Home Therapies
Patient Suitability Assessment

BCRenal
Provincial Health Services Authority

The following assessment questions may be useful as a guide to develop an effective plan of care for the home therapy patient.

Patient responses will guide the plan of care to:

- Be individualized
- Specify the services necessary to address the patients needs identified in the assessment
- Include measurable and expected outcomes
- Include estimated timetables to achieve outcomes
- Contain outcomes consistent with current clinical practice standards.

ASSESSMENT	COMMENTS	CONSIDERATIONS
COGNITIVE ABILITY		
EMPLOYMENT • Full time • Part time • Retired • Unemployed » **Occupation** » **Hobbies**		
LEVEL OF INDEPENDENCE • Independent • Needs assistance • In what? • Totally dependent		• May require open discussion with pts family and/or support person to identify their commitment level to assist. • May consider PD Assist if patient meets eligibility criteria.
LEVEL OF EDUCATION • No education • Elementary • High school • College/university		• May need to consider training material and methods to match education level. If illiterate, pictures and return demonstrations may be required for training.

LANGUAGE
• English
• Other
  • Spoken
  • Written
  • Read
		• May need to consider training material and methods to match education level. If illiterate, pictures and return demonstrations may be required for training.

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ASSESSMENT	COMMENTS	CONSIDERATIONS
BARRIERS TO THE PATIENT'S ABILITY TO COMMUNICATE VERBALLY IN ENGLISH • Not able to communicate in English • Only able to communicate basic needs to staff (uses single words or short phrases – requires interpretation assistance for conversations and care planning) • Able to communicate with staff in most situations (able to carry on conversations with staff. Requires occasional interpretation assistance for more complex conversations)		• May require open discussion with family and/or support person to identify their ability to assist for training and ongoing communication between patient and program.
PAST EXPERIENCES WITH LEARNING NEW SKILLS • No • Yes		Questions to consider: • Have they learned to use a computer? • Do they use automated banking? • How did they learn these skills? • Consider using VARK questionnaire to assist in identifying learning styles: **http:/vark-learn.com**
PATIENT'S LEARNING PREFERENCE? • Visual • Hearing • Doing • Solitary (use self study) • Social (group activity, role playing		• Develop a teaching plan that mirrors the patient's learning preference.
KNOWN OR DIAGNOSED COGNITIVE DEFICITS REPORTED BY PATIENT OR FAMILY? • No • Yes		• May require an open discussion with family and/or support person to identify their commitment level to assist if cognitive. • Impairment inhibits short term memory and ability to learn and or make decisions related to treatment. • May require SW consult and assistance to perform clock test and/or mini mental health test.

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ASSESSMENT	COMMENTS	CONSIDERATIONS
DOES PATIENT REPORT ANY PAST OR CURRENT MENTAL HEALTH ISSUES, CONCERNS OR MOOD DISTURBANCES (FEELING OF DEPRESSION OR ANXIETY)? • Dementia • Anxiety disorder • Depression • Alcohol or substance abuse • Post-traumatic stress syndrome • Alzheimer's • Bipolar disorder • Schizophrenia • Other		• Assess if patient's ability to self manage at home may be affected. Active chemical dependency may impair the pts ability to assess health need. Questions to consider: • Is patient followed with psych/ social work support? • Is a consult required?
HOME ENVIRONMENT AND LIVING ARRANGEMENTS		
LIVING ARRANGEMENTS • Lives Alone • With partner/spouse • With children • Extended family • Roommate		Questions to consider: • Will patient need support to self manage? • Do they have someone to assist? • Does the patient identify that help will come from someone that they live with?
TYPE OF DWELLING • House ☐ Rent ☐ Own # of levels _____ • Apartment ☐ Rent ☐ Own • Assisted living/LTC/ nursing home • No fixed address		• Can home therapy be performed in their current living environment? • Electrical and plumbing upgrades may be required for HHD. If renting, landlord approval may be required. • PD is not accommodated in all LTC facilities.
PETS SHARING LIVING SPACE? • No • Yes Type: _____		• Is the patient aware that pets cannot be in the room when they are setting up for dialysis?

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ASSESSMENT	COMMENTS	CONSIDERATIONS
STORAGE SPACE FOR HOME PRODUCTS? • No • Yes Location: _____ • Heated • Well lit • Well ventilated		• Is there adequate home storage for supplies and equipment? May need to consider: • Altering supply delivery schedules (increase frequency and reduce quantities) • Storing some supplies in an alternative location and move as required.
DESIGNATED AREA FOR PERFORMING DIALYSIS? • No • Yes Where: _____		
HAS ACCESS TO ELECTRICITY, WATER AND DRAIN FOR AUTOMATED EQUIPMENT? • No • Yes		• Electrical and plumbing upgrades may be required for HHD. • If renting, landlord approval may be required.
DOES THE PATIENT HAVE A TELEPHONE LINE OR FUNCTIONING CELL PHONE? • No • Yes		
IS THERE ROAD ACCESS FOR SUPPLY DELIVERIES AND/ OR PD ASSIST SERVICES (IF REQUIRED)? • No • Yes		
IS THE PATIENTS CURRENT LIVING SITUATION A POTENTIAL BARRIER TO POSITIVE TREATMENT OUTCOMES? • No • Yes		• Is a home visit required to assess home environment?

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ASSESSMENT	COMMENTS	CONSIDERATIONS
PHYSICAL ABILITY		
PERTINENT MEDICAL HISTORY		
PREVIOUS ABDOMINAL SURGERIES • No • Yes Type: _____		
PATIENT HAS NORMAL VISION WITH OR WITHOUT EYE GLASSES • No • Yes		May need to consider using specific patient education tools: • Large print/font • Audio tools
WHAT VISION AIDS DOES THE PATIENT USE? • Wears glasses • Contact lenses • Magnifier		

DOES THE PATIENT HAVE HEARING PROBLEMS?
• No
• Yes
		• May need to consider:
		  • print material
		  • demonstrations
		  • diagrams
		  • pictures
		• Consider contacting Canadian Hard of Hearing Association.

DOES THE PATIENT USE HEARING AIDS? • No • Yes L R		
DOES THE PATIENT HAVE WEAKNESS OR TREMORS IN UPPER LIMBS? • No • Yes L R		• OT support may be required to assist with support aids/options. • Open discussion required to identify available support in the home and the commitment level of the support. • PD Assist may be an option if patient meets eligibility criteria.
WEAKNESS IN LOWER LIMBS • No • Yes L R		

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ASSESSMENT	COMMENTS	CONSIDERATIONS
AMPUTATION IN UPPER LIMBS • No • Yes L R		• OT support may be required to assist with support aids/options.
DOES THE PATIENT REQUIRE FURTHER FUNCTIONAL ASSESSMENT? • No • Yes- **If so, refer to *Functional Assessment for PD or HHD.***		• May assist in assessing the patient's ability to perform specific tasks physical, cognitively, or reading skills
ASSESSMENT OF CAREGIVER (IF APPLICABLE)		
CARE GIVERS RELATIONSHIP TO THE PATIENT • Spouse/partner • Friend • Other family member		
CARE GIVER LIVES WITH THE PATIENT? • No • Yes		
CARE GIVER UNDERSTANDS COMMITMENT INVOLVED • No • Yes		
CARE GIVER IS WILLING AND MOTIVATED • No • Yes		
CARE GIVER HAS NO BARRIER IN COGNITIVE ABILITY • No • Yes		
CARE GIVER IS AVAILABLE AT THE NECESSARY TIMES FOR DIALYSIS • No • Yes		
ASSESSMENT OF HOME (HOME HEMODIALYSIS ONLY)		
IF THE PATIENT IS A RENTER, IS THE LANDLORD AWARE OF POSSIBLE HOME RENOVATIONS? • No • Yes		• Will require written consent before training commences. • Bring Landlord Consent form to Pre-Assessment clinic/meeting.

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ASSESSMENT	COMMENTS	CONSIDERATIONS
DOES THE PATIENT HAVE HOMEOWNERS INSURANCE? • No • Yes		• This is a requirement due to the increased risk of water damage with a HHD machine.
WHAT TYPE OF WATER SUPPLY DOES THE PATIENT HAVE? • Well • Municipal • Other		• Private well water should be tested a minimum of once a year (q 6months preferred) and more frequently for shallow/ surface wells as they are more susceptible to contamination. It is important to test water at the tap and the source.
IF THE PATIENT HAS A WELL, HOW OFTEN IS THE WATER TESTED?		
DOES THE PATIENT HAVE A SEPTIC SYSTEM? • No • Yes		• Patients should be aware that it is their responsibility to ensure their septic system is well functioning, maintained and is able to manage in the water demands of HHD.
IF THE PATIENT DOES HAVE A SEPTIC SYSTEM: • What is the size of the septic system? • What is the age of the septic system? • What are the water demands of the household?		• See *Home Hemodialysis and Septic Systems* document for more information.
IS THERE ACCESS TO THE MAIN ROAD FOR DELIVERIES? • No • Yes		• A requirement for safe delivery of supplies. • If no access to main road, have the patient describe how deliveries will be made to the home. Will require further evaluation by team.
DOES THE PATIENT HAVE A TELEPHONE LINE OR FUNCTIONING CELL PHONE? • No • Yes		• Mandatory for emergencies and machine issues.