

Primary Care Partnerships: Better Access to Services

Guideline 1: Completing Consumer
Information as the first step in Initial
Needs Identification

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CONTENTS

1.1 OVERVIEW	1
1.1.1 ABOUT THE CONSUMER INFORMATION FORM	1
1.1.2 OVERVIEW OF THE TOOL TEMPLATES.....	1
<i>Overview of the tools.....</i>	2
<i>Design issues common to all tools.....</i>	4
1.3 HOW TO COMPLETE THE INITIAL NEEDS IDENTIFICATION TOOL TEMPLATE FOR CONSUMER INFORMATION.....	7
1.3.1 CONSUMER INFORMATION ITEMS	7
INITIAL CONTACT AGENCY CONSUMER IDENTIFIER.....	7
CONSUMER INFORMATION.....	8
<i>Family Name.....</i>	8
<i>Given Name/s.....</i>	8
<i>Date of Birth</i>	8
<i>Sex</i>	8
<i>Preferred Name/s</i>	8
<i>Title</i>	8
<i>Contact Details</i>	8
<i>Contact Address.....</i>	8
<i>Usual Address.....</i>	9
<i>Contact Phone Number/s (tick preferred).....</i>	9
<i>Who the agency can contact if necessary.....</i>	9
<i>General Practitioner.....</i>	9
<i>This page completed by.....</i>	9
<i>Consumer privacy information brochure provided</i>	9
SERVICE REQUESTED	9
USING THE INI SUMMARY TO RECORD RISKS.....	10
<i>Consider whether the consumer is at risk for any reason.....</i>	10
<i>Consider whether the consumer presents a physical or emotional risk to other people.....</i>	11
<i>Consider whether the consumer represents an occupational health risk to a health or community care worker.....</i>	12
<i>Consider whether there is an occupational health risk to a health or community care worker for any other reason.....</i>	12
USING THE INI PROCESS TO RECORD URGENCY	12
1.3.2 RECORDING SERVICE REQUESTED, SOURCE OF REFERRAL AND DEMOGRAPHIC INFORMATION	14
<i>Source of Referral.....</i>	14
<i>Country of Birth.....</i>	14
<i>Consumer Indigenous Status.....</i>	14
<i>Main Language Spoken at Home</i>	15
<i>Interpreter Required</i>	15
<i>Preferred Language</i>	15
<i>Government Pensioner/Benefit Status.....</i>	15
<i>DVA Card Status.....</i>	16
<i>Insurance Status.....</i>	16

1. 1 Overview

1.1.1 About the Consumer Information form

This is the first of four guidelines in the Initial Needs Identification (INI) tool suite. This first guideline is designed for those completing the Consumer Information form as the first step in Initial Needs Identification.

The Consumer Information form (CI pages 1 and 2) should be filled in for all clients on initial contact or as soon as practical and kept up to date as details change. It is required for all clients as it contains relevant registration and demographic information that can be linked to other forms and transferred to other agencies. Information in this section is at a basic level and includes items collected in a format consistent with various Minimum Data Sets. It can be collected at the front counter or over the phone. It is expected that this section can be completed without requiring the client to go into too much detail or by probing problems in depth. It is information that is narrow in scope but useful for referral purposes. It is not expected information all items will be completed for every consumer.

1.1.2 Overview of the tool templates

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

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

Table 1: A tiered screening and assessment model

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

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

There are 4 guidelines in this series:

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

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

Overview of the tools

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

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

Table 2: Purpose of the INI Forms

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

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

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

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

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

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

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

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

COMPLETE ONLY THOSE PROFILES THAT ARE RELEVANT FOR THE CONSUMER

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

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

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

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

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

The use of the term "consumer" refers to the person for whom the INI form relates. Consumer is used in all cases, except where there is another term used in a MDS (eg, 'care recipient is a HACC MDS term) or in validated questions from other sources (eg, person, or client).

Design issues common to all tools

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

Information superseded

Each page has a box on the bottom to record if the consumer's situation has changed. If new issues or problems are identified after a page has been completed or an INI has been completed, the new issues should be recorded on a new page. The new page is used to record any changes or additions, not to repeat issues recorded on the previous INI. Indicate on the existing INI that the information on the page has now been superseded. This will indicate to other health professionals that a new page has been created. Do not change the original record as the original record forms part of the consumer history and should be stored on the clinical record.

Using the tools

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

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

Background on the development of the tools

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

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

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

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

- that service structures will vary according to the local setting and agency type;
- that the various intervention strategies will also vary according to local needs;
- nevertheless, that the data collected need to be consistent and conform with a number of technical and ethical requirements. As much as possible, information should be recorded in a way that allows for it to be subsequently computer coded;

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

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

- that, during the pilot, the INI should be designed for completion by staff. After the pilot, a consumer-completed version would be developed, with both then being available for use; and
- that each consumer will be assigned a unique record number at the initial contact agency, but this is not a common State-wide identifier.

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

1.3 How to complete the Initial Needs Identification tool template for Consumer Information

1.3.1 Consumer Information Items

The data items in the Consumer Information sheet (CI p.1 of 2) are shown in the following table. If a question is irrelevant or the information is not known, record a code of NA (Not Applicable).

- ♦ Note that there is no requirement on the consumer to provide all of the listed contact information.

ITEM	Data type	Codeset
CLIENT IDENTIFIER		
Initial Contact Agency Unique Consumer Identifier	Alphanumeric	No
CLIENT DETAILS		
Surname or Family Name	Alphanumeric	No
Given Names	Alphanumeric	No
Date of birth	Date	No
Sex	Alphanumeric	Yes
Preferred Name/s	Alphanumeric	No
Title	Alphanumeric	Yes
Contact Address (for correspondence, home visits)	Alphanumeric	No
Usual Address (if different from contact)	Alphanumeric	No
Contact Phone (tick preferred)	Numeric	No
Work Phone, Mobile, Fax,	Numeric	No
Email address	Alphanumeric	No
WHO THE AGENCY CAN CONTACT IF NECESSAARY		
Case manager, next of kin, carer, guardian	Alphanumeric	No
GP CONTACT DETAILS		
GP name and contact details	Alphanumeric	No
PAGE COMPLETED BY	Tick box	Yes
PRIVACY INFORMATION BROCHURE PROVIDED	Y/N	Yes
SERVICE REQUESTED	Alphanumeric	No
NOTES (including alerts)		

The final two sections (at the bottom of each page) include provision to record details of the person who completes the page and a section that can be later used to indicate that the information on the page has now been superseded.

The remainder of this section provides a description of each item in the Consumer Information form.

Initial Contact Agency Consumer Identifier

An identification number issued by the initial contact agency for use in identifying a consumer. Any interchange of consumer identifier numbers must be performed in accordance with Victorian and Commonwealth Privacy Legislation and associated guidelines.

Consumer Information

Family Name

The consumer's family name or surname.

Given Name/s

The consumer's given name/s or name by which they are commonly known.

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. If it is not possible to approximate the DOB, record NA.

Sex

The sex of the consumer. If the sex of the person is not known, record NA.

Preferred Name/s

The name commonly used by the person if different from given name.

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

Title

The title the person commonly uses.

Contact Details

Complete the following information on how to contact the consumer. Use the comment box at the bottom of page 1 to record any particular requirements eg, 'Mrs Brown does not answer phone. Contact daughter only'.

Contact Address

The consumer's contact address to be used when data are captured for contact and case management purposes. This will usually be the person's current address. The current address may or may not be the person's usual address. For example, a post-acute consumer may be staying at another address while they recuperate. The contact address may also be any other address nominated by the consumer (for example, a young person may wish to nominate the address of a friend rather than their own address).

Contact address is made up of the following elements:

- Street number and street name;
- Suburb/town/city;
- Postcode.

LGA, Region and State are not required as these items can be derived from the postcode. If the person currently lives in a country other than Australia, record this under suburb/town.

If the person is homeless, the contact 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.

Usual Address

Record if different from Current Address. Collect same elements as Current Address. Otherwise, record NA. Note that the usual address is required to determine eligibility for some services. However, if a consumer nominates a contact address, the usual address should not be used to make contact with the consumer. Note also that the usual address may include a mailing address in the case of trustees or administrators.

Contact Phone Number/s (tick preferred)

The consumer's contact telephone number to be captured for contact and case management purposes. Ask the consumer to nominate the number they prefer to be contacted at and, for each number, to nominate whether or not a message can be left.

Record work numbers if different from usual telephone as well as other contact numbers such as fax, or mobile and email address (if one is available) for contact and case management purposes. Otherwise, record NA.

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, friend, or an emergency contact. Record contact details using the same elements as Current Address. Record both home and work telephone numbers where relevant. Particular attention should be given to ensuring the identification of a carer if applicable.

General Practitioner

The name and contact details of the consumer's usual General Practitioner. If none, record NA. If the consumer sees more than one GP, record the one identified by the consumer as their usual or preferred. If they see a GP in more than one place, record the most common place.

This page completed by

Tick the box for who has completed the page. Note that the term 'agency' includes both GP practices and hospitals, as well as community care agencies.

Consumer privacy information brochure provided

Circle if the consumer privacy information brochure "What Happens to Information About Me?" has been provided.

Service Requested

Write what the consumer says they want from the initial service contact.

Using the INI Summary to record risks

Page 2 of the consumer information has a comment box that can be used to make a note of risks and questions of urgency where appropriate, depending the practices adopted by PCPs and agencies.

It may be useful to consider risk from 4 different perspectives:

- Situations in which the consumer is at risk for any reason.
- Situations in which the consumer presents a physical or emotional risk to other people, including family, friends and neighbours.
- Situations in which the consumer represents a risk to a health or community care worker, either intentional or unintentional.
- Situations in which there is an occupational health risk to a health or community care worker for any other reason.

Consider whether the consumer is at risk for any reason

This may be quite straightforward. For example, the consumer is allergic to medications, foods etc and this needs to be taken into account when developing a care plan or providing treatment. Record the product/s to which the consumer is allergic.

However, the consumer may also be at risk for other reasons, examples of which are given below.

Fragile living /social conditions are where the consumer's living situations or social supports are likely to break down. A contingency plan may be required to allow the consumer to move to alternative accommodation or to allow alternate social support.

Examples:

- Consumer recently became unemployed. Can no longer afford existing rent.
- Elderly consumer lives with son and daughter-in-law. Daughter-in-law is primary carer and the marriage is in trouble.
- Consumer lives in caravan and has degenerative physical condition.

The consumer's **physical environment** is dangerous and puts the consumer at risk. Action may be required to make the physical environment safer.

Examples:

- Frail elderly consumer has no grab rails, broken concrete paths etc.
- Family with two young children lives on busy road and property has no fences.
- Consumer is homeless and lives on the streets.

The consumer is living in a **domestic** situation in which they are at risk of physical or emotional abuse or danger. A plan may be required to ensure the safety and protection of consumer and legal action may also be required.

Examples:

- Domestic violence.
- Child abuse.
- Incest.

The consumer is at risk of suicide or engages in high-risk behaviour with the **intention of self-harm**. For the purposes of the recording of risk and urgency, it excludes behaviours which might in the longer term be considered as damaging or health reducing such as smoking generally or non-compliance with a specialised diet. It applies where there is an imminent risk of harm. Record long-term risky behaviour on the Health Behaviour profile if relevant. Current and future service providers may need to observe the consumer and take

appropriate intervention. Specific situations or triggers that are likely to give rise to the behaviour may need to be addressed in a service coordination plan to minimise the likelihood of occurrence.

Examples:

- Self- mutilation.
- Suicidal intentions.
- Non-compliance with medication which, if not taken, will result in damage or danger in the short-term (eg, insulin-dependent diabetic who not does comply with medication regime).

The consumer engages in high-risk behaviour but **not with the intention of deliberate self-harm**. It excludes behaviours which might in the longer term be considered as damaging or health reducing such as smoking generally or non-compliance with a specialised diet. It applies only where there is an imminent risk of harm. Record long-term risky behaviour on the Health Behaviour profile if relevant. Current and future service providers may need to observe the consumer and take appropriate intervention. Specific situations or triggers that are likely to give rise to the behaviour may need to be addressed in a service coordination plan.

Examples:

- Elderly consumer with dementia who wanders from home
- Consumer abuses alcohol and smokes in bed
- Consumer walks without required aids

Consider whether the consumer presents a physical or emotional risk to other people

This includes family, friends and neighbours. For example, the consumer engages in behaviour with **the intention of intimidating or harming another person**. Current and future service providers may need to observe the consumer and take appropriate intervention. Specific situations or triggers that are likely to give rise to the behaviour may need to be addressed in a service coordination plan to minimise the likelihood of occurrence.

Examples:

- Consumer engages in abusive language and verbalised threats directed at family, carers, neighbours or others.
- Consumer behaviour causes sufficient noise to distress other people.
- Consumer's physical conduct is threatening and has the potential to harm someone else.
- Consumer engages in significant active and passive resistance, including attention seeking, manipulative behaviour and/or withdrawal.

The consumer's needs or behaviour may also have the **unintentional** consequence of putting the health of another person at risk. Current and future service providers may need to observe the situation and take appropriate intervention. This may include interventions directed at the carer or family.

Examples:

- Consumer engages in abusive language and verbalised threats directed at family, carers, neighbours or others when under the influence of alcohol or drugs.
- Brain injury consumer's physical conduct is threatening and has the potential to harm someone else.

Care of the consumer is demanding on carer to the point that **the physical or emotional health of the carer is at risk** in the short-term.

Example:

- Physical and/or emotional care of the consumer is demanding on carer to the point that the physical and/or emotional health of the carer is at risk in the short-term.

Consider whether the consumer represents an occupational health risk to a health or community care worker

This is the case when the consumer engages in behaviour with the **intention** of intimidating or harming the health or community care worker. Current and future service providers may need to observe the consumer and take appropriate action. Examples:

- Consumer engages in abusive language and verbalised threats directed at the health professional.
- Consumer's physical conduct is threatening and has the potential to harm the health professional.

Alternatively, the consumer's needs or behaviour may have the **unintentional consequence** of intimidating or harming the health or community care worker. Current and future service providers may need to observe the consumer and take appropriate action. Specific situations or triggers that are likely to give rise to the behaviour may need to be addressed. Examples:

- Consumer engages in abusive language and verbalised threats directed at the health professional.
- Consumer's physical conduct is threatening and has the potential to harm the health professional.
- Physical care of the consumer is demanding to the point that the health of the health professional is at risk and occupational health measures are required.

Consider whether there is an occupational health risk to a health or community care worker for any other reason

For example, the consumer's home environment is dangerous and may put a visiting health or community care worker at risk. Occupational Health action may be required.

Examples:

- The building is unsafe.
- The consumer has a dog likely to attack a visiting health professional.

The consumer's **neighbourhood** environment is dangerous and puts a visiting health or community care worker at risk. Occupational health action may be required. Examples:

- The next door neighbour has a dog likely to attack a visiting health professional.
- The house is located on a blind corner and entering or leaving the property is dangerous.

Using the INI process to record urgency

Urgency is a relative concept. It refers to the relative priority of this consumer in relation to other consumers who require that same service. Remember that comments about urgency will be used as relevant information by an agency receiving the referral, and a statement that the situation is urgent is a recommendation that the consumer have priority over others being seen routinely from a waiting list.

The use of urgency and priority descriptions should be based on the practices, protocols and processes adopted by agencies and PCPs. Where urgency and service priority are recorded this should be done in text. For example, it may be decided to adopt a common set of criteria and codes such as:

1. *Urgent* - cannot wait

2. *Routine* - attend in date order (this may include the consumer being placed on a waiting list)
3. *Low* - hold over during peak demand

1.3.2 Recording service requested, source of referral and demographic information

The data items in the remainder of the Consumer Information sheet include a number of items that have attached code sets that will subsequently form an electronic information collection. These are shown in the following table. If a question is irrelevant or the information is not known, record a code of 99. Note that there is no requirement on the consumer to provide all of the information in the service entry data set.

ITEM	Data type	Codeset
Source of Referral	Numeric	Yes
Country of birth	Numeric	Yes
Indigenous status	Numeric	Yes
Main language spoken at home	Numeric	Yes
Interpreter required	Numeric	Yes
Preferred language (if not spoken English)	Alphanumeric	Yes
Government Pensioner/Benefit Status	Numeric	Yes
Card Number	Alphanumeric	No
DVA Card Status	Numeric	Yes
DVA Card Number	Alphanumeric	No
Insurer Name and Card Number	Alphanumeric	No
Medicare Number	Alphanumeric	No
Health Care Card Number	Alphanumeric	No

The remainder of this section provides a description of these items in the Consumer Information form.

Source of Referral

Record the person or organisation that referred the consumer to the agency using the code set. If feedback to this referral agency is required, provide contact details in the box provided. If the question is irrelevant or the information is not known, record a code of 99.

Evidence / source – Home and Community Care Minimum Data Set (HACC MDS)

Country of Birth

The country that the consumer identifies as being the one in which they were born.

The Service Entry Data Set has a code for Australia and an 'Other- Please specify' write-in category for responses other than Australia. If the question is irrelevant or the information is not known, record a code of 99.

At a later time (ie not on this page) all responses should be able to be coded to the Standard Australian Classification of Countries (SACC) (ABS 1269.0) found in the Common Data Set Dictionary Version 1 (DHS, 2001).

Evidence / source – Victorian Common Data Set (CDS); HACC MDS; National Community Services Data Dictionary

Consumer Indigenous Status

Record a number in the box to indicate the consumer's indigenous status. If the question is irrelevant or the information is not known, record a code of 99.

A consumer may be recorded as being not Aboriginal and Torres Strait Islander, Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander origin.

An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.

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

Evidence / source – Victorian Common Data Set (CDS); National Community Services Data Dictionary

Main Language Spoken at Home

This is the main language spoken by the consumer to communicate with family and friends.

The sheet has a code for English and an 'Other- Please specify' write-in category for responses other than English. If the question is irrelevant or the information is not known, record a code of 99.

All responses can if necessary (ie not on this page) be able to be coded to the Australian Standard Classification of Languages (ASCL) (ABS 1997) found in the Common Data Set Dictionary Version 1 (DHS, 2001).

Evidence / source – Victorian Common Data Set (CDS); HACC MDS; National Community Services Data Dictionary

Interpreter Required

This is the consumer's self-assessed need for an interpreter. This may include a sign language interpreter. Record a number in the box to indicate the consumer's interpreter requirements. If the question is irrelevant or the information is not known, record a code of 99.

Evidence / source – National Community Services Data Dictionary

Preferred Language

Record the consumer's preferred language if the 'interpreter needed' was chosen in response to the 'Interpreter Required' item. If the person uses sign language, or has special communication needs, record this here. If the question is irrelevant or the information is not known, record NA.

Government Pensioner/Benefit Status

Record a number in the box to indicate whether the consumer receives a pension or other benefit from the Commonwealth government by selecting the code for the pension or benefit type. If the question is irrelevant or the information is not known, record a code of 99. Record the relevant card number in the box. If the question is irrelevant or the information is not known, record NA.

Evidence / source – Home and Community Care Minimum Data Set (HACC MDS)

DVA Card Status

Record the consumer's Department of Veterans' Affairs (DVA) Card Status. Record the relevant card number in the box. If the person does not have a Veterans' Affairs Pension, record a code of 1. If the question is irrelevant or the information is not known, record NA.

Evidence / source – Home and Community Care Minimum Data Set (HACC MDS)

Insurance Status

The primary purpose of this item is for billing purposes and 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 including 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 the Traffic Accident Commission or Workers Compensation. Note that the item is not limited to Health Insurance but also includes other insurances and third party payment arrangements. If the question is irrelevant or the information is not known, record NA.

Where relevant, record the appropriate card number in the boxes provided.

Evidence / source – new item, modified from NHDD