported at every stage of the end of life by a skilled hospice professional.

The Post article noted About 10 percent of hospice patients get some continuous nursing care, and about 25 percent of hospice patients receive inpatient care at a medical facility at some point during their time receiving hospice services. What does this mean?
We are not sure how these numbers have been generated, but the important thing to understand is that every patient deserves compassionate support that hospice promises, and NHPCO is committed to working with CMS and the hospice community to ensure that we are all working hard to give every patient the best experience possible.

Where can the public find more information on hospice?
The National Hospice and Palliative Care Organization has a consumer focused website at www.CaringInfo.org/hospice that provides information about care, questions families may want to ask, and a way to find a hospice provider in your community. Or you may call that NHPCO HelpLine at 1 800 658 8898