**Section: Healthcare Home**

**Policy: Adult Risk/Acuity Assessment and Treatment**

 **Interventions**

**Initial Formulation Date: 06/2013**

**Purpose:** To describe the process of assessing risk and acuity of persons served and interventions to decrease risk.

**Scope: Adult**

**Policy: All persons served will have a risk assessment/acuity assessment done within 30 days of enrollment. Risk assessment/acuity will be reviewed for adjustment at least every 3 months and as needed.**

**Procedure:** All persons served will have a risk/acuity assessment done within 30 days of admission into HCH. Risk assessment/acuity will be reviewed at least every 3 months and as criteria’s change for person served. Risk/acuity and interventions will be determined by the following criteria:

1. A “minimum risk/acuity” person served would have phone/in-person contact by the HCH nurse/FNP consultant once every 3 month and intervention documented in the HCH nursing progress note. A minimum risk/acuity person would have one of the following criteria:
2. Person served would have no more than one chronic disease process.
3. The person served would have no hospital stays in the past year and no more than 2 E.R. visit in past year.
4. The person served is medication compliant.
5. A “moderate risk/acuity” person served would have a phone/in-person contact by the HCH nurse/FNP consultant every 2 months and the intervention documented in the HCH nursing progress note. A moderate risk/acuity would have one of the following criteria:
6. Person served would have no more than two chronic disease processes.
7. Person served would have no more than one hospital stay in the past year.
8. Person served would have 5 to 3 E.R. visits in past year.
9. A “high risk/acuity person” served would have once a month phone/in-person contact by the HCH nurse/FNP consultant and intervention documented in the HCH nursing progress note. A high risk/acuity person would have at least one of the following criteria:
10. Person served would have at least three chronic disease processes.
11. Person served would have an in-patient hospital stay at least once in past 6 months.
12. Person served would have two or more in-patient hospital stays in past year.
13. Person served is on 8 or more medications.
14. Person served is non-compliant with medications and MPR is below 70%.
15. Person served has 6 or more E.R. visits in past year.
16. Person served has frequent use of crisis services.

An exception to the “high risk designation” is when the person served is living in a RCF/ISL and their primary needs are being met by the home. The person served risk could be determined to be “moderate” by evaluation of the NCM/HCH Director.

**Evaluation:** This policy will be revised as needed and reviewed at least annually.

**Revise Date: 8/7/2015**