Guideline

Wellness and Reablement in Aged Care

Summary NSW Health is committed to ensuring wellness and reablement practices are implemented as a core part of the aged care services we deliver. This Guideline supports and promotes consistent practice for implementation across NSW Health and assists staff to understand their obligations for delivery.

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Secretary, NSW Health

WELLNESS AND REABLEMENT IN AGED CARE

GUIDELINE SUMMARY

This Guideline outlines what wellness and reablement is, the contractual requirements, and roles and responsibilities of NSW Health organisations for implementing a wellness and reablement approach.

Wellness and reablement ensures older people in NSW live as active, purposeful, healthy, and independent lives as they can and, where possible, remain living in their own homes.

NSW Health is contracted by the Commonwealth Department of Health to provide a range of assessment and support services for older people wishing to live independently at home. NSW Health is contractually obliged to provide these services with a consistent wellness and reablement approach.

KEY PRINCIPLES

Wellness and reablement practice with older people within NSW Health is based on the following set of principles:

- supporting older people living at home to live as independently as possible for as long as possible.

- treating each older person as a unique individual with their own strengths, abilities, life experiences, preferences, choices, and needs.

- assessing an older person in a holistic, strength–based way, promoting wellness, considering dignity of risk and encouraging active participation in the development of appropriate support plans.

- ensuring an older person's aspirations and needs are best met when assessment, support planning, and service provision is a partnership between the older person, their informal support network, the assessor and service providers.

NSW Health is in a unique position to maximise use of wellness and reablement programs in and across the aged services it delivers. NSW Health embraces the wellness and reablement approach and ensures that assessments by Regional Assessment Services (RAS) and Aged Care Assessment Services (ACAT) and service provision from the Transitional Aged Care Program (TACP) and the Commonwealth Home Support Programme (CHSP) funded services are aligned.

Contracted Aged Care Services are provided throughout NSW Health (Local Health Districts and Specialty Health Networks). ACAT and RAS assess eligibility for aged care services, while the Transitional Aged Care Program and Commonwealth Home Support Programme provide care and support in the community. All aged care services provided by NSW Health are required to ensure wellness and reablement practices are implemented as a core part of the aged care services we deliver.

REVISION HISTORY

Version	Approved by	Amendment notes
January-2021 (G2021_002)	Deputy Secretary, Health System Strategy and Planning	Initial Document

ATTACHMENTS

1. Wellness and Reablement in Aged Care: Guideline

CONTENTS

1   BACKGROUND

NSW Health and Local Health Districts (Districts) are contracted by the Commonwealth Department of Health to provide a range of assessment and support services for older people wishing to live independently at home. These include:

- Aged Care Assessment Teams (ACAT), which assess for eligibility of the following services under the *Aged Care Act 1997* (C'th) — Home Care Packages (HCP), Transitional Aged Care Program (TACP), Commonwealth Home Support Programme (CHSP), residential respite, residential aged care, and Short Term Restorative Care (STRC);

- Regional Assessment Services (RAS), which assess for entry level home support available through the CHSP;

- TACP, which is a goal oriented, short term, low intensity therapy focused program that assists people to regain physical and psychosocial functioning after a hospital stay; and,

- a range of CHSP services – these vary across Districts and may include community nursing, allied health, social support, dementia advisory services, respite services, home maintenance and modification and food services.

NSW Health has a multidisciplinary Wellness and Reablement Working Group with District representation that has guided the development of these documents.

1.1 Purpose

Wellness and reablement ensures older people in NSW live as active, purposeful, healthy, and independent lives as they can and, where possible, remain living in their own homes.

NSW Health is committed to ensuring wellness and reablement practices are implemented as a core part of the aged care services we deliver. This Guideline supports and promotes consistent practice for implementation across NSW Health and assists staff to understand their obligations for delivery.

The NSW Health Strategic Priorities 2019-20 recognise the importance of the wellness and reablement approach, with a key deliverable to *'shift service delivery focus onto wellness and reablement [enablement] for the elderly'*.

1.2   Aligning with NSW Health Core Business

How does a wellness and reablement approach align with health service provision?

Purpose: Promoting, protecting, developing, maintaining and improving the health and well-being of the people of NSW

Aligning with NSW Health Core Business

NSW State Health Plan

Direction 1: Keeping People Healthy by focusing on prevention and program monitoring, evaluation and refinement to deliver results

Direction 2: Providing World Class Clinical Care that provides person-centred clinical care and reduces hospital re-admission rates

Direction 3: Delivering Truly Integrated Care that empowers clients, avoids unplanned hospitalisations, partners with others and improves health outcomes

CORE Values

Collaboration through person-centred care

Openness in communication that fosters confidence and cooperation

Respect for older people

Empowerment and the best use of resources to meet people and community expectations.

NSW Health Strategic Priorities 2019-20:

3.3 Strengthen integrated approaches to frailty, ageing and end of life care – Shift service delivery focus onto wellness and reablement for the elderly.

Community Nursing

Recognising illness or incapacity early and intervening to support older people to achieve and maintain maximum independence and autonomy. May include managing wounds, continence care, and stomal therapy.

Allied Health

Enhances and maintains functions of their patients within a range of settings and programs, emphasising a healthy lifestyle and independence physically, psychologically, cognitively or socially. Areas may include occupational therapy, physiotherapy, social work, dietetics, speech pathology, podiatry, exercise physiology and psychology.

ComPacks

Short term (up to 6 weeks) case management, reablement and non-clinical community care support, for people needing a safe discharge home from public hospitals. Supports short term aims to prevent future hospitalisations.

2   WHAT IS WELLNESS AND REABLEMENT?

2.1   Wellness

The Living Well at Home - CHSP Good Practice Guide defines wellness as *"an approach that involves assessment, planning and delivery of supports that builds on the strength, capacity and goals of individuals, and encourages actions that promote a level of independence in daily living tasks, as well as reducing risks to living safely at home."*[1]

Wellness is a philosophy and associated ongoing, long term practice that emphasises prevention, optimises physical and emotional function and encourages active participation in Activities of Daily Living (ADL), including activities necessary for self-care. The wellness approach:

- identifies the older person's abilities, strengths and life experiences during assessment and considers these in support planning and service provision processes,

- encourages the older person to actively contribute to their ADLs,

- maximises the older person's independence and autonomy; and,

- encourages and supports ongoing social relationships.

2.2   Reablement

The Living Well at Home - CHSP Good Practice Guide defines reablement as *"time-limited interventions that are targeted towards a person's specific goal or desired outcome to adapt to some functional loss, or regain confidence and capacity to resume activities"*.[2]

Reablement is a subset of person centred practice and the wellness approach. It is a time-limited support strategy directed towards addressing a specific barrier to the person's independence. Reablement always aims at a specific desired outcome or 'goal', and it may last a few weeks or months depending on the situation. Reablement may be:

- the whole focus of service provision, with the person exiting the system once they have achieved their mutually agreed goal, or

- a short-term strategy addressing a barrier to independence may be just one part of an overall support plan for a person who will continue to use support from aged care services once the reablement goal is reached.

2.3   Restorative Care

The Living Well at Home - CHSP Good Practice Guide defines restorative care as

"*evidence-based interventions led by allied health workers that allow a person to make a functional gain or improvement after a setback, or in order to avoid a preventable injury.*

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[1] Department of Social Services (2015), *Living well at home: CHSP Good Practice Guide*, p. 10
[2] Ibid., p.12

*Interventions are provided or are led by allied health clinicians, general practitioners or other health **professionals based on clinical assessment of the individual.***"[3]

2.4 Dignity of Risk

Dignity of Risk acknowledges that life experiences come with risk, and that we must support people in experiencing success and failure throughout their lives. When working with older adults, the instinct is often to protect them and to avoid all risk in attempts to keep them safe. Dignity of risk promotes self-determination and the right to take reasonable risks are essential for dignity and self-esteem and so should not be impeded by excessively cautious caregivers, concerned about their duty of care. This is outlined in the Age Care Quality Consumer Dignity and Choice Standard 1.

2.5   Wellness and Reablement Principles

Wellness and reablement practice with older people within NSW Health is based on the following set of principles:

- supporting older people living at home to live as independently as possible for as long as possible.
- treating each older person as a unique individual with their own strengths, abilities, life experiences, preferences, choices, and needs.
- assessing an older person in a holistic, strength–based way, promoting wellness, considering dignity of risk and encouraging active participation in the development of appropriate support plans.
- ensuring an older person's aspirations and needs are best met when assessment, support planning, and service provision is a partnership between the older person, their informal support network, the assessor and service providers.

NSW Health is in a unique position to maximise use of wellness and reablement programs in and across the aged services it delivers. NSW Health embraces the wellness and reablement approach and ensures that assessments by RAS and ACAT and service provision from TACP and CHSP funded services are aligned.

3   WHAT ARE THE CONTRACTUAL REQUIREMENTS?

3.1 For Assessment Services

Under the ACAT and RAS Standard Operating Procedures, assessors need to "*deliver tailored support plans that improve the health and wellbeing of older people, are based on a client's goals and current care needs and consider wellness and reablement approaches*". Wellness and reablement approaches in assessment and support planning processes are integral to ensure older people are referred to appropriate services.

For ACATs, the My Aged Care Assessment Manual (June 2018) states that:

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[3] Department of Social Services (2015), *Living well at home: CHSP Good Practice Guide*, p. 13

- the provision of wellness and reablement are to be embedded in ACAT assessment and support planning processes, and;

- ACAT processes use a wellness and reablement approach to deliver tailored support plans that promote the health and wellbeing of older people, based on their goals and current care needs.

Under NSW Health's agreement with the Commonwealth Department of Health, RAS assessors are to use a wellness and reablement approach. A minimum of 10 per cent of assessments must reflect this approach and lead to a short-term reablement service in agreement with the older person. If a RAS assessor determines that short-term reablement support is appropriate, the assessor must:

- collaborate with the older person and their carer/family to identify reablement goals that aim to improve functional independence,

- initiate the reablement process,

- include the reablement goals in support plan documentation,

- maintain contact and monitor progress with the older person and their carer/family during the defined reablement period, and;

- revise the support plan during the reablement period if necessary.

RAS teams report the percentage of assessments resulting in a period of reablement in the Bi-Annual Performance Report to the Commonwealth Department of Health.

3.2 For Service Provision

3.2.1 CHSP Services

CHSP funded services are contractually required to embed the wellness and reablement approach in service delivery and to provide an annual report on implementation progress. A Wellness Report is to be submitted annually to the Commonwealth Department of Health. Each year, the Department will conduct an audit of this report on approximately 10 percent of CHSP providers.

Under contractual requirements, it is expected that CHSP providers:

- interpret an older person's support plan with a wellness approach in mind and in consultation with the client,

- work with older people and their carers/families as they seek to maximise their independence and autonomy,

- build on the strengths, capacity and preferences of older people, and encourage actions that promote self-sufficiency,

- embed a cultural shift from 'doing for' to 'doing with' across service delivery,

- apply a short-term or time limited intervention approach that supports older people to remain as independent as possible, for as long as possible,

- be alert to changing circumstances and goals of the older person and refer to My Aged Care or the referring RAS team for a Support Plan Review (where appropriate), to review the older person's support plan, and;

- consult the Living Well at Home: CHSP Good Practice Guide to assist in the development of good practices within a wellness approach.[4]

Further information is included in the NSW Health CHSP Factsheet.

3.2.2 TACP Services

TACP is inherently a wellness and reablement program that provides short-term care that seeks to optimise the functioning and independence of older people after a hospital stay. Transitional aged care is a goal-oriented, time-limited, low intensity and therapy-focused program. It provides older people with a package of services that includes low intensity therapy such as physiotherapy and occupational therapy, and other allied health such as social work, dietetics and speech pathology, nursing support or personal care to maintain and improve physical and/or cognitive functioning. The program seeks to enable older people to return home after a hospital stay rather than prematurely enter residential aged care.

TACP facilitates a continuum of care for older people who have completed their hospital episode, including acute and subacute care (e.g. acute care, rehabilitation, geriatric evaluation and management), and who may benefit from restorative care and more time and support to make a decision on their long term aged care options if needed.

Care planning is focussed on optimising independence and wellbeing and includes a goal-oriented care plan for the older person that:

- responds to the identified needs of the older person and targets those goals which optimise independence while taking into consideration the physical, cognitive and psycho-social needs of the older person;

- provides the older person with required low intensity physical and cognitive therapies and treatments designed to support the care recipient to achieve their own goals; and,

- improves the older person's functioning by promoting independence and monitors that improvement in consultation with the older person and/or their representative, carers and families, clinicians, and therapists.

3.3 Roles and Responsibilities

Organisation	Responsibilities
NSW Ministry of Health	The Ministry has the following responsibilities in supporting wellness and reablement practice across NSW Health: • develop and monitor the Wellness and Reablement Guideline and implementation plan to support consistency of practice • monitor wellness and reablement practice across the system to ensure compliance with Commonwealth requirements • convene the Wellness and Reablement Working Group as necessary on implementation of the Guideline

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[4] Department of Social Services (2015), *Living well at home - CHSP Good Practice Guide*, p.9

	• develop a communication strategy for internal and external stakeholders
	• when appropriate, engage in pilot project opportunities to trial wellness and reablement approaches
	• liaise with the Commonwealth about nationally consistent and appropriate education and resources on wellness and reablement for older people, service providers and other stakeholders
	• review and revise existing practice documents to align with the wellness and reablement approach e.g. Assessment Services Standard Operating Procedures
	• review and refine outcomes measures
Local Health Districts	Districts have the following responsibilities in supporting wellness and reablement practice: • implement the Wellness and Reablement Plan including: ○ communications ○ appropriate outcome measures • ensure ACAT, RAS, TACP, and CHSP staff are trained in wellness and reablement • document and maintain a strong evidence base of wellness and reablement outcomes: ○ develop and implement District communication strategies in line with the Wellness and Reablement Implementation Plan • develop local protocols and procedures to support wellness and reablement practice • adhere to wellness and reablement Commonwealth contractual requirements.

4 OUTCOME MEASUREMENT IN WELLNESS AND REABLEMENT

4.1 Existing Internal Data Collection and Analysis

A number of reporting measures are currently collected to assess NSW Health's performance in wellness and reablement. This includes:

- ACAT and RAS audit tool – ensures support plans promote a wellness and reablement approach

- number of completed RAS reablement assessments

- Modified Barthel Index (MBI) score in TACP - this is a tool used to measure personal functioning and ability to perform self-care tasks. It uses a point scale from 'unable to perform the task' (lowest score) to 'fully independent' (highest score) across a number of elements. The MBI scores of TACP clients are measured at the start and end of their program to determine if any changes have taken place.

- CHSP Annual Wellness and Reablement Report.

4.2 PROMs and PREMs

The NSW Health Patient Reported Measures (PRM) Program aims to *"enable patients to provide direct, timely feedback about their health related outcomes and experiences to drive improvement and integration of health care across NSW"*[5]. The Program has two parts:

1. Patient Reported Outcome Measures (PROM), that focus on a person's clinical progress. PROMs use validated tools to gather information about a person's perception of quality of life and the impact of illness and treatment on the person's life; and,

2. Patient Reported Experience Measures (PREM), that focus on a person's experience with health care and gauge satisfaction.

PREMs and PROMs are increasingly being implemented across Districts for outcomes and are a good measurement for wellness and reablement practices across the aged care services that are delivered.

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[5] Agency for Clinical Innovation (2019), *Patient Reported Measures: Outcomes that Matter to Patients*

5   REFERENCES

5.1 Acronyms

ACAT   Aged Care Assessment Team

ADL   Activity of Daily Living

CHSP   Commonwealth Home Support Programme

HCP   Home Care Package Program

KPI   Key Performance Indicator

PREM   Patient Reported Experience Measure

PROM   Patient Reporting Outcome Measure

RAS   Regional Assessment Service

TACP   Transitional Aged Care Program

5.2 References

Agency for Clinical Innovation (2019), Patient Reported Measures: Outcomes that Matter to Patients, https://www.aci.health.nsw.gov.au/make-it-happen/prms

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5.3 Resources

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6   APPENDIX LIST

1   Implementation Plan
2   CHSP Factsheet

6.1   Implementation Plan

Wellness and Reablement approaches are at the core of health service delivery as they aim to optimise the functioning and independence of older people. The Implementation Plan outlines how Districts are to implement a wellness and reablement approach in assessment and support services.

The implementation plan provides guidance about how Districts can implement the requirements of this Guideline and will help ensure a consistent understanding of wellness and reablement, its practical implementation and measurement, across NSW.

6.1.1   Wellness and Reablement in Practice

Assessment

ACAT and RAS staff are expected to incorporate wellness and reablement in their assessments and can reference the Living well at home: CHSP Good Practice Guide   for further guidance.

As assessment is a process rather than a single event, there may be several assessment types during a person's contact with aged care services, including:

- RAS home support assessment for older people needing low intensity support through the CHSP.

- comprehensive ACAT assessment for people seeking Australian Government subsidised aged care services. This looks at the older person's whole situation including their clinical needs (Note: this is not a prerequisite for multipurpose services).

- specialised clinical assessment that focuses on a key issue in the older person's situation, including more detailed case history.

- monitoring progress against the agreed support plan and, when needed, adjusts the support plan and/or refers for comprehensive, home support, specialised or service level assessment.

Service Provision

Within the wellness and reablement approach in service provision, Districts are responsible for:

- ensuring all staff have been trained in the wellness and reablement approach and monitoring their practice,

- reinforcing wellness and reablement messages with older people, their carers and families,

- gathering additional information specifically relevant to the service type,

- implementing and, where appropriate, adjusting and building on the support plan developed by the RAS or ACAT assessor in collaboration with the older person and their carer and/or family,

- monitoring motivation levels and encouraging the older person to remain as active and involved in daily life as they can be,

- regular monitoring of progress towards support plan goals, and documenting and measuring the outcomes of wellness and reablement strategies, and
- referring back to RAS or ACAT for reassessment, should support needs increase significantly.

6.1.2 Implementation Strategies

These implementation strategies are designed to support the Ministry and Districts s in incorporating wellness and reablement into their assessment services and aged care service provision. The strategies outline tasks to achieve a comprehensive wellness and reablement approach, and ways to document progress.

	Action	Responsibility
1. Strengthening Wellness and Reablement Practice		
1.1	Issue Guideline and Implementation Plan	Ministry
1.2	Participate in the RAS Wellness and Reablement trial	Ministry
1.3	Provide guidance on minimum requirements for support plans developed by ACAT and RAS	Ministry
1.4	Review Wellness and Reablement Guidelines in response to RAS trial	Working Group
1.5	Develop local implementation plan	Districts
1.6	Provide guidance on minimum requirements and resources for District CHSP services to action support plans developed by RAS and ACAT	Working Group
1.7	Provide guidance on minimum requirements and resources for care planning for District CHSP and TACP services	Working Group
2. Building Short-Term Reablement Capacity		
2.1	Communicate recommendations from the RAS Reablement Trial with Districts	Ministry
2.2	Disseminate NSW Health and Commonwealth wellness and reablement resources to district assessment and service provision services	Districts
2.3	RAS and ACAT assessors establish collaborative arrangements with CHSP providers to support reablement (internal and external)	Districts
3. Promoting Wellness and Reablement		
3.1	Identify and distribute wellness and reablement information resources for clients and families, including Commonwealth resources	Districts
4. Training and Skill Development in Wellness and Reablement		
4.1	Continuing professional development in wellness and reablement training	Districts
4.2	Include wellness and reablement education into orientation processes for ACAT, RAS, TACP and CHSP staff	Districts
4.3	Establish a mechanism to monitor that all District ACAT, RAS, TACP, and CHSP staff have completed identified training in wellness and reablement	Districts
5. Outcome Measurement in Wellness and Reablement		
5.1	Measure success in delivery of a wellness and reablement approach using data from: -RAS KPI -ACAT and RAS audit tool -TACP Modified Barthel Index (MBI) score -CHSP report	Ministry / Districts

	-data from new assessment tools developed where appropriate	
5.2	Monitor contractual obligations to ensure requirements are met.	Ministry / Districts
5.3	Support PREMs and PROMs development and implementation across Districts.	Ministry Working Group
5.5	Create wellness and reablement dashboard for state wide monitoring	Ministry

6.2 CHSP Factsheet

6.2.1 Service Provision

Some examples of service provision are listed below. Please see the Living well at home - CHSP Good Practice Guide, published by the Commonwealth Department of Health (2019), for the full list.

Community Nursing

As the CHSP is a low-level support program, nursing is more likely to be part of short-term reablement rather than an ongoing support service.

Examples of CHSP wellness and reablement practice in community nursing include:

- supporting and encouraging older people to address preventable behavioural risk factors for chronic diseases
- providing information about strategies and available resources to address risks to physical health and to improve health literacy
- teaching simple skills, such as the dressing and management of wounds, that can be safely undertaken by the person and carer/family.

Allied Health

Wellness and reablement philosophy and practice is naturally embedded in allied health practice. The aim of allied health interventions (e.g. physiotherapy, occupational therapy, dietetics, social work and speech pathology) is to prevent, diagnose and treat a range of conditions and to strengthen the capacity of the older person and their carer/family to better manage their environments, cognitive impairment, emotional, physical, and mental health.

Examples of wellness and reablement practice in allied health include:

- providing user-friendly information on the effective management of physical, functional and emotional barriers to independence
- teaching self-management and task simplification skills to address these barriers and prevent future declines
- introducing exercises, equipment and technical aids in the person's home
- facilitating and teaching support workers, older people and carer/family members' simple skills, such as in-home or centre-based exercises, safe equipment use, tracking and monitoring to support someone to achieve their goals
- providing short-term reablement and restorative care therapeutic services during periods of recovery from hospitalisation, illness and injury
- providing home safety assessment services and equipment / device prescription
- conducting home modification assessments in collaboration with builders and tradespeople and develop specifications for modification works
- providing linkage and referral services to other services and non-government partners.

Home Modifications

Home modification services are, by their very nature, reablement programs. Their focus is on addressing specific barriers an older person experiences while accessing their home. Home modifications aim to adjust the physical environment to enable the older person to continue living as independently as possible at home.

Occupational therapists (OTs) conduct assessments of the older person's home and develop specifications for tradesmen and builders. OTs often identify functional and other barriers to independence when assessing for home modifications. This can result in further allied health or CHSP support being required.

Examples include:

- installing ramps, access stairs and railings making it easier for older people to enter and leave their homes

- installing grab rails, modifying bathrooms and widening doorways so that older people can better utilise the interior of their home

- modifying gardens so that older people can better manage the outside areas of their homes.

Food Services

In the past 20 years, food services have transformed from a fixed model of delivering a hot midday meal with no or few food choices to a flexible one that now offers a wide range of choices in both available meals and support methods. Food services operating under the wellness and reablement approach can provide a wide range of support services that are tailored to the older person and their situation.

Examples include:

- providing hot, cook/chill and frozen meals through home delivery and/or centre pick-up

- offering a range of meals for people from different cultures and with special dietary requirements

- providing socialisation opportunities through a centre-based meals program

- teaching people how to shop, plan and make simple and nutritious meals so that they are less reliant on external assistance

- assisting older people with meal preparation in the home

- collaborating with dietitians to address nutritional and hydration issues

6.2.2 Outcome Measurement in Wellness and Reablement

Short-term Support – CHSP Reablement Interventions

Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) for short-term reablement and restorative care interventions can measure whether and to what extent:

- the goal was reached (e.g. not met, partially met, met, exceeded, greatly exceeded)
- there has been a positive and desired impact on the older person's life. Depending on the situation, this could include increases or improvements in:
  - physical strength, balance or flexibility
  - physical and/or emotional health
  - ability to perform ADLs
  - care and support relationships
  - overall life satisfaction
  - feelings of independence
- the short-term strategy has reduced or delayed ongoing reliance on:
  - informal support networks
  - CHSP service provision
  - the Health system
  - higher level care
  - other services and supports.

CHSP Support Provision

General outcome measurements for CHSP determine if the service:

- provided support in a respectful manner that upholds the person's rights, dignity and sense of control
- has offered choices in what, when and how support is provided
- has supported the older person to live as independently as possible for as long as possible in their own home
- where relevant to the older person's situation, has:
  - improved and strengthened function and/or wellbeing
  - has enabled the older person to maintain current functional and/or wellbeing status and prevented further decline
  - assisted in reducing the rate of functional or wellbeing decline
  - has reduced carer burden and stress.

Examples of wellness outcomes from provision of specific service types include:

- reduction in hospital admissions and re-admissions (nursing, food services)
- improved ability to self-manage medication, wound management and dressings (nursing)
- recommended weight gains or loss achieved (allied health, food services)
- increased appetite, better nutrition, better hydration practice (dietetics, food services)
- improved access the home's interior and exterior (allied health, home modifications)

- improved access the community (home modifications, assistive technology, allied health)
- improved functionality, strength, balance, flexibility (allied health)

External Data Collection and Analysis – Data Exchange for CHSP Services

CHSP direct home support providers are contractually required to regularly submit de-identified personal data to the Department of Health. The mandated data set includes quantitative data on personal characteristics and the types and amounts of service provided. This data set is not designed to gather information about the qualitative outcomes of support provided under a wellness and reablement approach.

Selecting the Best Measurements Tool

Best practice requires that a service regularly review its outcomes using validated outcome measures. The Australian Commission on Safety and Quality in Health Care (ACSQHC) recommends consideration of the following factors when selecting an appropriate patient reported measures:

- *validity:* has extensive testing shown that the tool measures what it purports to measure?
- *reliability:* will it give a consistent measure if administered correctly?
- *discriminator power:* does it discriminate well between groups?
- *sensitivity*: does it adequately measure change over time?
- *availability of comparative data*: are there established norms that could be used for comparisons (e.g. results per age cohort)?
- *type of instrument*: are the health measures generic or for a specific condition, situation or intervention?
- *style of instrument*: what style (e.g. self reporting, rating scales) is most appropriate to the situation?
- *practical utility:* is the tool easy to score and the right length for the situation?
- *freedom from confounding factors:* is the tool relevant for the person's level of literacy?
- *relevance and suitability:* does the tool capture information about relevant life domains?
- *mode of administration:* is the recommended way of administering the tool (e.g. in person, over the phone, on-line) relevant to the situation?
- *appropriateness*: is the tool culturally, age and gender appropriate?

Examples of Outcome Measurement Tools

There are many reliable and validated tools that measure wellness and reablement outcomes.

It is important that staff are competent in the use of the tools they use and that they are accredited (if required), and that the tools are implemented in accordance with instructions.

Relevant tools include:

- ADL/IADL and Difficulty Questionnaire (functional ability)
- Australian Community Care Outcomes Measure (ACCOM), based on UK's ASCOT Tool (control over daily life, cleanliness and comfort, food and drink, social participation, occupation, accommodation cleanliness and comfort, dignity)
- Personal Wellbeing Index (general wellness)
- Recovery Assessment Scale (mental health)
- Senior Fitness Test (physical strength and flexibility)
- Timed Up and Go Test (mobility and balance)
- Wellbeing Assessment Tool (social, physical, emotional, spiritual, intellectual)
- Zarit Screen Measure of Caregiver Burden (carer stress)
- PROMIS 10 or 29
- falls efficacy tools
- Carer Strain Index

Details of other tools relevant to aged care settings can be found on the Australian Centre on Quality of Life website, http://www.acqol.com.au/instruments#measures