

## Telemonitoring Discharge Approval Form

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Date care started: \_\_\_\_\_

Check all that apply:

- Successful completion of 90 days of telemonitoring without avoidable hospital readmission and/or ER care
  - Home care prepared to discharge
- Comments:

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- Priority Health Case Manager prepared to discharge
- Comments:

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- Provider prepared for discharge
- No compliance alert verified in last thirty days
- No missed provider appointment during monitor period
- Home environment assessed to be comprised of support network sufficient to engage patient in successful self-management strategies (consider spousal / family support, environment, access to care and resources, other conditions)
- Case management / telemonitoring notes demonstrate evidence of patient initiation of self-management strategies to include:
  - Independent access to care
  - Verbalization of successful teach back of signs and symptoms of heart failure
  - Compliance to provider plan of treatment

Comment on all areas not checked:

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Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_