



Australian Government
Department of Health and Ageing



A New Strategy for Community Care
The Way Forward

Intake Assessment for Community Care June 2008

**Update on development and content of the
Australian Community Care Needs Assessment (ACCNA)
and the Carer Eligibility and Needs Assessment (CENA)**

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Background

The Department of Health and Ageing initiated a review of all community care programs a few years ago. The review identified that across the existing community care system clients were being assessed multiple times in a variety of ways. A key action of *A New Strategy for Community Care – The Way Forward*, (TWF) was to develop a nationally consistent intake assessment process for community care programs and services.

A more consistent assessment process aimed to:

- identify, across a broad range of areas, tasks that clients were having difficulty with;
- reduce the need to collect client information more than once;
- identify a client's priority for further assessment;
- target services to those clients identified as having an assessed need;
- ensure clients are referred to the most appropriate service providers;
- reduce duplication of forms and reports;
- streamline administration; and
- assist better coordinated service planning.

Project Development

Initial Development

Preliminary work was undertaken by the Centre for Health Service Development (CHSD), University of Wollongong in 2006-07. CHSD constructed and field tested two questionnaires which separately assessed the needs of a client and the carer. The Australian Community Care Needs Assessment (ACCNA) and the Carer Eligibility and Needs Assessment (CENA) underwent trials that identified:

- The ACCNA and CENA were a significant improvement on many of the instruments being used in the field.
- The CENA provided a consistent means of identifying and documenting the needs of a carer for the first time.
- The ACCNA and CENA needed to be restructured to more closely link the separate data elements and reduce double entry.
- Mechanisms were needed to identify priority for services or to trigger the need for more comprehensive assessment.
- The 'look and feel' and data flow needed revision to make it easier to use.

The Eligibility and Assessment Working Group (EAWG, an inter-jurisdictional steering committee) agreed the next steps to progress the further development of the consistent intake assessment process was to enhance the ACCNA and CENA into functional internet-based tools that could be deployed, trialled and validated in a number of newly established Access Points during 2008.

The work on the internet-based tools is being done by Applied Aged Care Solutions (AACS) in a phased approach. Building on the work already completed by CHSD, AACS has undertaken further development and testing. Phase 1 involved user evaluations and testing of the revised tools in early 2008. Phase 2 involves updates based on Phase 1 testing; ongoing refinement and evaluation will continue. It is planned that a final version of the ACCNA-Revised (ACCNA-R) and CENA-Revised (CENA-R) will be available in late 2008 or early 2009.

ACCNA-Revised

The ACCNA-R is now configured as an internet-based questionnaire. The interviewer at the client or carer's first point of contact records information about both the client and carer at a 'broad and shallow' level.

The ACCNA-R questionnaire covers eight subject areas or modules. Each module includes a set of questions to identify the type and degree of a client's need in that area. If the interviewer/assessor notes that one area (module) is not applicable to the client, the assessor can easily note there is no issue, and immediately move on to the next module.

The modules are arranged with relationships between them (referred to as 'business rules') which provide the mechanisms to set priorities and trigger to further or more comprehensive assessment.

The ACCNA-R is designed to be used in Access Points:

- as a telephone interview that covers the client registration and core needs modules (1,2);
- as a telephone interview that includes all modules; and/or
- as a face-to-face interview.

The person being interviewed can be:

- a client about his or her own needs (ACCNA-R-Care Recipient);
- a carer about himself or herself (ACCNA-R-Carer);
- a carer about the client (ACCNA-R-Care Recipient);
- a carer about him/herself and about the client (ACCNA-R-Care Recipient); and/or
- an informant (e.g. health professional, service provider, advocate) about either or both the care recipient and the carer (ACCNA-R-Care Recipient and/or ACCNA-Carer).

The ACCNA-R allows an assessor to:

- record demographic (contact) information;
- collect information about deemed eligibility;
- assess functional capabilities;
- prioritise needs for service referral and/or more extensive assessment;
- identify carers' needs and potentially "trigger" to a detailed carer assessment (the CENA-R);
- store and/or export client information and assessment outcomes (consistent with privacy and consent provisions) to service providers (including ACAT and potentially CACP, EACH and residential care providers) reducing the need for re-assessments; and
- provide a seamless search-and-retrieval function with a service provider database provided by the Commonwealth Carelink Centre Information System (CCCIS).

At a minimum, the ACCNA-R functions as a decision support and data collection process capturing a summary of the client's needs, identifying priorities for community care services and/or additional assessment, and providing information about, or direct referral to, service providers.

The ACCNA-R has been developed to be consistent with the ACFI, downstream assessment processes such as ACAT and HACC principles and processes. This consistency is intended to enhance the consistent delivery of services to older people across community care and residential environments.

CENA-Revised

The CENA-R has been designed to assess carers' needs for services. It supports the principle that an assessment process should consider the needs of both the care recipient and the carer. While a 'broad and

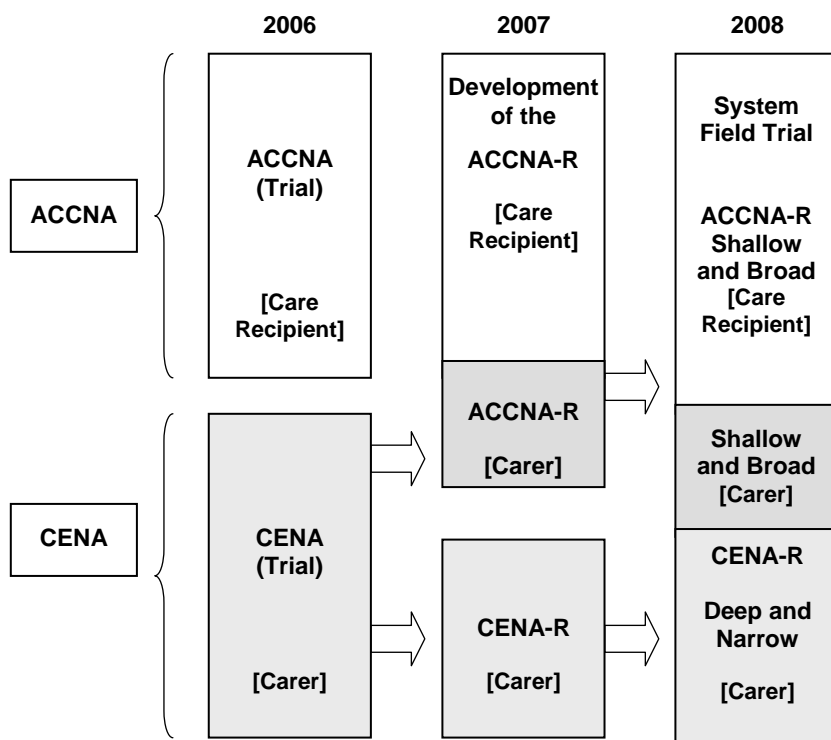
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shallow' carer assessment can be conducted as a component of the ACCNA-R (ACCNA-R-Carer), the CENA-R provides a subsequent 'deep and narrow' assessment of the carer incorporating and building on the information gathered within the ACCNA-R (ACCNA-R-Carer).

The CENA-R is a new assessment format based on available research. Whilst it may be used as a telephone interview by skilled, experienced interviewers, it is recommended that the depth of questioning and the sensitive areas covered make it more suitable for a face-to-face interview. CENA-R will undergo further refinement, testing and validation in Carer Respite Centres and other select sites in 2008 before progressing to full implementation.

This further development will consider the potential impact of the CENA-R on organisations providing services to carers. For some services, a focus on carers may be a new way of thinking. It may require a considerable shift in how to identify and appropriately respond to carers' needs.

Development of ACCNA-R and CENA-R 2006-2008



Current Project Status for ACCNA-R and CENA-R

Questionnaire:

The development of the ACCNA-R and CENA-R (version 0.1) questionnaires is completed. The ACCNA-R and CENA-R questions (data elements) have been configured into the recommended modules with the “business rules” between data elements defined based on previous research, the field trial outcomes and input from experienced assessors to derive priority and triggers to further assessment or referral. Further refinement will occur during the evaluation and enhancement phases.

Software:

The Community Care Access Support System (CCASS) provides the host software. The software has been developed and was taken through User Acceptance Testing (UAT) in three sites in Victoria commencing in December 2007. Further refinement is in process to develop an appropriately ‘user-friendly’ interface.

Workforce Support:

Workforce development and support packages (User Guides, Frequently Asked Questions, Online Knowledge base, Help Desk and Fact Sheets) have been developed. Introductory ACCNA-R Workshops are being conducted within each jurisdiction for local steering committee members and relevant management staff. Next steps will include training sessions for assessors and staff working in the Access Points where ACCNA-R will be used.

Deployment:

VIC, NT, ACT and TAS have indicated they intend to begin using the ACCNA-R in their 2008 Access Point Demonstration Projects. Implementation schedules for the Access Points vary. QLD and SA have indicated they are planning on a partial deployment of ACCNA-R at some point following the commencement of their Access Point Demonstration Projects but will use the ONI initially (QLD and SA versions respectively). WA will continue to use their revised Community Needs Identification (CNI) system.

Evaluation and enhancement:

Where the ACCNA-R and CENA-R are deployed to Access Points, AACS will evaluate the effectiveness of the structure (look and feel), format and flow (data element order) and operation (usability and efficiency) on an ongoing basis under an ‘Action Research’ approach. The data gathered from these qualitative and quantitative analyses will be used to make appropriate further refinements to the software platform, the data elements (the questions asked) and business rules (client eligibility determination, priority setting and triggers and referral process). AACS will provide enhancement reports for consideration and recommend improvements to the instruments as part of an ‘enhancement release process’. It is envisaged up to three evaluation and enhancement processes will be required prior to the project concluding.

In jurisdictions where the ACCNA-R and CENA-R are not deployed, agreement is being sought for the jurisdictions to provide data from existing data sets. The data will be used to conduct analysis and evaluation of the common elements.

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Project completion:

The final version of the ACCNA-R and CENA-R is expected to be available for full implementation in 2009.

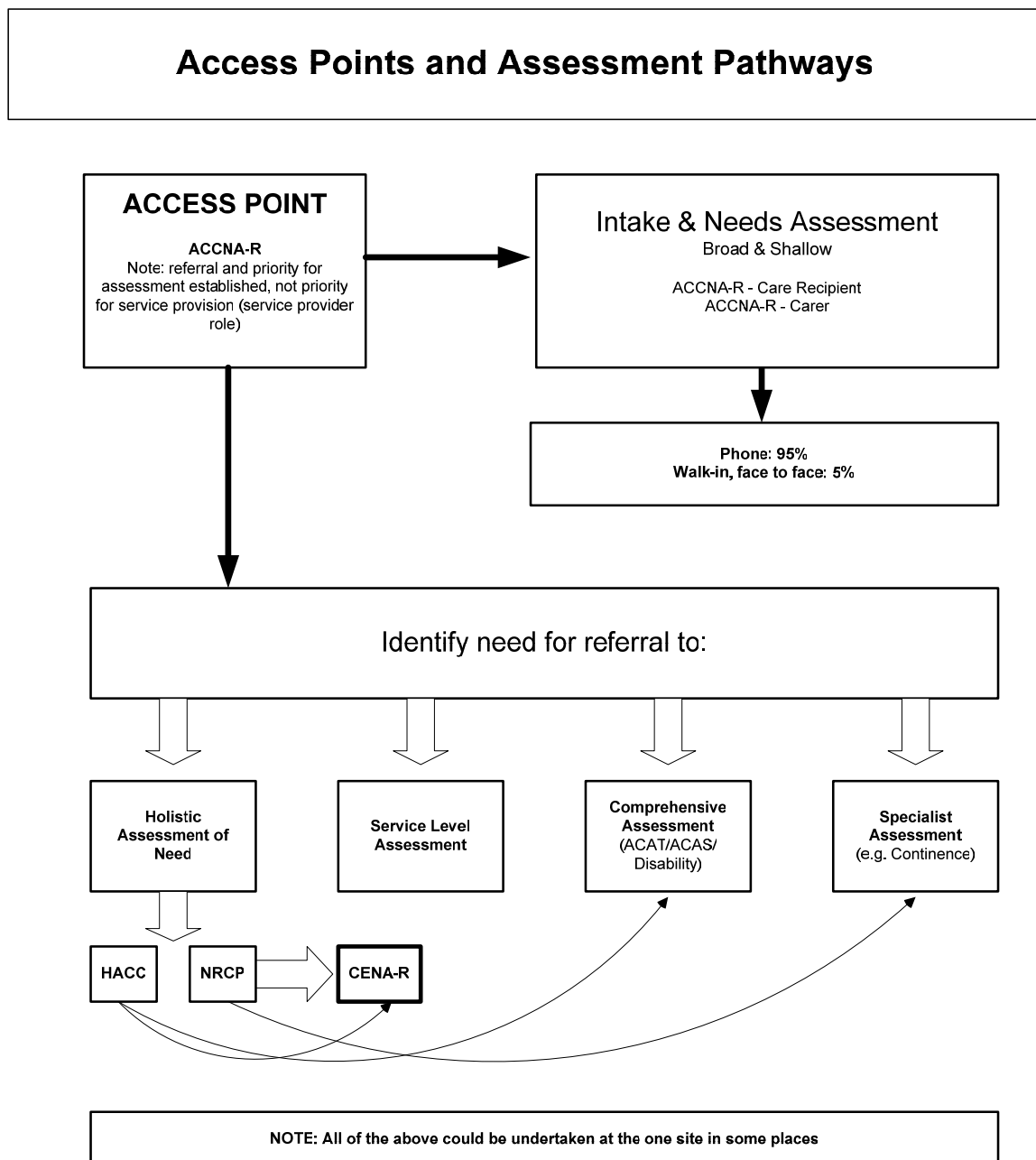
Following conclusion of the testing and validation process, jurisdictions will have the option to adopt the ACCNA-R and CENA-R or incorporate the validated business rules and data elements into existing instruments to align assessment processes across all the jurisdictions.

How will ACCNA-R be Used?

The ACCNA-R will be used by Access Point Demonstration Project staff as an assessment front-end that guides a telephone interview encompassing the client registration and core needs modules only, or all of the modules. The Assessor is key to the assessment process, because they give life to the questions, and ask questions in a consistent manner which leads to:

- ▶ Consistency
- ▶ Comparability
- ▶ Appropriate access based on assessment of need
- ▶ Consistent referral
- ▶ Collecting comments and providing feedback leads to system improvement.

Below is a visual representation of the Access Point and assessment pathways.





Phase 1 - ACCNA-R Modules

In Phase 1 of the further development of ACCNA-R, the initial modules and options were developed. The following tables provide a summary of the ACCNA-R (Care Recipient and Carer) modules and options available as part of Phase 1 – Initial Deployment and User Acceptance phase.

ACCNA - Care Recipient Interview –Table of Elements

ACCNA-R - Care Recipient: Modules and flow	
Module No.	Module name
1	FILTER (Receptionist)
	Contact & client demographics and assessment purpose. Incorporates assessment of legal status of informant and consent.
	Contact reasons & goals
	Referral source demographics
	Eligibility
	Potential client demographics
	Filter Outcome
2	CONTACT (Assessor)
	Contact demographics
	Service utilisation
	Registration
	Emergency Contact
	Finances
	Decision making
3	HEALTH
	Health conditions screen
	Health conditions list
	Other health questions
	MEDICATIONS
	Medication Screen
Medication Questions	
4	SENSORY
	Vision (CR) - screen
	Vision questions
	Hearing (CR) - screen
	Hearing questions
	Communication (CR)- screen
	Communication questions
5	FUNCTIONAL PROFILE-IADL
	IADL Screen
	Housework 1 – “light” (domestic)
	Housework 2 – “heavy” (laundry, bed linen etc)
	Living in the Community 2:
	Transport
	Shopping 1- food
	Shopping 2 - clothes
	Meal preparation (including nutrition intake)

ACCNA-R - Care Recipient: Modules and flow	
Module No.	Module name
	Living in the community 3: Telephone Medication Living in the Community 1: Finances
5	FUNCTIONAL PROFILE-ADL
	ADL Screen 1 (Mobility)
	Mobility 1 – Walking
	Mobility 2 Transfers
	Mobility 3
	Stairs
	Falls Risk (Asked if any mobility item is triggered)
	Getting out of bed/moving around at home or away from home
	ADL Screen 2 (Personal Care)
	Personal Care 1.1 Bathing (getting in & out)
	Personal Care 1.2 Bathing (task of bathing)
	Personal Care 2 Dressing
	Personal Care 3
	Grooming
	Toileting
	Eating
5	FUNCTIONAL PROFILE- Other questions
	Continence screen
	Continence items
	Memory & Cognition (CR) screen
	Memory items
	Behaviour (CR) screen
	Behaviour items
6	CARE ARRANGEMENTS
	Screen Q (auto fill from functional items)
	PC demographics
7	COPING
	Depression screen
	Social & Activity Participation screen
8	SERVICE SECTION
	Information for Service Provider
	Needs met by formal/informal care
	Aids, Equipment, Home Modifications
	OHS Action Items
	Environmental Issues
	Action Plan
	Triggers
	Referral information
	At a Glance

ACCNA – Carer Basic Interview- Table of Elements

ACCNA-R - Carer: Modules and flow	
Module No.	Module name
1	FILTER (Receptionist)
	Contact & client demographics and assessment purpose
	Contact reasons & goals
	Referral source demographics
	Eligibility
	Potential client demographics
	Filter Outcome
2	CONTACT (Assessor)
	Registration
	Emergency Contact
	Finances
5	FUNCTIONAL PROFILE-IADL OPTIONAL
	IADL Screen. Yes/No across all items. Only triggered items completed.
	Housework 1 – “light” (domestic)
	Housework 2 – “heavy” (laundry, bed linen etc)
	Living in the Community 2:
	Transport
	Shopping 1- food
	Shopping 2 – clothes
	Meal preparation (including nutrition intake)
	Living in the community 3:-
	Telephone
	Medication
	Living in the Community 1: Finances
5	FUNCTIONAL PROFILE-ADL OPTIONAL
	ADL Screen 1 (Mobility). Yes/No across all items. Only triggered items completed.
	Mobility 1 Walking
	Mobility 2 Transfers
	Mobility 3
	Stairs
	Falls Risk. Asked if any mobility item is triggered
	Getting out of bed/moving around at home or away from home
	ADL Screen 2 (Personal Care). Yes/No across all items. Only triggered items completed. -
	Personal Care 1.1 Bathing (getting in & out)
	Personal Care 1.2 Bathing (task of bathing)
	Personal Care 2 Dressing
	Personal Care 3
	Grooming
	Toileting
	Eating
5	FUNCTIONAL PROFILE- Other questions
	Continence screen
	Memory & Cognition (CR) screen

ACCNA-R - Carer: Modules and flow	
Module No.	Module name
	Behaviour (CR) screen
	Behaviour items
	To what extent is the Care Recipient's overall need for assistance met by the care arrangements?
6	CARE ARRANGEMENTS
	Primary and other carer arrangements
7	COPING
	Depression screen
	Social & Activity Participation screen
	Zarit Carer Burden Screen
8	Service section
	Information for Service Provider
	OHS Action Items
	Action Plan
	PC Action Items
	Triggers
	Referral information
8	SERVICE SECTION
	At a Glance

Phase 1 ACCNA-R Modules in Detail

The ACCNA-R deployed as part of Phase 1-Initial Deployment and User Acceptance used modules 1 and 2 to form the client registration and eligibility testing.

The ACCNA-R improves on previously developed approaches by providing the assessor with the capability (but not the obligation) to record more detailed information which has often been identified by field staff but not incorporated into existing instruments. The result of collecting and using more detailed client information will be a substantial improvement in the quality and accuracy of the client profile, priority setting and triggers to referral and/or further assessment. This will be evaluated and subject to confirmation and enhancement in the demonstration sites deployment phase.

The capacity exists for a site using the ACCNA-R to collect the HACC MDS v2 within Module 5 which may or may not be exported. The use of this capability will be determined by each jurisdiction.

The following provides an overview of the structure of the modules in Phase 1, and the information that may be captured.

MODULE 1A: FILTER

- Identifies the contact, client demographics and assessment purpose. Includes tracking questions that will allow the business rules within the application to select the appropriate question sets (type of contact, category of caller, subject of interview, legal status of informant, consent for assessment, and data collection).
- Contact Reasons & Goals.
- Referral source demographics. The questions include, How did you hear about the Access Point?
- Potential care recipient demographics
- Outcome

MODULE 1B: ELIGIBILITY

- Tests HACC eligibility only (checklist asks Assessor what criteria they used) allowing local jurisdictions to continue current practices.
- Records the decisions made by the assessor regarding eligibility. The ACCNA-R then captures the reason for the decision regarding eligibility.
- Subsequent analysis will determine the implication of particular approaches (e.g. functional need, social need, etc).
- Recommendations on the further defining of eligibility will be made by AACCS during the project end after analysis of data.

Module 1. Filter- mandatory	Care Recipient	Carer	Ask carer about CR
Contact & client demographics and assessment purpose	✓	✓	✓
Contact reasons & goals	✓	✓	✓
Referral source demographics	✓	✓	
Eligibility	✓	✓	✓
Potential client demographics	✓	✓	✓
Filter Outcome	✓	✓	✓

MODULE 2: CONTACT

- This part of the interview can be completed at the time of first contact (after Module 1) or used during follow-up by a different assessor. Use will depend on the preferred jurisdictional approach or Access Point model.
- This module completes registration and demographic information (e.g. service usage, finance, decision making).

Module 2. Contact - mandatory	Care Recipient	CARER	Ask Carer about CR
Contact demographics	✓	✓	
Service utilisation (CR)	✓		✓
Registration	✓	✓	✓
Emergency Contact	✓	✓	✓
Finances	✓	✓	✓
Decision Making (CR)	✓		✓
	EXIT OR CONTINUE	EXIT OR CONTINUE	EXIT OR CONTINUE

MODULE 3: HEALTH

- Screens for health conditions for both CR and carer.
- If no health issues are identified the assessor moves immediately to the next module.
- If any health issues are identified the assessor moves into the module layers to identify the type and severity of the needs.

Module 3. Health	Care Recipient	Carer	Ask Carer about CR
Health Conditions screen	✓ CONTINUE ONLY IF "Yes" (TRIGGERED)	✓ If "Yes" (TRIGGERED) Refer to CENA-R OR do Health INTERVIEW	✓
Health conditions list	✓	Health Interview	
Other health questions	✓	Health Interview	
CR Medications screen	✓		✓
CR Medications	✓		✓
	Referral	Referral	Referral

MODULE 4: SENSORY

- Assesses vision, hearing and communication of the Care Recipient.
- If no sensory issues are identified the assessor moves immediately to the next module.
- If any sensory issues are identified the assessor moves into the module layers to identify the type and severity of the needs.

Module 4. Sensory	Care Recipient	Carer	Ask Carer about CR
Vision (CR) - screen	✓		
Vision questions	✓		
Hearing (CR) - screen	✓		
Hearing questions	✓		
Communication (CR)- screen	✓		✓
Communication questions	Referral	Referral	Referral

MODULE 5: FUNCTIONAL ASSESSMENT OF NEED

The ACCNA-R collects information about the full 14 HACC Functional items for the care recipient, and screens the carer (with the option to complete the questions in an in-depth format if desired). This provides information regarding the care recipient’s capabilities and the care arrangements (e.g. who helps with any required assistance).

The HACC Minimum Data Set has two sets of Functional items

1. Functional Status items – housework; transport; shopping; medication; money; walking; bathing/showering; memory problems or confusion; behavioural problems
2. Functional Status additional items – communication; dressing; eating; toileting; getting out of bed/moving around at home and away from home.

The three other key areas that are addressed are memory/cognition, behaviour and continence. The information collected examines areas identified in the prior trial of the ACCNA (and in the available literature) as useful determinants of need and coping skills. This information can be input into and support more comprehensive assessment processes and instruments (i.e. ACAT, ACCR and ACFI).

Module 5A. Functional Profile – IADL Yes/No across each item	Care Recipient	Carer	Ask carer about CR
<ul style="list-style-type: none"> Medication Living in the Community 1: Finances Living in the Community 2: Transport Shopping 1- food Shopping 2 - clothes Housework 1– “light” (domestic) Housework 2 – “heavy” (laundry, bed linen etc) Living in the community 3-Telephone Meal preparation (Includes nutrition assessment if triggered) 	Capability & Performance Rating: ‘independent’ ‘emerging difficulty’ ‘some assistance’ ‘unable’	Rate Yes/No. (Ability to complete more detailed set of questions if desired)	Rate Yes/No (Ability to complete more detailed set of questions if desired)
	Referral	TRIGGER CENA-R	May indicate need for ACCNA-R
Module 5B. Functional Profile – ADL Yes/No across each item	Care Recipient	Carer	Ask carer about CR
ADL Functional screen 1 Mobility (includes falls risk if an item is triggered in this set)	✓	✓	✓
<ul style="list-style-type: none"> Mobility 1 - walking Mobility 2 - Transfers Mobility 3 - Stairs 	✓ ✓ ✓	Rate Yes/No to ‘independent’ (Ability to complete more detailed set of questions if desired)	Rate Yes/No to ‘independent’ (Ability to complete more detailed set of questions if desired)
<ul style="list-style-type: none"> Getting out of bed and moving around 	Auto fill	Auto fill	Auto fill
ADL Functional screen 2 Personal Care	✓	✓	✓
<ul style="list-style-type: none"> Personal Care 1.1 Bathing Personal Care 1.2 Bathing Personal Care 2 Dressing Personal Care 3 Grooming Toileting Eating 	✓ ✓ ✓ ✓ ✓ ✓	Yes/No to ‘independent’	Rate Yes/No to ‘independent’

Module 5C. Functional Profile– Other questions	Care Recipient	Carer	Ask carer about CR
Continence screen	✓	✓ Referral	✓
Continence items	✓		
Memory & Cognition (CR) screen	✓	✓	✓
Memory informant items	✓		✓
Behaviour (CR) screen	✓		✓
Behaviour informant items	✓		✓
Extent assistance met	✓		✓

MODULE 6: CARE ARRANGEMENTS (PROFILE)

The care arrangements are a vital part of the support network for carers and a more detailed approach is advised covering information on each person who provides the care and what care they provide. Other jurisdiction approaches (i.e. ONI, INI, SCoTT) collect some of this information separately and do not include in functional questions.

The ACCNA-R automatically “completes” (auto-fills) some questions from information collected in previous modules but allows for verification and covers the primary carer and other support arrangements in general.

Module 6. Care Arrangements	Care Recipient	CARER	Ask Carer about CR
Key question - is there a carer? (auto fills from functional items)	✓ (auto fill)	✓ (auto fill)	
Primary Carer demographics	✓	✓	
Primary and other carer arrangements		✓	
Care Recipient as a carer (CR)	✓		

MODULE 7: COPING

Coping questions are asked to provide the assessor with the opportunity to consider the CR and Carers needs broadly regarding psychological, emotional, and social wellbeing and activity and provide information that may “trigger” to further specialist assessment.

Module 7. Coping	Care Recipient	CARER	Ask Carer about CR
Emotional & Social Support screens			
• Depression screen	✓	✓	✓
• Social & Activity Participation screen	✓	✓	✓
• Zarit Carer Burden Screen		✓	

MODULE 8: SERVICE ACTION PLAN

This module is largely automatically completed (auto-filled) from the collected system information including Assessor input. This provides brief and succinct client (CR and Carer) profile information (referred to as “at a glance”) and any additional details required for the service response and an action plan.

CLIENT PROFILE “AT A GLANCE”

Completion of the previous modules will provide a set of data that automatically completes (i.e. auto-fill) the range of profiles:

- health profile;
- sensory profile;
- functional profile;
- care arrangement profile; and
- coping profile.

Service Response Information

This information is auto-filled from prior modules or completed by the assessor and provides the assessor with key information regarding:

- Aids and equipment;
- Home modifications;
- Occupation Health & Safety issues; and
- Environmental issues.

Action Plan

This information is auto-filled from previous modules or completed by the assessor and provides the Assessor with key information regarding:

- What was triggered;
- What the assessor over rode and why; and
- Referral information and priority.

Module 8. SERVICE SECTION - MANDATORY	CR Auto fill	Carer	CR2
At a Glance [system summary]	✓	✓	✓
The information collected in the modules is auto-filled to create a series of profiles for CR and Carer covering: <ul style="list-style-type: none"> ▪ Financial ▪ Health conditions ▪ Medication ▪ Physical impairments ▪ Sensory impairments ▪ Communication impairment ▪ Continence ▪ Memory /cognitive impairment ▪ Behaviour impairment ▪ IADLs (HACC MDS and Full HACC) ▪ ADLs (HACC MDS and Full HACC) ▪ Needs met/unmet needs ▪ Care Arrangements ▪ Depression screen ▪ Social and Activity screen ▪ Carer Burden screen ▪ Environmental issues 			
Profile of CR	✓		✓
Profile of Carer		✓	

Information for Service Response			
Aids, Equipment, Home Modifications	✓		✓
OHS Action Items	✓	✓	✓
Environmental Issues	✓		✓
Action Plan	CR	Carer	Ask carer about CR
PC Action Items		✓	
Triggers	✓	✓	
Referral information (type, agency, reason, priority, consent)	✓	✓	
	EXIT	EXIT	

CENA-R: Carer Modules

Assessment of the care provided by the carer is gathered at a broad and shallow level in the ACCNA-R [Care Recipient interview] or in the ACCNA-R [Carer Interview]. Additional information to support a deep assessment of the carer role, the carer’s own functioning issues and their coping level is covered in the CENA-R.

The CENA-R forms the face-to-face component of the carer assessment and will require a higher level of training and skills to complete compared with the ACCNA-R.

CENA-R: Modules and Flow

CENA-R Carer Modules and flow	
Module No.	Module name
MODULE	SOURCE/ reason
1. Register	
Contact demographics	
Client demographics	
Assessment Purpose	
Referral Source	
2. History	
Service Utilisation	
Care Arrangements	
Financial - Employment status	
Financial - impacts of care-giving	
Care - Extent of care hours required to assist the Care Recipient	
3. Health	
Estimate of carer health	
Trigger from ACCNA-R:	New screen asked at ACCNA-R level
▪ List of conditions	
▪ Health questions	
4. Functional Profile	

CENA-R Carer Modules and flow	
Module No.	Module name
Trigger from ACCNA-R:	May also have been completed in ACCNA-R-Carer Interview. Where that is the case, this section will be auto-filled.
<ul style="list-style-type: none"> ▪ Communication 	New- to match HACC MDS
<ul style="list-style-type: none"> ▪ Medication 	CENA
<ul style="list-style-type: none"> ▪ Living in the Community 1: Finances 	CENA
<ul style="list-style-type: none"> ▪ Living in the Community 2: Transport 	CENA
<ul style="list-style-type: none"> ▪ Shopping 1- food 	CENA (one question)
<ul style="list-style-type: none"> ▪ Shopping 2 - clothes 	Same item approach as for ACCNA-R.
<ul style="list-style-type: none"> ▪ Housework 1– “light” 	CENA (one question)
<ul style="list-style-type: none"> ▪ Housework 2 – “heavy” 	Same item approach as for ACCNA-R.
<ul style="list-style-type: none"> ▪ Telephone 	New- same approach as for ACCNA-R, completes the full set of IADL items.
<ul style="list-style-type: none"> ▪ Meal Preparation 	
<ul style="list-style-type: none"> ▪ Mobility 1 - Walking 	CENA
<ul style="list-style-type: none"> ▪ Personal Care 1.1 - Bathing 	CENA (one question)
<ul style="list-style-type: none"> ▪ Personal Care 1.2 - Bathing 	Same item approach as for ACCNA-R
ADL Screen question	Same item approach as for ACCNA-R, if triggered then refer client as a CR
5. Coping Profile	
Challenges and Supports	
Trigger from ACCNA-R:	
<ul style="list-style-type: none"> ▪ Zarit 12 item Carer Burden 	
<ul style="list-style-type: none"> ▪ K10 Mental Health & Wellbeing 	
6. The Future	
What would assist in caring role	
Needs, Risks, Priority	
7. Positive aspects of care-giving (optional)	
In carer’s experience as a carer, what would carer say are the most positive aspects of care-giving?	
8. Information Needs	
What additional or new information would be valuable	
SERVICE SECTION	
9. At a Glance	
Extended Profile of Carer	Auto fill
10. Action Plan	
Assessor override	
Assistance	
Referrals	

ACCNA-R in Operation

Assessment

The ACCNA-R incorporates functional measures which are designed around an assessment approach rather than a MDS approach. For example, the following questioning/assessment approaches are used:

IADL Screen (Living Skills, Domestic): “Do you have any difficulties? [or emerging] in any of the following areas...” No - refers to no difficulties at all; Yes - indicates some difficulties (including a person who does a task independently but has some difficulty completing that task)

ADL Screen (Mobility) - Do you have any difficulties [or emerging] moving around the home [Y/N], walking up and down stairs [Y/N] or getting in or out of bed or a chair [Y/N]?

ADL Screen (Personal Care) - Do you have any difficulties with – dressing [Y/N], grooming [Y/N], bathing/showering [Y/N], toileting or eating [Y/N]?

From the above questions, if the person is having difficulties (or emerging difficulties) doing a particular task, then this triggers further questioning to establish the extent of the person’s needs being met using the formal/informal care information.

Further questions include:

1. “Do you do this task by yourself?”
 - a. **If Yes**, Is it getting more difficult recently? [Yes/No:]
 - b. **If No**,
 - ▶ Reasons for assistance needed
 - ▶ Who helps? [informal + formal support]
 - ▶ What do they do?
 - ▶ Could you do it if necessary? [HACC MDS mapping]
2. The assessor then uses his or her judgement to determine to what extent the needs are being met (completely, partially, not adequately) using the formal/informal care information.
3. The system then generates the priority/urgency using an algorithm that takes into this information plus the **recent deterioration** rating.


Triggers, Referrals and Priority

ACCNA-R covers a broad range of referrals (care needs) applicable to the community care system. Each referral (care need) therefore needs a separate priority. The priorities apply at the ‘item’ and ‘domain’ levels (domestic, personal care, cognitive/memory, behavioural, health etc). This means a person can have a number of referrals for service level assessment with differing priorities.

Priority uses a clinical focus where the item level is the best ‘indicator’ within a care domain (e.g. domestic assistance). There is a consistent approach to the determination of priority setting and the methodology is transparent and modifiable.

Comprehensive Assessment recommendations are based on high domain summary scores (i.e. must score on all items in the scale) and high priorities (unmet need & recent deterioration).

SAMPLE SUMMARY SCREEN: ASSESSMENT NEEDS, TRIGGERS, PRIORITIES AND REFERRALS



Community Care Access Support System
Geelong ACAS

Caller & CR: Mary Bloggs, Carer: Joe Bloggs

Welcome AACCS. [Current tasks: 1 \(1 overdue\)](#) Page created at: 15-4-2008 0:05 [Change Password](#) [Logout](#)

Search

Add contact

Action items

Admin

- Filter
- Contact
- Health
- Sensory
- Functional Profile IADL
- Functional Profile ADL
- Psychosocial Profile
- Care Arrangements
- Service Section
- Summary items
- Needs met

- Functional Profile ADL
- Psychosocial Profile
- Care Arrangements
- Service Section
- Summary items
- Needs met
- Triggers
- Referral
- Referral Information
- Comments
- Export data
- Summary

Summary items
Needs met
Triggers
Referral
Referral Information
Comments
Export data

Summary

Domain	Dependency				Recent deterioration	Adequacy of care / unmet need	Referral priority	Glance priority
	Independent	Emerging difficulty	Supervision	Physical Assistance				
IADL Domestic								
Housework - light		✓				■		■
Housework - Heavy				✓		■		■
Shopping - food				✓		■		■
Meal preparation				✓		■		■
IADL Living skills								
Transport				✓		■		■
Shopping - clothes				✓		■		■
Telephone				✓		■		■
Medication				✓		■		■
Finances				✓		■		■
ADL Mobility								
Walking				✓	⚠	■	⚠	■
IADL Living skills								
Transport				✓		■		■
Shopping - clothes				✓		■		■
Telephone				✓		■		■
Medication				✓		■		■
Finances				✓		■		■
ADL Mobility								
Walking				✓	⚠	■	⚠	■
Stairs				✓	⚠	■	⚠	■
Transfers			✓		⚠	■	⚠	■
Bathing - getting in and out				✓	⚠	■	⚠	■
ADL Personal Care								
Bathing - task of bathing				✓	⚠	■	⚠	■
Dressing				✓	⚠	■	⚠	■
Grooming				✓	⚠	■	⚠	■
Eating				✓	⚠	■	⚠	■
Toileting		✓			⚠	■		■

■ independent ■ emerging ■ supervision ■ physical	■ needs met ■ partially met ■ not met	⚠ none ⚠ 3-month followup ⚠ low ⚠ medium ⚠ high	■ low ■ medium ■ high
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web: www.health.gov.au/communitycare_thewayforward | email: thewayforward@health.gov.au

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SAMPLE SUMMARY SCREENS: SERVICE PROVIDER SEARCH

As part of the referral process, access to the Carelink Service Directory enables the retrieval of service providers who deliver services to specified areas.

The screen below allows a broad search for service providers at the state level.

The screenshot displays the 'Community Care Access Support System Geelong ACAS' interface. The header includes the Australian Government logo and the system name. A navigation menu on the left contains 'Search', 'Add contact', 'Action items', and 'Admin'. The main content area shows a search form with the following fields:

- Provider details (name, location, services): domestic assistance
- State: Victoria
- Additional search parameters: show...
- Search button

The search results are displayed in a table with the following columns: Provider Name, Location, Phone Number, and Email. The results list several providers in Victoria:

Provider Name	Location	Phone Number	Email
Abracadabra Brighton Domestic Agencies	BRIGHTON, Victoria	(03) 9503 0226	➔
Abel Domestic and Home Help Services	BALLARAT, Victoria	(03) 5339 2501	➔
CO AS IT: Italian Assistance Association	CARLTON, Victoria	(03) 9349 9000	✉ ➔
Corangamite Shire Council	CAMPERDOWN, Victoria	(03) 5593 7100	✉ ➔
Australian Home Care	CAMBERWELL, Victoria	1300 303 770	✉ ➔
Stanhope Healthcare Services Pty Ltd	BURWOOD, Victoria	1300 732 370	✉ ➔
UnitingCare Community Options- Boxhill	BOX HILL, Victoria	(03) 9890 6944	➔
Aged and Disability Service - Maroondah City Council	RINGWOOD, Victoria	(03) 9298 4389	✉ ➔
Australian Vietnamese Women's Welfare Association - Information Services	RICHMOND, Victoria	(03) 9428 9078	✉ ➔
North Richmond Community Health Centre	RICHMOND, Victoria	(03) 9429 5477	✉ ➔

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The screen below presents the search parameters available that allows for a more streamlined search, whereby specific services may be selected for a specific locality.

The screenshot displays the 'Community Care Access Support System Geelong ACAS' interface. On the left is a navigation menu with options: Search, Add contact, Action items, Admin, and a sub-menu with Search, Contact Search, and Provider Search. The main content area is titled 'Provider Search' and contains the following search parameters:

- Provider details (name, location, services): domestic assistance
- State: Victoria
- Additional search parameters: hide
- Service: Domestic Assistance
- Service sub type: Domestic - Housework General (exc ironing/laundry)
- Locality: Ballarat

A 'Search' button is located below the filters. The results are displayed in a table with the following data:

Provider Name	Location	Phone Number	Email
Abel Domestic and Home Help Services	BALLARAT, Victoria	(03) 5339 2501	➔
Veterans' Affairs Network - Grampians	BALLARAT, Victoria	1300 551 918	✉ ➔
City of Ballarat - Aged and Disability Services	BALLARAT, Victoria	(03) 5320 5670	✉ ➔
Ballarat and District Aboriginal Co-Operative.	BALLARAT, Victoria	(03) 5331 5344	✉ ➔
Southern Cross Care (Vic) - Grampians	BALLARAT, Victoria	(03) 5331 7791	✉ ➔
Ballarat Multiple Sclerosis Association	BALLARAT, Victoria	(03) 5320 3700	➔

Search returned 6 results

Phase 2 – User Acceptance Testing and Further Development

User Acceptance Testing was completed by three different groups of users:

1. Royal District Nursing Service [RDNS]

- used case records
- one staff member interviewed another

2. Boroondara Council [intake / home visit assessment model]

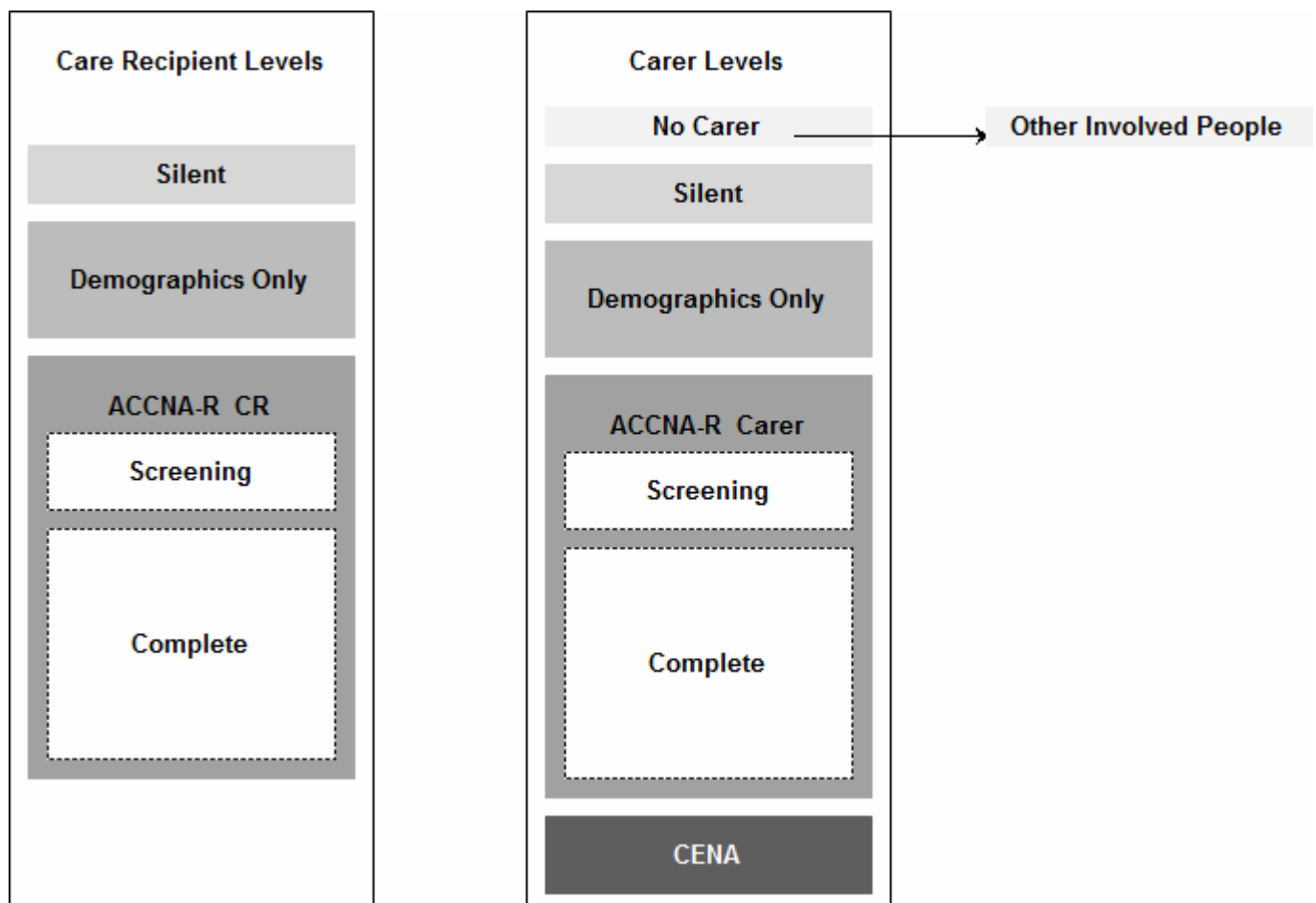
- Live testing using phone interview
- Home visit follow-up to assess outcomes
- Print off results then enter in local database

3. City of Greater Geelong [mixed model]

- Live testing using phone interview
- Print off results then enter in local database

Feedback from these three groups of users, as well as a range of other tasks including onsite field studies, surveys, and task and role analysis, will result in some visual and design changes occurring in Phase 2. These include revisiting the assessment tool structure as well as redesign of the ACCNA-R interfaces (see sample 'wire frames' below).

Revisiting Assessment Tool Structure



ACCNA-R: Phase 2 – Sample Wireframes

The following sample wire-frames include: case setup, case overview and communication diary and search redevelopment.

PHASE 2 SAMPLE WIRE-FRAME: CASE SETUP AND COMMUNICATION DIARY

Community Care Access Support System

Welcome AACCS. Current tasks: 0

Search Create New Case Tasks Admin

Change password Logoff

Create a New Case

Care Recipient

First Name:

Surname:

DOB: / / 89 yr

Pension Status: this is a drop box with check boxes

Suburb (Show all):

Preferred Comm:

Phone: 03

Primary Carer

Carer status:

First Name:

Surname:

DOB: / /

Preferred Comm:

Phone: 03

Relationship:

Search Results

The following case matches match "Mary Smith" DOB 15/5/1919

Case Status	Name	Carer	Locality	Last Contact	View
Open	Mary Smith	No carer	Hawthorn, Vic	12/08/07	View
With Referrals	Jane Smith	Mary Smith	Ringwood Heights, Vic	12/08/07	View
Open	Mary Kathleen Austin	No carer	Hawthorn, Vic	12/08/07	View
Open	Mary Patricia Cain	Christopher Foley-Jones	Rockhampton City, Qld	12/08/07	View

First Contact Details

Contact method:

Attendees: Care Recipient Carer Other

Talking about: Care Recipient Carer

Reason for Contact:

Quick Contact

First Name:

Surname:

Phone: 03

Relationship:

Choose relative type:

PHASE 2 SAMPLE WIRE FRAME: CASE OVERVIEW AND COMMUNICATION DIARY

Community Care Access Support System

Welcome AACCS. Current tasks: 0
[Change password](#) [Logout](#)

Case Overview

Filter

Contact

Health

Sensory

IADL

ADL

Psychological Profile

Care Arrangements

Summary

Referrals

Services

Case Overview

Care Recipient

First Name:

Surname:

DOB: / / 89 yr

[View full contact details](#)

Primary Carer

Carer Profile:

First Name:

Surname:

DOB: / /

Relationship:

CR: Mary Smith

Carer: No Carer

Case Display Options

[Business Rules: If this is change it needs to be reflected in the Comm Diary and](#)

Case Tasks & Reminders

Future functionality

Referrals

Future functionality

Case Status & Summary

Case ID:

Case Status:

Case Created: 2/07/2003

Number of Contacts: 10

Summary: This summary is a quick overview of the case to date.

Contact List of People Involved

Mary Smith	Care Recipient	(03) 9876 5431
Penny Barnett	Daughter-in-Law	(03) 9876 5431
Paula Nicolau	Counsellor	(03) 9876 5431
Stephanie Bauer	AP Assessor	(03) 9876 5431

[View all contacts](#)

Case Communication Diary

Date	Method	Attendees	Reason	Summary of Contact
15/02/08	Face-to-face	Mary Smith, Stephanie Bauer, Penny Barnett	Assessment	Mary wanted to meet in person, with her Daughter-in-Law, to

New Communication Entry

Date (default today): / /

Contact method:

PHASE 2 SAMPLE WIRE FRAME: CASE SEARCH OPTION

Community Care Access Support System
Search
Create New Case
Tasks
Admin

Welcome AACCS. Current tasks: 0 [Change password](#) [Logout](#)

Search Results

Case Search Service Provider: S... Type in the name/s of any person case.

Name: Last Contact Within:

Role: Access Point:

Locality: Access Point staff:

Case ID:

Case Status:

[Hide Advanced Search](#)

Recent Cases

- [Joe Bloggs, CR](#)
- [Mary Bloggs, CWN](#)
- [Mary Smith, CR](#)
- [Johnny Cash, CR](#)
- [June Carter, Carer](#)
- [Kurt Cobain, CR](#)
- [Elvis Presely, CR](#)
- [Prncilla Presely, CWN](#)

Search Results **1 -10** of 50 for "Mary Smith" < Previous | 1 2 3 4 5 | Next >

Showing first 50 results - please use the filters above to refine your search.

Case ID	Case Status	Care Recipient	Carer	Locality	Last Contact	Last A P User	Access Point	
1234BC	Open	Mary Smith	No carer	Hawthorn, Vic	12/08/07	Margaret Fitzgerald	UCCO	View
SMI0508	With Referrals	Jane Smith	Mary Smith	Ringwood Heights, Vic	12/08/07	Richard Walker-Jones	Boorandarah	
AUS0807	Open	Mary Kathleen Austin	No carer	Hawthorn, Vic	12/08/07	Stephanie Bauer	UCCO	View
CAI0508	Open	Mary Patricia Cain	Christopher Foley-Jones	Rockhampton City, Qld	12/08/07	Christopher Foley-Jones	UCCO	View
WAR0508	With Client	Emily Ward-Smith	Wilma Smith	Doncaster East, Vic	12/08/07	Samantha Fitzpatrick	Geelong ACAS	
JON0207	With Referrals	Mary Jones	Christopher Foley-Jones	Hawthorn, Vic	12/08/07	Samantha Fitzpatrick	Geelong ACAS	
BLO0407	Open	Mary Blo	Jonathon Smithers DOB: 25/5/1918		12/08/07	Lisa Johnston	UCCO	View
SMI2356	Open	Bob-Wat	22 Alexander Parade	Hawthorn, Vic	12/08/07	Lisa Johnston	UCCO	View