

Primary Care Partnerships: Better Access to Services

Guideline 3: Completing the Supplementary Profiles as part of Initial Needs Identification

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CONTENTS

3.1 OVERVIEW	1
3.1.1 ABOUT THE CONSUMER INFORMATION FORM	1
3.1.2 OVERVIEW OF THE TOOL TEMPLATES.....	1
<i>Overview of the tools.....</i>	2
<i>Design issues common to all tools.....</i>	4
3.2 HOW TO COMPLETE THE SUPPLEMENTARY PROFILES OF THE INL.....	7
3.2.1 LIVING ARRANGEMENTS PROFILE.....	7
<i>Living arrangements.....</i>	8
<i>Employment status.....</i>	8
<i>Legal profile</i>	8
<i>Decision-making capacity.....</i>	8
<i>Financial decisions.....</i>	9
<i>Trade-offs.....</i>	9
<i>Carer profile.....</i>	9
<i>Comments.....</i>	9
3.2.2 HEALTH CONDITIONS.....	9
<i>Overall health</i>	10
<i>Bodily pain</i>	10
<i>Interference with normal activities</i>	10
<i>Vision, hearing and falls.....</i>	11
<i>Health conditions.....</i>	11
<i>Current medications.....</i>	11
<i>Comment box.....</i>	11
3.2.3 PSYCHOSOCIAL PROFILE.....	12
<i>Mental health and well being.....</i>	12
<i>Personal and social support</i>	12
<i>Family and personal relationships.....</i>	13
<i>Disability.....</i>	13
<i>Comment box.....</i>	13
3.2.4 FUNCTIONAL PROFILE.....	14
<i>Activities of daily living (functional screen).....</i>	14
<i>Comment box.....</i>	14
3.2.5 HEALTH BEHAVIOURS.....	15
<i>Risk factors</i>	15
<i>Nutrition.....</i>	16
<i>Physical activity and fitness.....</i>	16
<i>Comment box including other issues</i>	17

3. 1 Overview

3.1.1 About the Consumer Information form

This is the third of four guidelines in the Initial Needs Identification (INI) tool suite. This guideline is designed for those completing the supplementary profiles in the process of Initial Needs Identification.

There are 5 supplementary profiles in the INI. The profiles are optional and intended to supplement professional judgement in identifying initial needs, except in the case of HACC services where professionals should use the living arrangements and functional profiles to supplement initial needs identification. The Living Arrangements profile contains information already included in the HACC MDS and the Functional Profile is being introduced as the standard functional screening tool for the HACC program.

3.1.2 Overview of the tool templates

This document is part of a set of four guidelines for completing the Initial Needs Identification (INI) tool templates. A complementary consumer consent template and guidelines have also been prepared. This is obviously part of a larger process that staff undertake in Initial Needs Identification, and it may prompt referral and/or further assessment, and lead on to provide information useful to complete a Service Coordination Plan using the template (form 4) described in Guideline 4.

Issues relating to assessment (service specific, specialist and comprehensive) are not included. To describe the scope of the activities covered by these tools, the following table is useful. The distinction between the INI and various types of assessment are summarised in this table. These distinctions essentially relate to the depth and breadth of the information sought from the consumer.

Table 1: A tiered screening and assessment model

Activity	Depth	Scope	Used for referral purposes?	Current status
INI:				
Consumer Information	Shallow	Narrow	Yes	Required
Summary and Referral Information	Shallow	Narrow	Yes	Required for all referrals and should be used for intake summary functions
Supplementary Profiles	Shallow	Broad	Yes, where relevant	Optional, to be used at discretion of the professional, except in the case of HACC referrals where the living arrangements and functional profiles should be used (both to make and receive a referral)
Assessment:				
Service specific*	Deep	Narrow	No	Out of scope
Specialist*	Deep	Narrow	No	Out of scope
Comprehensive*	Deep	Broad	Yes, where relevant	Out of scope
Care Plan*	Deep	Narrow	No	Out of scope
Service Coordination Plan	Deep	Broad	Yes, where relevant	Should be used with consumers with both multiple agency involvement and complex needs

* Indicates activity is not covered by the current suite of Service Coordination Project tools.

There are 4 guidelines in this series:

- Guideline 1: Completing Consumer Information as the first step in Initial Needs Identification
- Guideline 2: Completing the Summary and Referral Information step of Initial Needs Identification
- Guideline 3: Completing the Supplementary Profiles as part of Initial Needs Identification
- Guideline 4: Developing a Service Coordination Plan

This introduction and summary of key points is included in each section to make them mostly self-contained. Consent and information disclosure issues are dealt with separately.

Overview of the tools

The Initial Needs Identification tool templates consist of a core set of **Consumer Information** that contains items designed to collect demographic and social details about individual consumers. The **Summary and Referral Information** form is to record a summary of their problems/issues and outline an initial action plan. There is also a 1 page **Consumer Consent** form. The INI tool template also has 5 **supplementary profiles** that allow further information to be collected on those areas relevant to the consumers' circumstances and presenting problems. Not all profiles will be relevant for every consumer and, in some cases, some specific information within a profile will not be required. In these cases, simply record NA (not applicable) or code 99, depending on the instructions on the top of each page. The final form in the series is a **Service Coordination Plan** form.

Each PCP will need to develop its own protocol (who, what, when, how) for collecting and sharing information using the Initial Needs Identification tool template. It is likely that many of the items in the Contact Details component will be collected during the initial contact with the consumer or the person referring the consumer. Some items, however, may not be collected until the first time a consumer is seen by a clinician. The content and purpose of the different components are summarised in the following table:

Table 2: Purpose of the INI Forms

COMPONENT	PURPOSE	Pages
CONSUMER INFORMATION		
p.1	Demographic and social details of the consumer, contact person/s and GP, and how the information was obtained	CI p.1 of 2
p.2	Codes to record source of referral, other demographic information and benefits, entitlements and insurance status	CI p.2 of 2
SUMMARY AND REFERRAL INFORMATION		
p.1	Summary of presenting problems and a text box to record other relevant information.	SRI p.1 of 2
p.2	Describes current services used in last three months, and proposed initial action plan. Completed at the end using information from other profiles if appropriate	SRI p.2 of 2
SUPPLEMENTARY PROFILES		
LIVING ARRANGEMENTS	Codes and comments for living arrangements, legal, financial and employment, carer profile	LA 1 of 1
HEALTH CONDITIONS	Overall health, pain, vision hearing and falls, list of conditions and medications.	HC 1 of 1

COMPONENT	PURPOSE	Pages
PSYCHOSOCIAL PROFILE	Covers mental health, well being, social and family supports and disability criteria	PP 1 of 1
FUNCTIONAL PROFILE		
p.1	Functional screen for activities of daily living and self care	FP1 of 2
p.2	Screening questions for cognitive and behavioural problems, with prompts for further assessments	FP2 of 2
HEALTH BEHAVIOURS	Screen for risk factors, nutrition and physical activity, with prompts for further investigation	HB 1 of 1
DEVELOPING A SERVICE COORDINATION PLAN		
p.1	Key worker, review date, participants' list, evidence of assessment of need, case conference /date and information given to consumer.	SCP 1 of 2
p.2	Action plan for each goal including dates, action, review date, who is responsible.	SCP 2 of 2

The tools are designed so that the first 2 pages (the Consumer Information form) cover the core consumer information that should be collected on all consumers. The next form (2 pages) is for a summary of the action to be taken. The core INI thus consists of two forms over 4 pages and includes:

- **Consumer information** which information about the consumer, other agents and their GP and information with codes for categories to cover demographic details, benefits and entitlements, and insurance status. The comment box at the top on page 2 has space for comments that can be used for information on risk and urgency.
- **Summary and referral information** to record why the consumer is seeking services, describe the problem or issue as identified by the consumer or referring agency, describe other issues as identified by the consumer or in the initial needs identification process, record current services, and record an initial action plan including listing the agency/health professional to receive the referral, the reason, whether consumer consent has been obtained, the referral method, whether feedback is required and the date.

The Summary and Referral form is informed by any relevant detail from the additional profiles that are used for the particular consumer or from the areas usually investigated by a particular agency or clinician. These are either used or left out depending on the consumer's presenting problems or as a result of any issues arising during the initial contact. As a result this page will usually be completed at the end and is used as a basis (in conjunction with subsequent assessments and care plans) for putting together the service coordination plan (if required).

The Summary and Referral form may be used in a duplicate fashion to cover multiple problems with differing levels of confidentiality requirements. It can be used if the information is sensitive and not to be shared, in which case the interviewer can complete a separate copy of page 2 for each issue. For example there may be 2 issues – seeing the dentist and getting referred to a sexual assault service – and it may not be relevant or necessary to share all information for both referrals.

The **supplementary profiles** are completed *only* if they are relevant to the client's presenting problems and needs and after the core information has been collected. The core information is recorded in the Consumer Information and Summary & Referral components. The assumption is that the next stages of referral, assessment or care planning, or service coordination, is a continuation of that process, and that the core consumer information will therefore already be available.

There are 5 supplementary profiles. The five supplementary forms cover profiles of living arrangements, health conditions, psychosocial factors, a functional screen and health behaviours. These are domains that can be investigated at the discretion of the contact worker and depending on the nature of the consumer's problem. In some cases, there will be no need to complete any of these supplementary domains. However, for consumers with complex needs, contact workers may choose to use several forms to identify their initial needs.

COMPLETE ONLY THOSE PROFILES THAT ARE RELEVANT FOR THE CONSUMER

The profiles are not a structured interview. Do not ask consumers about issues in the order that they are listed if they are inappropriate in the context. The profiles are designed to be completed based on all sources of information available to the person completing them (observation, information contained in a referral letter, consumer notes or information provided to you by a carer or referring agency). Record NA for any issues that you have either not canvassed or that are inappropriate for the consumer unless otherwise instructed. The design of the set of profiles assumes that children and adolescents will be directly referred for a relevant assessment to be completed.

The profiles are not designed as a diagnostic tool, nor are they considered to be an assessment. They are tools to help determine the consumer's risk, eligibility, priority for service and health promotion opportunities as early in their contact with the service system as possible.

This set of optional domains has been chosen by combining evidence from the literature, a review of the range of forms currently in use, and consultations with the field on different draft versions of data collection tools. They can be used to further investigate the scope of the consumer's needs at the initial contact point.

The Living Arrangements and Functional Profile forms should be completed for all consumers requiring Home and Community Care (HACC) services. These two profiles contain HACC minimum data set (MDS) items and the collection of this information during the INI will mean that the information will not need to be collected at a later time. The remainder of the HACC MDS will be collected at the assessment stage.

The Service Coordination Plan template brings together all the different information that is useful for service coordination for those consumers that require this level of intervention. It covers the contact details of the key worker and other participants, a series of prompts for the collation or collection of evidence of consumer needs, a description of the consumer's problems/issues and associated goals, and the current required approach to consent and information disclosure as part of planning. The Service Coordination Plan is only completed for those consumers with both multiple agency involvement and complex needs.

Design issues common to all tools

Each page of every form has the same space at the top for an agency-assigned consumer identifier to be recorded and a space at the bottom for identifying the person and agency completing the tool template. There is also a box for recording at a later time that the information on the page has been superseded and has been updated. This allows the superseded information to be kept as a historical record in the file.

Information superseded

Each page has a box on the bottom to record if the consumer's situation has changed. If new issues or problems are identified after a page has been completed, the new issues should be recorded in a new page. The new page is used to record any changes or additions, not to repeat issues recorded on the previous INI. Indicate on the existing INI

that the information on the page has now been superseded. This will indicate to other health professionals that a new page has been created. Do not change the original record as the original record forms part of the consumer history and should be stored on the clinical record.

Using the tools

As you complete the templates, consider whether the consumer requires particular types of assessments and/or urgent services that cannot wait for a formal assessment process to be complete. Consumers should be informed about the range of service options that are available to meet their needs. This is not limited to the services provided by your own agency. Consider the wider range of services supports and resources such as for-profit services, information services, financial entitlements or other alternative services.

The design of the tool templates assumes that most of the supplementary information will not be relevant for children and adolescents. The core information, however, is likely to be relevant. A separate profile for this group is not included because it is assumed they will be referred directly for a more detailed assessment by an experienced agency or professional.

Background on the development of the tools

The selection of the content of the tool templates has been the result of a separate literature review that examined both international and Australian experience. For example, in developing a consumer assessment instrument for the National Long Term Care Demonstration¹, the factors considered important included physical health, mental health, ability to perform activities of daily living, social support and participation, financial and related resources, physical environment and living arrangements, and services.

In a review of published randomised controlled trials of health assessments for older people, Byles² noted the components most commonly included in health assessments. These included the following: height/weight, blood pressure, vision/hearing, teeth or oral examination, balance and gait testing, medications, activities of daily living, instrumental activities of daily living, functional status, medical problems, nutrition, alcohol, smoking, exercise, depression, cognition, social support, service use and home environment.

Detailed references for each item selected have not been included in the guidelines, however the rationale is contained in a separate literature review and a summary statement on the source of each item is included in the guidelines.

The design of the tools to be used at the entry point to services and initial needs identification involved a number of background assumptions:

- that service structures will vary according to the local setting and agency type;
- that the various intervention strategies will also vary according to local needs;
- nevertheless, that the data collected need to be consistent and conform with a number of technical and ethical requirements. As much as possible, information should be recorded in a way that allows for it to be subsequently computer coded;
- that, during the pilot, the INI should be designed for completion by staff. After the pilot, a consumer-completed version would be developed, with both then being available for use; and
- that each consumer will be assigned a unique record number at the initial contact agency, but this is not a common State-wide identifier.

¹ An initiative to improve care for functionally impaired adults, particularly the elderly. Consumer assessment and case management used to provide care to meet individual need and control long-term care expenditure.

² Byles, J. E. (2000). A thorough going over: Evidence for health assessment for older persons. *Australian and New Zealand Journal of Public Health*, 24(2), 117-123.

The tools were developed based on a review of literature and current practice and then pilot testing was undertaken using draft tools in order to improve their usefulness. The tools developed in this process are regarded as Generation 1, with further developments and refinements being expected to occur over time.

3.2 How to complete the supplementary profiles of the INI

There are 5 supplementary profiles in the INI. The profiles are optional and intended to supplement professional judgement in identifying initial needs, except in the case of HACC services where professionals should use the living arrangements and functional profiles to supplement initial needs identification. The Living Arrangements profile contains information already included in the HACC MDS and the Functional Profile is being introduced as the standard functional screening tool for the HACC program.

Before using the supplementary profiles, ask the consumer if they are willing to discuss further issues. Use questions such as 'Can I ask you about some other issues that often impact on peoples health?' 'Are there any other issues you'd like to discuss or concerns you have?' Such questions need to be appropriate to the age and circumstances of the consumer. If the consumer has other issues and it is appropriate to address them at this time, consider completing the relevant profiles:

Issue/s	Consider completing:
<u>Determinants of health</u> – consider living arrangements, housing, carer issues, work, financial, legal	Living Arrangements Profile
<u>Health conditions</u> – consider overall health, age-related problems, disabilities, use of medicines	Profile of Health Conditions
<u>Psychosocial</u> – consider mental health and emotional well-being, personal and social supports, family and personal relationships	Psychosocial Profile
<u>Functional status and activities of daily living</u> – consider overall health, age-related problems, disabilities	Functional Profile
<u>Health behaviours</u> – consider lifestyle issues	Health Behaviours
If consumer requires <u>HACC or HACC-like</u> services	Living Arrangements and Functional Profiles (mandatory)

3.2.1 Living Arrangements Profile

Consider using this profile (LAP Page 1 of 1) if the consumer has, or may have, issues and needs in relation to:

- housing and living arrangements,
- employment
- financial issues
- legal issues, including decision-making capacity, and/or
- carer needs and issues.

The data items in the Living Arrangements sheet are amenable to electronic recording and reporting for associated minimum data sets. The items are shown in the following table.

ITEM	Data type	Codeset
Living Arrangements	Numeric & box	Yes

Accommodation	Numeric & box	Yes
Employment Status	Numeric & box	Yes
Financial and Legal Profile		
Legal orders and decision-making responsibility	Numeric & circle	Yes
Financial decisions and trade-offs	Numeric & circle	Yes
Carer Profile		
Availability	Numeric	Yes
Residency status	Numeric	Yes
Relationship	Numeric	Yes

Living arrangements

Find out what living arrangements the person has – whether they live alone, with family or with others – by asking questions like ‘Who lives in the house with you?’ The person’s living arrangements need to be taken into account in formulating an initial action plan and, if necessary, developing a service coordination plan.

Record a number in the box to indicate the description that best matches the consumers situation. Night shelters, refuges, hostels for the homeless and halfway houses should be coded as a 7. A group home for people with a disability should be coded as 8. Hostels for people with disabilities and Supported Residential Services should be coded as a 9. Consumers living in a nursing home or aged care hostel should be assigned a code of 10. If the question is irrelevant or the information is not known, record a code of 99.

Make any comments or summary notes on living arrangements and family situation in the box provided. Note there is a separate carer profile on this profile.

Evidence / source – HACC MDS

Employment status

Ask about the person’s current employment status and occupation, record status using the codes and record any relevant comments or notes. Note that the financial and legal profile in the next section includes a question about purchasing trade-offs that is relevant to employment status. Record a number in the box to indicate the description that best matches the consumers situation. If the question is irrelevant or the information is not known, record a code of 99.

Evidence / source – modified from the NMDS for Medical Rehabilitation

Legal profile

Legal issues might include any relevant court orders or mental health or guardianship orders, depending on the person’s circumstances and presenting problems. CTO under mental health refers to community treatment orders.

Decision-making capacity

Under decision-making responsibility consider whether the person is capable of making their own decisions. POA refers to power of attorney. Record a number in the box to indicate the description that best matches the consumer’s situation. If the question is irrelevant or the information is not known, record a code of 99.

If, in your opinion, the answer to the question about decision-making capacity is ‘not sure’ or ‘no’, consider the need for assistance, the need for a cognitive assessment and the implications for consent (see instructions on the consent form). Circle the appropriate answer. If the question is irrelevant or the information is not known, record a code of 99.

Financial decisions

Financial issues might include whether a person is capable of making their own decisions about financial matters or whether there is some financial risk in their immediate circumstances. POA refers to power of attorney. The person's financial situation may need to be taken into account in formulating an initial action plan and, if necessary, developing a service coordination plan. Record a number in the box to indicate the description that best matches the consumer's situation. If the question is irrelevant or the information is not known, record a code of 99.

Evidence / source – based on review of current practice

Trade-offs

It is sometimes useful to inquire as to whether there are any trade-offs the person makes because of financial difficulties, by asking: 'Because of limited income, during the last month have you made any trade-offs among purchasing any of the following: prescribed medications, necessary medical care, adequate food, home care?' If yes, discuss the issues with the consumer and consider the need for counselling (eg financial, gambling) and the need for material support. Circle the appropriate answer.

Evidence / source – This question has been selected from the MDS-HC, an instrument developed in the USA for a minimum data set for home care. The validity and reliability of this item for Australian populations is unknown, however it would appear to have content validity.

Carer profile

The Carer Profile has codes for recording availability, residency and the relationship of the carer to the care recipient. If the consumer does not have a carer, code 99.

If the consumer has a carer, consider whether the carer's own needs are being met. If not, complete a separate INI on the carer, and/or make the appropriate referral to a carer support agency or information service.

Evidence / source – HACC MDS

Comments

Consider all the issues to do with living arrangements such as accommodation, employment, and the need for material assistance, financial and legal issues including decision-making and carers and use the box at the end of this profile for any relevant comments, and to summarise the required action.

3.2.2 Health Conditions

Consider using this profile (HC Page 1 of 1) if the consumer has, or may have, issues and needs in relation to their overall health status and/or specific health conditions. It is used to record information about self-rated health, bodily pain, interference with normal activities, vision, hearing and falls.

- ♦ **Note that, unless this page is completed by a qualified medical practitioner, all of these items are based on self-report by the consumer, and as such none should be considered to be diagnoses.**

If there are problems reported, consideration should be given to medical referral and further inquiries about activities of daily living and screening for further assessment by completing the Functional Profile.

ITEM	Data type	Code set
Overall health	Scale tick box	Yes
Bodily pain	Scale tick box	Yes
Interference with normal activities (past 4 wks)	Scale tick box	Yes
Vision		
Reading	Scale tick box	Yes
Distance	Scale tick box	Yes
Hearing	Scale tick box	Yes
Falls (inside/outside past 6 months)	Alphanumeric	No (list)
Health conditions	Alphanumeric	No (list)
Current medications	Alphanumeric	No (list)
Comments	Alphanumeric	No (list)

Overall health

This question is selected from the SF-36. This question is widely used and is in current use in the DVA D677 and the D673. Self reported health agrees well with objective measures of health. It has been found to be a good predictor of subsequent illness and premature death.

In asking the consumer about their overall health, inquire about how they are going and whether they have experienced any recent changes in their health. If the consumer reports that they have had significant changes, ascertain whether the consumer is already under the care of a medical practitioner and whether they have told their medical practitioner about the changes. Tick the box to indicate the description that best matches the consumers situation. If the question is irrelevant or the information is not known, record NA.

Evidence / source – SF-36

Bodily pain

Consider whether the consumer may be experiencing bodily pain. If so, ask questions such as 'How much bodily pain have you had during the past 4 weeks?' If the consumer reports that they have had significant bodily pain, ascertain whether the consumer is already under the care of a medical practitioner and whether they have told their medical practitioner about their pain. If not, refer the consumer back to their GP and consider whether pain is impacting on their ability to manage activities of daily living (see Functional Profile section) or on their personal or social relationships. Tick the box to indicate the description that best matches the consumer's situation. If the question is irrelevant or the information is not known, record NA.

Evidence / source – SF-36

Interference with normal activities

Use the question 'How much did your health interfere with your normal activities (outside and/or inside the home) during the past 4 weeks?' to score the consumer (or have them score themselves). Use the scale from 'not at all' to 'quite a bit' and identify and record any issues that may require action. Consider using the Functional Profile to screen for assessment on activities of daily living. Tick the box to indicate the description that best matches the consumer's situation. If the question is irrelevant or the information is not known, record NA.

Evidence / source – DVA-673

Vision, hearing and falls

Tick the box to indicate the description that best matches the consumers situation. If the question is irrelevant or the information is not known, record NA.

Evidence / source – these questions have been selected from the 1999 Older Peoples Health Survey and the falls item has been selected from the DVA D677 form on the basis of its common usage

Health conditions

In considering health conditions, check whether the consumer may have had any relevant problems in the past that might be related to their present problem. This may include overall health, hospital stays, medical interventions or other conditions or disabilities. If the consumer has any allergies or other medical conditions that should be known by a health professional treating the consumer, record them in this box.

Also inquire about any current conditions the consumer may have that have been long-standing, persistent or recurrent. Use questions such as 'Do you have any health conditions that interfere with your normal activities that are long-standing or recurring?' to identify and record any conditions that may require action. If the consumer reports that they have a chronic condition, ascertain whether the consumer is already under the care of a medical practitioner and whether any plan of long term management, coordinated care or self-help is in place.

General practitioners may use this list to record relevant diagnoses and/or to record consumer reported conditions.

Current medications

The medication section relates to all medications, including over the counter and alternative treatments. Identify the number of medications the consumer is currently using. Use questions like: "Please tell me the names of your prescription medicines and how often you take them?" "Do you take them the way your doctor wants you to take them?" (if no: "why not?") "Is there someone who helps you take the medicines the way your doctor wants you to, or do you handle this your self?" "Please tell me the names of your medicines for which you do not need a prescription (ie over-the-counter)?"

Poly-pharmacy may suggest that a medication review is required. If so, organise the appropriate referral pathway, which may include a Domiciliary Medication Management Review.

Comment box

Use this box to summarise information on health conditions or to capture any new information arising from questions such as 'Is there anything (else) that interferes with your normal activities (outside and/or inside the home)?'

The profile does not contain a list of all the possible health risks and problem conditions that might need further investigation. For example chronic or degenerative diseases, urinary incontinence, diabetes, cardiovascular disease, lung function, falls and so on might be present, and can be noted in the comment box.

The box can be used to identify and record any issues that may require action and that can be used to inform the summary on page three of the core initial needs identification.

3.2.3 Psychosocial Profile

Consider using this profile if the consumer has, or may have, issues and needs in relation to:

- mental health and well being,
- personal and social support,
- family and personal relationships and
- eligibility for Disability Services.

The items are able to be used in an electronic format in some information systems.

ITEM	Data type	Code set
Mental health and well being (from the K-10 scale)	Scale scores	Yes
Total scale score as indicator for referrals	Total score	Yes
Personal and social support	Scale tick box	Yes
Family and personal relationships	Comment box	No
DisAbility		
Eligibility	Y/N/DK	Yes
Assessment required	Y/N	Yes
Criteria	Tick box	Yes
Comment box	Alphanumeric	No (list)

Mental health and well being

Use the K10 scale to probe for issues such as depression, anxiety and coping ability. Record the total score. This is a scale of psychological distress developed for use in epidemiological surveys. It is suitable for use as an outcome measure in people with anxiety and depressive disorders.

The 10 item scale has five response categories and the score is the sum of those responses. Record a score for each question and, at completion, total them. The score range is from 10 to 50. People who score 0-15 have one quarter the population risk of meeting criteria for an anxiety or depressive disorder as identified by the CIDI, and a remote chance of reporting a suicidal attempt in their lifetime. People who score 16-30 have a one in four chance (three times the population risk) of having a current anxiety or depressive disorder and 1% chance (three times the population risk) of ever having made a suicide attempt. People who score 30-50 have a three out of four chance (ten times the population risk) of meeting criteria for an anxiety or depressive disorder and 6% chance (20 times the population risk) of ever having made a suicide attempt.

The recommended action is to refer for a primary care mental health assessment if the total score is 16-29 and for a specialist mental health assessment if score is 30 or more.

Evidence / source – Kessler R, School of Public Health, Harvard University, Boston (unpublished manuscript). Normative data cited above are from the Australian Survey of Mental Health and Well-being (source: Clinical Research Unit for Anxiety & Depression, WHO Collaborating Centre for Evidence in Mental Health Policy). Andrews, G et al. (2001) Australian and New Zealand Journal of Public Health...

Personal and social support

Use this question if you feel that it is appropriate to the consumer's presenting problems: "During the past 4 weeks...Was someone available to help you if you needed and wanted help? For example if you...

- felt very nervous, lonely or blue
- got sick and had to stay in bed
- needed someone to talk to

- needed help with daily chores
- needed help just taking care of yourself'

Tick the box to indicate the description that best matches the consumers situation. If the question is irrelevant or the information is not known, record NA. If the consumer has little support consider referral and the possibility of completing a Functional Profile. The person's social support situation may need to be taken into account in formulating an initial action plan and, if necessary, developing a service coordination plan.

Evidence / source – Dartmouth COOP Charts. It has a convergent correlation of 0.61 with the Medical Outcome Study for social support (Nelson et al. 1998).

Family and personal relationships

Ask about the person's current personal and family relationships – whether they experiencing any particular difficulties relating to their presenting problem and record the response in the comment box. This question has been left as a text box as no validated screenings questions could be identified that are appropriate for a wide range of age groups.

Disability

Use the eligibility criteria provided to determine whether the consumer is likely to be eligible for disability services. Only consumers who clearly meet all four criteria are likely to be eligible for disability services. Circle yes only if this is clearly the case. Circle no if any of the criteria do not apply. Circle D/K (don't know) if there is uncertainty about whether one or more of the criteria apply. Cross through this section if it has not been used.

Evidence / source – DHS

Comment box

Use this box to summarise information on psychosocial issues or to capture any new information. Ask the consumer whether they have any other relevant problems that might be related to their mental well being or social functioning, or family relationships. Questions such as 'Can you think of any other issues that interfere with your normal activities and relationships (outside and/or inside the home)?'. The box can be used to identify and record any issues that may require action and that can be used to inform the summary on page 3 of the core initial needs identification.

3.2.4 Functional Profile

Consider using this profile if the consumer has, or may have, issues and needs in relation to activities of self care and daily living, things that we all need to do as part of our daily lives. The questions refer to how the consumer is managing at present (regardless of the cause) and should be used to formulate an initial action plan and, if necessary, to develop a consumer service coordination plan.

ITEM	Data type	Code set
Functional screen	Scale scores	Yes
Housework	Scale score	Yes
Walking out and about	Scale score	Yes
Shopping	Scale score	Yes
Medicines	Scale score	Yes
Money	Scale score	Yes
Walking	Scale score	Yes
Bathing	Scale score	Yes
Cognition (asked of third party)	Scale score	Yes
Behaviour (asked of third party)	Scale score	Yes
Comment box	Alphanumeric	No (list)

Other information obtained in the process of completing the two pages of this profile may also be used to recommend referrals for further assessment in the domains of self care, domestic, behavioural and cognitive functioning. Specific trigger points for these referrals have been developed on the basis of previously funded research to develop national measures of functional dependency for HACC and aged care programs. They are explained on the profile.

Activities of daily living (functional screen)

Using this profile, you can screen for the consumer's needs over the four functional domains measured through scores on 9 questions:

- Domestic functioning - 3 questions (housework, travelling to places and shopping)
- Self-care functioning - 2 questions (dressing, bathing)
- Cognition and behaviour - 2 questions (handling money and taking medication) as a screen for cognitive or behavioural problems
- Cognitive functioning - 1 question for carer
- Challenging behaviour - 1 question for carer

The 7 items on page 1 are hierarchical, so if the consumer does not need help in doing housework and getting about, there is no need to ask about mobility and bathing. On page 2 items 8 and 9 are about cognition and behaviour and are asked of third party informants, not the consumers themselves.

Scoring instructions and an explanation of the way to use the scores to trigger the recommended functional assessments, are included on the profile itself, as is a space for comments or other issues raised by the Functional Profile.

Evidence / source – National HACC Functional Dependency Study (Eagar et al. 2001).

Comment box

Use this box to summarise information on functional issues related to activities of daily living or to capture any new information. Ask the consumer whether they have any other relevant problems that might be related to their ability to look after themselves, get around

and do practical things. Questions such as 'Can you think of any other issues that interfere with your normal activities (outside and/or inside the home)?'. The comment box can be used to identify and record any issues that may require action and that can be used to inform the summary on page 3 of the core initial needs identification.

3.2.5 Health Behaviours

Consider using this profile if the consumer has, or may have, issues and needs in relation to health behaviours that, if changed, would improve their health and well-being. The questions are in the form of tick boxes, except for the nutrition screen, which gives a total score that can be used to indicate risk.

ITEM	Data type	Code set
Smoking	Scale scores	Yes
Alcohol	Scale tick box	Yes
Frequency	Comment box	No
Quantity		
Breast screen	Y/N/DK	Yes
Pap smear	Y/N	Yes
Nutrition (score as risk indicator)	Y/N	Yes
Physical activity	Y/N	Yes
Physical fitness	Tick box	Yes
Comment box	Alphanumeric	No (list)

Risk factors

The opportunities for health promotion in the community are almost limitless. The results of the Australian Burden of Disease Study were used to provide guidance as to which risk factors could most profitably be targeted by the INI (Mathers et al. 2000 in the associated literature review).

Risk factors such as smoking, alcohol consumption, physical inactivity, hypertension, high blood cholesterol, obesity and inadequate fruit and vegetable consumption are responsible for large proportions of the overall burden of disease in Australia. The chief risk factor, responsible for 10% of total burden, is tobacco smoking. This is followed by physical inactivity (7%), high blood pressure (5%), and obesity (4%). Alcohol harm from hazardous drinking (4%) is offset by the benefits from alcohol in terms of cardiovascular disease, giving a net harm of around 2%. 'Fewer than five servings of fruit and vegetables' causes an estimated 3% of burden, as does high cholesterol. Illicit drugs, occupation and unsafe sex each account for less than 2% of the overall burden of disease (Mathers et al. 2000).

These results indicate that targeting smoking, hazardous drinking, physical inactivity and obesity in consumers may be most worthwhile. The Health Behaviours profile therefore prompts for inquiring about, and recording these risks and opportunities for intervention, as well as nutrition, weight physical activity and fitness. Items have been selected from the DVA D677, and Enhanced Primary Care Assessment Form (Vic).

Use this profile to record information about the person's lifestyle and to identify any opportunities that may be available to improve their health and well being. Ask:
 How often do you have a drink containing alcohol?
 How often do you have more than 6 standard drinks on one occasion?
 Have you had a mammogram/pap smear?

Use your own judgement to probe for sensitive issues such as substance abuse (legal or illegal) and safe sex habits. For example the question on breast screen is for women 50 years and older within the recommended time frame (last 2 years) and for the pap smear

question women of all ages who have been sexually active should be asked. This should also apply to teenagers and not just adults.

Evidence / source – Australian Burden of Disease Study (Mathers et al. 2000); DVA D677, and EPC forms.

Nutrition

These questions are selected from the HACCC Program Nutrition Risk tool. It can substitute for the checklist used in the DVA D677 and the EPC Assessment Forms.

Nutritional risk increases when the person is affected by an increasing number of general needs assessment factors. In particular, deterioration in health and loss of independence can result from under-nutrition and perhaps malnutrition.

The items used are unvalidated. The total item Y/N scores can be used as a trigger for GP referral if the consumer scores in the 'high risk' range. Note that some items in the checklist might be given different weights.

Depending on the consumer's presenting problems, you might ask questions such as: 'Do you have an illness or condition that made you change the kind and/or amount of food you eat?' or work through the questions. Record a score for each question. If the question is irrelevant or the information is not known, record NA.

Evidence / source – This is a Victorian HACCC program specific initiative and does not match with the Nutrition Checklist in the D677 and the EPC Assessment Forms.

Physical activity and fitness

"Physical activity is any bodily movement produced by skeletal muscles that results in energy expenditure" (NSW Health 1996). Important health benefits can be obtained through activity of moderate intensity - such as walking. It is considered appropriate to accumulate this type of energy expenditure through bouts as short as 10 minutes, towards the recommended total of 30 minutes on most days (NSW Health 1996) (Pate R et al. 1995) (Public Health Division 1998). More than one-third of Victorian adults do not participate in regular physical activity (Public Health Division 1998).

Physical activity can be gauged by the question: 'Would you accumulate 30 minutes or more of moderate intensity physical activity on most days of the week?'

Fitness is a different but related concept. The specific wording of this question has not been validated, but it appears to have content validity, given the current understandings of how best to capture this aspect of health behaviour. It should be noted that 'physical activity' has been used instead of 'exercise'. Exercise is a "planned, structured and repetitive bodily movement which is done to maintain one or more components of physical fitness" making it a subset of physical activity (NSW Health 1996).

'During the past 4 weeks...what was the hardest physical activity you could do for at least 2 minutes?'

If the hardest activity was less than moderate, consider the need for a referral. The following should be used as a guide:

- Very heavy - run, fast pace; carry a heavy load upstairs or uphill (25 lbs, 10 kg)
- Heavy - jog, slow pace; climb stairs or a hill at moderate pace
- Moderate - walk, medium pace; carry a heavy load level ground (25 lbs, 10 kg)
- Light - walk, medium pace; carry a light load on level ground (10 lbs, 5 kg)
- Very light - walk, slow pace; wash dishes.

Tick the box to indicate the description that best matches the consumers situation. If the question is irrelevant or the information is not known, record NA. Consider both Activities of Daily Living and need for referral if the consumer's response can be judged as 'light' or 'very light'.

Evidence / source – Dartmouth COOP Charts. This question has a convergent correlation with the MOS Scale for Physical Function of 0.59 (Nelson et al. 1998).

Comment box including other issues

The comment box should be used as a place to summarise the information gained or to record any other relevant issues about health behaviours and risks. These should then inform the issues and initial action plan summarised on page 3 of the INI and, if necessary, to develop a service coordination plan.