

Inpatient Hospice Care

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This information sheet reviews Medicare requirements that qualify patients to receive general inpatient care in hospice and will help you to know what to expect if you need this service.

Overview

Medicare (and many other insurance carriers) provide for four levels of hospice care. Routine care provides for “home hospice” wherever the patient lives. Medicare pays for all professional services, medicines, equipment, and supplies related to the terminal illness. Room and board are not covered. Respite care gives families up to 5 days break in caregiving. The patient usually moves to a care center. Continuous care provides for more care at home if a crisis develops. Hospice staff stays for many hours to manage symptoms.

However, if the hospice team cannot handle pain, symptoms, or other technical care where the patient lives, the patient may need to be admitted to a hospital, skilled nursing facility, or inpatient hospice center to receive general inpatient care.

General Inpatient Care

Patients with complex care needs, as determined by the hospice team, may receive general inpatient care for a short time. The patient moves to an inpatient hospice setting for skilled care that the hospice team cannot realistically provide in any other place. Registered nurses are present 24 hours per day, 7 days per week, to provide care. Your hospice Medicare covers all costs. Insurance may cover, depending on the policy.

Reasons for general inpatient care include pain out of control, unrelenting nausea and vomiting, severe shortness of breath, seizures, or other medical symptoms that hospice cannot manage elsewhere. Symptoms need close monitoring. Nurses check frequently to see how a patient is doing. Treatments typically include changes in medication, intravenous fluids or medicines, complex wound care, or other complicated nursing tasks. General inpatient care is also available for patients who are imminently dying with death expected within hours to a few days.

You can expect to be a part of the team. Your input will be valuable to the hospice staff in making sure that the plan of care is consistent with the patient’s values and wishes. You can be involved in care to the degree you wish. Hospice staff will provide ongoing holistic care and will answer questions you may have about the end of life and dying.

Once the patient’s symptoms are under control or the care is less technical, he or she will no longer need general inpatient care. Hospice staff will help with returning to routine care. A patient in a hospital moves to another setting. Similarly, hospice staff will help a patient in a skilled nursing facility or inpatient hospice unit return home, or if needed, find a new suitable place to live. Remaining at the nursing home or hospice facility could mean added costs to you. While insurance may pay for hospice care, it does not cover room and board for routine level of care. The patient may have other insurance through Medicaid, long-term care insurance, or a private policy. Hospice staff will help you review these insurance plans and financial issues to help you find affordable care.

It may be difficult to think of moving from a place where so much help is immediately available. Hospice will provide compassionate counsel to make sure that the move home or to a new place is safe and comfortable. Hospice will help you, every step of the way.

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