**Hospice Clinical Metrics and Record Keeping**

For the purposes of comparative analysis, all metrics requested below will be collected, shared, and measured for the 12 months prior to the beginning of the AMR MIH Hospice Support Program.

In the event retrospective metrics are not available for the 12-month period, the partnering Hospice agency will inform AMR that a benchmark cannot be established for that metric, and agree that AMR will not be held accountable for performance improvement requirements for that metric.

**Unplanned Care Response Metrics:**

AMR and the Partnering Hospice agency shall provide raw data and aggregated data to each other to calculate the following metrics.

For the purposes of this AMR MIH Hospice Support Program UPC Guideline, and for development of future guidelines, both parties have agreed to collect, share, and measure the following data points monthly for the term of the contract.

All data provided shall be treated as confidential.

**Hospice Metrics**

1. Average Daily Count (ADC) of Patients Enrolled in Hospice Services upon the execution of MIH contract with AMR and monthly totals of the same for the remaining term of the contract.
2. Average Length of Service (LOS) of enrolled Hospice patients for 12 months prior to beginning of AMR MIH program and monthly totals of the same for the remaining term of the contract
3. Number of enrolled hospice patients involuntarily removed from service for 12 months prior to beginning of AMR MIH program and monthly totals for the remaining term of the contract.
4. Number of enrolled hospice patients that withdrew from service voluntarily for 12 months prior to beginning of AMR MIH program and monthly totals for the remaining term of the contract.
5. Number of Unplanned Care Request from Enrolled Patient Population requiring home visits for 12 months prior to beginning of AMR MIH program and the:
   1. Time of day each request was made
   2. Day of week each request was made
   3. Month each request was made during
   4. Time to arrival on scene by Hospice Nurse
   5. Total time spent on scene by Hospice Nurse
6. Total Number of Unplanned Care Request requiring a home visit from Enrolled Patient Population to be reported monthly for term of contract broken down by:
   1. Time of day each request was made
   2. Day of week each request was made
   3. Provider type sent to patient’s home
      1. Hospice Nurse
         1. Time to arrival on scene by Hospice Nurse
         2. Total time spent on scene by Hospice Nurse
      2. AMR MIH Provider
      3. AMR 911 Response

**AMR MIH Provider Utilization**

* 1. Number of Request for MIH unplanned care (UPC) response from the partnering Hospice Provider
     1. Time of day each request was made
     2. Day of week each request was made
     3. Time to arrival on scene
     4. Total time spent on scene
        1. Number and percentage of cases with Arrival Times of 0 – 15 minutes, 16 – 30 minutes, 31 – 60 minutes, 61 – 120 minutes, 121 – 180 minutes, and 181 minutes or longer broken down by:
     5. Total number and percentage of each disposition type
        1. Treated and Released
        2. AMA
        3. Care transferred
           1. Hospice Provider
           2. 911 provider
        4. Transported
           1. Destination

Emergency Department

Hospice In-patient Unit

* 1. 911 request for services for patient enrolled in partnering Hospice agency’s program broken down by:
     1. Number of request made by a Hospice Provider
     2. Number of request made Patient, family or caregiver (all counted as patient calling)
     3. Time of day each request was made
     4. Day of week each request was made
     5. Time to arrival on scene
     6. Total time spent on scene
     7. Number and percentage of each disposition type
        1. Treated and Released
        2. AMA
        3. Care transferred
           1. Hospice Provider
           2. MIH provider
        4. Number Transported
           1. Destination type

Number sent Emergency Department

Number sent to Hospice In-patient Unit