



## Hospice GIP Audit Tool

GIP admit date:							
GIP location:							
Inpatient hospice Unit		SNF		Hospital		Other facility	
				Yes	no	N/A	
Admission							
Identify the precipitating circumstances necessitating the need for GIP level of care							
	Pain						
	Dyspnea						
	Nausea/vomiting						
	Uncontrolled bleeding						
	Seizures						
	Respiratory secretions						
	Other						
Is there an order to admit to GIP?							
Is there documentation that treatments tried in the home were ineffective?							
Is the patient moving from an inpatient hospital stay to a hospice facility?							
	Does the documentation clearly show why there is a continued need for GIP level of care?						
Does the plan of care reflect the interventions to be used to manage the patient's needs?							
Are there new treatment orders?							
Are there new medication orders?							
Are the changes effective?							
Do the members of the interdisciplinary team visit the patient on an ongoing basis to determine continued eligibility for GIP level of care and to assess needs of the patient and family?							
	Does discharge planning show efforts made to transition the patient to a lower level of care?						

Reason for GIP				
Symptoms:				
	Description of pain, shortness of breath, or other symptom			
	Documentation of interventions to control symptoms			
	Structural and functional impairments			
	Justification for a longer length of stay is needed			
Is there documentation of the patient's response to treatment?				
Is there documentation of assessment of GIP symptoms at least every shift?				
Is there an ABN when the provider feels the patient does not meet GIP criteria but the patient or family wants GIP?				