
 وزارة الصحة Ministry of Health	المملكة العربية السعودية وزارة الصحة الادارة العامة للطب المنزلي	 الطب المنزلي Home Medical Care
	Policy NO.: HMC-PAA-PPG-004(3)	
Title : Patient Assessment And Re-Assessment	Replaces Number : Two	Issue Date : 11/05/2016
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1. Purpose:

1.1. To regulate assessment and reassessment for Home Medical Care (HMC) patients.

2. Definition:

2.1 N/A

3. Policy:

3.1. Each patient should have a designated team.

3.2. Patient referred to HMC should have an initial assessment conducted by the HMC Physician; to include the following assessments:

3.2.1. Nutritional Assessment.

3.2.2. Functional Assessment

3.2.3. Elimination Assessment

3.2.4. Pain Assessment

3.2.5. Mobility Assessment

3.2.6. Respiratory Assessment

3.2.7. Physical Assessment

3.2.8. Skin / Wound Care Assessment

3.2.9. Economic Assessment

3.2.10. Health Education Assessment

3.2.11. Anything Applicable for Different Vulnerable Patient Population Assessment (*See Table 2 High Risk Patient Population*)



3.3. The Initial patient assessment should be documented in the patient file using the designated forms:

3.3.1. Initial Assessment Form .

3.3.2. Multidisciplinary Assessment Forms .

3.3.3. Cognitive Impairment Test Form .

3.3.4. Health Promotion Form .

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3.3.5. Pain Assessment Forms/Tools.

3.3.5.1. VEBBAL NUMERICAL Pain scale Tool.

3.3.5.2. FLACC Pain Scale Tool .

3.3.6. Falls Risk Assessment Form , if required

3.3.7. Intra Division Patient Referral Form . or

3.3.8. Patient Referral Form .

should be filled by the doctor using legible, clear handwriting.

3.4. All patient assessment and reassessment forms should be signed, timed and dated

3.5. Initial nursing assessment should be performed by the physician and within the following time frame:

3.5.1. Patient referred from inpatient ward should be assessed by HMC staff in the hospital within 72 hours of receipt of referral.

3.5.2. Patient referred from OPD and Family & Community Medicine clinics should be assessed by HMC staff in the patient's home within two week.

3.5.3. Patient referred from Administration should be assessed by HMC staff in the patient's home within two week.



3.6. The physician will refer the patient for further in-depth assessment by different Health Care Providers based on the patients' health using Intra-Division Patient Referral Form.

3.7. Referrals between HMC professionals should be done through the HMC Intra-Division Patient Referral Form and the patients should be seen within two weeks.

3.8. When the patient is referred to another healthcare provider with HMC Patient Referral Form, he/she should be seen within two weeks .

3.9. Assessment should be repeated every three month or if there is a change in patient condition (e.g. new medical diagnosis, hospitalization or surgical procedures)by filling out a new Initial Assessment form.)



3.10. All patients should be reassessed at every visit by the Health Care Provider based on the patient's condition and using the Multidisciplinary Progress form.

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- 3.11. Continuous reassessment should include a subjective, objective, assessment and a management plan. This *SHOULD BE DOCUMENTED* in the Multi-Disciplinary Progress Form ..
- 3.12. The physician should assess his/her patients for pain at each visit. Each pain assessment should be managed using the same pain tool used on initial assessment unless the patient's condition changes to warrant using another pain assessment tool.
- 3.13. All patient's interventions should be documented in the Multidisciplinary Progress Form and care plan should have a measurable expected outcome and should be dated and timed. A copy of care plan should be left at the patient's bedside (translation in Arabic should be done if requested)
- 3.14. Only qualified/certified Health Care Professionals (as permitted by laws and regulations) should perform patient assessment and documentation in patient files.
- 3.15. Physicians should review patient's file to identify patients who do not meet their expected care plan outcomes on reassessment visit every three month.
- 3.16. Patients who fail to meet their expected plan outcomes will be referred by their physician for an integrated/multidisciplinary team assessment and arrange for a reassessment visit according to identified needs.
- 3.17. Treating Physician will be responsible for filling the Physician Assessment Form and Health Promotion Form,.
- 3.18. Physicians should prioritize patient according to the assessment result.
- 3.19. The patient and patient's family should participate in the decision on the priority of the patients health to be met .

4. Procedure:

- 4.1. When the patient with a referral meets the criteria of the Home Medical Care service; the technical supervisor will allocate a team for the patient.
- 4.2. The physician will conduct the initial assessment within the time frame mentioned in policy statement.



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- 4.3. On the day of initial home assessment a family member must be informed by Home Medical Care office to guide assessment Team to the patient's residence for the initial visit
- 4.4. The physician should conduct the initial assessment including fall and pain and completely fill up the Medical Summary Form , the Initial Assessment Forms, Multidisciplinary Progress Form, and the Multidisciplinary Care Plan Form .
- 4.5. All documentation should be completed including the Multidisciplinary Care Plan Form at patient's bedside during the home visit by the HMC team members and follow Medical Record policy. A copy of the Care Plan should be left at the patient's bedside (Arabic translation should be given if requested).
- 4.6. Based on the initial assessment result, the physician will identify certain patient health and refer the patient to the corresponding health professional for in-depth evaluation as shown in Table 1.

Table 1

HEALTH NEED	WHOM TO REFER
Nutritional	Dietician /Physician
Functional / Mobility / fall risk	Occupational Therapist and Physiotherapist
Elimination / pain / psychological /physical/cognitive	Physician
Respiratory	Respiratory therapist/Physician
Social Will Be Assessed By The Social Services	
Health Education Will be Assessed by all HMC Staff	

- 4.7. Based on the initial assessment result, the physician will identify certain High risk Patient. These patients are as follows but not restricted to:
- 4.7.1. Very Young Patients.
- 4.7.2. Adolescent Patients.
- 4.7.3. Abused or Neglected Patients.
- 4.7.4. Chronically Ill Patients.
- 4.7.5. Very Elderly Patients.

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4.7.6. Terminally Ill Patients and Others in Pain.

4.7.7. Infectious Patients.

4.8. Patient with special will be assessed as **HIGH RISK** Patient according to process as shown in Table 2



Table 2

HIGH RISK POPULATION	ACTION TO BE TAKEN
Physically Challenged (disabled) Patients	Follow the Rehabilitation unit instructions to write the care management plan and the HMC team will implement this plan according to HMC scope of services.
Chronically Ill Patients	Follow HMC Physicians instructions and the HMC teams will implement this plan according to HMC scope of services.
Frail Elderly Patients	Follow HMC Physicians instructions and the HMC teams will implement this plan according to HMC scope of services.
Terminally Ill Patients	Follow HMC Physicians instructions and the HMC teams will implement this plan according to HMC scope of services.
Patients on Life Support	Initially follow HMC Physicians and Respiratory team instructions to write the care management plan and the HMC teams will implement this plan according to HMC scope of services.
Patients on Dialysis	Follow the dialysis unit instructions to write the care management plan and the HMC teams will implement this plan according to HMC scope of services.
Patients on High Risk Medication	Initially follow HMC Physicians and clinical pharmacist's instructions to write the care management plan and the HMC teams will implement this plan according to HMC scope of services.
Infectious Patient	External referral to the infection control department to write the care management plan and the HMC teams will implement this plan according to HMC scope of services.
Patients Whose Immune Systems are Compromised	Follow external referral care plan from respective department treating the patient and/or HMC Physicians

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	instructions and the HMC teams will implement this plan according to HMC scope of services.
Abused or Neglected Patients	External referral form to A&E and then follow the activities from the referral to the Hemaya programme instructions for care and the HMC teams will implement this plan according to HMC scope of services.

- 4.9. When a HMC professional wishes to refer a patient for assessment by another HMC professional, he/she should fill up the HMC Intra Division Patient Referral Form.
- 4.10. The HMC professional requesting the referral should ensure that the form is sent to the designated professional through the HMC secretary/HMC porter.
- 4.11. All in-depth and initial assessment should be documented using the designated in-depth assessment forms using the respective multidisciplinary department within the time frame mentioned in policy statement 2.5.
- 4.12. The HMC professional assessing the patient should document his/her the following in the Intra-Division Referral Form (in the reply section):
- 4.12.1. Assessment in section marked impression.
 - 4.12.2. Plan including planned intervention.
 - 4.12.3. Expected outcome.
 - 4.12.4. Time frame for the intervention including frequency and duration of intervention.
- 4.13. All new patients will be referred to Social Services, and the physician for in-depth assessment.
- 4.14. The physician should complete a new initial assessment form when there is a change in patient condition (New medical diagnosis, hospitalization or surgical procedures).
- 4.15. Patients will be continuously reassessed by the health care professionals/physician based on their health . This will be documented in the multi-disciplinary progress form and the management plan of action in the multidisciplinary care plan form.

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4.16. All entries within the Multi-Disciplinary Progress Form should follow the subjective, objective assessment and plan SOAP format.



4.17. All entries within the Multidisciplinary Care Plan Form should follow the date, problem/, intervention treatment/procedure, duration of goals and expected outcome, frequency of intervention and who will be responsible for the plan of care.

4.18. Pain should be assessed and documented at each visit and appropriate action should be taken. Each pain assessment should be managed using the same pain tool used on initial assessment unless the patient condition changes to warrant using another pain assessment tool.



4.19. The physician will review the files of all the patients under her care on a monthly basis to analyze patient response to management plan.

4.20. All patients should be assessed and re-assessed according to the Scope in **Table 3** appropriate forms.



RESPONSIBLE	INITIAL SCOPE OF ASSESSMENT	ASSESSMENT FORMS TO FILL	TIME FRAME	SCOPE OF REASSESSMENT	ASSESSMENT FORMS TO FILL	TIME FRAME
NURSING	<i>Assessment will cover the following:</i> <ul style="list-style-type: none"> ▪ Patient Medical History Including the Current Complaint ▪ Social History ▪ Listing of Current Medication ▪ Nutritional ▪ Functional ▪ Elimination for 	Medical Summary Form Initial Assessment Forms	On initial visit, then annually or if there is a change in the patient's condition	<i>Reassessment will cover the following:</i> <ul style="list-style-type: none"> ▪ Current Complaints ▪ Intervention Treatment ▪ Procedure ▪ Expected Outcome, ▪ Time to Achieve The Expected Outcome, ▪ How Frequent The Intervention 	Multidisciplinary Progress Form Multidisciplinary Patient Care Plan Multidisciplinary Health Education Record	On Each and Every Subsequent Follow Up Visit As Required

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NURSING	<ul style="list-style-type: none"> Bladder and Bowel ▪ Mobility ▪ Respiratory ▪ Pain ▪ Psychological ▪ Physical ▪ Environmental Fall Risk <ul style="list-style-type: none"> ▪ Economical Status ▪ Skin Condition ▪ Health Educational 	<ul style="list-style-type: none"> ▪ Pain Assessment Tool (if required) ▪ Fall Risk Assessment Form 	<p>On Initial Visit then Every Subsequent Follow Up Visit or if there is a change in the patient's condition</p>	<ul style="list-style-type: none"> Will Occur. ▪ Vital Signs ▪ Physical Assessment, ▪ Pain Assessment ▪ Fall Risk Assessment 		
		<p>Initial Health Education Form</p>	<p>On Initial Visit</p>			
	<p>Full Wound and Skin Assessment, Condition, Type of Wounds and Dressing Treatment and Wound Measurement</p>	<p>In-depth Wound Assessment Form Wound Assessment Progress Form.</p>	<p>On initial finding of a wound</p>	<p>Type and site of Wound, Skin Assessment, Condition, Dressing Treatment, and Wound Measurement</p>	<p>Wound Assessment Progress Form.</p>	<p>Weekly or more frequently as required. If there is a change in the wound status.</p>

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PHYSICIAN	Assessment will cover the following: <ul style="list-style-type: none"> ▪ Patient Medical History Including the Current Complaint ▪ Patient's General Condition ▪ Vital Signs ▪ Pain Assessment ▪ Vision ▪ Hearing ▪ Oral Hygiene ▪ Cardiovascular Assessment ▪ Chest Assessment ▪ Abdominal Assessment ▪ Lower Limb Assessment ▪ Skin Assessment ▪ Central Nervous assessment ▪ Psychological Assessment ▪ Nutritional Assessment 	Physician Physical Assessment Form	On initial visit then 6 monthly or if there is a change in the patient's condition.	Reassessment will cover the following: <ul style="list-style-type: none"> ▪ Patient Current Complaint ▪ Patient's general condition ▪ Vital Signs ▪ Pain Assessment ▪ Vision ▪ Hearing ▪ Oral Hygiene ▪ Cardiovascular Assessment ▪ Chest Assessment ▪ Abdominal Assessment ▪ Lower Limb Assessment ▪ Skin Assessment ▪ Central Nervous System Assessment. ▪ Cognitive/ Behavioral Assessment ▪ Psychological Assessment ▪ Nutritional 	Physician Physical Assessment Form	6 Monthly or if there is a change in the patient's condition.
		Multidisciplinary Health Education Record	On Each and Every Subsequent Follow Up Visit Or As Required		Multidisciplinary Progress Form	On Each and Every Subsequent Follow Up Visit As Required

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RESPONSIBLE	INITIAL SCOPE OF ASSESSMENT	ASSESSMENT FORMS TO FILL	TIME FRAME	SCOPE OF REASSESSMENT	ASSESSMENT FORMS TO FILL	TIME FRAME
PHYSICIAN	<ul style="list-style-type: none"> ▪ Activities of Daily Living Assessment ▪ Fall Risk Assessment and Management ▪ Health Educational Assessment ▪ Patient Devices 	Patient Encounter Prescription Form		Assessment <ul style="list-style-type: none"> ▪ Activities of Daily Living Assessment ▪ Fall Risk Assessment and Management ▪ Health Educational Assessment ▪ Patient Devices 	Patient Encounter Prescription Form	As Required
	Cognitive/ Behavioral Assessment	Assessment form	On initial visit, or if there is a change in the patient's condition.	Cognitive/ Behavioral Assessment	Assessment form	Annually or if there is a change in the patient's condition.
	Health Promotional Assessment Diabetic, Hypertension, Dyslipidaemia, Breast cancer, Colon cancer, Osteoporosis, Vaccination Screening	Health Promotion Form	On initial visit, or if there is a change in the patient's condition	Health Promotional Assessment Diabetic, Hypertension, Dyslipidaemia, Breast cancer, Colon cancer, Osteoporosis, Vaccination Screening	Health Promotional Form	As per Health Promotion Form Annually, Biannually, Every Five Years or if there is a change in the patient's condition

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RESPONSIBLE	INITIAL SCOPE OF ASSESSMENT	ASSESSMENT FORMS TO FILL	TIME FRAME	SCOPE OF REASSESSMENT	ASSESSMENT FORMS TO FILL	TIME FRAME
Respiratory Therapist	<i>Assessment will cover the following:</i> <ul style="list-style-type: none"> ▪ Patient history/ diagnosis and initial impression ▪ All Respiratory Respiration ▪ Tracheostomy Type/Care ▪ CPAP/BIPAP monitoring ▪ O₂ Equipment/ Device ▪ O₂ Saturations ▪ Ventilation Support/Care /Equipment ▪ Suctioning Equipment ▪ Pain Assessment ▪ Fall Risk Assessment ▪ Health Educational Assessment. 	Respiratory Assessment Form Multidisciplinary Health Education Form	On 1 st visit and subsequent visits and/or if there is a change in the patient's condition.	<i>Reassessment will cover the following:</i> Current Complaints Intervention Treatment Procedure Expected Outcome, Time to Achieve The Expected Outcome, How Frequent The Intervention Will Occur. Vital Signs Physical Assessment, Pain Assessment Fall Risk Assessment Health Educational Assessment	Multidisciplinary Progress Form Patient Care Plan Multidisciplinary Health Education Form	On Each and Every Subsequent Follow Up Visit As Required
PHYSIO-THERAPIST	<i>Assessment will cover the</i>	Physiotherapy	On 1st visit then	<i>Reassessment will cover the</i>	Multidisciplinary Progress Form	On Each and Every

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	following: <ul style="list-style-type: none"> ▪ Patient history/ diagnosis and initial impression. ▪ Full Assessment of Motor and Range of Movements for Patients' ▪ Muscle and Skin Assessment, ▪ Environmental Assessment, ▪ Reflex and Sensory ▪ Posture Assessment ▪ Problem list ▪ Pain Assessment ▪ Fall Risk Assessment ▪ Health Educational Assessment 	Assessment form	annually or if there is a change in the patient's condition.	following: <ul style="list-style-type: none"> ▪ Current Complaints ▪ Intervention Treatment ▪ Procedure ▪ Expected Outcome, ▪ Time to Achieve The Expected Outcome, ▪ How Frequent The Intervention Will Occur. ▪ Vital Signs ▪ Physical Assessment, ▪ Pain Assessment ▪ Fall Risk Assessment ▪ Health Educational Assessment 	Patient Care Plan Multidisciplinary Health Education Form	Subsequent Follow Up Visit As Required
Social Worker	Assessment will cover the following: <ul style="list-style-type: none"> ▪ Patient Basic 	Social Consultation Assessment	On 1st visit then annually or if there	Reassessment will cover the following: <ul style="list-style-type: none"> ▪ Current 	Multidisciplinary Progress Form	On Each and Every Subsequent Follow Up

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	Information <ul style="list-style-type: none"> ▪ The Family Situation ▪ Living Arrangements ▪ Social Status ▪ Psychological Status ▪ Economical Status ▪ Management plan ▪ Any Other Specific Social <i>e.g. Abuse and Neglect, financial aid, equipment needed</i> 	nt Form For New Patients	is a change in the patient's condition.	<ul style="list-style-type: none"> ▪ Complaints ▪ Intervention ▪ Expected Outcome, ▪ Time to Achieve The Expected Outcome, ▪ How Frequent The Intervention Will Occur. ▪ Health Educational Assessment 	Multidisciplinary Health Education Form	Visit As Required
Occupational Therapist	<i>Assessment will cover the following:</i> <ul style="list-style-type: none"> ▪ Patient Medical History ▪ Environmental and Physical ▪ Level of 	Occupational Therapy Patient And Environmental Assessme	On Initial acceptance of referral then Annually or if there is a change in the patient's	<i>Reassessment will cover the following:</i> <ul style="list-style-type: none"> ▪ Current Complaints ▪ Intervention ▪ Expected Outcome, 	Multidisciplinary Progress Form Patient Care Plan Multidisciplinary Health Education	On Each and Every Subsequent Follow Up Visit As Required

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	Assistance Needed <ul style="list-style-type: none"> ▪ Functional Ability ▪ ROM and Mobility Assessment ▪ Sensory and Cognitive Functions ▪ Modification Requirements 	nt Forms	condition.	<ul style="list-style-type: none"> ▪ Time to Achieve The Expected Outcome, ▪ How Frequent The Intervention Will Occur. ▪ Health Educational Assessment 	Form	

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- 4.21. Any patient who does not meet his expected management plan outcome within the expected time frame will defined as ***not responding to the management plan***.
- 4.22. Once a patient is found ***NOT*** meeting his expected outcome, the physician should coordinate a referral to the integrated/multidisciplinary management team meeting as per Integrated Care policy.
- 4.23. The physician will maintain a log/registry of all the patients under his care especially those whom do not meet their expected outcome, to enable him to follow up on these patients.
- 4.24. If the patient has multiple health , the physician should prioritize the patient's based on the patient's assessment according to severity and urgency.
- 4.25. The patient/family should be involved in the prioritization process of the health and management plan.

5. Responsibility:



- 5.1. clinicians.

6. Forms:

- 6.1. Initial Assessment Form.(HMC-PAA-FORM-04.1)
- 6.2. Nutritional Screening. (HMC-PAA-FORM-6.1).
- 6.3. Nutritional Assessment. (HMC-PAA-FORM-6.2).
- 6.4. Functioning assessment.
- 6.5. Pain Assessment. (GDOH-INP-PARF-067).
- 6.6. Physiotherapy Assessment. (HMC-PAA-FORM-04.6).
- 6.7. Fall Risk Assessment.

7. References:

- 7.1. Policies and procedures guidelines of Home Medical Care Center, Home Medical Care Administration, Medina Munwara Region, 2016

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- 7.2. Policies and procedures guidelines of Home Health Care Unit, Family and Community Medicine Department at Riyadh Military Hospitals, 2014
- 7.3. Joint Commission International Accreditation Standards for Home Care, 2012
- 7.4. MOH Home Medical Care Standard, 2015.

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