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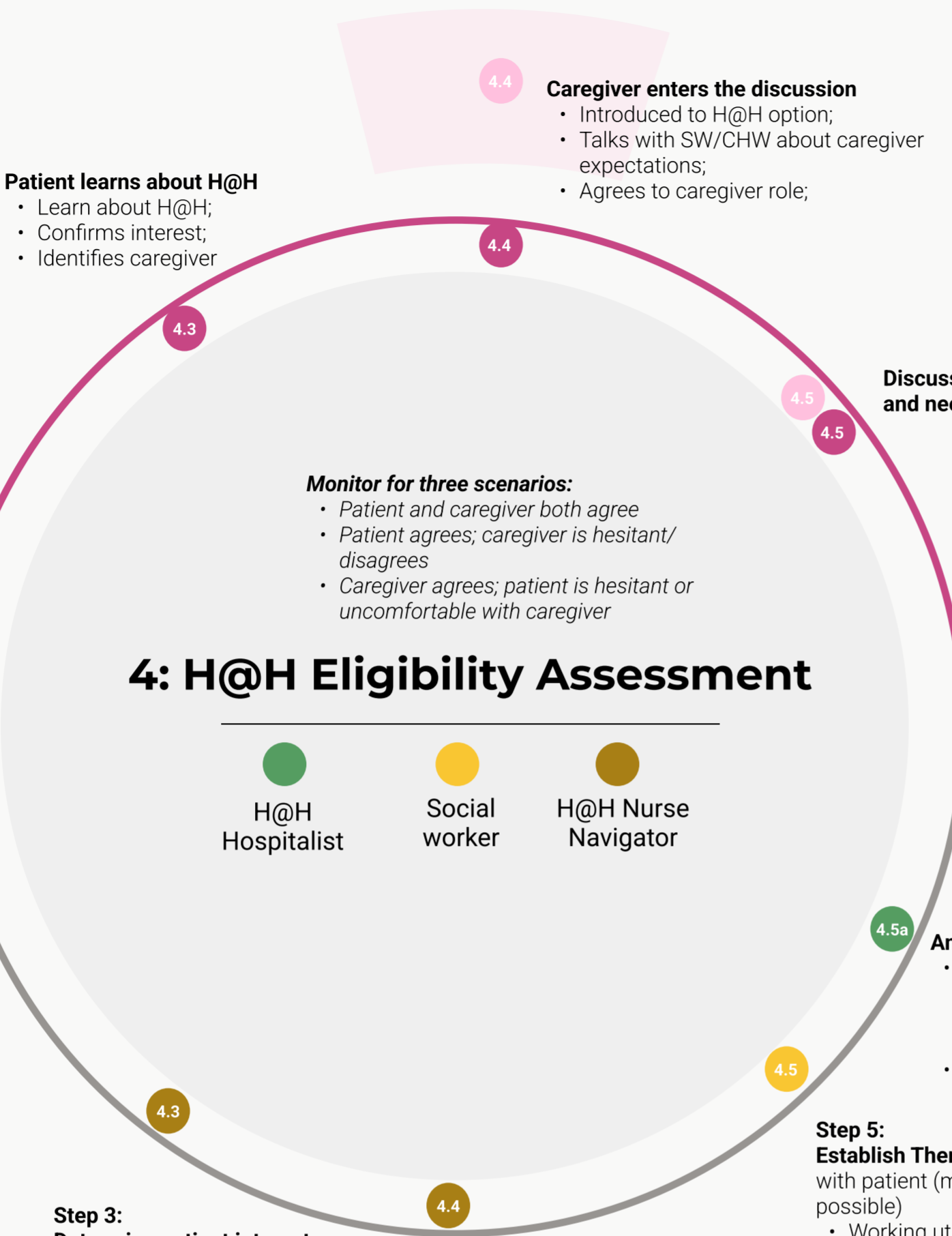
Identifies potential H@H patient

- EHR flag based on IDC code generates potential patient list
- Should go to H@H triage nurse

How might we be confident that patients won't get proposed who shouldn't be due to surge conditions?

Step 1+ 2: Medical eligibility

- Designated conditions
- Appropriate medical acuity and stability
- Fall risk + ADL assessment (use PT/OT perspective)
- Cognitive impairment
- Prior functional status (seizures, infection control)
- No active controlled substance abuse
- No suicide-homicide risk
- SDOH assessment on file



4: H@H Eligibility Assessment

- H@H Hospitalist
- Social worker
- H@H Nurse Navigator

Monitor for three scenarios:

- Patient and caregiver both agree
- Patient agrees; caregiver is hesitant/ disagrees
- Caregiver agrees; patient is hesitant or uncomfortable with caregiver

Step 3: Determine patient interest

- Identify that address has not changed and they are within 30 minutes from hospital
- Introduction video is first to be seen with a brief intro by NN informing the patient they have been identified as clinically appropriate to participate.
- If more information is requested then the brochure and copy of the consent will be left with the patient to read through and find a caregiver.
- Not to exceed (1 -2 hours)
- Identify patient's primary and preferred caregiver(s)

Step 4: Assess caregiver

- Stay in the patients home for most of the night
- Find someone to help if you need to leave for more than 1-2 hours
- Keep walking paths clear in the home
- Make sure no one is smoking in the home and that the caregiver does not smoke
- Able to let the Hospital at Home nurse in
- Able to let the Patient in at time of transfer
- Be responsible that patient does not leave the home
- Accept food and medication deliveries
- Call if medications or food don't arrive
- Make sure meals are served
- Check that medications are within reach and are being taken
- Make sure the Hospital at Home tablet is plugged in
- If asked by the doctor, take vital signs using the Hospital at Home equipment

Step 5: Establish Therapeutic Home Setting

- with patient (mandatory) + caregiver (if possible)
- Working utilities (electricity, heat, water, cell phone)
- Addressable physical barriers in home (stairs, etc)
- Appropriate space and activities at home (e.g. limited or no home businesses, daycare, etc)
- No one is particularly sick with infectious diseases at home
- Basic safety (e.g. fire detectors)
- Perform minimal SDOH assessment to confirm eligibility; full SDOH to occur at first home visit

Answer Questions

- Hospitalist arrives to answer any questions and determines if patient is agreeable to participate in other assessments before consent
- Completes final H&P if admitting from ED

Confer and agree on eligibility

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Discuss home setting and needs

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Caregiver enters the discussion

- Introduced to H@H option;
- Talks with SW/CHW about caregiver expectations;
- Agrees to caregiver role;

Patient learns about H@H

- Learn about H@H;
- Confirms interest;
- Identifies caregiver

5: Consider + consent

- H@H Triage nurse
- Case manager
- H@H Nurse Navigator

- Have patient sign consent;
- Obtain caregiver consent (verbal if not present)

Ensures all authorizations for H@H services are in place *Relevant only for commercial payers in future*

Who needs to be included in deciding authorizations issues?

Nurse navigator notified; Case manager enters handoff note in EHR

Discusses and decides whether to participate

Signs consent form