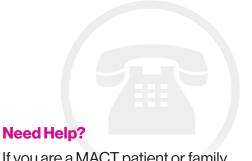
It's good to be home!





If you are a MACT patient or family caregiver, you can reach us 24

hours a day, seven days a week:

212-241-1101

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Selected photograph by Dr. Ana Blohm



The Mount Sinai Hospital Mount Sinai St. Luke's Mount Sinai Beth Israel



The care you need — in your home

The Mobile Acute Care Team (MACT) program provides hospital-level care in your own home. A team of doctors, nurses, and other professionals treat you and monitor your health. And MACT continues to check on you for 30 days after you are well enough to be "discharged" from this daily care.

The care provided by the MACT team, in partnership includes:

- Daily visits (or more often if needed) from a doctor or nurse practitioner.
- Home care nurses check vital signs regularly and administer certain medications.
- Tests, services, IV and other equipment or therapy brought directly to your home.
- On-call service 24 hours a day, seven days a week to respond to any urgent or immediate needs.
- A social worker to coordinate your care and develop a follow-up plan.
- A full report sent to your primary care doctor at discharge.
- 30 days of follow-up, where the MACT team connects with your primary care doctor, coordinates care with other specialists if needed, and arranges any additional treatment to help you get better and stay healthy.

A tested, trusted alternative to the hospital

The MACT model of hospital care at home has been tested across the United States over the past 10 years.

- Nearly 90% of the patients offered hospital care at home agree to participate.
- Patients cared for in their homes report higher levels of satisfaction than those who stayed in the hospital.
- Studies of hospital care at home show improved care quality and safety and reduced medical complications.

Next Steps

- ✓ If you choose to participate in MACT, we will begin the process to admit you to the program.
- ✓ Our physician or nurse practitioner will meet with you to further explain your care, and we will send you home for immediate treatment.
- ✓ Any needed medical equipment will be delivered to your home.

Sample Schedule of Home Visits*					
Time	Monday Day of Admission	Tuesday Home Visits Day #1	Wednesday Home Visits Day#2	Thursday Home Visits Day #3	Friday Day of discharge
7am – 12pm		RN Doctor or Nurse Practitioner Social Worker	RN Doctor or Nurse Practitioner	RN Doctor or Nurse Practitioner	RN Doctor or Nurse Practitioner
12pm – 7pm	• Registered Nurse (RN)	Physical Therapist	Research Coordinator	Physical Therapist	
Additional Visits as Needed					
	• Home Health Aide	Home Health Aide 2nd RN visit Lab Tech X-Ray/EKG Tech	Home Health Aide 2nd RN Visit	Home Health Aide 2nd RN Visit Lab Tech X-Ray/EKG Tech	

Frequently Asked Questions

What is the difference between going home with MACT and staying in the hospital?

As part of Mount Sinai Health System, MACT strives to provide the same excellent and patient-centered hospital-level care (e.g. IV medication infusion, labs, physical/occupational therapy, etc.), BUT in the comfort of your home and your own bed.

What is the cost of the program?

There is no additional cost to you other than similar out of pocket expenses incurred for a hospitalization.

Do you work with my doctor?

Our goal is to ensure the best treatment plan for you by collaborating closely with your primary care doctor throughout the admission and as needed after discharge.

Can I go out during MACT care?

In order to ensure your safety and speed up your recovery process, we ask that you stay home during the treatment period. Just as if you were staying in the hospital, the level of activity you are permitted will depend on your individual diagnosis and overall health status. Upon discharge you can resume your regular activities and lifestyle.

What is going to happen after discharge?

Once discharged, we will continue to be available to you 24/7 for 30 days in case of any emergencies, health concerns, or other issues. Services available to you during this period will vary based of your specific needs and include a doctor/Nurse Practitioner visit, social work visit/s to assist with linkages to community supports as needed, and referral for Home Health Care.

*PLEASE NOTE: The schedule to the left is for illustration purposes only. The actual number of visits per day and disciplines involved will vary based on your individual needs.