

FIGURE 1

SAMPLE PATIENT ASSESSMENT FOR ASSIGNMENT TO TELEHOMECARE

Patient Assessment Checklist

Purpose: To screen current patients of _____ [the home health agency] for appropriate admission to the telehealth program.

In-person assessment of patients is required to complete this checklist, and should be completed during a usual visit so that the nurse is able to judge the communication skills and other capabilities of the patient (and/or of a caregiver who will be present at each telehealth interaction).

Name of Patient _____

Name of Provider _____

Branch Office _____

Date _____

Patient's Capabilities

	Good	Adequate	Poor	Nonresponsive
Ability to See	_____	_____	_____	_____
Ability to Hear	_____	_____	_____	_____
Manual Dexterity	_____	_____	_____	_____
Understand Directions	_____	_____	_____	_____
Attitude Toward Technology	_____	_____	_____	_____
Ability to Tell Time	_____	_____	_____	_____

Patient's Needs

	Yes	No
Requires two or more skilled nursing visits per week	_____	_____
Has history of repeat admissions	_____	_____
Is documented as non-compliant	_____	_____
Has pain/symptom control issues	_____	_____
Specific disease management	_____	_____
Special Needs (e.g., non-regular blood pressure cuff)	_____	_____

Clinician Signature _____

Date _____

Source: Kinsella, *Home Telehealthcare: Process, Policy, and Procedures* (2003)