

Who Is Eligible For General Inpatient Care?

Patients are evaluated on a case by case basis. A patient appropriate for this level of care may present with one or more of, but not limited to, the following:

Pain

- Active treatment to control pain that cannot be adequately managed at home.

Symptom management

- Intractable or protracted nausea incompatible with management in a home setting
- Respiratory distress
- Sudden, acute general deterioration related to the terminal illness requiring intensive nursing intervention
- Open lesions with exacerbating symptoms not responsive to home care
- Other conditions/symptoms in need of evaluation or which fail to respond to home care management.

Psychosocial Monitoring

- Patient has acute symptom management needs which result in the collapse of family support
- Psychosis, severe confusion, acute anxiety or depression and combativeness secondary to end-stage disease process requiring intensive intervention and not manageable in the home setting.

Imminent Death

- With death imminent, the family is unable to cope or care requires ongoing and frequent skilled nursing intervention. Or the family prefers to have the death occur at a hospital or care facility.

Criteria for Continued Stay in the Inpatient Level of Care

- Pain continues to require frequent skilled and daily interventions and ongoing assessments
- Symptoms such as intractable nausea/vomiting, respiratory distress, open lesions or ongoing deterioration related to the terminal illness continue to require daily skilled interventions and ongoing assessments
- Ongoing mental status changes which require daily skilled interventions and ongoing assessments
- Death is imminent evidenced by clinical deterioration such as mottling of the skin, change in respiratory status and level of consciousness. Frequent nursing care is required and/or family is unable to cope.

Criteria for Discharge from the Inpatient Level of Care

- Medical and/or psychosocial reason for admission stabilized for 24 hours
- Re-established family support system
- Appropriate discharge plan has developed
- Transfer to another level of care



Inpatient Options for Patients of Iowa City Hospice

Contact Us To Learn More About Iowa City Hospice:

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Iowa City Hospice Inpatient Options

Patients of Iowa City Hospice can also receive care as an inpatient in the hospital or Medicare-approved care facility. For patients on Medicare, there are two levels of inpatient care available, **inpatient respite care** for the relief of the patient's caregivers and **general inpatient care** for pain control or symptom management.

These inpatient services are designed to provide short-term inpatient care for the purposes of pain control and other symptom management; evaluation in changes in condition; and, respite care.

The intent of these inpatient services is to offer Iowa City Hospice's care in an environment that is as home-like and conducive to the normalization of living as possible.

Inpatient Respite Care

Inpatient respite care is intended to give family caregivers a brief break, or "respite" from the demands of caregiving for up to 5 days at a time; there is no limit to the number of these stays.

Inpatient respite care is generally provided at the request and with the consent of the primary caregiver.

Respite care does not require that a worsening of the patient's condition precede the respite stay.

Examples of appropriate use of respite care:

- Caregiver feels if he/she had relief of care giving responsibilities for a short time, that the caregiver could resume or continue caring for the patient at home again.
- Caregiver is temporarily unable to provide care to patient because of personal illness.
- Caregiver needs to go out of town overnight.

General Inpatient Care

Iowa City Hospice patients may be admitted for short-term general inpatient care when the physician, Iowa City Hospice team and the patient believes symptom management cannot feasibly be provided in the home setting.

Although the length of stay for general inpatient level of care is based on the patient's condition and acute need, not any specific numbers of days, patients are not usually in the hospital setting for longer than a week. The patient returns or transitions to home hospice care once daily interventions have ceased and symptoms abate.

Examples include:

- A patient elects the hospice benefit at the end of a covered hospital stay because the patient remains in need of pain control or symptom management, which cannot feasibly be provided in another setting.
- A patient transfers from the home setting for pain or symptom management when:
 - interventions provided at home have not effectively managed the symptoms
 - Complicated technical interventions are needed
 - Frequent evaluation and medication adjustments by a nurse are necessary
- Symptom management care can also be used to support patients in the last few days or hours of life to manage the acute dying phase whenever patient or family prefers to have the actual death occur in the hospital or a care facility.

