**Sample Hospital at Home Inclusion and Exclusion Criteria: Brigham Health**

***Appendix Table 2.*** Detailed Inclusion and Exclusion Criteria

**Inclusion**

Clinical

Aged ≥18 y

Primary or possible diagnosis of any infection, heart failure exacerbation, COPD exacerbation, asthma exacerbation, chronic kidney disease requiring diuresis, diabetes and its complications, gout exacerbation, hypertensive urgency, previously diagnosed atrial ﬁbrillation with rapid ventricular response, anticoagulation needs (e.g., venous thromboembolism), or a patient at the end of life who desires only medical management

**Exclusion**

Social

Not domiciled

No working heat (October–April), no working air conditioning if forecast >27 °C (June–September), or no running water Receiving methadone requiring daily pickup of medication

In police custody

Resides in facility that provides onsite medical care (e.g., skilled-nursing facility) Domestic violence screen positive (39)

Clinical

Acute delirium, as determined by the Confusion Assessment Method Cannot establish peripheral access in ED

Secondary condition: active nonmelanoma/prostate cancer, end-stage renal disease, acute myocardial infarction, acute cerebral vascular accident, or acute hemorrhage

Primary diagnosis requires multiple or routine administrations of controlled substances for pain control Cannot independently ambulate to bedside commode

As deemed by on-call physician, patient likely to require any of the following procedures: computed tomography, magnetic resonance imaging, endoscopic procedure, blood transfusion, cardiac stress test, or surgery

For pneumonia:

Most recent CURB-65 score >3 (40)

Most recent SMRT-CO score >2 (41) Absence of clear inﬁltrate on imaging Cavitary lesion on imaging

Pulmonary effusion of unknown etiology Oxygen saturation <90% despite 5 L of oxygen

For heart failure:

Has a left ventricular assist device

GWTG-HF (42) (>10% in-hospital mortality) or ADHERE (43) (high risk or intermediate risk 1) Severe pulmonary hypertension

For complicated urinary tract infection:

Absence of pyuria

Most recent qSOFA score >1 (44) For other infection:

Most recent qSOFA score >1 (44) For COPD:

BAP-65 score >3 For asthma:

Peak expiratory ﬂow <50% of normal: exercise caution For diabetes and its complications:

Requires IV insulin For hypertensive urgency:

Systolic blood pressure >190 mm Hg Evidence of end-stage organ damage

For atrial ﬁbrillation with rapid ventricular response: Likely to require cardioversion

New atrial ﬁbrillation with rapid ventricular response Unstable blood pressure, respiratory rate, or oxygenation

Despite IV þ and/or calcium-channel blockade in the ED, HR remains >125 beats/min and systolic blood pressure remains different from baseline

<1 h has elapsed with HR <125 beats/min and systolic blood pressure similar to or higher than baseline

ADHERE = Acute Decompensated Heart Failure National Registry; BAP-65 = elevated Blood urea nitrogen, Altered mental status, Pulse >109 beats/min, and age >65 y; COPD = chronic obstructive pulmonary disease; CURB-65 = Confusion, Urea, Respiratory rate, Blood pressure, and age

≥65 y; ED = emergency department; GWTG-HF = American Heart Association Get With the Guidelines–Heart Failure; HR = heart rate; IV = intravenous; qSOFA = quick Sequential [Sepsis-related] Organ Failure Assessment; SMRT-CO = Systolic blood pressure, Multilobar chest radiog- raphy involvement, Respiratory rate, Tachycardia, Confusion, and Oxygenation.

David M. Levine, Kei Ouchi, Bonnie Blanchfield, et al. [Hospital-Level Care at Home for Acutely Ill Adults](https://www.acpjournals.org/doi/abs/10.7326/M19-0600): A Randomized Controlled Trial. Ann Intern Med.2020;172:77-85.  17 December 2019]. doi:[10.7326/M19-0600](https://doi.org/10.7326/M19-0600)