



Ongoing Needs Identification in Community Care: How to use the Tier 1 Screening and Referral Tools

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This manual is for a generic ONI suite of tools developed for a range of jurisdictions, trials and pilots from 2000-2004. Thanks to HACC and Aged Care Officials, Queensland Health, Human Services Victoria, South Australia (ERA project), Mid North Coast Aboriginal Coordinated Care Trial, DADHC NSW Comprehensive Assessment System Pilots, NSW Home Care Service Priority Rating System.

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Quick reference guide

Welcome to this primer on how to use the Ongoing Needs Identification (ONI) tools for Tier 1 screening and referral.

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1 Introduction

What is the ONI screening tool?

The Ongoing Needs Identification (ONI) screening tool is designed to prompt timely and appropriate service delivery, referral and/or further assessment based on the issues and needs that are identified for each person. This tool is not just an eligibility screen, and it is designed to be used in a range of primary health care programs and settings. The aim of screening is to differentiate between people who:

- Have no problems and need no services.
- Have minor problems (i.e. low need), need some services (eg, meals, home maintenance), but do not need a full comprehensive assessment.
- Have medium to high needs and require a full assessment.

This tool can be undertaken via telephone or face to face interview.

This tool also lends itself to being used more broadly, and as such can be used by a range of service providers to help them identify the needs of a range of population target groups. The ONI is designed for use in community services such as home support and nursing care, and can also be useful for discharge planners, GPs, aged care assessment and community health services.

HACC service providers are required to use this tool:

- When a potential client contacts a service provider to request a new service.
- When a carer, friend, or other person (eg another service provider) contacts a service provider to request a new service for a potential client.
- When an existing client contacts a service provider to change any current service or to request a new service.
- When a carer, friend, or other person (eg, another service provider) contacts a service provider to change a current service or request a new service for an existing client.
- On review.

The frequency of screening will depend on each agency's procedures and/or client situation.

There are multiple uses for the data items and they can be combined in different ways to prompt further action. For example the information collected by the suite of profiles contained in the ONI can be used to establish a consumer's priority rating category, and to describe situations where alerts may need to be raised. The information can also be used to establish a care plan and is a sound basis to inform a multi-agency service coordination plan. The tools are designed for ongoing use. The ONI suite of tools described here is the latest in a series of versions and consists of standard items carried on from earlier versions and a number of useful refinements. These tools are summarised in the table below:

Name of Tool	Contents	When to use
Core ONI	Forms the basis of the client registration and referral record and includes: <ul style="list-style-type: none"> • Consumer contact information; • Consumer service entry data set; • Why the consumer is seeking services; and • Action plan. 	Mandatory if you want to register a client or make a referral.
Functional Profile Activities of Daily Living (FP)	<ul style="list-style-type: none"> • A Tier 1 functional screening tool; • Identifies equipment &/or aids that the client may use; and • Triggers Tier 2 functional assessments. 	Mandatory for HACC services program reporting

Name of Tool	Contents	When to use
HACC MDS Supplementary Items (HS)	Identifies HACC MDS items if LAP & CP not completed.	Mandatory for HACC services if the LAP &/or CP are not completed
Living Arrangements (LAP)	Identifies consumer's living arrangements, legal and financial management status.	Mandatory for HACC services if the HACC MDS Supplementary Items form is not completed
Carer Profile (CP)	Identifies carer arrangements, carer issues and the sustainability of carer arrangements.	Mandatory for HACC services if the HACC MDS Supplementary Items form is not completed
Health Conditions Profile (HC)	Identifies issues about the consumer's health and physical wellbeing that may trigger appropriate referral.	Optional profile – use depending on client request and needs.
Psychosocial Profile (PP)	Identifies issues about the consumer's social, emotional and mental health that may trigger and appropriate referral.	Optional profile
Health Behaviours Profile (HB)	Identifies consumer's lifestyle behaviours that may trigger issues for further investigation and appropriate referral.	Optional profile may help in formulating an action plan.
ONI Priority Rating Tool (OPR)	Includes options for establishing a consumer's priority rating based on the information gathered in the ONI Tools.	Optional tool at end combines need and risk items.

The ONI may result in the consumer being referred for a more in-depth assessment if required. However, it can also result in an action plan without the need for a more detailed assessment. The prompts and combinations of items in the ONI screening Tools allows service providers to decide whether a Tier 2 assessment is required, thereby conserving and better targeting resources. The aim is to prompt appropriate referral to other service providers and help in the identification of consumers with urgent needs. It is a decision support tool.

How to use this Manual

This Manual will assist you in how to use the Ongoing Needs Identification (ONI) Tier 1 screening tools and discusses how to complete a screening procedure on a person entering the service system using these tools. The Manual is set out in 12 sections, with each of the sections explaining definitions of items and terms and their intended use, including detailed explanations of how to complete the items. At the front of this Manual is a quick reference guide that can be used for cross-referencing to a specific section or profile.

Note:

In their present form the ONI tools are compatible with a paper and fax-based information system, and are also suitable to be adapted to an electronic information-sharing environment. This Manual is written on the assumption that the ONI is being completed on paper forms rather than electronically. This is because at the time of writing this Manual, most agencies are still not able to use the information in an electronic format. However, when the necessary support services and software are in place (and this is likely to vary by local area), the information can be handled electronically and the tools will be simpler to use. More in-depth information about the policy and organisational reforms, along with the evidence used to select the particular items in the ONI profiles, is contained in the companion document *Ongoing Needs Identification in Community Care: Why use the Tier 1 Screening and Referral Tools?* Copies of this document may be obtained from the CHSD website.

2 How to use the ONI tools

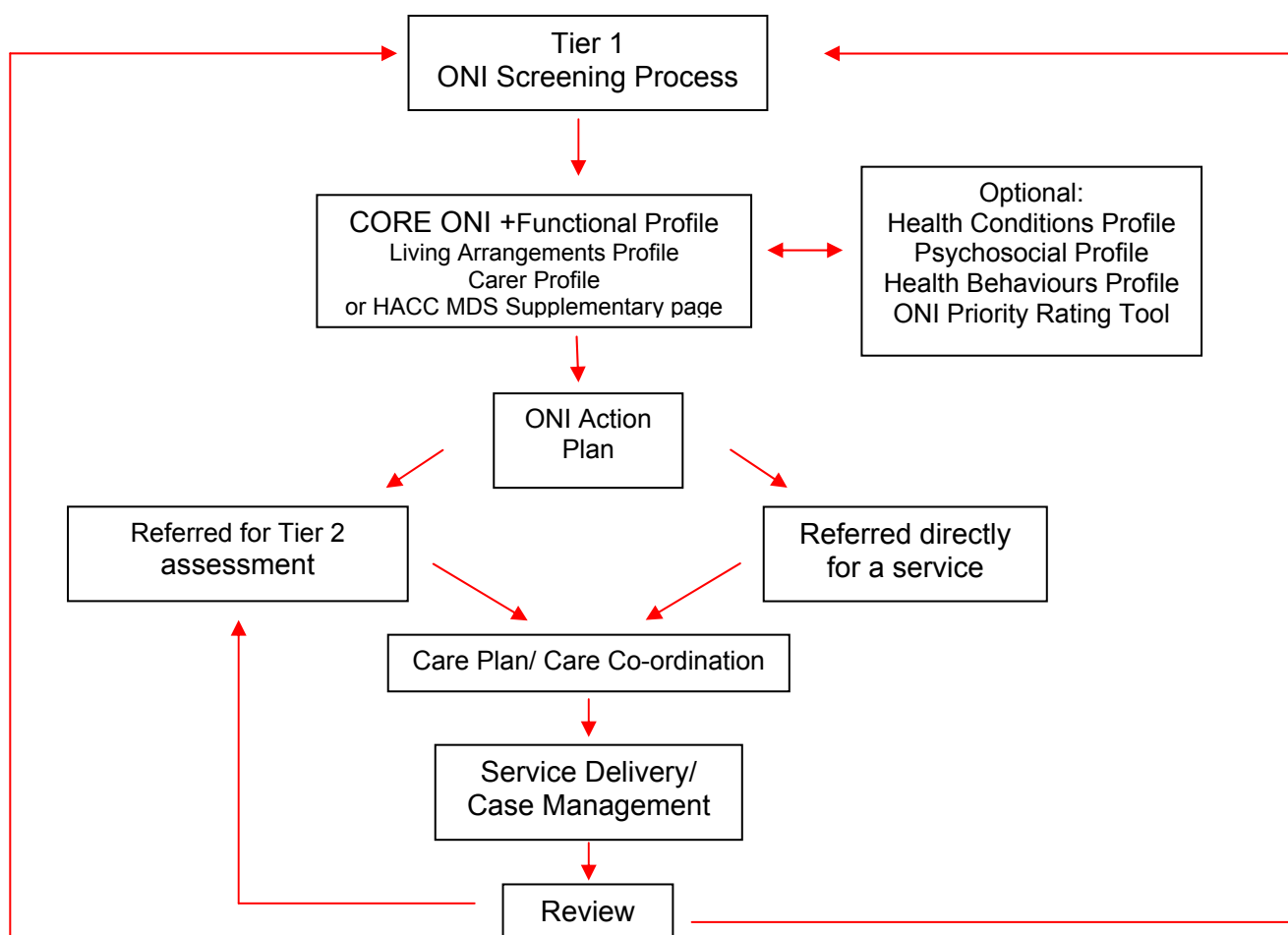
The Core ONI Profile and Summary Data

The tools are designed so that the first 4 pages cover the core information that should be collected on all consumers to register them as a client. There is a summary of what information has been gathered, a summary of the functional profile, a check for the consumer's permission to proceed, a list of current services and an action plan that sets out the action to be taken. The Core ONI Profile on Page 3 of 4 also contains boxes for registering Alerts and noting the ONI Priority Rating category. The core ONI forms the basis of the client referral record and is used when referring a client to a service/agency, with consent.

*The Functional Profile (Activities of Daily Living) is **mandatory** for HACC-funded services, and where the Living Arrangements and Carer Profiles are not completed, the HACC MDS Supplementary Items form can be used to complete the formal reporting requirements of the HACC Program.*

The Optional Profiles

Three profiles (*Health Conditions, Health Behaviours and Psychosocial Profiles*) are to cover domains that can be investigated at the discretion of the contact worker and depending on the nature of the consumer's problem. These also give information that helps complete the *Decision Tree Flow Chart* or *Matrix* option that can be used to determine a priority rating. The way you use the optional profiles depends on the particular consumer's presenting problems or the areas usually investigated by a particular agency or clinician, or as a result of any issues arising during the initial contact. For example, a flow chart for a HACC consumer would look something like this:



Suggestion on how to sequence the ONI tools

A suggested sequence for completing the Ongoing Needs Identification profiles in a way that makes sense to the consumer might be as follows:

- Name, address, date of birth and contact phone number (Core ONI Page 1 of 4);
- What the problem is and why they contacted you (Core ONI Page 3 of 4);
- Establish that the person meets your eligibility criteria - generally government pension status and carer status (Core ONI Page 4 of 4);
- Other services (Core ONI Page 3 of 4);
- Functional Profile (Activities of Daily Living– FP1 of 2 and FP 2 of 2);
- Completion of remaining contact information and the Service Entry Data Set (Core ONI Page 2 of 4);
- Living Arrangements and Carer Profiles (LAP Page 1 of 1 and CP Page 1 of 1);
- HACC MDS Supplementary Items for program reporting (HS Page 1 of 1) to be used if a HACC funded service has not completed the Living Arrangements and Carer Profiles
- **If appropriate:** Health Conditions (HC Pages 1 and 2), Psychosocial (PP Page 1 of 1), Health Behaviours (HB Page 1 of 1) Profiles; and then complete
- ONI Priority Rating Profile (OPR Page 1 **or** Page 2) and note any Alerts (Core ONI Page 3 of 4);
- Action Plan (Core ONI Page 4 of 4).

Recording multiple problems & confidentiality considerations

Pages 3 and 4 of the Core ONI may be used in a duplicate fashion to cover multiple problems with differing levels of confidentiality requirements.

It can be used this way if the information is sensitive and not to be shared, in which case the interviewer can complete a separate copy of the Core ONI Page 3 of 4 for each issue.

For example, there may be 2 issues – seeing the podiatrist and getting referred to a sexual assault service – it would be inappropriate to share all information for both referrals.

In many other cases it will make good sense to share information. If appropriate, the Action Plan (Core ONI Page 3 of 4) can be used as the basis for developing a care plan and/or a service coordination plan.

Information common to each Profile

A box to allow an agency logo or contact details has been left on the first page, for the purpose of agency identification.

For the Core ONI, mandatory and optional profiles, there is space on the bottom of each page to record details of the person undertaking screening.

Each page on the paper version of the ONI has a box on the bottom to record if new information has been added. *Signing and dating every form is an accreditation requirement by most standards agencies.*

To reduce the number of empty fields the profiles contain instructions to write N/A or the relevant code for 'not applicable', or 99 for not stated / inadequately described.

In other cases the Profile says to tick the DK box for 'don't know' or the particular reason for an item not being applicable, where a series of codes is used.

Different items have different formats, depending on their original source. This means that some are worded as items for you to rate, and some are worded as questions for you to ask. The items are designed by taking into account the results of reliability and validity testing, where such evidence is available.

New Issues

- If new issues or problems are identified after a page has been completed, the new issues should be recorded on a new page. *When any section of the ONI is updated, highlight this by recording a tick in the box at the end of the relevant page and sign / date where indicated.* The new page is used to record any changes or additions.
- Do not change the original record as the original record forms part of the client history and should be stored on the consumer record.
- Indicate on the existing ONI that the information on the page has now been updated. This will indicate to other health professionals that a new page has been created.
- Forward updated sections to all services involved in current care for a consumer.

Referral to other service providers

When referring clients to other service providers, the first 4 pages are completed by the referral agency and either faxed or electronically transferred to other agencies receiving the referral.

- The referral agency will also fax or transfer all other relevant sections of the ONI. Other relevant information may be shared as appropriate.
- An optional fax cover sheet is available for services to use.

Key Principles to bear in mind when using the ONI tools

There are a number of key principles that a screener should consider as they use the ONI tools.

Principle 1: *The ONI is a screening and referral tool to aid decision making and standardise how information is collected and shared.*

With the consumer's consent, share the information with other care providers to minimise duplication of screening. If referring a consumer to another agency, provide that agency with the Core ONI and all relevant profiles.

Principle 2: *The ONI is not an assessment and is not a diagnosis*

The ONI may be completed by clinical and or non-clinical staff provided they have received adequate training.

Principle 3: *The ONI tools are designed for use over the phone or face to face*

The preferred method is telephone screening; however some consumers will require face to face screening eg, consumers with a cognitive impairment, or where communication or cultural barriers exist.

Principle 4: *The ONI tools are designed for completion based on all sources of information available to the screener.*

This includes using active listening, observation, answers to questions, information contained in a referral letter, client notes or information provided to you by a carer or referring agency as sources of information.

Principle 5: *Screen for all of the consumer's needs, not just those your agency can meet*

The whole idea behind the common tools is that they help create a bigger service system beyond individual programs, so that information can be shared across sectors.

Principle 6: *Do not ask consumers about issues in the order that they are listed if they are inappropriate in the context.*

The tools are not a structured interview. Rather, use the tools to guide a conversation with the consumer. Note the exceptions to this principle are where a scale requires a more structured approach to ensure a reliable score, for example on the Functional Profile and the K10 screening tool on the Psychosocial Profile.

Principle 7: *Not all items will be relevant for every consumer.*

In these cases, simply follow the instructions on the form about how to note any issues that you have not canvassed or that are inappropriate for the consumer. Most accreditation agencies have standards that do not allow for items on a form to be left blank. Also for electronic data entry, missing data is a problem for programs that combine different items to come up with a score or a priority rating.

Principle 8: *Many of the items on the Core ONI and Profile sheets will be collected during the initial contact with the consumer or the person referring the consumer.*

In some cases, the information may not be collected until much later in the process. Environmental or home safety risk assessments may be part of a first visit by a service provider or specialist assessor.

Principle 9: *There may be additional information that service providers need to collect over and above that gathered in the ONI.*

This may include service specific assessments that are required for specific service types (eg. transport, meals, allied health) and/or client populations, for example young people with disabilities, older people with dementia, people with cultural or mental health issues.

Principle 10: *Screening responses need to be based on the consumer's social and/or cultural context*

Make sure the ratings that are given to the consumer's situation, for example the Functional Profile questions, are based on the person's own social and/or cultural context, not your own.

Principle 11: *The Functional Profile may not be relevant for children and adolescents.*

The Functional Profile was initially designed for the frail elderly, but has been used with people with disabilities who are leaving school. The design of the ONI tools assumes that they can be used for any consumer. However, for children and adolescents a specialist assessment may be required in addition to the ONI. A separate tool for this group is not included because it is assumed they will be referred directly for an assessment to an experienced agency or professional.

Principle 12: *As you complete the profiles, consider whether the consumer requires particular types of assessments and/or urgent services that cannot wait for a formal assessment process to be completed.*

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.

Principle 13: *To obtain an ONI Priority Rating for a consumer, more profiles than just the Functional Profile will need to be completed.*

The approach to assigning the client an ONI priority rating requires the use of information gathered in a number of the profiles, including the Functional, Carer, Health Conditions and Psychosocial Profiles.

Note that determining a consumer's priority for receiving a service depends on a mixture of need and risk and does not simply follow from a particular score on, say, the Functional Profile or the K10 scale. Priority depends on what services are already in place, how stable the caring arrangements are and how available a particular service is, which is related to the level of resources. Different service types will have different demands on them, and consequently different capacities to respond urgently, and different waiting times.

Principle 14: *The tools are designed for ongoing use and not for a one-off event.*

Keeping the results of profiles that are superseded means that a record can be reviewed and progress or outcomes of interventions determined at a later date. Used in this way the tool becomes a "living document".

3 The Core ONI

The Core ONI contains 4 pages that include:

- Contact Information
- Service Entry Data Set
- Why the consumer is seeking services
- Action Plan

The contact details and other Core ONI items are designed for collection early in the process.

The function of the ONI is to provide a wide view of an individual's needs and risks, and to use the information as a decision-support tool in the service system, from population health and primary care, through early detection for vulnerable groups and treatment and rehabilitation, to maintenance at home and palliative care.

The information collected is for the purpose of being shared and used by all service providers involved, and the Action Plan is meant to summarise the next steps, agreed to by the consumer, to address their needs.

How to complete the Core ONI

Contact Information (Core ONI Page 1 of 4)

The contact details are designed for collection at the point of first contact with the consumer or when a referral to a service is made.

This first page of information can be completed by a staff member or by the consumer.

Unique Consumer Record Number and Agency Logo

- This area is for the client identification number or label issued by the initial contact agency for use in identifying a consumer.
- Any interchange of consumer identifier numbers must be performed in accordance with relevant State and Commonwealth Privacy Legislation and associated guidelines
- The adjacent box is for an agency or inter-agency logo

Title

- The title the person commonly uses.

Family Name

- This is the consumer's family name or surname.

Given Names

- Record the consumer's given name(s) or name by which they are commonly known.

Preferred Name/s

- The name commonly used by the person. This can also be used to record any other names or aliases that the consumer commonly uses or by which they are commonly known.

Sex

- Record the sex of the consumer. Where this is not apparent, record the sex as identified by the consumer.

Date of Birth

- Record the consumer's date of birth as accurately as possible in dd/mm/yyyy format. Where the exact date of birth is not known, a close approximation should be recorded.

Contact Details including:

Usual Address

- This is the address where the consumer usually lives, which is usually (but not always) the consumer's contact address. This information is used for contact and case management purposes.
- Usual address is made up of the following elements:
 - Street number and street name;
 - Suburb/town/city;
 - Postcode;
 - NB: State is not required as it can be derived from the postcode.

Note:

If the person is homeless, the usual address should be used to record any way to contact the consumer. This may be nil or might be a particular venue where contact can be made. Some consumers may not wish to have a contact address disclosed. Remember that, if the person is homeless, you should do all you can to develop an initial action plan on the spot. Maintaining contact with a homeless person is difficult, as is organising services for them. Take the opportunity while you have it.

Contact Address

- Record if different from Usual Address. Collect same elements as Usual Address. Otherwise, record NA.

Contact Phone Number/s (tick preferred). Can leave message? (Y or N)

This is the consumer's contact telephone number to be captured for contact and case management purposes.

- Record work numbers if different from usual telephone. Otherwise, leave blank.
- The consumer's mobile number (if one is available) might be used for contact and case management purposes.
- The best place to leave messages (or not) can be recorded as Y or N against the numbers.

Who the agency can contact if necessary

- Record the contact person/s and their relationship to the consumer.
- This might be the case manager, next of kin, carer, guardian, health attorney, friend, someone with an enduring power of attorney or an emergency contact.
- Record second people if appropriate, otherwise record NA.

General Practitioner

The name and contact details of the consumer's usual General Practitioner.

- If the person does not have a GP, *do not leave blank, write NA*.
- If the consumer sees more than one GP, record the one identified by the consumer as their usual or preferred GP. If they see a GP in more than one place, record the most common place.

Note: a consumer must have a GP to be eligible for the use of the enhanced primary care Medical Benefit Schedule items.

Comments

- Use this area to record any relevant directions, contact issues or requirements eg, 'Mrs Brown does not answer phone, 'Contact daughter only' or 'Person is homeless, leave message at the neighbourhood centre'.

Service Entry Data Set (Core ONI Page 2 of 4)

This page of information should be **completed by a staff member**, rather than by the consumer.

This page is completed by the referral agency and either faxed or electronically transferred to the agency receiving the referral, along with all other relevant sections of the ONI.

The service entry data set includes a number of items that have attached code sets that can be part of an electronic information system.

The use of standard codes helps data entry and means that the information can be used later to build a consumer classification system.

The logical order for completion is to work down each column.

Source of Referral

- Record the person or organisation that referred the consumer to the agency using one number only in the code set of 22 pre-coded choices.

If not self-referred, has client given consent for referral?

- Confirm that, if not self-referred, the consumer has given consent for the referral. Any interchange of consumer identifier numbers must be performed in accordance with the relevant State/Territory and Commonwealth Privacy Legislation and their associated guidelines.

Source of Referral Contact Details (if not GP)

- If you need to provide feedback to the referral agency, or need to follow up to seek further information, record relevant contact details here.
- If the referral is from a GP, the details are on Core ONI Page 1 of 4 and code 3 is used here for the source of referral.

Country of Birth

Record the country that the consumer identifies as being the one in which they were born. The codes are (1) Australia and (2) Other.

- If code is (2) other – write country of birth in the space provided
- If an electronic information system is in use (but not on this form) all responses can be coded to the Standard Australian Classification of Countries (SACC) (ABS 1269.0)

Indigenous Status

A consumer may be recorded as being of:

- (1) Aboriginal but not Torres Strait Islander origin.
- (2) Torres Strait Islander but not Aboriginal origin.

- (3) Both Aboriginal and Torres Strait Islander origin.
- (9) When the answer is 'not stated'.

The consumer should be informed during the interview that the answer given or refusal to answer will not affect the consumer's access to services.

Main Language Spoken at Home

This is the main language spoken by the consumer to communicate with family and friends. The item has codes for (1) English and (2) Other

- If code is (2) other – write language spoken In the space provided
- If an electronic information system is in use (but not on this form) all responses can be coded to the Australian Standard Classification of Languages (ASCL) (ABS 1997).

Interpreter Required

This is the consumer's self-assessed need for an interpreter. This may include a sign language interpreter.

Preferred Language

Do not assume that the main language spoken at home is the consumer's preferred language. For example, a young person in a non-English-speaking household may have English as their own preference.

- Record the consumer's preferred language if the 'interpreter needed' option was chosen in response to the 'Interpreter Required' item.
- If the person uses sign language, and requires a deaf interpreter, record this as their preferred language.
- Use this box to also record any special communication devices or requirements. For example, the consumer might prefer an interpreter of a particular sex or religion, or may require assistance to communicate with speech or hearing devices.

Government Pensioner/Benefit Status

- Record whether the consumer receives a pension or other benefit from the Australian government by selecting the code for the pension or benefit type.
- Record any relevant card number in the box. Likewise, record Medicare and (if relevant) Health Care Card numbers in the boxes.

Australian DVA Card Status

- Record the consumer's Department of Veterans' Affairs (DVA) Card Status by using the code set. If the card is not Gold or White, specify what other card is used and record any relevant card number in the box.

Insurance Status

The primary purpose of this item is to allow a health professional to know whether the consumer can access privately funded services such as private dental and allied health services.

- Record the current insurance status of the consumer by ticking all that apply. Include the level of private health insurance (if any) and/or whether the consumer is eligible for services paid by a third party payer such as motor vehicle accident insurance, Workers Compensation or Ambulance Fund.
- Where relevant, record the appropriate card number in the box provided

Why the consumer is seeking services (Core ONI Page 3 of 4)

Use this page to record presenting problem/s and issues of relevance for the consumer. Most information on this page will be able to be completed at the end of the initial interview or contact process.

This page is completed by the referral agency and either faxed or electronically transferred to the agency receiving the referral, along with all other relevant sections of the ONI.

Alert Box - Using the ONI to record risks and urgency

The Alert box should be completed only after completing any relevant supplementary profiles.

- The Alert box can be used to make a note of risks and any matters of urgency that have arisen from using the ONI mandatory or optional profiles.
- Summarise any issues here according to how you judge the possibility of danger, loss of social participation or reduction in health status.
- Consider whether to trigger your own agencies' alert procedures and whether this should be indicated in the box.

Consumer's priority category

- A consumer's service priority category cannot be determined until the end of the ONI process.
- Information from mandatory and optional profiles is required as outlined in the ONI Priority Rating section.

Description of problem or issue as identified by the consumer or referring agency

Record the consumer's description of the problem/issue in one or more short statements to outline why the consumer is seeking services.

- The need for optional profiles may also be identified in this section.

To decide whether any optional profiles need to be completed, consider asking the consumer or carer questions such as: 'Can I ask you about some other issues that often make a difference to people's health?' or 'Are there any other issues you'd like to discuss or concerns you have?'

- If issues are identified, consider completing the relevant ONI profile.

Description of other issues as identified by the consumer or in the Ongoing Needs Identification process

This section may be used to list other problems that are identified by the consumer in the Ongoing Needs Identification process. Use it to record other issues which may be unrelated to the reason for seeking services that arise in conversation with the consumer, or any issues arising from the optional profiles.

This information might be based on discussion with the consumer, observing the consumer, information contained in a referral letter, consumer notes or information provided by a third party, such as a friend, relative, carer or referring agency.

Note:

In both the problem descriptions, where able, list the issues in priority order. For example, the first issue listed is the one that is of most importance to the consumer or order of priority as identified in the ONI process. If there are more than 4 consumer or 5 agency noted issues, start another page.

The list of problems and issues can be updated over time (use the 'information updated' section at the bottom of each form to indicate that the situation has changed).

Action required

A box is used to note the action required for each problem.

A code set is provided to record the action required. There are 10 codes covering ten types of possible action associated with the problems or issues. They fall into three types of action (service provision, specialist assessment or comprehensive assessment) and seven types of 'nil' action.

For example:

Service provision - services are required that do not need, or cannot wait, an assessment

Code (1) Service provision – see Action Plan. If you use this code, record what is required in the Action Plan.

Specialist or comprehensive assessment - an assessment is required

Code (2) Specialist assessment (eg, G.P, continence, allied health, orthopaedic consult, mental health assessment)

OR

Code (3) Comprehensive assessment (eg, aged care assessment by domiciliary or community health), or Service Specific assessment (eg, disability, transport, day respite, MOW).

Nil action - no further action is planned

Code (4) Nil: Consumer ineligible for service.

Code (5) Nil: Referred elsewhere.

Code (6) Nil: Advice/information provided. No further action required.

Code (7) Nil: Consumer declines further referral or service.

Code (8) Nil: Consumer issue resolved. No further action required.

Code (9) Nil: Requested service not available.

Code (10) Nil: Requested service not accessible (eg, due to long waiting time, inaccessible location).

Current services

Use this box to record details of services (both formal and/or informal) used by the consumer in the last three months. Because the sustainability of the carer arrangements is important in determining a priority rating, a full picture of the support network is very helpful.

Ask the consumer if they have used any **other services** in the last 3 months or on a recurring basis. If the consumer reports that they have used other services, record what they are and clarify if they are still in contact with the service. Regular contact with their GP should also be documented here.

Action Plan (Core ONI Page 4 of 4)

A person's eligibility for HACC, disability or other services is determined in this section. An opportunity to summarise the Functional Profile is also available in this section to assist information transfer.

Completion of the Action Plan for a client should be based on services currently in place and issues/needs identified in the mandatory and additional profiles. This section therefore cannot be completed until all other relevant profiles are completed.

Local agencies will also have their own versions of care plans and service-specific plans for taking this summarised screening information to the logical next stage of providing some planned assistance to the consumer.

Is this person eligible for HACC services?

- Tick relevant box to indicate eligibility for HACC service.
Options include (Y) = yes, (N) = no, (DK) = Don't know.
- Tick the relevant box to indicate reason for HACC eligibility. Options include either care recipient or carer.

Note that a person is HACC eligible if the person is an older, frail person with a moderate, severe or profound functional disability which makes it difficult to perform the tasks of daily living (include dressing, preparing meals, house cleaning and maintenance, and/or using public transport) without help or supervision.

Or

The consumer is a younger person with a moderate, severe or profound disability which makes it difficult to perform the tasks of daily living (include dressing, preparing meals, house cleaning and maintenance, and/or using public transport) without help or supervision.

Or

The consumer is a carer of persons specified in the above categories.

Or

The consumer would be at risk of premature or inappropriate long term residential care in the absence of basic maintenance and support services (within the scope of the HACC Program).

Is this person eligible for disability services?

- If the person is eligible for disability services, tick the box.

Note: A person is eligible for disability services if they meet **all** of the following criteria:

- The person has a disability attributed to an intellectual, psychiatric, cognitive, neurological or physical impairment, or a combination of these;
- The disability is permanent or likely to be permanent;
- The person has substantially reduced capacity for communication, social interaction, learning or mobility; and
- The person is under 65 years of age when screened/reviewed and/or is in receipt of, or eligible for, the Disability Support Pension.

Is this person eligible for other services?

If the person is eligible for other services, tick the box and record type of service.

Two examples are given on the form:

- DVA (Department of Veterans Affairs) - services funded by DVA such as Veterans Home Care
- NRC (National Respite for Carers) - community nursing and services funded under the (NRC) program.

Do not limit your response to these two programs as special programs and eligibility criteria change from time to time.

Functional Profile completed and attached?

A summary of the Functional Profile (Activities of Daily Living) can be recorded here. This provides an option to condense information collected into a format that will reduce the number of pages faxed in referrals to other service providers.

- This section may be left blank and ticking of the (Y) box would indicate that the full functional profile (Activities of daily living) would be attached with any referrals.
- Alternatively, tick in the (N) box and record individual item scores for each of the sections of the Functional Profile in the corresponding item box.

Action Plan

This section of the ONI draws together all of the other key information collected in the ONI process and uses it to describe an Action Plan.

The boxed columns capture more detail on what information the consumer has consented to share, and has codes for how the referral is being made, what transport is to be used, and what feedback is required.

This Action Plan has 8 components. These components and the codes relevant to each are outlined below the Action Plan box.

Each of these components is mandatory unless otherwise stated under the headings outlined below.

Agency/health professional

Use this column to record details of the agency and the health professional title the client will be referred to eg, Community Health/dietician.

- Complete in legible text the agency or health professional the client will be referred to.
- **If you will be continuing to see the consumer, include yourself in the list of agencies/professionals for referral.**

For

Use this column to record the purpose of the referral for example, diabetic diet advice, community transport, GP assessment.

- Record in legible text.
- If there is some reason for urgency, write 'urgent' in this column (eg, urgent assessment)
- If appropriate, use the Alert box to draw attention to the reason for the urgent response (eg, carer admitted to hospital today).

Consumer Consent:

The ONI registers a consumer's verbal consent to collect information and share that information between agencies.

Local agencies will have other uses for a client's information such as planning services and quality assurance. If necessary, written consent should be obtained at a local agency level according to local protocols. See below for additional information on verbal consent

Record the code from the options of:

- (1) Yes, consumer consents to referral and to sharing of information as specified.
- (2) Yes, consumer consents to referral but not to sharing of information.
- (3) No, consumer has not consented to this referral.

Referral method:

Use this column to record method of referral to relevant agency, service provider etc.

Record the code from the options of :

- (1) This form faxed to agency
- (2) Letter (copy on file)
- (3) Electronic
- (4) Verbal request – face to face or phone call
- (5) Other (include refer to self)

Transport Method:

Use this column to record a code for how the consumer and the service will actually get together

Record the code from the options of:

- (1) Staff travel – service delivered in home
- (2) Staff travel – client too unwell to travel
- (3) Staff travel – client has no transport
- (4) Client travel – own car
- (5) Client travel – family/friends
- (6) Client travel – public transport or taxi
- (7) Client travel – walk
- (8) Community transport
- (9) Ambulance
- (10) Hitchhike
- (11) None

Feedback required:

Use this section to record agencies, services or significant others that feedback on client is required.

Record code from options of:

- (1) To initial referral agency
- (2) To GP
- (3) To agency completing ONI
- (4) To carer/guardian
- (5) Other

Note that, if feedback is required, contact details will be required on the Core ONI Page 2.

Date:

Use this column to record date referral actually made.

If no referral actually made, leave blank

Review Date

Use this column to record date when proposed action should be reviewed. If no review is required, leave blank.

Confidentiality issues

Both pages 3 and 4 of the Core ONI may be used in a duplicate fashion to cover multiple problems with differing levels of confidentiality requirements.

It can be used this way if the information is sensitive and not to be shared, in which case the interviewer can complete a separate copy of the Core ONI Page 3 of 4 for each issue.

Informed consent – verbal

Verbal consent cannot be obtained from consumers who have problems with understanding the consent process due to cognitive or language difficulties or if there are problems with literacy or numeracy.

Explore issues about informed consent or the need for cognitive assessment if the consumer's decision-making capacity is in doubt for any reason.

Cues for seeking verbal consent in ONI

Does the consumer consent to the following, where relevant?

1. Consent to be referred to, and to receive services from the nominated providers subject to any refusal of the consumer in the future.
2. Consent to all agencies specified in the Action Plan to collect, disclose and use the consumer's personal information for the following purposes:
 - To provide the information to a network of service providers who may provide health and/or non-health services to the consumer assessed using the ONI where that information has been obtained through a single point of collection.
 - To assist in the planning, coordination and delivery of community services to the consumer.
 - To be used for evaluation of the effectiveness of the delivery of community services.
 - For program reporting and / or research purposes in relation to de-identified personal information (eg. The HACC Minimum Data Set).

The key points that a worker needs to be concerned about in recording consent are that it must be:

- **Informed**, that is the consumer understands what is being consented to and for what purpose: the worker must ensure that the consumer has been provided with adequate explanation of the need for the proposed disclosure of information.
- **Freely given**, that is the consumer must be made aware that they have the right to refuse consent.
- **Specific**, that is consent must relate to the agencies specified in the Action Plan and to the uses and disclosures referred.
- **Current**, that is the consent must remain current and be reviewed on a regular basis. In practice this means that where a subsequent referral is being proposed then an updated consent form must be completed. In addition, a consumer can revoke their consent at any time.

Frequently Asked Questions about the Core ONI

Q. Can the consumer fill in part of the ONI?

A. This is up to individual agencies and areas to decide in the context of their local service coordination models and agreed practices processes and protocols within the area. The consumer can complete the section that includes the contact information (page 1 of Core ONI) and the K10 scale which is within the optional Psychosocial Profile.

Q. Can the ONI serve as a consumer held record with a copy left in the consumer's home?

A. Yes, however it depends on individual agencies and areas to decide in the context of their local service coordination models. Consumer and community consultations will be helpful in considering any requirements of consumers to hold their own records. Their records have to be held within the context of privacy guidelines and legislation.

Q. How do I determine whether or not a person requires an interpreter?

A. Remember that even though a person may be able to carry out a simple conversation in English, they may not be able to comprehend or express themselves well enough to participate in a screening process that requires detailed information sharing and consent.

Also, it is necessary to consider that people often lose their ability to communicate in a second language in times of stress, illness and/or cognitive impairment. They may require an interpreter for this process, as well as for future comprehensive assessment, reviews, health education and consent for treatment. If a person does not require an interpreter for day to day services but does for complex communication situations, then this should be rated as needing an interpreter.

Some ways to judge if a person needs an interpreter are:

- Ask the person questions that require an answer in a sentence, not yes or no questions
- Ask the person to repeat a message that you have given him/her back to you in his/her own words
- If a person is unable or struggling to answer these then an interpreter is required

4 Functional Profile (Activities of Daily Living)

This is a mandatory profile for HACC consumers. It is suitable for administration to a consumer or to a carer, friend or other person (eg, service provider) who may be contacting the care coordinator or service provider on behalf of a consumer.

The Functional Profile (Activities of Daily Living) is designed for telephone administration or may be administered face-to-face.

It consists of 2 pages (9 Questions) and has a primary purpose of assessing the functional ability of consumers. Options for answers are limited to specific categories but the structure for the first 7 questions is the same.

The results of the Functional Profile can be included as a summary on the last page of the Core ONI.

How to complete the Functional Profile (Activities of Daily Living)

- The interviewer should inform the respondent that a brief screen in the form of set questions will be asked.
- A suggested introduction that can be read out to the consumer is located on the top left-hand corner of page 1 on the Functional Profile.
- The interviewer should carefully and clearly read each item (one item at a time), along with the options, to the respondent.
- The questions should be asked exactly as they are written.

Note:

To identify functional abilities the questions ask 'Can you...?' rather than 'Do you...?'. The rationale for this is that some consumers may not undertake the activity themselves and yet be quite capable of doing so. An example of this is a consumer may not do housework because their spouse or carer does it for them, yet is quite capable of undertaking it themselves.

This crucial difference is called '**Can Do: Do Do**'. The task is to rate what a person 'can do' rather than what they 'do do'. The latter is influenced by certain factors in the environment, such as proximity to shops or the availability of a carer. These separate factors are taken into account elsewhere in the ONI Living Arrangements and Carer Profiles.

Individual items

- **Items 1 to 5** on the Functional Profile (Activities of Daily Living) page 1 are arranged in a hierarchical way (See "Ongoing Needs Identification in community Care: Why use the Tier 1 Screening and Referral Tools?") This document may be used to support training and has further explanations of the items used in the ONI profiles.
- If the consumer does not need help in doing housework and getting about, then there is no need to ask about items 6 to 7 (mobility and bathing) because you would normally expect a person to be capable of these functions.
- **Items 8 and 9** are about cognition and behaviour and are asked of third party informants (including assessor), not the consumers themselves. These items are completed based on all information available to you, i.e. your judgement based on interviewing or observing the consumer, information contained in a referral letter, consumer notes or information provided by a proxy respondent, such as a friend, relative, carer or referring agency.

- If the score is a (0) for items 8 or 9 avoid elaborating further on the 'Why?' or 'How much?' as these are better covered at assessment should it be required.

Allocation of a score

- The interviewer scores each item according to the answer given by the respondent.
- If a respondent will not, or cannot answer a question, the score box should be marked with a cross (x), to indicate that it was not answered.
- If the answer box is left blank, it will be assumed that the question was not asked.
- If the respondent does not answer with an option, or qualifies the option, the options should be repeated and the respondent asked to select the option which best describes their situation.

There are **four main points** to emphasise about how to score the Functional Profile:

1. Rate what the person is capable of doing rather than what they do. Take into account the help that is required and the amount of prompting. For example, if someone can do something but has chosen to have someone else do it (like dressing), rate as independent. If help or prompting is involved, rate as 1. If unable to do the task, rate as a '0'.
2. Where an item is not relevant (eg, consumer does not use medicine), rate what the person would be capable of doing if the item were relevant to their situation.
3. Make sure the ratings, especially of items regarding standards of cleanliness, are based on the person's own social or cultural context, not your own.
4. Item 6 (walking).
 - Consumers who are independent with use of a mobility aid should be rated as a (2).
 - Consumers who are in a wheelchair should be rated as a (1) if they are independent including corners etc or (0) if they are not wheelchair independent.

Recommended functional assessments based on this functional profile

Use the instructions on the form to guide your decision about whether the consumer requires a more comprehensive assessment in any of the functional domains of domestic, self-care, cognition or behaviour.

The ways to use the different scores on the items are guidelines only and you should use your own judgement about the total situation. For example, practical issues such as the availability of comprehensive assessment services and the urgency of the person's needs should also guide your decisions.

If the person has low or moderate functional needs and does not need further assessment, use the information to decide whether the consumer requires services and, if so, what type? The functional screening results alone will not be sufficient for this as you will need a range of other information (eg, information about carers and social supports, financial resources). This information is collected in other ONI profiles.

You will need to use all of the information you have to develop an Action Plan or care plan.

Aids and equipment currently used

The last section of the Functional Profile (Activities of Daily Living Page 2 of 2) has tick boxes for any aids and equipment that the consumer currently uses. Record the specific type of aid used in the comment box. The definitions for each of the aids coded are contained in the following table.

Code Label	Code Label Definition
Self-Care Aids	These aids assist the consumer in their day-to-day routines of cooking/eating and personal hygiene. Examples of such aids are special crockery/cutlery, bath rails/shower rails, buttonhooks, bowel and urinary appliances etc.
Support and Mobility Aids	Aids mentioned here provide the consumer with ease of mobility as well as supportive mechanisms while at rest. Support aids include callipers, splints, special beds, cushions/pillows etc. while mobility aids include belts, braces, crutches, wheelchairs (manual and motorised) etc.
Communication Aids	These aids help the consumer with their inter-personal interaction and are inclusive of telephone attachments, writing aids, speaking aids (electrolarynx), intercom etc.
Aids for Reading	These are reading specific aids provided to consumers and comprise of items like magnifying/reading glasses, Braille books, reading frames etc.
Medical Care Aids	Aids described in this category serve to provide assistance to consumers with specific medical conditions. They include breathing pumps, pacemakers, Ostomy/Stoma appliances etc.
Car Modifications	These aids allow consumers access to safe and comfortable transportation, either as the driver or passenger of the vehicle. They are inclusive of accelerator/brake/mirror and other driver related controls as well as other modifications like automatic transmission and room for wheelchair etc.
Other Goods/Equipment	This category of aids includes all items which lie outside the range of the above mentioned codes.

Comments

In addition to recording any aids or equipment, use the comment box to summarise the findings on the functional screen for inclusion in the Action Plan on the Core ONI Page 4 of 4. Your comments should translate into some recommended action at the point where all the consumer's needs are taken into account in the formulation of a plan, for example the recommendation of the Tier 2 assessment required.

Frequently asked questions about completing the Functional Profile

Q: Disability without incapacity - what about someone who is partially blind with practical aids in place, like informal financial arrangements or a Webster pack?

A: They should score 2 on items 4 & 5, without help, because they have the functional capability, and the screen tool would treat them in the same way as someone with a lesser level of disability who uses glasses and large digit phones and clocks.

Q: What about someone who is legally blind but uses a magnifying glass and is not neglectful? They may be able to use a Webster pack, and that is an obvious preventive intervention to suggest as part of a care plan. How do they score?

This person would score 2 = without help, on the functional screening item 4. This is because we want to score the consumer's present function, not a future likelihood or a "what if" scenario, nor even a direct service need. Although they are closely linked in

routine practice, at this level we are not scoring the person's need for an intervention, only their level of functional dependency with their current aids and appliances in place.

It might be that on a re-screening in six months time the score would be 1- with some help, or it might be that a domestic assessment now would indicate trouble in other areas like getting around or difficulties conducting their business unaided when out and about.

Q: My client varies a lot in his functional ability. Some days he can do a task, but the next day he can't. I have another client who can do domestic tasks but the next day she is in such pain that she can't get out of bed. How do I rate them?

A: In both cases, rate the consumer at their worst in the last month. If a person cannot do the entire task without it resulting in significant pain and fatigue such as you describe, rate as a 0 (cannot do). If a person is unable to undertake all of a task and needs help to complete it, rate as a 1 (needs some help).

Q: My issue with the functional screen is how to determine whether someone is low, medium or high need. From what I understand, triggering an assessment for self-care would immediately classify the person as someone of high/complex needs.

A: Mostly the idea of high, medium or low need relates to the need for receiving specific services. The ONI starts with consumer characteristics and talks about the *relative priority* for receiving a service, which is determined by a combination of consumer need and risk factors. Priority also depends on how many services are available to meet the needs. The ONI Priority Rating Tool is a way of combining these elements to come up with a rating category for a particular consumer, relative to all other consumers.

Q: I have a number of clients living in an Aboriginal community out of town. How can I ask them about mobility and self care when their facilities and transport are poor?

A: The short answer is that you rate them as if they had access to facilities and ask if they can do the particular tasks. The way the question is asked is the key to getting a useful answer, and this is covered in more detail using examples in the training materials.

The longer answer is that the Functional Profile is designed for mainstream services and the issues raised by adopting standardised tools in more remote communities and Aboriginal and Islander communities are significant. There are communities where these issues are the mainstream concerns of providers.

Practically speaking, a research project is needed to decide on what data will be collected and how best to collect them. For example, it may be best to capture additional information on available community resources and the physical environment, like they do in the Aboriginal coordinated care trial. The use of the screening tools in remote areas may have to consider the capacity of the local community to respond to need, along with the level of need identified in individuals. In the meantime, with the addition of some good listening skills and some adaptation to local conditions, the functional screening items remain useful in most settings.

Q: What considerations need to be taken into account when screening individuals who have significant language barriers?

A: Language and cultural barriers are not functional deficits per se, but can lead to a person needing assistance. In this sense a language barrier is more like a functional burden, rather than a cognitive deficit, and burdens and barriers are taken into account in other

profiles such as the Living Arrangements and Carer Profiles and the Action Plan which might contain a referral to a culturally specific service.

Use the Alert box if significant barriers exist, and capture any specific problems on the relevant profile. This should then give rise to a practical intervention, for example a Webster Pak can overcome an inability to read labels.

5 The Living Arrangements Profile

The first two items (living arrangements and accommodation) on this profile are mandatory items for HACC consumers. If this profile is not completed, complete the HACC MDS Supplementary Items page to satisfy reporting arrangements.

How to complete the Living Arrangements Profile

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 care plan. They will often flag risks and urgency.

- Make any comments or summary notes on living arrangements and family situation in the box provided.
- Note that there is a separate carer profile that might also be relevant.

Accommodation

- Codes are provided to record the consumer’s accommodation type. There are 16 different possibilities listed using HACC MDS codes.
- You need to use the information in this item if the person requires home modifications.
- Record any relevant comments on accommodation difficulties or issues in the comment box.

Employment status

Ask about the person’s current employment status and occupation, record status using the codes and record any relevant comments or notes.

- The term ‘sheltered’ refers to ‘supported employment’.
- The technical term for ‘sheltered workshops’ that is used within the disability sector is now ‘business services’, but this is a fairly new term and has no direct disability connotations.
- CDEP refers to the Community Development Employment Program, which is a program that involves aggregating unemployment benefits to create a salary pool for community projects in some Aboriginal and Torres Strait Islander communities.

Financial and legal profile

The person’s financial situation may need to be taken into account in assessing risks and urgency and in formulating an action plan and, if necessary, developing a care plan.

- Legal issues should be summarised in the comment box.
- Include *Mental Health Act status*, which might be an involuntary treatment order in hospital or an involuntary order for community treatment.
- Include any relevant court orders, guardianship or health attorney or financial management orders, depending on the person’s circumstances and presenting problems.

Mental Health Act status

This section describes any formal legal arrangements that are to be considered when developing an action plan. This information is likely to have been obtained from the referring body, for example a hospital or mental health service.

- Record the code from the options outlined on the form.

Decision-making responsibility

Consider whether the person is capable of making his or her own decisions. 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.

If there are no formal orders in place, the person may have given someone else a Power of Attorney, or may have informal arrangements in place to safeguard their interests.

In some cases they may already have a decision-maker appointed under Enduring Power of Attorney or Guardianship arrangements.

- Consider referral for assessment eg, GP, social worker, mental health or psycho-geriatrician assessment.

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.

If the person is not capable of looking after their own finances, they may have granted a Power of Attorney or may have appointed a financial manager themselves, or had one appointed under the Guardianship legislation.

- Consider referral for assessment eg, GP, social worker, mental health or psycho-geriatrician assessment.

Cost of living decisions

It is sometimes useful to inquire as to whether there are any trade-offs the person makes because of financial difficulties. This question can generate important information to allow you to assess both risk and urgency.

- If yes, discuss the issues with the consumer and consider the need for counselling (eg health-related, financial, gambling) and the need for material support.

Comments

Consider all the issues such as the need for material assistance and any implications from items on decision-making.

- Use the box at the bottom of this section for any relevant comments and to summarise the required action.
- Issues to do with the home environment may be recorded here and this might prompt an agency's use of its own assessment tools for home safety, or for investigating occupational health and safety issues.

6 The Carer Profile

Use this profile if the person has caring arrangements in place. If the response to the carer availability question is “Has no carer”, then the other items relating to an informal caring situation do not need to be answered.

The Carer Profile identifies the need for a carer, availability, residency and the relationship of the carer to the care recipient. There are also items in this section that identify supports available for the carer, current threats to carer arrangements and whether the carer arrangements are sustainable.

The three items - carer availability, carer residency status, and relationship of carer to care recipient on this profile are mandatory items for HACC consumers.

If this profile is not completed, then HACC funded agencies should complete the HACC MDS Supplementary Items page to satisfy HACC reporting arrangements.

Keep in mind the wide range of possible caring arrangements including people with serious illness or disabilities caring for others, and children who may be caring for adults.

How to complete the Carer Profile

Need for a Carer

This question seeks to identify if a consumer needs a carer. If a carer or other person were unable to assist a consumer, you must determine if the consumer could manage independently.

Knowledge of whether or not a carer is needed will be of relevance when allocating a priority rating for consumers using the ONI priority rating tools.

- Record the relevant code in the box:
 - (1) The consumer cannot be left on their own at any time (whether by day or night).
 - (2) The consumer can only be left on their own for some, but not all, of the time (whether by day or night).
 - (3) Nil, no Carer required.
 - (99) Not Applicable – the consumer is the Carer.

Carer availability

This item records whether the person has someone they identify as their carer, regardless of whether they need a carer or not. If the person is unsure about whether they have a carer, ask questions such as ‘*The last time you got sick, who looked after you?*’

- There are 5 possible options in recording whether a person has a carer. Record:
 - (1) Has a Carer
 - (2) Has no Carer
 - (3) Not Applicable – no carer required

Code (98) Not Applicable – paid Carer, is selected if formally organised paid carer arrangements are in place. Note whether a volunteer is part of a formally organised service with planned interventions by selecting this code. Note also that a carer benefit being paid to a family carer is not considered a paid service.

Code (99) Not Applicable – the consumer is the Carer, is selected when a separate ONI is being completed on the carer.

Carers may be family, friends or neighbours who help the client informally with managing their lives. This help may be occasional only, or regular.

In many situations several clients (typically a married couple) look after each other. Both may be receiving HACC-funded assistance, but are each other's carer. In this case, for each client the following would most likely apply:

- Each client is recorded as a care recipient, receiving assistance due to his or her own frailty, condition or disability.
- Each client would be recorded as having a carer.

Note that a client may in fact have several carers who share the job, but the number of carers is less important than simply whether the client has a carer or not.

For example:

- If an elderly client has care provided by both their spouse and their son, the response to this item will be "(1) Has a carer".
- Similarly, for a young disabled client, if care is shared between both parents, the response will be "(1) Has a carer".
- If a client has a paid carer or a formally arranged volunteer carer, the answer is "Has a Carer".
- If care is provided by both an informal and formal carer, record (1) "Has a carer".

Details of formal paid care and the service provided need to be recorded in the comment box of the Carer Profile and identification of sustainability issues noted. Current services also need to be recorded in the Core ONI page 3 'Current Services' section.

Points of clarification about the carer

If a client is mainly (or only) a carer, they will be eligible for HACC assistance because they look after someone who is HACC eligible because they are frail or have a disability. The assistance provided to this carer is to help them cope with their caring role.

By definition then, they are not paid a wage or salary to help, **but** they may receive a carer benefit. To be eligible for a benefit or to take on other responsibilities like decision-making for others (eg, to take on a position of "person responsible" under the relevant guardianship legislation), the person must have a continuing relationship to the care recipient. This does not have to be only 'next of kin'.

The definition of a carer for the ONI is different to the response recorded for the HACC Minimum Data Set. In the HACC MDS, paid or formally arranged volunteer arrangements are recorded as "Has no carer". However, because we are interested in assessing the sustainability of care arrangements for ONI priority rating purposes, the answer is "Has a Carer".

If a person has a paid carer, for example because they receive home nursing services, we rate them "(1) Yes, has a carer", and then for the purposes of the ONI go on to assess the sustainability of that arrangement.

Carer Residency Status

Knowledge of carer residency status can assist with identifying if arrangements can be sustained. Ask "does your carer live with you" or "do you live with the person you care for?"

- Record the response using the code options.

Where a client has several carers, ask about the carer who does most of the caring and if the two carers live apart.

A client may stay over at the carer's home, or the carer may stay over at the client's home, but the carer is not co-resident. In this situation record they have a non-resident carer.

Relationship of Carer to Care Recipient

- Record the relationship of the carer to the care recipient using one of the 14 codes. Record:
(1) Wife/female partner (2) Husband/male partner (3) Mother (4) Father (5) Daughter (6) Son (7) Daughter-in-law (8) Son-in-law (9) Other relative – female (10) Other relative – male (11) Friend/neighbour – female (12) Friend/neighbour – male (98) Not Applicable – paid Carer (99) Not Applicable – the consumer is the Carer.

Please note that in addition to the HACC MDS data, the ONI has a code of 98 (Not Applicable – paid Carer) that has been added so that if the consumer only has a paid carer or formally organised volunteer care arrangements, then choose (98) Not Applicable – paid Carer.

Carer Support

- There are four dimensions used to identify carer support including:
 - Whether the carer has someone to help them;
 - Whether they receive a payment or allowance;
 - Whether they have been given information about support services such as respite; and
 - Whether they need any practical training in tasks such as lifting or managing medicines.

Responses to this set of items are recorded as 'Yes', 'No', 'Not sure' or 'No Carer'.

Current threats to carer arrangements

Current threats to carer arrangements are described by a series of six self-explanatory codes.

- Tick all that apply.

Are carer arrangements sustainable without additional services or support?

Sustainability of the care arrangements will be determined by whether or not the paid or formal care arrangements are likely to be sustainable and, if so, for how long.

The codes can be used as prompts to guide your conversation with the carer or referral agency.

Based on your conversation, determine whether current carer arrangements are sustainable *without additional services or support* and record one of the five following codes:

- No, arrangements have already broken down.
- No, carer arrangements likely to break down within weeks.
- No, carer arrangements likely to break down within months.
- Yes, carer arrangements are sustainable without additional support.
- Don't know.

If the answer is (5) consider the need for referral and assessment to, for example, agencies or organisations established specifically to support carers, Carelink, etc.

Record a code of 99 in the box if carer issues are not relevant.

Carer issues

If there are significant carer issues, complete a separate ONI on the carer

Refer as appropriate to a carer support agency or information service.

Comments

Use the box in this section for any relevant comments and to summarise the required action in relation to the carer.

Consider all the issues such as whether emergency arrangements are in place, the need for material assistance and decision-making.

Frequently asked questions about carers

Q: The client is lacking energy to do household chores. They have angina problems - fluid around heart and lungs, and they live alone in private accommodation, with no carer. The person is reliable with medication, has a K10 score of 16 and friendships are kept up OK, but there are some psychosocial problems. On the functional profile they are rated as high function. The outcome of the ONI profile is that they are not referred (for further assessment). Does she need a carer or not?

A: If this person lacks energy but is still capable of performing household chores, there is no need for a carer. If lack of energy and medical problems prohibit ability to complete household chores a carer is needed. That is the consumer needs help from someone some of the time and therefore when considering need for a carer they would be rated as "(2) – they can be left on their own for some, but not all, of the time (whether by day or night)".

The key idea is that a person needs a carer if they need someone to help them manage their tasks of daily living, especially self-care tasks. They cannot be left alone all of the time. In this scenario, if no carer is needed for domestic and personal care assistance, then consider whether there is a need for some other service eg, volunteer visit or day respite.

Q: This client requests a service for vacuuming, heavy cleaning and washing. Her functional screen shows high function, but on the medical side there is bone marrow cancer – plus stents placed in her heart and rheumatoid – osteoarthritis. She is reliable with medication, has a K10 score of 43. She would not provide information on family and personal relationships, lives alone in private accommodation and has a carer. The carer is her daughter who works and carer sustainability is unknown under the circumstances.

A: This is a person with relatively high function, but their other problems suggest further investigation is needed. The K10 score suggests that a referral for a mental health assessment might be useful, and it also seems the carer issues have to be looked into further before you can safely say how the system is likely to hold up under the current circumstances. You probably don't need a functional profile on the carer but you do need to make sure the medical side of both the client and their carer is well supported, ie is there GP and community nursing involvement? It may be that a priority rating is more determined by the mix of other problems, rather than the functional screening item scores.

7 The HACCC MDS Supplementary Items

This is an additional tool for HACCC funded agencies. It allows them to complete the current version of the HACCC Minimum Data Set mandatory reporting requirements, should the Living Arrangements and Carer Profiles not be completed.

Note:

If **only one of** either the Living Arrangements Profile or the Carer Profile has been completed by the screener, the HACCC Supplementary Items will be required too.

This section is most suitable for services that provide single service eg, home maintenance or transport services.

Leave this tool blank if it is not required.

How to complete HACCC MDS Supplementary Items

- Record code as appropriate from the lists provided with each question.
- The comment box can be used to summarise relevant information as required.

8 The Health Conditions Profile

This is an optional profile.

This profile includes self-rated health, bodily pain, interference with normal activities, vision, hearing, teeth, speech, swallowing, falls, feet, vaccinations, driving, continence, height, weight and blood pressure pulse.

Additionally, it includes a summary of self-reported health conditions and confirmed medical diagnoses, current medicines and assistance and referral options.

It meets the requirements for Enhanced Primary Care payments for general practitioners.

If there are problems reported, consideration should be given for referral. This area provides prompts for further enquiries about activities of daily living and crosschecking with the functional profile.

Crosschecking of data already collected is helpful because some conditions are episodic and recurrent and levels of function may vary considerably over time.

Note that any issues identified from the Health Conditions Profile need to be documented in the section for the description of other issues in the Core ONI (page 3 of 4).

How to complete the Health Conditions Profile

Health Conditions Profile (HC Page 1 of 2)

Overall health

In asking the consumer about their overall health, enquire 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.

If the consumer reports poor health, crosscheck this with data collected in the Functional Profile and consider completing the Psychosocial Profile.

Bodily pain

- Record if the consumer is experiencing any bodily pain.

If so, ask questions such as 'How much bodily pain have you had during the past 4 weeks?' and tick box indicating degree of pain.

If the consumer reports that they have had significant bodily pain, identify if 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.

Consider whether pain is impacting on their ability to manage activities of daily living (see Functional Profile) or on their personal or social relationships (see Psychosocial Profile). If so, complete the relevant profile.

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) on the scale.

- Score from 'not at all to quite a bit' and identify and record any issues that may require action.

If problems are identified, check that this is reflected in data captured on the Functional Profile in the areas of activities of daily living.

Vision, hearing

- 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.

If problems are identified, check this reflects data captured on the Functional Profile and consider referral for assessment eg, optometrist, GP.

If a person is legally blind, rate vision as 'poor' and record their legal blindness on page 2 of the Health Conditions Profile under the list of health conditions.

Cross check with the end of the Functional Profile if visual aids/appliances/self care tools are either in place or required.

Oral health

- Tick 'Yes' or 'No' to indicate problems like missing teeth, untreated dental caries or other oral health problems such as gum disease.

Use the comment box to note significant oral health issues and to identify whether the person is eligible for any free or subsidised oral health services.

If a person has health insurance, is covered by DVA or is able to pay for their own dental care, refer to a private dentist. If not, refer young people to a public sector dental therapist.

Speech/swallowing

- Tick 'Yes' or 'No' to indicate problems with speech or swallowing.

Use the comment box to note significant issues. Consider referral for assessment eg, to speech pathologist, GP.

Cross check that items of relevance are captured on the Functional or Health Behaviours Profiles.

Falls

Ask about falls inside or outside the house in the last six months.

- Tick 'Yes' or 'No' in the relevant box and indicate the number of falls.

Consider referral for assessment eg, to physiotherapist, GP.

Consider the need for further investigation of activities of daily living by using the Functional Profile or a tier 2 assessment tool.

Feet

Use the tick boxes to record if the person has any foot problems eg, problems that are causing pain or interfere with mobility. Include the presence of any foot deformities.

Use the comment box to record the details, and consider referral for assessment eg, to podiatrist, GP.

Vaccinations

Tick any vaccinations that the person has had and record the date for each. If the actual year or date is not known, or if there has been no vaccination, record no.

If the consumer has never been vaccinated against any of the items, or if the date of immunisation is unknown, refer them to their GP or immunisation service provider.

The National Health and Medical Research council (NHMRC) recommends the Australian Standard Vaccination Schedule (ASVS). A detailed list of this schedule is available on <http://www.immunise.health.gov.au> or by ringing the Immunisation hotline 1800 671 811.

Consider referral to GP or Immunisation service provider if schedule is not up to date.

Some common vaccinations include:

Vaccination	Additional information
Influenza	Recommended annually if 50 years and over, people with severe asthma, children with cystic fibrosis, pregnant women who will be in the 2 nd or 3 rd trimester of pregnancy during the influenza seasons.
Pneumococcus	Refer to General Practitioner or immunisation service provider for vaccination for revaccinating eligibility. This vaccine has a schedule for all age groups, each with specific eligibility criteria and a recommended schedule.
Tetanus	For fully vaccinated people (six doses by age 15 to 19 years), a tetanus booster is recommended at age 50 unless a booster dose has been documented within 10 years.
Other	See ASVS guidelines

Source: The Australian Immunisation Handbook 8th Edition 2003.

Driving

- Tick the relevant box to indicate if the consumer drives a motor vehicle
- Tick the relevant box to indicate if the consumer is fit to drive. If the screener has any concerns that a medical condition (refer to note below) may affect a consumer's ability to drive safely, consultation with the General Practitioner is recommended.

Use the comment box to note any issues.

Other health disciplines that may be required for assistance or need relating to driving may include Occupational Therapist, Physiotherapist, General Practitioner or Optometrist.

Note that if a person has a mental or physical incapacity that is likely to adversely affect their ability to drive safely or if they are 75 years or older, they will require a medical certificate from a general practitioner as evidence that they are fit to drive.

Some medical conditions that may affect driving ability include: epilepsy, diabetes, heart disease, stroke, arthritis and other joint problems, loss or partial loss of a limb, eye or hearing disorders, lung disease, sleep disorders, Alzheimers' disease and other cognitive problems, depression and other mental problems, injuries and disabilities.

Refer to the *AustRoads Guidelines* or your local Transport Centre for further information.

Contenance

There are 3 questions that screen for continence related problems, 2 relating to urinary continence and 1 to faecal soiling or change of bowel habit.

Consider the sensitivity of this topic when screening. You may like to consider the following format for questioning, for example,

'Are there any times when you may leak a bit of urine before making it to the toilet?' or

'When you cough or sneeze – is there any loss of urine?' or

'Are there any occasions when bowel motions come away before making it to the toilet?'

- Tick the appropriate boxes and record details in the comment box.

Any reported episodes of incontinence and if the consumer reports prior to the use of containment aids, suggests a focused continence assessment should be recommended and undertaken. Consider review eg, by GP, specialist continence adviser, should changes/concerns in bowel opening regularity be evident.

To find local resources for continence, contact the National Continence Foundation of Australia's Helpline Number 1800 33 00 66.

Height and weight

The completion of this item is optional except where this form is conducted as part of an Enhanced Primary Care (EPC) assessment.

- Record actual height and weight and use these to calculate the Body Mass Index (BMI).

$$\text{BMI} = (\text{weight in kg} / \text{height})^2 \text{ in m.}$$

Score range	
18-20	Underweight
20-25	Normal range
25-30	Overweight
30-40	Obese

Consider referral eg, dietician, diabetes clinic, meals on wheels, weight management clinic, speech pathologist.

Blood pressure / pulse

The completion of this item is optional except where this form is conducted as part of an EPC assessment.

- Record actual readings and consider checking for postural hypotension.

Health Conditions Profile (HC Page 2 of 2)

Health conditions as reported by consumer or carer

Include 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?'

Check and record any problems that occurred in the past that may have contributed or be related to their present problem eg, 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 list.

If the consumer reports that they have a chronic condition, identify if they are already under the care of a medical practitioner and whether any plan of long-term management, coordinated care or self-help activities are already in place.

If the consumer is pregnant, record the details and make sure that they are receiving antenatal care. If there is no plan, make the necessary arrangements.

- Record health conditions as reported by the consumer or carer in the table provided.

Medical diagnoses

There are different medico-legal implications depending on who completes the profile, so non-medical staff should be clear about not recording their own versions of medical diagnoses.

If it is completed by other disciplines, a medical diagnosis should only be recorded if there is written evidence that a medical practitioner has confirmed the diagnosis. If not, record the

condition under 'Health Conditions' (see above) and complete it based on what the consumer tells you.

- If a medical practitioner is completing the Health Conditions Profile, use this section to record the diagnoses.

Current medicines

The medication section relates to all medicines, including over the counter, bush medicine and alternative treatments. This information should be as reliable as possible, given that it is collected at the Tier 1 screening level on the basis of the consumer's self report.

More reliable information can be obtained by viewing the medications &/or reading the information from the back of a Webster Pak or pillbox.

- Identify the names of medicines the consumer is currently using and record in the box.

Use questions like:

'Please tell me the names of your prescription medicines and how often you take them?'

'Please tell me the names of your medicines for which you do not need a prescription (i.e. over-the-counter)?'

You may consider checking if the consumer knows why their medication is being taken. If it is identified that the consumer is unclear about what his/her medication is for, consider referral to a General Practitioner or a Pharmacist. Note that asking this question may identify useful information about cognitive function and ability to manage medications and may be useful for the Action Plan.

Note that in some cases consumers may be taking another person's medicines or they may be sharing medications with a partner or spouse.

If appropriate to the conversation you are having, or if there is some suggestion that circumstances such as this might apply, explore whether any problems exist from issues such as sharing of medicines.

Consider if the Financial Profile (cost of living decisions) on the Living Arrangements Profile would elicit further useful information.

Cooperation with treatment

There are 3 questions about cooperation with treatment, 2 of which relate to medicines.

- Circle the response for each of the 3 questions located within this box. Responses are on a scale of 0 to 3.

Question 1 asks if the person takes their own medication. You may like to ask, 'Is there someone who helps you take the medicines the way your doctor wants you to, or do you handle this yourself?'

Question 2 asks if the person is willing to take their medication. You may like to ask, 'Do you take them the way your doctor wants you to take them? (if no: why not?)'

Note that a person may not manage their own medicine even though they are willing to do so (eg, if the person has memory problems, they might just forget). The inability to manage your own medicine (the right medicine, in the right dose, at the right times) is an indicator of problems in managing activities of daily living.

If problems are identified, for consistency, check this is reflected in the Functional Profile. In some cases, it may also indicate cognitive impairment. If there are no physical reasons why the consumer cannot manage their own medicine, consider the need for a cognitive assessment.

Question 3 asks about general cooperation with health professionals. This question is similar to the item on service providers in the Psychosocial Profile and is intended to raise any issues that

may influence how best to help the consumer get culturally appropriate or more accessible services. Take these factors into account when formulating your ONI action plan.

Webster Pack or similar

This question asks whether the person uses pre-packaged medicines. If the person's compliance with medicine would be improved by having access to it pre-packaged, make the necessary arrangements.

Review of medications

A Home Medicines Review (HMR) provides an avenue for a consumer's pharmacist and GP to review medication management needs at home. A HMR is recommended where there is evidence of one or more of the following:

- use of multiple medicines (poly-pharmacy).
- the use of single medicines over a long period.
- confusion regarding medication, episodes of forgetting to take medication.

If so, record 'Yes' and refer the consumer back to their GP.

Comments box

Use this box

- To summarise information on health conditions, or to
- Capture any new information from questions such as 'Can you think of any other issues that interfere with your normal activities (outside and/or inside the home)?'

Any health risks and problems that might need further investigation eg, a chronic or degenerative disease, diabetes, cardiovascular disease, lung function, falls and so on can be noted in the comment box.

Note that some conditions may be episodic in nature, recurring or degenerative and the impact of this on function could be commented upon here. In variable disability and illness, consider rating the person at their worst in the last three months.

Frequently asked questions about Health Conditions

Q: Should we document the consumer's past surgical or medical history as part of the list of Health Conditions as reported by the consumer or carer?

A: Only document the surgical procedures and/or medical conditions that are relevant to the consumer's current situation.

Q: Can non-clinical staff fill out the medication list and if so, would they be responsible for medication errors.

A. The list of medications that would be documented is collected based on all sources of information available at the time. It is not the responsibility of the screener to pick up on detailed information on the use of medication in terms of times, amounts, dosage etc. However, in screening you should take into account all sources of information, so for example looking at the back of a Webster Pak, or asking to see the pill bottles will give more useful and accurate information.

Asking a consumer about their knowledge of why the medication is being taken, and whether they understand (and act on) their medication schedule, may trigger consideration for referral if concerns are identified.

9 The Psychosocial Profile

This is an optional profile that can be used to screen for psychosocial issues related to emotional and mental well being, personal and social support, family and personal relationships and relationships with service providers.

It provides a means of capturing some common risk factors associated with emotional and/or mental health problems (such as lack of social supports). This Profile, therefore, identifies opportunities for screeners to consider and discuss referral options that may address the consumer's issues, where identified.

It includes a screen named the K10 (Kessler Psychological Distress Scale). This screen can be used for the early identification of individuals who may have, or are at risk of developing, common psychological problems such as anxiety and depression.

How to complete the Psychosocial Profile

Mental health and well being (K10)

This screen consists of 10 questions on non-specific symptoms of psychological distress. It aims to measure the level of current anxiety and depressive symptoms a consumer may have experienced in the four weeks prior to interview.

The question asked is "in the past four weeks about how often did you feel..."

1. Tired out for no good reason?
2. Nervous?
3. So nervous that nothing could calm you down?
4. Hopeless?
5. Restless or fidgety?
6. So restless you could not sit still?
7. Depressed?
8. That everything was an effort?
9. So sad that nothing could cheer you up?
10. Worthless?

For each item on the screen, there is a five-level response scale based on the amount of time the consumer reports they experience the particular problem. This scale includes:

1. None of the time.
2. A little of the time.
3. Some of the time
4. Most of the time.
5. All of the time.

The number is marked in the box dependent on the response received.

- Question's 3 and 6 are not asked if the person answered "none of the time", to the preceding question.

The 10 items take about 2 minutes to complete and can be undertaken by choosing either of the following options.

- Self administered by the consumer.

- Administered by the screener as a series of structured questions as detailed in the Profile. A style that is less conversational and more like a structured set of questions in a formal interview can make this scale easier to administer. It may assist the consumer if you provide a copy of the scale for them to look at while you are asking the questions.

A suggested approach to using the K10

You may like to lead into these questions with a comment such as:

“I’d like to ask you some questions about how you’ve been coping over the last month”.

Or

“We routinely ask these questions of everyone...” (‘caring for another person’, ‘who has had a recent illness’, ‘who is seeking counselling services’ or whatever is appropriate in the circumstances).

This approach is more likely to be perceived by the consumer to be non-judgemental and will help them to feel more comfortable. It covers, these issues without any implication that the consumer is not coping.

In some cases consumers may become upset or distressed when completing the K10. It is important that the consumer is made to feel comfortable should this occur. A skill that may be useful in knowing how to respond to someone in distress is Active Listening.

Active listening is a way of listening and responding to another person in a non-judgemental way that improves mutual understanding. It is a structured form of listening and responding that focuses the attention of the screener as listener on the consumer as speaker. The listener aims to understand clearly what is being said by the consumer by rephrasing or repeating what they hear the consumer say to them.

This technique encourages the consumer to talk further about what is troubling them, discourages screeners from imparting their personal opinions and maximizes effective listening and need identification. More information on Active Listening is available at www.studygs.net/listening.htm.

When item scores have been marked a total score is obtained by adding together all item responses.

K10 Score	Risk Level of anxiety or depressive disorder
10 to 15	Low or no risk
16 to 29	Medium risk
30 to 50	High risk

The K10 will not diagnose particular issues, but can provide a trigger that there may be a problem that requires further investigation. It is recommended that the GP be advised if the total score for this scale is 16 or over. Total scores of 30 or more would indicate a need for a specialist mental health referral.

Consumers with a score in the medium or high risk range may also benefit from referral to a: Social Worker, ACAT, Health Promotion Programs, Relaxation Groups, and Socialisation – respite, volunteer services and support networks.

Sleeping difficulty

Use this question as another opportunity to identify emotional issues and worries.

- If sleep is a problem, explore whether this is a long or short-term issue and record the details in the box.

Consider a GP referral or a referral to a stress management program if sleeping is a problem. A local area authority will have a list of appropriate services.

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?'

Then if clarification is needed ask 'For example if you felt very nervous lonely or blue ... etc'

- Tick one of the 5 responses outlined. Record relevant details in the comment box.

If the consumer has little support, consider referral and check the scores on the Functional Profile.

The person's social support situation may need to be taken into account in formulating an action plan and, if necessary, developing a care plan.

The level of support is also a useful indicator of both risk and urgency.

Family and personal relationships

This area contains two questions with coded answers about friendships and personal problems with others.

- Place a code (1 to 4) in the box to record the consumer's answers to the questions.

You may also enquire about the person's current personal and family relationships – whether they are experiencing any particular difficulties and record the response in the comment box. If they have any other relevant family or personal problems that might be related to their presenting issue or to their mental well being or social relationships, record any issues that may require action in the comment box.

Relationships with service providers

This question seeks to identify whether the consumer mistrusts health and community service providers because of what they see as bad experiences with providers and government agencies in the past.

This might include legal services (policy, custody disputes in court, divorce), health services (hospitals, doctors), schools, community services (health, welfare) or social security (pensions, benefits or other entitlements).

Document any issues relevant to service providers in the alert section of the Core ONI.

Frequently asked questions about psychosocial issues

Q: On occasions, consumers may become upset or distressed when completing the K10 screen. How would you manage this?

A. It is important to point out that each situation should be managed on an individual basis. For example, if a consumer becomes upset or distressed it is recommended that the process of asking questions be modified. In this instance active listening skills should be employed. It is also crucial to ask if there has been help sought for their particular issue. Once the consumer feels more comfortable continue the profile questions and consider discussion of referral options as appropriate.

10 Health Behaviours Profile

This is an optional profile and is used to record information about the person's lifestyle and to identify any opportunities that may be available to improve their health and well being.

The questions are in the form of tick boxes, except for the malnutrition items, which ask for a total score that can be used to indicate risk.

How to complete the Health Behaviours Profile

Regular health checks

This question identifies if health checks are taken and their regularity. Identify if any health checks have been undertaken.

- If any checks have been undertaken, tick 'Yes' and establish who conducted the check. Note any relevant information in the box.

Consider referral to a GP if there is a need for a regular screening check-up.

Smoking

This question clarifies if the consumer is a smoker or has any history of smoking. For consumers currently smoking, this question provides an opportunity to discuss desires and options of referral eg, to a Quit smoking program or GP.

Alcohol

This item asks if the number of drinks consumed exceeds recommended standards and enables consideration of the impact of drinking pattern on overall health and well being.

If excess alcohol consumption is an issue, consider referral eg, to an alcohol and drug service, or to the GP.

Australian standard drinks (in common containers of various alcoholic beverages):

<p>Light beer (2.7%): 1 can or stubbie = 0.8 of a standard drink</p>	<p>Wine (9.5%–13% alcohol): 750-ml bottle = about 7 to 8 standard drinks 4-litre cask = about 30 to 40 standard drinks</p>
<p>Medium light beer (3.5% alcohol): 1 can or stubbie = 1 standard drink</p>	<p>Spirits: 1 nip (30 ml) = 1 standard drink</p>
<p>Regular beer (4.9% alcohol): 1 can or stubbie = 1 1/2 standard drinks 1 jug = 4 standard drinks 1 slab (cans or stubbies) = about 36 standard drinks</p>	<p>Pre-mixed spirits (around 5% alcohol): 1 can (375 ml) = 1 1/2 standard drinks</p>

Malnutrition

This item contains a screening scale that identifies individuals who are at risk of malnutrition. The malnutrition screening tool consists of 3 questions that identify occurrence of weight loss and/or appetite loss. The sum of the 3 individual scores provides a total score.

- If a consumer reports they have lost weight without trying, a score is allocated based on the amount of kilograms lost.
- If a consumer is unsure of any recent weight loss a score of 2 is allocated.

A total score of 2 or more indicates the consumer is at risk of malnutrition. Consider referral to a dietitian or GP.

Hydration

Depending on the consumer's situation and presenting problems, ask the questions:

'Do you regularly drink at least 8 cups of fluid every day?'

If the response is No, ask the following question.

'Have you recently decreased your fluid intake?'

If fluid intake is low or recently decreased, consider referral to GP or health professional.

Note that when identifying a need for an action plan in relation to hydration ensure consideration is given to environmental temperatures and risk of dehydration eg, extremes of temperature. Additionally, consider any fluid restrictions in place based on medical direction.

Weight

This item asks the interviewer to judge the appearance of the person and record in a tick box if they are underweight, average or overweight.

Note that it is important to use your own judgement about whether a person has significant weight problem before prompting further investigation. Whether the weight loss or gain has taken place over a short period of time will be relevant. There may be additional information from other Tier 1 screening profiles.

- Consider discussing referral options for specialist or comprehensive follow-up if the person is significantly under or over weight. Refer to service providers as consumer agrees to eg, dietician, speech pathologist, diabetes clinic, meals on wheels, single serve meals, weight management clinic.

Cross check your observations on weight with the medications and health conditions information contained in the Health Conditions Profile and anything relevant that might have come up in the Psychosocial Profile and consider referral to a GP.

Physical activity

Physical activity includes leisure, gardening and yard work, household chores, active transport and occupational physical activity.

- Tick the box that identifies the response to the question: 'Would you do at least 30 minutes of moderate physical activity (such as walking or yard work or any other type of exercise), on most days of the week?' Consider referral if appropriate eg, diversional therapy program, walking program, GP.

Physical fitness

- Tick box that identifies the consumer's response to the question.

Ensure the consistency of the responses here with screening for Activities of Daily Living in the Functional Profile and consider the need for referral if the consumer's response can be judged as 'light' or 'very light'.

Comment box including other relevant 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 ONI action plan summarised on ONI page 2 of 2 and if necessary, to develop a care plan.

Use your own judgement to probe for sensitive issues such as substance abuse (legal or illegal) and safe sex habits.

11 The ONI Priority Rating Tool (OPR)

The ONI Priority Rating Tool provides a way of defining individual consumer needs, risks and priority for community care and is an optional tool for service providers.

Consumers are assigned to one of 9 service priority categories with each rating based on information collected throughout the ONI tool.

A consumer with no carer or carer arrangements that are not sustainable will be rated as having a higher priority related to higher risk.

Consumers with a lower functional capacity will be rated as having a higher priority related to a higher need.

Note that each service will establish service entry and cut of points on the scale based on its own policies. What follows from a particular consumer's rating depends on the level of resources available.

For example:

- ONI Priority of 1 would indicate the consumer is unsafe and has a very high priority for care.
- ONI priority of 2 would indicate the consumer is at risk and has a high priority for care.
- ONI priority of 3 or > are managed in date order and based on need for community care. This level of need would range from **medium, to low and very low priority for care.**

While both need and risk can be objectively measured it is inevitable that the assessment of priority for services (ie. combining need and risk) will involve value judgements in the form of the agency or program-level responses that are then offered.

Two options for determining the OPR are available; both will identify the same information. Only one version needs to be used to determine a priority rating category, and you may use the version you find easiest or the one your agency has chosen to use. The format is either a Decision Tree Flow Chart/algorithm (OPR page 1), or a Decision-Making Matrix (OPR page 2).

The Decision Tree Flow Chart is an algorithm or step by step process to arrive at a single priority rating. The Decision-Making Matrix uses one axis for risk and the other axis for need. In the matrix version, the number in the cell where these two relevant values on the axes meet determines a rating.

How to use the ONI Priority Rating Tool

The definitions of psychosocial and other problems are on page 2 of the ONI Priority Rating Tool and are to be used for both of the tools. The rating score obtained can be recorded on the Core ONI, page 3.

Option 1 Decision Tree Flow Chart

Follow the flow chart, circling each category that applies. An ONI priority rating score will be identified on completion of the steps through the flow diagram.

Option 2 Decision-Making Matrix

There are two axes. On the far left column, identify the consumer's category in relation to their carers, based on information collected in the Carer Profile. In the top row, identify the consumer's category of function and need. The ONI priority rating score is the score in the box where these axes cross.

Definitions of terms used in ONI priority rating tools

Function: (Identified in the Functional Profile)

- Low function: the total score on all 9 items is <6 or total for items 6 & 7 is <2.
- Medium function: does not meet criteria for Low or High function.
- High function: no cognitive or behaviour problems, a score of 2 on 3 or more domestic functions (items 1 to 5) and a score of 2 on both items 6 and 7.

Need for a Carer: (Identified in the Carer Profile)

A consumer will rate as needing a carer, if they have a code of 1: the consumer cannot be left on their own at any time (whether by day or night); or a code of 2: the consumer can only be left on their own for some, but not all of the time (whether by day or night) in item 1 of the Carer Profile.

Psychosocial problems: (Identified in Psychosocial Profile)

- K10 score of 30 or more AND/OR
- No personal and social support AND/OR
- Significant family and personal relationships problems (score of 4 on both items).

Other Problems:

- Consumer mistrusts health and community service providers (Psychosocial Profile) AND
- Does not cooperate with health services (Health Conditions Profile) OR
- Significant behavioural problems (Functional Profile) OR
- Significant cognitive problems (diagnosis of dementia in Health Conditions Profile or cognitive problems (Functional Profile) OR
- Decision-making problems (Living Arrangements Profile).

Carer sustainability: (Identified in Carer Profile)

- **No carer able to provide necessary care or care arrangements broken down**
Carer Availability item – score 2 OR Carer Sustainability item – score 1
- **Carer arrangements exist but are unsustainable without additional resources (likely to break down in weeks to months)**
Carer Sustainability item – score 2 or 3
- **Carer arrangements suitable and sustainable**
Carer Sustainability item – score 4 or 5 OR

Carer not required

Need for a Carer – score 3

If the relevant profile has not been completed, the consumer should be rated as having no needs on that domain.

Note:

- Two consumers may have the same priority category but require different types and levels of service.

There are several reasons (including combinations of reasons) why a person might be categorised as a particular priority. Taking into account multiple reasons for assigning a priority rating is important. It means that we are no longer confined to responses based on whether a person is high, medium or low need, but can assign a person to a category based on both their need and risk. Both need and risk lead logically to defining the goal of care in a care plan.

- Whereas some clients might have a number of characteristics that lead them to a particular priority category, they will not always be the same as all the other clients in the same category.

For example, consider the different mix of client characteristics that might lead to assigning the same priority category:

- A person may be classified as high priority because they have low physical function and no carer.
- Alternately, a person may be classified as high priority because they have medium physical function, have other problems and no carer.

While both are high priority, they will have different goals of care and will need different packages of care.

Frequently asked questions about priority rating

Q: My client is female - lives alone - arthritis, pinched nerve in her back - severe pain 4 weeks but intermittent - good and bad days with pain. She needs help doing heavy cleaning – is able to do shopping on good days. High Function, no carer, no family close, no social support, K10 – 11, but pain issue - psycho social other issue – has no carer. I have given this client a priority rating 5. Pain management is the main issue at the moment.

A: We cannot expect that different service types will respond in the same way to the one priority rating. In this example the client is medium priority for Home Care because of high function. A referral to a rehabilitation service may also be required because one of their issues is intermittent low function because of a need for pain management.

Q: I'm assessing for a HACC service for a mental health client who has a paid support person who does more than their designated role and there may be some dependency on this person. My issue is how to prioritise the client with the other supports already in place. Maybe this is not a sustainable arrangement and there are few other support systems in place.

A: If a client has a paid carer or a formally arranged volunteer carer, the answer when determining an ONI Priority Rating is "Has a Carer". Note that this is different to the response recorded for the HACC Minimum Data Set. In the HACC MDS, paid care arrangements are recorded as "Has no carer". If the paid care arrangements provide service for a functional need and because we are interested here in assessing the sustainability of care arrangements, the consumer would be rated as "Has a Carer". In these cases, the sustainability of the care arrangements will be determined by whether or

not the paid or formal care arrangements are likely to be sustainable and, if so, for how long. If the situation with the paid carer changes in the future, update the information and assign a new priority rating.

Q: Using the ONI for both the client and the carer has highlighted how the priority rating system is different for both, and this gives difficulties in interpreting how to score the package of carer and client with different priority ratings for each.

A: There will sometimes be uncertainty about how to score for priority, given the complexity of the relationships being explored and the mix of needs and risk factors. There are a number of issues here. The first is the fact that the care recipient and the carer may each end up with a different service priority rating. For example, the carer may be seeking respite and have a priority rating of 5 while the care recipient may be seeking personal care and have a priority rating of 2. This is not a problem, it is just a matter of accepting the idea that carers and care recipients may have different needs and different priorities for service.

Another issue is that a high priority rating does not necessarily mean more high cost interventions. The service priority rating is designed to give an objective assessment of priority, but a judgement is then involved in determining what type and intensity of services are required. Having assessed that, for example, the carer has a priority rating of 5 and the care recipient has a priority rating of 2, the next task is to consider what package of care will meet both of their needs. This might involve respite for the carer and personal care for the care recipient. We do not want the carer and the care recipient to be competing for services. Instead, the key idea is that you need to know the priority rating of both to work out both what they need and when they need to get it.

Q: Because the ONI is not identical to the HACC MDS, I'm confused about how to rate a client if they have a paid carer or formally arranged volunteer care.

A: In the current HACC MDS, paid care arrangements are recorded as "Has no carer". Because the ONI Priority Rating involves assessing the sustainability of care arrangements, the standard HACC MDS item is not useful.

To address this, a code 98 (Not applicable – paid carer) has been added to the 'carer availability' and 'relationship of carer' items of the Carer Profile. This code will identify that paid or formal volunteer care is available and in use, enabling this significant data to be captured when determining an ONI Priority Rating.

Identifying if paid care service arrangements address functional needs and checking the sustainability of this service would be required when determining an ONI Priority Rating. In these cases, the sustainability of the care arrangements will be determined by whether or not the paid or formal care arrangements are likely to be sustainable and, if so, for how long.

The different approaches may cause confusion for screeners (having one rule for the MDS and another for the ONI) but it doesn't make sense to rate people with a paid carer as having no carer, especially when trying to determine priority for service. They have a need for a carer to help, and are not independent, and some people get help informally, others are helped in a formal way, and some have both.

12 Using the tools to investigate need and to develop an Action Plan and/or a Care Plan

How the tools are used depends to some extent on adaptations to the local circumstances into which they are introduced. An entry point, eligibility screening, referral, care planning, service coordination planning, or priority rating function might be the primary focus, depending on the agencies involved.

Using ONI items as prompts for referral and further assessments.

When all the relevant information has been collected, then the Action Plan and appropriate referrals should be considered. This might not be done at the point of initial contact, but at a later time when sufficient information is available.

To develop an Action Plan, the interviewer is expected to take into account the consumer's presenting problems and issues, the services that the consumer is currently using as well as all other information available.

Other information might be based on their discussion with the consumer, direct observation, information contained in a referral letter, consumer notes or information provided by a third party, such as a friend, relative, carer or referring agency.

On each profile, if a need, issue or concern has been identified, this may trigger:

- referral to the appropriate agency or service provider for assessment; or
- completion of the relevant additional profiles or Tier 2 assessments, depending on the agency's protocols.

The optional profiles contain prompts for further assessment, referral or more action on behalf of the screener. The end section of the Core ONI page 3 provides options to consider specific health and community service domains that may be relevant to the consumer's identified problems or issues.

Using the ONI to record risks and urgency

Page 3 of the Core ONI section has an Alert box on the top left-hand side. This box may be used to record any concerns identified in relation to danger, loss of social participation or reduction in health status.

Contact details in your agency for further information can also be added here.

Agencies and organisations will have their own related forms and scoring procedures for environmental assessments, occupational risk and incident reporting, and the ONI tools are not meant to replace these.

If you trigger your own agency's alert procedures, consider indicating this in the box.

Note that the description of risks and the urgency of consumer issues can be considered under four main headings:

1. Situations in which the consumer is at risk for any reason.
2. Situations in which the consumer presents a physical or emotional risk to other people, including family, friends and neighbours. It excludes risks to community care workers.

3. Situations in which the consumer represents a possible risk to a health professional or community care worker, whether intentional or unintentional.
4. Situations in which there is an occupational health risk to a community care worker or health professional for any other reason.

Even if an alert system is not being used for this particular consumer, it is sometimes useful to consider if any low-level risks of the types described above are worth mentioning in this box. Examples of this might be something like, 'note that consumer reports poor relationship with second daughter' or 'bathroom is on list for home modification - shower hose and bath board are temporary arrangement'.

Using the Action Plan for referrals

The Action Plan (Core ONI Page 4 of 4) is used to describe a referral pathway for consumers who need further assessment or for those with complex problems. The purpose is to keep track of how progress is going and whether any variation needs to be made to the plan of care.

The columns capture more detail on what information the consumer has consented to share, and has codes for how the referral is being made, what transport is to be used, and what feedback is required.

- The 'Feedback required' column is intended to prompt the timely sharing of information between important participants in the consumer's care.
- The feedback column is of most relevance when this form is received by another agency and they can determine if the original referring agency, the agency completing the profiles or the person's caregivers or GP require feedback.
- It is often the case that more than one option for feedback will be recommended.

By recording the actual date that the referral is made, the agency making the referral can keep track of waiting times, and this may help determine whether additional follow-up action is required.

Developing care plans and service coordination plans

At the point when the ONI has been completed there may be enough information for some agencies to develop a care plan, especially in cases where the consumer's needs are adequately described without referrals for Tier 2 assessments. In those instances a service specific plan of care is the next step.

- A care plan template is not provided in this Manual as most services will have their own formats for such plans already in use.

A service coordination plan is only useful where multiple agencies are involved and after the consumer's needs have been fully assessed. That means referral for Tier 2 assessments will be the next step before a service coordination plan is developed.

Note that in a service coordination plan, several goals of care might be involved, each with their own care plans at the level of different agencies.

ONI Tools

Electronic copies of these tools in Acrobat format
are available for downloading from the CHSD
website: www.uow.edu.au/commerce/chsd