Auditing GIP Use
Joan M Teno MD, MS    Carol Spence, RN, Ph.D.

Goals

- 1. Understand the proposed content and administration of an audit tool created by the Research Advisory Committee
- 2. Utilize the audit tool to ensure regulatory compliance and a focus on improving the quality of care
- 3. Incorporate the results of the audit tool as part of their quality improvement program

General Inpatient Level of Care Audit Tool

Carol Spence, PhD, RN
Vice President Research & Quality
National Hospice and Palliative Care Organization
Today We Will Talk about ...

- Definition and purpose of an audit
- The audit process
- Steps in development of an audit tool
- Characteristics of a good audit tool
- Data elements to include in a GIP audit tool

What is an Audit?

Patient Record Audit

DEFINITION:

Examination of medical records to determine often and how well something is done and whether improvement is needed
Patient Record Audit

**FOCUS:**
- Adherence to clinical protocols and practice guidelines
- Data capture for quality reporting
- Documentation requirements

**PURPOSE:**
- Quality Improvement
- Compliance
- Payment

Audit Process
- Systematic review
- Planning and testing - should yield actionable data
- Communication of findings and recommendations
- Follow-up on corrective actions
Steps in Audit Process

1. Select topic
2. Identify measures - based on standards and regulations
3. Identify patient population
4. Determine sample size

Steps in Audit Process (con’t)

5. CREATE AUDIT TOOL
6. Collect data
7. Summarize and analyze results
8. Create action plan

Characteristics of a Good Audit Tool

FORMAT/STRUCTURE
✓ Keeps data separate
✓ Allows ease of compilation
✓ Paper or electronic
✓ Timeframe clear (e.g., closed record, after admission)
✓ Instructions for reviewer(s)
Characteristics of a Good Audit Tool

YIELDS ACTIONABLE INFORMATION:

- Identifies Problems
- Supports decision making (scoring)
- Detects differences and deficiencies
- Consistent results across multiple reviewers
- Ease of use

Regional Variations: Medicare Hospice Claims Data, GIP and Continuous Care

Joan Teno, MD
Professor of Health Services, Policy, and Practice and Associate Medical Director, Home and Hospice Care of RI

Regional Variation

- 1967, Wennberg collected data on the rate of tonsillectomy in Vermont finding in one town 70% of children had one compared to 7% in another town
- Feeding tube insertions in persons with advanced cognitive impairment vary by factor of ten fold
- Hospice referral
Dartmouth Atlas: Regional Variations in the Use of ICU in the Last Six Months of Life

If you go to Midas, you get a muffler.
If you call GI consult, something will be scoped.

Source: The Dartmouth Atlas of Health Care 1999

State Average: GIP Days Variation

- In 2009, the state variation in GIP use in the last month of life ranged from 6.4 (AK) to 50.3 (RI). The graph shows the variation in average number of GIP days with the denominator of all deaths in Hospice.

State Variation in Site of GIP Hospice Care

- New England states (RI in 2009, it was 26% of all hospice deaths, CT where it is 8.6% of hospice deaths, and MA where it is 8.9% of all hospice deaths).
Confronting Regional Variation

- I have written several editorials that called upon my colleagues in the acute care hospital to examine whether the rate of feeding tube insertions is consistent with patient preferences and their current disease trajectory.
- Similarly we need to confront our own variation and ask the following question: Is it the right care for the right persons at the right time, at the right place and honors their rights to participate in medical decision making?

"... commitment to openness, openness to challenge, and the absolute priority of patients' own views on what they need ..."
- Dame Cicely Saunders

Benchmark for GIP - 2009

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Description of GIP from CMS

- General inpatient care (GIP) under the hospice benefit is not equivalent to a hospital level of care under the Medicare hospital benefit.

- Examples:
  - At end of a hospital stay:
    - if a patient in this circumstance continues to need pain control or symptom management, which cannot be feasibly provided in other settings while the patient prepares to receive hospice home care, general inpatient care is appropriate.
  - Patient in need of:
    - Medication adjustment
    - Observation
    - Other stabilizing treatment, such as psycho-social monitoring, or a patient whose family is unwilling to permit needed care to be furnished in the home.

Reasons for General Inpatient Care

- An individual who has elected hospice care receives general inpatient care in an inpatient facility for:
  - pain control or
  - acute or chronic symptom management
  - which cannot be managed in other settings

- It is the level of care provided to meet the individual’s needs and not the location of where the individual resides, or caregiver breakdown, that determine payment rates for Medicare services.

Caregiver Breakdown

- If the hospice and the caregiver, working together, are no longer able to provide the necessary skilled nursing care in the individual’s home, and if the individual’s pain and symptom management can no longer be provided at home, then the individual may be eligible for a short term general inpatient level of care.

- Caregiver breakdown should not be billed as general inpatient care unless the acute pain and symptom management coverage requirements for this level of care are met.

- For GIP, the intensity of interventions required for pain and symptom management is such that it cannot be provided in any setting other than an inpatient setting.
Payment Procedures for GIP

§ 418.302 Payment procedures for hospice care

(4) General inpatient care day. A general inpatient care day is a day on which an individual who has elected hospice care receives general inpatient care in an inpatient facility for pain control or acute or chronic symptom management which cannot be managed in other settings.

Interpretive Guidelines – L710

Interpretive Guidelines §418.108(b)(2)
- The hospice must assure that the inpatient facility has enough nursing personnel present on all shifts to guarantee that adequate safety measures are in place for the patients, and that the routine, special, and emergency needs of all patients are met at all times.

§ 418.108 Short-term inpatient care

(c) Standard: Inpatient care provided under arrangements
- Hospice must:
  - Provide copy of the plan of care
  - Retain responsibility for ensuring training of facility personnel
  - Have a method for verifying that the requirements of this section are met.
- Facility must:
  - Have copy of plan of care
  - Have patient care policies consistent with the hospice
  - Have an identified individual responsible for implementation of the written agreement
- Inpatient clinical record must:
  - Document all inpatient services and events
  - Copy of the inpatient clinical record must be available to the hospice at discharge
  - Copy of the discharge summary is provided to the hospice at discharge
Resources

- Medicare Benefit Policy Manual / Chapter 9 - Coverage of Hospice Services Under Hospital Insurance

- Medicare Program; Hospice Wage Index for Fiscal Year 2008; 42 CFR Part 418, [CMS-1539-F]; Centers for Medicare & Medicaid Services (CMS), HHS.

- Appendix M: Guidance to Surveyors – Hospice

GIP Audit Tool

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1. Information About Administration
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   - Facility Address: [Address]
   - Facility Phone: [Phone]

2. Admission Form
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   - Discharge Date: [Date]
   - Admission Reason: [Reason]
   - Discharge Reason: [Reason]

3. Admission Form
   - Admission Date: [Date]
   - Discharge Date: [Date]
   - Admission Reason: [Reason]
   - Discharge Reason: [Reason]

GIP Audit Tool

| GIP | Admission Form | Time
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2. Admission Form
   - Patient's Name: [Name]
   - Admission Date: [Date]
   - Admission Reason: [Reason]
Why GIP level of care?

- Identify the precipitating circumstances necessitating the need for GIP level of care
- Patient needs or event which supports higher level of care described
- Describe interventions which were not effective at RHC prior to GIP admission
- Home hospice staff document interventions implemented to control patient symptoms and outcome
- Description failed of interventions should be documented in summary to inpatient hospice staff
Why GIP level of care?

- Examples of appropriate general inpatient care include a patient in need of:
  - Procedures necessary for pain control or acute or chronic symptom management
  - Aggressive treatment to control pain
  - Complicated technical delivery of medication requiring RN for calibration, tubing changes, or site care
  - Frequent medication adjustment
  - Frequent evaluation by physician/nurse

Other examples

- Sudden deterioration requiring intensive nursing intervention;
- Intractable nausea & vomiting
- Advanced open wounds requiring more than one person to complete complex dressing changes
- Uncontrolled respiratory distress
- Severe agitation, anxiety or delirium
- Other uncontrolled symptoms
- Pathologic fractures;
- Traction and frequent repositioning requiring more than one staff member;
- Imminent death – only if skilled nursing needs are present

Why continued GIP level of care?

- Documentation must be thorough and reflect the need and intensity of care for this level at all phases of care
  - “Why does the patient need this level of care?” should reflect in every shift’s documentation
  - What interventions are you providing that cannot be provided in another setting?
  - Documentation should include assessments and interventions from all IDT members to address
    - Physical needs
    - Psychosocial needs
    - Emotional needs
    - Spiritual needs
Documenting GIP level of care

- Think of a clinical note as a bill for Medicare reimbursement
- Describe the interventions and services provided in detail
- Each note should stand on its own in supporting the GIP level of care
- Document patient’s responses to interventions in the general inpatient setting
  - Were they effective?
  - Are they still effective?

Phrases to avoid

- Avoid:
  - Patient stable

- Better:
  - Care needs being managed by (insert intervention)

Phrases to avoid

- Avoid:
  - GIP for pain management

- Better:
  - GIP to manage severe, uncontrolled pain in abdomen; continues to require titration of (insert med)
Phrases to avoid

- Avoid:
  - Interventions effective

- Better:
  - Effectiveness of symptom management is continuously reevaluated to achieve optimum comfort

Documenting GIP level of care

- A change in patient condition or level of care requires a change in the plan of care
  - Update the plan of care to reflect the GIP level

- Implementation of the plan of care must be directed to:
  - Stabilizing the acute or chronic symptom management
  - Obtaining a positive palliative outcome (did the higher level of care make a difference)
  - Moving the patient to a lower level of care at the appropriate time

GIP Chart Explanation 4
Summary Note

- Summary notes written every few days pulls information from multiple sources into one note for ease of medical review
- Summaries could be the interdisciplinary group meeting notes

Discharge plan

- Discharge planning begins on admission and continues throughout the GIP stay
- It is time to discharge when
  - Reason for admission stabilized
  - Appropriate discharge plan has been developed that addresses the patient’s
    - Physical needs
    - Psychosocial needs
    - Emotional needs
    - Spiritual needs

- Inpatient hospice staff coordinates with home hospice staff about discharge date and needs
- There should be evidence of coordination in the documentation
- Documentation should evidence discharge planning
  - Referrals
  - Alternative care environment
  - Family support
GIP Audit Tool Explanation

- Although it is not required that hospice visit patients in the inpatient setting of acute care hospital for GIP, we believe it good practice.

References
- Medicare Hospice Regulations:
  - [http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=ceeb7dc66b10b942a2f8650d35f0e8ac&rgn=div8&node=ecfr42:42cfr418.Main_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=ceeb7dc66b10b942a2f8650d35f0e8ac&rgn=div8&node=ecfr42:42cfr418.Main_02.tpl)
  - CMS, Medicare Benefit Policy Manual, Chapter 9 - Coverage of Hospice Services Under Hospital Insurance
  - The Carolinas Center for Hospice and End of Life Care General Inpatient (GIP) Documentation Tool

Resources
- Managing General Inpatient Care For Symptom Management - Tips For Providers (NHPCO)
  - The Carolinas Center for Hospice and End of Life Care General Inpatient (GIP) Documentation Tool