

Time-to-Task Completion

Y	N	<i>CLINICAL ELIGIBILITY AUDIT TOOL</i>			
<input type="checkbox"/>	<input type="checkbox"/>	Is the patient caregiver-dependent for any ADLs? Indicate <i>documented</i> level of support required and time to task completion ("T2TC"):			
ADL	None	Mild	Moderate	Total	T2TC (if documented)
Dependence					
Ambulation					
Bathing					
Dressing					
Feeding					
Toileting					
Transfers					
#/total dependency				X/6	



Helpful Hint:

Compare data over time (by month, benefit period, etc.)

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