

AGED CARE FUNDING INSTRUMENT & OPPORTUNITY FOR EXCELLENCE

Day 1

Applied Aged Care Solutions:
Dr Richard Rosewarne & Janet Opie

Background

Development of a new funding tool for aged care precipitated by:

- Desire to reduce the documentation burden on staff
- Reduce the requirements of the accountability & monitoring systems
- Pricing Review outcomes
 - Better target residents with higher care needs
 - Add supplements
 - Simplify funding model

Principle

Measure need for care, not care provided

Features

- Not based on ongoing care documentation
- Assessment based
- More objective
- Clearly defined evidence

Good Practice

Assessments

Incorporating all the issues of normal ageing and/or a person with dementia:

- ✓ Quiet space minus distractions at appropriate time
- ✓ Know the person you are assessing
- ✓ Introduce yourself
- ✓ Ask permission (consent)- ACFI provides assessment alternatives
- ✓ Open and honest, eye contact, positive body language
- ✓ Allow time, move at their pace
- ✓ Do not assist the person with answers
- ✓ Respect defences and denial
- ✓ Know when to stop an assessment

Cornell Scale for Depression

Was designed to assess (observable/reportable) signs and symptoms of depression.

It was designed to cover people with dementia [cognitive impairment] and it has also been tested in those who are cognitively able.

It operates as a screen for depression – it is not a diagnosis. The individual item responses provide essential feedback on how a person is managing in the psychosocial domain

The symptoms will be chronic, persistent and not directly related to day to day events in the care environment.

The guidelines provide detailed information about how to ask each question and the meaning of the questions. Informants can be interviewed (it may require more than one informant to cover symptoms over a full 24 hours), the resident can be observed and/or interviewed.

ACFI 10

Evidence Requirements

If claiming B,C or D

- Cornell Scale for Depression
- Clinical report if available

If claiming C or D

- Copy of diagnosis or provisional diagnosis
- If seeking diagnosis or provisional diagnosis, when obtained file a copy in the ACFI Appraisal Pack

Completed Assessment Summary

Completed Checklist

Use the Checklist to obtain a rating

ACFI 10

Depression Assessment

Signs and symptoms

What you saw or heard in the last week

Frequency: Occasionally (some days) or Often (nearly every day)

Interference: Minor (needs encouragement) or Major (limited participation)

Mood related signs

- Anxiety (is not agitation- anxious expression, worrying)
- Sadness
- Lack of reactivity to pleasant events
- Irritability (is not agitation, about response to situation- easily annoyed)

Behavioural Disturbance

- Agitation (physical signs - hand wringing)
- Slow movement/ speech/ reaction (exclude medical cause)
- Many physical complaints (not gastro types)
- Loss of interest (acute change -in past month, exclude illness)

ACFI 10

Depression Assessment

Signs and symptoms

Physical signs

- Appetite loss (less than usual)
- Weight loss (check weight records)
- Lack of energy (acute change- worse in last month)

Cyclic functions

- Diurnal variation of mood (worse in morning)
- Difficulty falling asleep (later than usual; > 30 minutes)
- Multiple awakenings during sleep (doesn't go back to sleep easily)
- Early (than usual) morning awakenings (exclude being disturbed by others; can they go back to sleep)

ACFI 10

Depression Assessment

Signs and symptoms

Ideational Disturbance

- Suicidal (current thoughts or actions; passive or has a plan)
- Poor self esteem (feeling critical of self; feeling worthless)
- Pessimism (can they be reassured)

ACFI Questions

(Refer to Table 1, page 7 of the User-guide)

Mental & Behavioural Diagnosis

Medical Diagnosis

1. Nutrition
2. Mobility
3. Personal Hygiene
4. Toileting
5. Continence
6. Cognitive Skills
7. Wandering
8. Verbal Behaviour
9. Physical Behaviour
10. Depression
11. Medication
12. Complex Health Care

Source Materials

Only source documents which continue to reflect the status of the resident at the time of appraisal can be used.

Copies of the ACFI source materials to be stored as part of the ACFI Appraisal Pack.

The source materials must identify the name and profession of the health professional who has made the diagnosis and it must be dated.

Continence and Behaviour Records



- 3 days for urinary incontinence
- 7 days for bowel incontinence
- 7 days for Behaviours (problem wandering, verbal disruption, physical)
- Skeleton Log or diary
- can transcribe from more detailed assessment but must have frequency
- The required Record is to be completed over consecutive days. In exceptional circumstances where the resident is unavailable for a 24 hour period, then an extra 24 hours can be taken, and the reason noted on the Record.