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Determining Levels of Care in Hospice

November 10, 2020

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Community Educator, Seasons Hospice & Palliative Care, Inc

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Objectives

- **Identify** the four levels of care provided by hospice
- **Distinguish** the differences between continuous care and general inpatient level of care
- **List** three locations where general inpatient level of care can be provided
- **Name** potential symptoms that may require a higher level of care
- **Identify** when respite care can be utilized to assist families caring for their loved ones

Did You Know…

Medicare provides four different levels of hospice care to support patients and families

- The level of care a patient is eligible for is determined by the patient's specific needs and the individualized plan of care (POC)
- The POC is established through a conversation between the patient, family, hospice physician, and attending physician
- Patients may qualify for higher levels of care for certain lengths of time depending on medical needs

General Inpatient

Short-term
(average length of stay is hours to days)

Location:
Skilled Nursing Home
Hospital,
Hospice Center

Patient is having uncontrolled symptoms (examples include pain, respiratory distress, vomiting, bleeding)

Continuous Care

Short-term
(average length of stay is 24-48 hours)

Location:
Assisted Living Facility,
Nursing Home,
or Home

Physician determines that a nurse is required to stay with patient for a few hours to days

Routine Care

Long-term

Location:
Home
Assisted Living Nursing or Nursing Home

Primary Caregiver:
Family, Assisted Living or Nursing Home staff provide care and medications

Respite Care

Max of 5 days

Location:
At a Contracted Nursing Home

Nursing Home staff care for patient while family has a "respite" period

What Do the Four Levels of Care Cost?

- Medicare and Medicaid will typically cover all costs for four levels of care **when medically necessary and related to the hospice diagnosis**
- Medicare/Medicaid: No additional cost to patient for higher levels of care
- Room and board costs are also covered when a patient receives general inpatient or respite level of care at a nursing home, hospital, or inpatient center
- Many private insurance carriers also cover the costs associated with the different levels of care

Hospice Reimbursement Medicare/Medicaid

- Daily per diem for routine level of care
- Hourly rate for continuous care
- Daily rate for GIP/Respite care

Levels of Care Utilization

LOC Metrics	2012	2013	2014	2015	2016	2017
Routine HC Days	97.6%	97.8%	97.8%	97.9%	98.1%	98.2%
Continuous HC Days	0.3%	0.3%	0.3%	0.3%	0.2%	0.2%
Respite Days	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
General Inpatient Days	1.8%	1.6%	1.5%	1.5%	1.4%	1.3%

Source: NHPCO Facts and Figures
2018 EDITION *(REVISION 7-2-2019)*

Routine Level of Care

- Most common level of care
- Long-term
- Location:
  - Personal Residence
  - Nursing Home
  - Assisted Living
- Primary Care Giver:
  - Family/Friends
  - Assisted Living Staff
  - Nursing Home Staff
- Interdisciplinary Team (IDT) makes periodic visits to patient based on plan of care (POC)
- Level of care may be changed at any given time during patient's hospice stay based upon their condition
- Patient has terminal disease but has a care plan in place for comfort

Meet Shirley

Case Study Shirley

- 88 y/o female with history of HTN, CHF, DVT, Alzheimer's Dementia (Mild to Moderate), and recent new diagnosis of ovarian cancer
- Per Shirley *"I have lived a good life and just want to go home"*
- Shirley's hospice admission diagnosis is Stage IV Ovarian Cancer with multiple lymph node involvement and possible liver metastasis
- Shirley lives with her daughter Anna who is also POA, other sibling resides out of state and per Anna "is no help whatsoever"
- Anna, a single mother is also caring for two children ages 2 & 4, a dog, and works from home
- Upon arrival to the patient's home, the admission RN finds Shirley pleasant, comfortable, alert & orientated x 2, able to answer most questions appropriately, no pain assessed, VS stable, education provided

Shirley's Plan of Care

- RN x 2 per week & PRN
- HHA x 2 per week & PRN
- SW declined ("we don't need to talk to a social worker")
- Chaplin decline ("we are not religious")
- Volunteer declined
- Music therapy x 2 month & PRN
- Shirley is a DNR
- Comfort Meds as ordered
  - Teaching provided
- Cardiac meds as ordered
- Alzheimer's meds as ordered
- 02 2L/per N/C for comfort PRN
  - Teaching provided
- Hospital bed with overlay
- Wheelchair, walker, tub bench

Continuous Care or "Crisis Care"

- Location:
  - Personal Residence
  - Nursing Homes
  - Assisted Living
- Short-term
  - Average length of stay hours to days
- *Physician determines* that a nurse is required to stay with the patient to frequently monitor and re-assess the uncontrolled symptoms
- Utilized when a patient has an uncontrolled symptom impacting quality of life
- Required to provide continuous care for at least 8 hours in a 24 hour period, not necessarily continuous
- Greater than 50% of care must be provided by a skilled staff member
- Care provided by LPN or RN depending on route of medication and C.N.A. staff
- Monitored hourly
- *Physician determines* return to routine level of care
- Coverage Medicare/Medicaid/Insurance case by case

Patient Status Triggers for Continuous Care

- Management of acute medical symptoms
- Pain or symptom crisis that requires frequent medication adjustment, changes in POC
- Respiratory distress
- Uncontrolled nauseas/vomiting
- Diarrhea/constipation
- Delirium
- Terminal agitation
- Caregiver Crisis:

If a patient's caregiver has been providing a skilled level of care for the patient and the caregiver is unwilling or unable to continue providing care, this may precipitate a period of crisis because the skills of a nurse may be needed to replace the services that had been provided by the caregiver

Case Study Shirley

- Shirley has been stable over the last three weeks with no change in her POC
- Today, her RN Case Manager finds Anna upset at the door stating her *"mother is in severe pain and thinks her dementia is getting worse"*
- Upon assessing Shirley she notes the following
  - Temp 98.6 HR 114 RR 28 02 Sat 89%
  - Shirley is in visible pain moaning and pulling her knees up to her chest
  - PAINAD is 10/10
  - Shirley is very agitated calling out and picking "bugs" off of her bed
  - Her abdomen is distended and firm, negative for ascites
- The Nurse CM suspects delirium, possible bowel obstruction or constipation
- When she asks Anna when the last bowel movement was Anna thinks *"it's been five or so days"*
- Asked if she has tried any comfort meds she states she *"did not want to bother anyone and was not sure what to do"*
- The Nurse CM offers GIP level of care, daughter declines as she promised her mother she could stay home
- Continuous care is initiated

Quiz Time: Continuous Care

Situation A: The patient has had a central venous catheter inserted to provide access for continuous Fentanyl drip for pain control and for the administration of antiemetic medication to control continuous nausea and vomiting. The nurse spends 2 hours teaching the family members how to administer IV medications. She returns in the evening for 1 hour. The hospice aide provides 3 hours of care. The nurse spends 2 hours phoning physicians, ordering medications, documenting and revising the plan of care.

Determination: Despite 8 hours of service, this does not constitute CHC since 2 of the 8 hours were not activities related to direct patient care.

Quiz Time: Continuous Care

Situation B: 77-year-old patient with lung cancer whose caregiver is 80 years old. The caregiver has been caring for this patient for 4 months and is now exhausted and scared. The care provided consists of assisting with bathing, assisting the patient to ambulate, preparing meals, housekeeping and administering oral medications. Since the patient is short of breath at rest, she requires assistance in all ADLs, which equates to 9 hours of assistance within a 24-hour period.

Determination: This would not qualify as CHC since there is little care that requires a nurse. The patient would however be a candidate for an inpatient respite level of care.

Respite Care

- Location:
  - At contracted Nursing Home
  - Inpatient Hospice Units
- Maximum of 5 days
- Applies only to patients living in a personal residence
- Nursing Home/IPU staff provide care
- Family has "respite" period
- Patient does not meet requirement for higher level of care
- Respite is schedule by hospice SW
- Coverage provided by Medicare/Medicaid/Insurance case by case

Case Study Shirley

- Shirley has been stable for the past two weeks with little change in POC
- Today, when the Nurse CM arrives she finds Anna sobbing and the kids are running all over the house yelling
- Anna states she simply cannot take it anymore as she is exhausted and does not know what to do
- The CM recommends she meet with the SW to discuss options and she agrees
- The SW offers Respite Care to Anna to give her a break while she considers LTC placement for her mother
- Anna agrees and Shirley is transferred to Sunny Hill Nursing home
- Anna is supported by the SW and decides she wants to bring her mother back home as she promised
- Anna remains opposed to LTC
- The SW gives Anna a list of caregiving agencies as she has decided to hire caregivers at night so she can rest
- Shirley returns home in 5 days with caregivers in place for night shift

General In-Patient Level of Care "GIP"

- Provided at Hospice Inpatient Centers, contract beds at hospitals, or nursing homes
- Around the clock supervision in a specialized facility for acute symptom management
- The hospice provides professional management of the care
- No cap on number of days they can stay but must meet criteria all the time
- GIP is not an "automatic" level of care when a patient is imminently dying
- GIP is justified in the dying patient if symptoms are causing distress and frequent adjustments in the plan of care (POC) by a skilled clinician would achieve quality of life prior to death
- GIP can not be used due to caregiver breakdown
- Discharge planning starts upon admission
- Monitored daily

Patient Status Triggers for GIP

- Pain or symptom crisis not managed by changes in treatment plan in the current setting
- Intractable nausea/vomiting
- Advanced open wounds requiring changes in treatment and close monitoring
- Unmanageable respiratory distress
- Delirium with behavior issues
- Initiation of complex medical management
- Sudden decline necessitating intensive nursing intervention
- Imminent death-**only** if pain or other symptoms are present and skilled nursing is needed

Case Study Shirley

- Shirley has been declining over the past three weeks with increasing pain in her abdomen, nausea/vomiting, and has not gotten out of bed in the past two weeks
- When the Nurse CM arrives today, Shirley is moaning and writhing in pain, PAINAD is 10/10, and she is vomiting non-stop despite having scheduled Compazine, and appears to have delirium
- The Nurse CM suspects a malignant bowel obstruction
- Anna is visibly exhausted and distressed
- The Nurse CM discusses the option of transfer to GIP at Hospice facility as she requires acute symptom management
- Anna initially is resistant to transfer as she promised her mother she could stay home but with her mother's current condition and support from the hospice SW and Nurse she agrees
- Shirley is admitted GIP and her pain and symptoms are aggressively managed
- Shirley dies comfortably with her daughter at her bedside two days later

Quiz Time GIP

Situation A: 85 year old woman who lives in a private home with her twin sister. She was recently admitted to hospice with a diagnosis of COPD with comorbidity of dementia with increasing care needs. Her sister has called 911 due to her sister's increased weakness, refusal to take medications, and refusal of any care. This is difficult for her sister as she is wheelchair bound. The sister has called 911 as well as hospice. The Nurse CM arrives in the emergency room to evaluate for GIP.

Determination: The Nurse CM does not find her appropriate for GIP. The patient is stabilized and sent home as the sister declines respite stay. The hospice team is alerted to work on possible placement.

Caregiver breakdown is not covered under GIP

Summary

- The four levels of care are meant to help hospice patients with their goals of care at different points along their hospice stay
- *Not all patients* will be medically eligible for each level of care
- The appropriate level of care is determined by the hospice physician in consultation with the hospice interdisciplinary team, based on their assessment of patient needs and acuity of symptoms as well as other factors

Determining Levels of Care in Hospice: Q & A

Please use the chat box in the lower right-hand corner to ask questions. Our moderator will relay them to the presenter to answer live.

References

- Centers for Medicare and Medicaid Services (2015). Medicare Benefit Policy Manual Chapter 9- Coverage of Hospice Services Under Hospital Insurance. Retrieved on 8-14-2020 https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c09.pdf
- Documenting to support General Inpatient (GIP) Hospice Level of Care 2018 Retrieved on 8-14-2020 https://www.nhpco.org/wp-content/uploads/2019/05/Clinical_Guide_GIP_Version.pdf
- NHPCO Facts and Figures 2018 Edition (Revised 7-2-2029). Retrieved 8-14-2020 https://www.nhpco.org/wp-content/uploads/2019/07/2018_NHPCO_Facts_Figures.pdf

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