

**CCN:**

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| <b>Type:</b>  |  |
| <b>Reporter:</b>  |  |
| <b>Hospital Name:</b>   |  |
| <b>Has your hospital provided acute hospital care at home services to at least 25 patients since the program's inception:</b>                       |  |
| <b>How many patients has your Acute Hospital Care at Home hospital treated who qualified for inpatient hospital admissions since its inception:</b> |  |
| <b>Can your hospital provide acute care services at home:</b>   |  |
| <b>Explain how you are able to meet the pharmacy needs of each beneficiary.:</b>  |  |
| <b>Detail your processes and protocols for performing IV push and IV Piggyback infusions.:</b>  |  |

**Explain how respiratory care will be delivered to patients in your hospital. Please include response times and details regarding the availability of oxygen delivery and treatment, nebulizer treatment, and any other respiratory services.:**

**What diagnostic studies are available to patients while hospitalized in acute hospital care at home:**

**Explain how you will obtain and deliver at least 2 sets of patient vital signs daily to a credentialed provider of the hospital team. These include, at a minimum, Heart Rate, Blood Pressure, Respiratory Rate, Oxygen Saturation, and Temperature.:**

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| <p><b>How will your hospital transport patients between the Emergency Department and their homes, and back to the hospital if needed? Include whether transport is provided by ambulance, non-ambulance medical transport, or other means.:</b></p> |  |
| <p><b>How does your hospital plan to provide meal services to patients to ensure the availability of meals as needed by the patient:</b></p>  |  |
| <p><b>Please describe your plan for being able to deliver the range of DME that may be required during an Acute Hospital Care at Home admission, e.g. commode chair, walker, cane, hospital bed, etc.:</b></p>                                      |  |
| <p><b>Please describe your plan to deliver physical, occupational, and speech</b></p>   |  |

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| <b>therapists to the home, including availability of these services and ability to provide on same-day basis and during the course of an Acute Hospital Care at Home admission.:</b>  |  |
| <b>How will the social work and care coordination teams interact with patients, including discharge? Please describe, in detail, your Acute Hospital Care at Home discharge process and processes to ensure seamless patient discharges.:</b> |  |
| <b>Explain your staffing model to ensure that this minimum level of oversight and care can be provided to each patient.:</b>  |  |
| <b>Explain your staffing model, including whether you are able to ensure each patient is seen in-person by an RN at least daily. If your</b>  |  |

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| <p><b>hospital plans to use MIH members on your team, explain their role in the team structure.:</b></p>  |  |
| <p><b>Can your hospital meet the following minimum emergency response times for each patient:</b></p>   |  |
| <p><b>Explain how you ensure each patient can be remotely connected to a hospital team member immediately at all times:</b></p>   |  |
| <p><b>Explain how you will meet the requirement of a 30 minute in-person response time with appropriate emergency personnel (this may include use of the 911 emergency response system).:</b></p> |  |
| <p><b>Please describe the criteria you use to select patients for acute hospital care at home. Do you use or have you adapted published</b></p>   |  |

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| <p><b>selection criteria or do you use criteria developed on your own:</b></p>   |  |
| <p><b>Will you agree to track the following 3 metrics and report them to the Chief Medical Officer, Chief Nursing Officer, or Chief Executive Officer of your hospital? CMS will contact this executive directly with any concerns about reporting or quality` :</b></p> |  |
| <p><b>Will you agree to establish a local safety committee review (similar to a Mortality and Morbidity team, but dedicated to this program) which will review the metrics listed above prior to weekly submission to CMS? :</b></p>                                     |  |
| <p><b>Which accepted patient leveling process (InterQual, Milliman, etc.) will your hospital use to ensure that only patients requiring an</b></p>   |  |

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| <p><b>acute level of care are treated in this program:</b></p>  |  |
| <p><b>Describe the process to address advanced care planning, including code status updates and possible palliative care consultation prior to patient admissions?:</b></p>   |  |
| <p><b>Describe the process for communicating with the patient support person that the hospital is responsible for providing all patient care needs, including medication administration, transportation, treatments, meals, and patient hygiene?:</b></p> |  |
| <p><b>Describe the process for patient informed consent, including communication of patient expectations for care?:</b></p>   |  |
| <p><b>Describe the emergency response plan in the event the patient does not</b></p>  |  |

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| <b>respond to remote communication or is unable to be reached for in-person visits?:</b> |  |
| <b>CCN:</b>  |  |
| <b>Hospital Address 1:</b>   |  |
| <b>Hospital Phone:</b>   |  |
| <b>City:</b>   |  |
| <b>State:</b>  |  |
| <b>ZIP Code:</b>   |  |
| <b>POC Name:</b>   |  |
| <b>POC Email:</b>  |  |
| <b>POC Telephone:</b>  |  |
| <b>Attesting Name:</b>   |  |
| <b>Attesting Title:</b>  |  |
| <b>Attesting Email:</b>  |  |
| <b>Attesting Telephone:</b>  |  |

**Comments**