Reducing duplication in Service Specific Assessments

CHSP Service Providers

Version 2 (June 2019)

Introduction

Many staff working in Commonwealth Home Support Programme (CHSP) services are highly skilled in assessment and planning. Since the separation of assessment from service delivery though, providers need to re-think the way they collect information and introduce clients into their service.

Reducing the need for clients to re-tell their story is an important objective of the Australian aged care reforms. To support this, a number of strategies have been implemented, including a centralised point of access and dedicated assessment services.

The My Aged Care portal also enables staff to share information across agencies (and with consumer/s) via a shared client record that is available online. Rather than just working from a referral, service providers now have access to all of the information that has been collected through the initial assessment and planning processes.

Re-thinking the way service providers introduce clients into their service (including intake, assessment and planning processes and tools) is essential to deliver the streamlined, person centred and consistent approach outlined in the aged care reforms.

This resource provides a very brief overview of the assessment and planning process and the tools used to gather information (i.e. the National Screening and Assessment form [NSAF]). It then focusses on practical strategies that service providers can use to reduce duplication and streamline their assessment processes for staff and clients.

EMR Alliance

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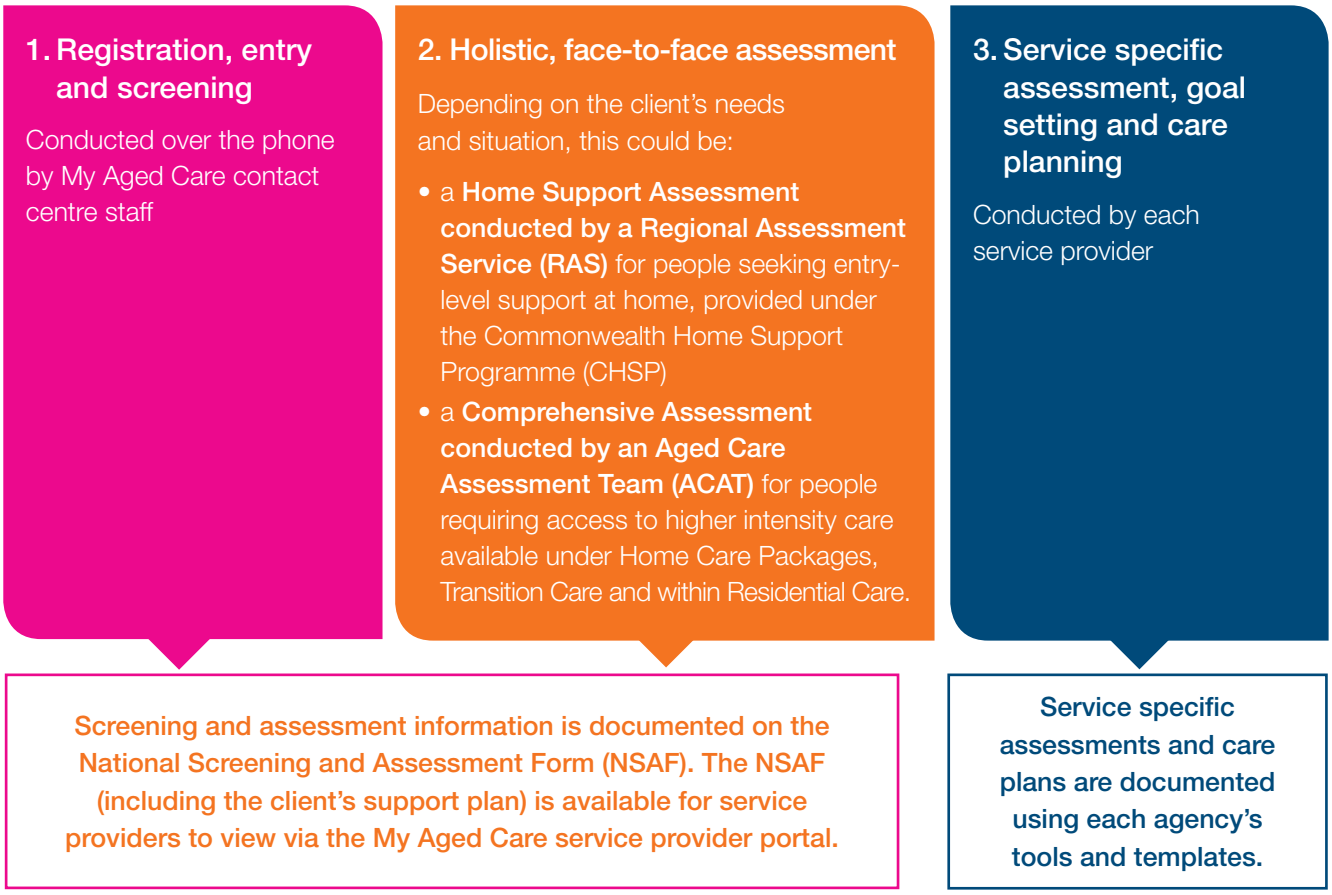
Supporting Proactive and Informed Change
http://kpassoc.com.au

Assessment and planning in aged care

For most older people, their pathway to accessing services includes 3 phases of assessment and planning:

Figure 1: The 3 phases of assessment and planning



To reduce the need for the client to re-tell their story, it's essential that at each phase of assessment and planning, staff:

- build on the information that has already been collected
- record accurate and complete information
- share information in a timely manner.

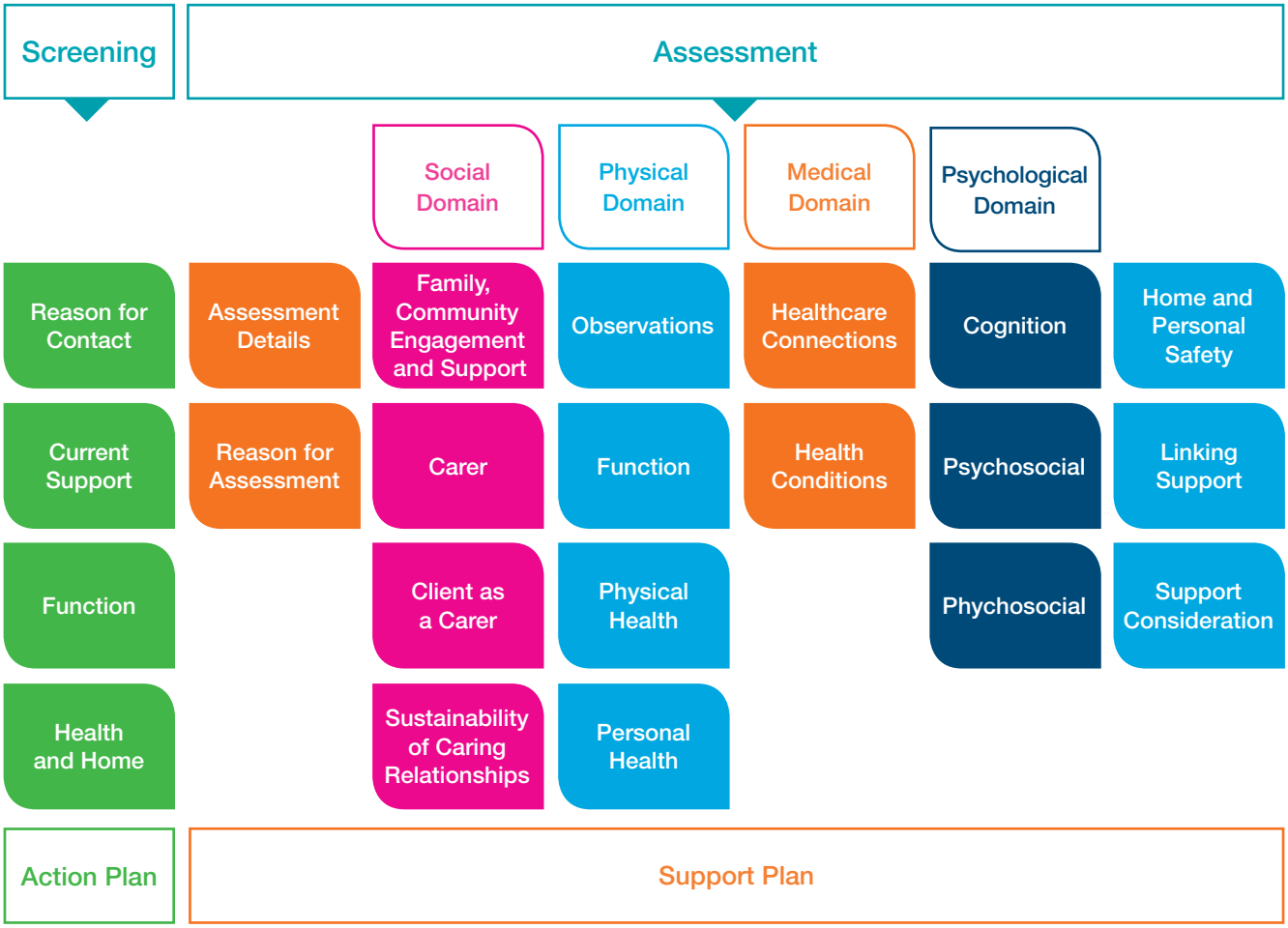
National Screening and Assessment Form (NSAF)

The NSAF is the assessment tool that My Aged Care contact centre staff and assessment staff (including RAS and ACAT) use to guide their conversations with clients and record information.

Through the screening and assessment process, staff use the NSAF to complete a holistic assessment and create a support plan with each client.

Figure 2 depicts the key domains that are included in the NSAF and how these are completed during each phase of screening and assessment (including Home Support Assessment and Comprehensive Assessment).

Figure 2: NSAF domains complete at each level of assessment



This diagram has been adapted from the *National Screening and Assessment User Guide October 2018* (DH 2018 pg. 8).

While service providers do not record information on the NSAF, it's important that staff familiarise themselves with the tool. To reduce duplication, it is essential that service providers understand what information is collected during screening and assessment and consider how this impacts on their own service specific intake, assessment and planning processes.

It's also important to make sure that staff are familiar with how to access information that should inform their service specific assessments. In the My Aged Care service provider portal, the NSAF can be viewed by opening the Home Support Assessment and/or the Comprehensive Assessment. You can then click on each domain to read the relevant information.

Additional information about the NSAF is available on the Commonwealth Department of Health's website, including the following resources:

- *National Screening and Assessment Form (NSAF) Fact Sheet*
- *National Screening and Assessment User Guide October 2018*

Practical strategies to reduce duplication and streamline service specific assessments

1. Ensure that staff have appropriate access to My Aged Care…and understand how to use it

Utilising information available in the My Aged Care service provider portal is now an essential part of practice. All service providers need to ensure that their staff have the appropriate level of access to the portal.

Once you have established access, make sure that you:

- understand your roles and responsibilities in relation to using My Aged Care (e.g. administrators are responsible for ensuring that your organisation's information is accurate on the provider portal while service delivery staff manage referrals and update the client record)
- can confidently navigate the My Aged Care portal to access the information you need
- know how, when and what to document on My Aged Care.

The Department of Health have created a range of resources (e.g. practice guides, fact sheets, videos and webinars) to help service providers understand and utilise My Aged Care effectively. These can be accessed online via the Department of Health's website: *My Aged Care – Information for service providers*.

2. Do your homework before you meet a new client

Before conducting your service specific assessment, it is essential that you understand what information has already been collected. To do this, you should review the following information in the My Aged Care service provider portal:

i. **The support plan (including the assessment summary)**. The support plan provides an overview of the holistic assessment that has been conducted by the RAS and/or ACAT assessor. It does not include all of the information you need, however it should guide which parts of the NSAF you need to read before talking to the client.

ii. **Relevant domains of the National Screening and Assessment Form (NSAF)** to gather further details about key information collected during the client's previous screening and assessment conversations.

   For many services, there will be certain domains of the NSAF that will be particularly relevant to your service. These may relate to a client's health, function or cognition. It is important however, to familiarise yourself with the entire NSAF so you can quickly identify and access all of the domains that will be relevant to each client. This will vary, depending on the client's presentation and the conversation they've had during their assessment.

   The NSAF also includes 'complexity indicators' that contains information about each client's diversity and/or circumstances that may impact on the way you work with someone (e.g. inadequate housing, abuse, neglect, financial disadvantage, mental health concerns or whether someone identifies as being Aboriginal or Torres Straight Islander, LGBTI, gender diverse, or a refugee).

iii. **Notes** include information about the contact history and any pertinent information that will help you engage the client effectively.

Reviewing this information will give you a clear understanding of the client's current situation, needs and priorities so you can focus your assessment conversation. Using this information allows you to actively demonstrate to the client that the information they have already provided is being shared and used appropriately. It will also allow you to use your time with clients more efficiently and focus on the information you need to deliver your specific services safely and effectively.

3. Set clear expectations with clients and carers

Remember that your interaction with a client is only one part of their journey into, and through, the broader service system. It is important to establish clear expectations with the client and ensure that they understand how your conversation fits into their journey. This helps to build rapport, engage the client (and carer/s) and empower them to participate effectively.

From your very first interaction with a client, make sure you set clear expectations about your role and how you'll work together. Within your intake and assessment conversations:

- **Acknowledge that your conversation is part of a broader assessment process** and that the client has spoken to multiple people (e.g. My Aged Care contact centre, RAS and/or ACAT and potentially other service providers within and beyond the aged care system).
- **Clearly describe your role to the client** and the purpose of your assessment (and ongoing work). Talk to the client about how your conversation will build on the information they have already provided during previous screening and assessment processes.
- **Actively demonstrate to the client that you have done your homework** by using the information that has already been collected to inform your conversation (and the way you will continue to work with the client).
- **Let the client know how you will document and share the information that you collect** (with the client and carer/s, other staff and agencies).

4. Validate and build on existing information

While a holistic assessment has already been completed by the RAS or ACAT assessor/s, you still need to complete a service specific assessment that focusses on your specific area of expertise to inform the way you work with each person.

Your service specific assessment should build on the information that has already been collected and focus on your area of expertise. Rather than asking a client to re-tell their story, let them know what you have learned from reviewing their existing assessment information and check that you've understood it correctly (validate). You can then build on that information, using your expertise and experience to understand the client's situation, issues and needs as it relates to your specific service.

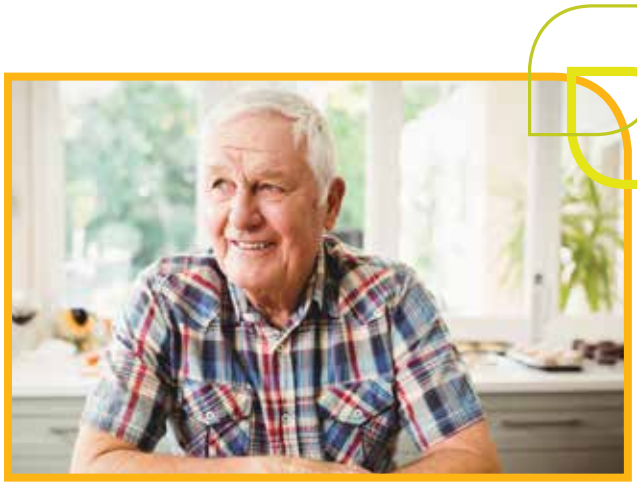
During his RAS assessment, Bob discussed his ongoing neck pain. The assessor recorded in the NSAF that Bob's pain was initially caused by a fall from a horse 20 years ago however the pain worsened over the last 6 months. Bob's neck now feels very stiff, which makes it difficult for him to turn his head sometimes. Bob's support plan included referrals to a physiotherapist to manage his neck pain, a social support group and domestic assistance to assist with heavy cleaning.

Regardless of your service type, during your service specific assessment, you should validate the information you read in Bob's NSAF. An example of this would be:

'I understand that you're living at home with your husband Morty. It sounds like you and Morty had been managing really well at home, but over the last few months, the pain in your neck has been getting worse and that's made things more difficult. It can also be hard for you to turn your head when your neck feels stiff. Is that right?'

The next part of your conversation, will focus on understanding how that information will inform the way you work together in your service. For example:

- The physio will use their clinical expertise to better understand Bob's pain and develop an appropriate care plan. They should acknowledge the information that Bob discussed with the RAS assessor and then build on that information to complete their clinical assessment.
- The social support group staff need to understand how Bob's neck pain and stiffness may impact on his participation in the group. They would therefore have a conversation with Bob to explore how staff could set up activities and support him to participate safely.
- When setting up domestic assistance for Bob, it is important to understand how Bob's neck pain affects his ability to clean and how best to deliver the service. For example, Bob may prefer afternoon appointments because his pain and stiffness are worse in the morning. He may be able to work side by side with the carer to change his bed, so staff should discuss which parts of the task he's able to do himself and how the carers can best support him.



Resources

This information sheet has been developed as part of a suite of resources for CHSP service providers. Other resources in this suite include:

- *Embedding a strengths based approach in client conversations*
- *Service specific goal setting and care planning****
- *Monitoring, feedback and review of service specific care plans****

*** This resource was an initiative of the North Metro and West Metro Wellness and Reablement Consultants.

Assessment and Care Planning resources

Pascale, K (2015) *Goal Directed Care Planning toolkit*. Available at: http://kpassoc.com.au/resources/gdcp-resources/

Helen Sanderson and Associates *Person centred thinking and planning*. Available at: http://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/

NSW Family and Community Service's ADHC Lifestyle Planning Guidelines. Available at: http://www.adhc.nsw.gov.au/publications/policies/policies_a-z/?result_237652_result_page=L

The following tools may be of particular interest:

- What tools to use
- One page profiles

HDG Consulting (2015) *PAG Make it meaningful: Assessment and care planning guidelines and tools*. Available at: https://www2.health.vic.gov.au/about/publications/policiesandguidelines/pag-service-specific-assessment-care-planning-guidelines-tools

Person Centred Care

The following websites include a range of resources about person centred approaches:

- The Picker Institute: https://www.picker.org/
- Helen Sanderson and Associates: http://helensandersonassociates.co.uk/
- The Learning Community for Person Centered Practices: http://tlcpcp.com/

Helen Sanderson and Associates (2007) *Person Centred Thinking with Older People, Practicalities and Possibilities*. Available at: http://www.ndti.org.uk/uploads/files/PCPOPweb3.pdf

Alzheimers Australia (2015) *Valuing people: Why is person centred centred care important*. Available at: http://valuingpeople.org.au/the-resource/what-is-person-centred-care

Molony, S., Kolanowski,K., Van Haitsma, K., Rooney, K. (2018) *Person-Centered Assessment and Care Planning*. *The Gerontologist*, Volume 58, Issue suppl_1, 18 January 2018, Pages S32–S47. Available at: https://doi.org/10.1093/geront/gnx173

Harding, E. Wait, S. & Scrutton, J. (2015). *The state of play in person-centred care. A pragmatic review of how person-centred care is defined, applied and measured*. London: The Health Policy Partnership. Available at: http://www.healthpolicypartnership.com/wp-content/uploads/State-of-play-in-person-centred-care-full-report-Dec-11-2015.pdf

Commonwealth Home Support Programme

The Commonwealth Department of Health has developed a range of resources to assist providers deliver services under the CHSP. These resources, including program manuals, guidelines and CHSP provider updates are available on the Department's website: https://agedcare.health.gov.au/programs/commonwealth-home-support-programme/resources

My Aged Care: https://www.myagedcare.gov.au/

My Aged Care information for service providers: https://agedcare.health.gov.au/our-responsibilities/ageing-and-aged-care/programs-services/my-aged-care/information-for-service-providers

The Aged Care Quality Standards apply to all aged care services including residential care, home care and flexible care. The standards reflect that a strengths based, goal oriented and collaborative approach is integral to all aged care services in Australia. The standards and supporting materials are available at http://www.aacqa.gov.au/ and https://agedcare.health.gov.au/quality/single-set-of-aged-care-quality-standards

This resource was developed by Kate Pascale and Associates Pty. Ltd. as part of the Inclusive Service Specific Assessment and Planning (ISSAP) project, which was an initiative of the EMR Alliance.

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