

In-Patient Unit (IPU) Facts

What is the IPU?

- The **IPU (In-Patient Unit)** is what we call our Hospice Care Centers. We have one in Dobson, NC – Woltz Hospice Home and one in Yadkinville, NC – SECU Hospice Care Center.
- The IPUs are where our patients can go instead of the hospital, which we will address further down in this information.

When can a patient go to the IPU?

- Patients that have uncontrolled or urgent symptoms like a pain crisis, respiratory failure, or symptoms that are worsening and not improving that cannot be managed at home can go to the IPU. These patients can go to the IPU instead of going to the hospital. This level of care (**LOC**) is called General In-Patient (**GIP**).
- Families that are having caregiver breakdown and are needing a break or have an important event that they need to attend can request a **respite** stay (up to 5 days) for the patient **if a respite bed is available**.
- **Both of these situations are intended to be short length of stays which is normally less than a week.**

What happens while a patient is at the IPU as GIP?

- When a patient is admitted to the IPU as a **GIP patient**, the Hospice team will go over the IPU procedures and forms with the family and explain that a **discharge plan** begins at the time of admission. The team will start discussing the care of the patient during their stay and plans for when and if the patient can return home.
- While the patient is at the IPU as a **GIP patient**, they will be seen by a Hospice provider **daily** to assess them and make any adjustments to their medications if needed, etc. **Medicare requires** us to re-evaluate if the patient still meets the criteria of **GIP** and to justify their need of medical necessity of needing that higher level of care on a **daily basis**.
- When the patient's symptoms are controlled and they **no longer require the higher level of care of GIP**, the patient will be discharged back home where the home care side of Hospice will pick up or resume.

Levels of Care Explained

- **GIP**(General In-Patient), per **Medicare guidelines**, is intended to be a short stay, usually less than one week, to get symptoms under control so the patient can return home.
- **Respite**, per **Medicare guidelines**, can be provided at the IPU or at a contracted hospital or facility for up to five days. There must be documentation by the Hospice team to prove caregiver breakdown or that there is a needed break.

- **Residential at the IPU** is a **routine level of care** when the patient no longer meets **GIP** criteria or if the patient came for a **respite** stay and they cannot return home for some reason.
 - **Medicare pays for the routine level of care but they DO NOT pay for room and board. This would be the same if the patient were at a nursing home.**
 - **The cost for a patient to stay at the IPU as a residential patient is \$325 per day and is typically collected a week in advance.**
 - **A residential stay is short-term and is usually less than two weeks. The Hospice team will be glad to assist the family with making a plan for the patient to either go back home, move in with family members or go to a facility.**
 - **A residential bed must be approved by the IPU director first.**
 - **The social worker at the IPU or on the Hospice home care team can provide more information on this.**

Respite Beds Cannot be Guaranteed

- The Hospice census **fluctuates daily** and we must make adjustments accordingly.
- Respite beds **cannot** be promised ahead of time. We try to accommodate if at all possible but patients with symptom management needs take priority.
- Please have a **backup plan** for planned respite stays since we cannot guarantee that a bed will be available.

“My loved one is dying and I don’t want them to die at home. Can they go to the IPU?”

- As strange as it sounds, the IPUs are not where our patients go to die. Medicare has become very strict about the requirements for the patients in the IPUs. If the patients have no symptoms to manage then they would have to be transferred to the IPU as a respite or a residential patient.
- The same applies to patients that are already at the IPU as **Respite** or **GIP**. If the patient appears to be dying but they have no symptoms to manage and the family cannot take them home, we would have to change the patient to **Residential** and charge the residential fee.
- Again, these are **Medicare guidelines** that we are required to follow.
- Medicare does not allow patients to be switched back and forth between **GIP** and **Respite** except under very rare and unusual circumstances.
- Please ask your nurse or social worker for more information to help you understand these Medicare guidelines.

Our Hospice Teams are here to serve our patients with life limiting illnesses. Our IPUs are here to provide a place to manage those who have uncontrolled symptoms, providing the best care possible and to get them comfortable as soon as possible.