

# Evidence-Based Clinical Assessment Toolkit

## Quick Guide for Cognition



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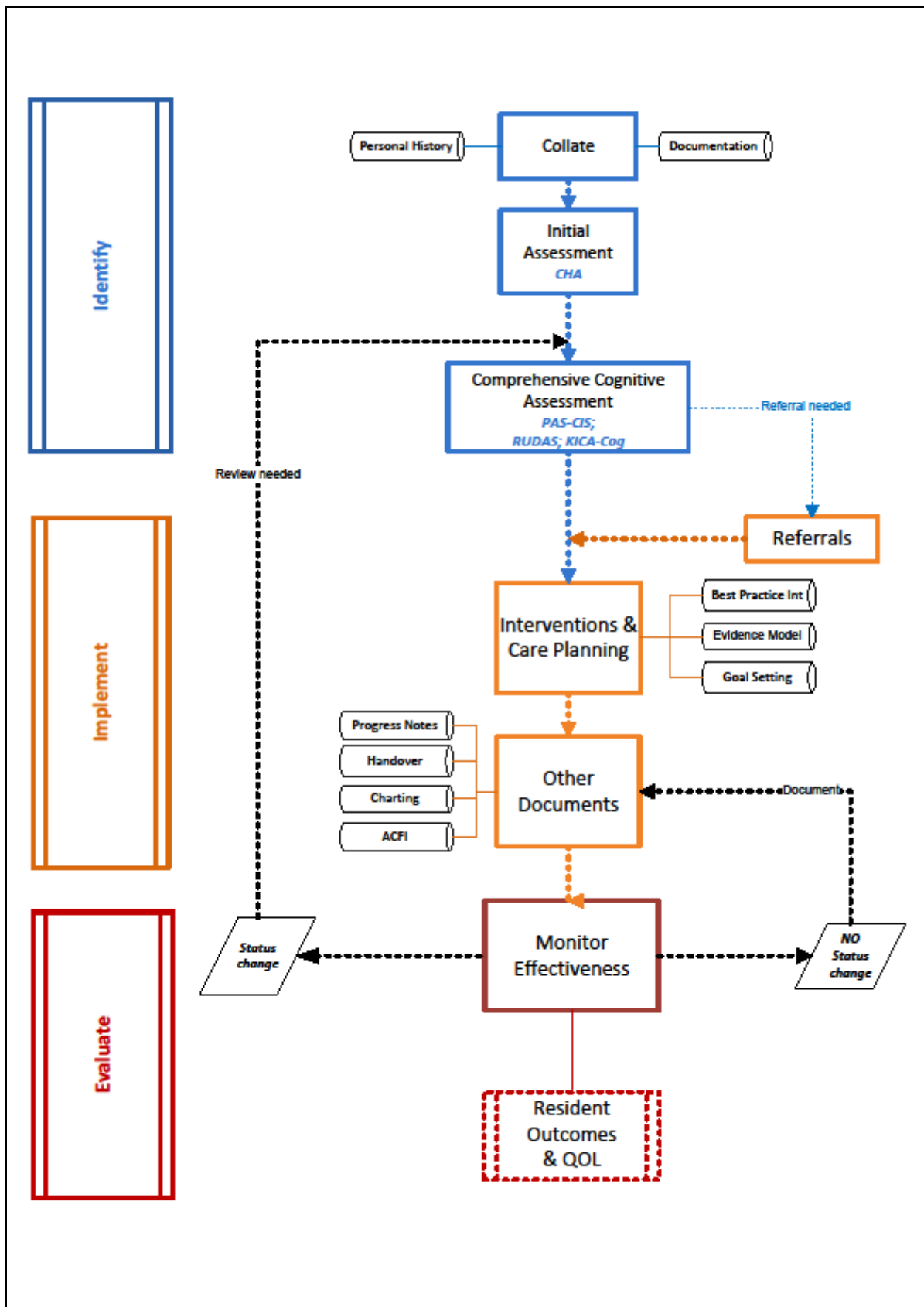
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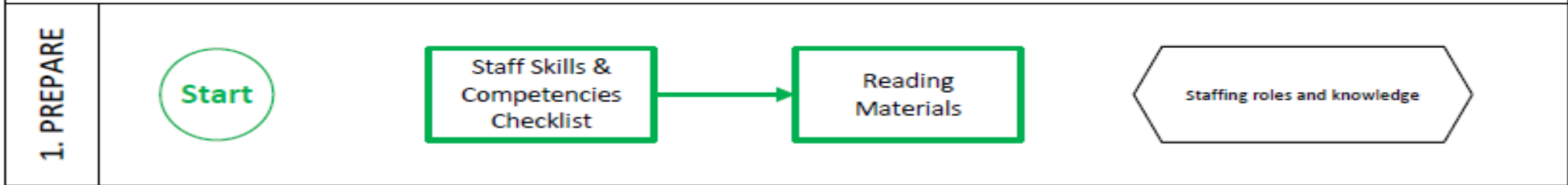
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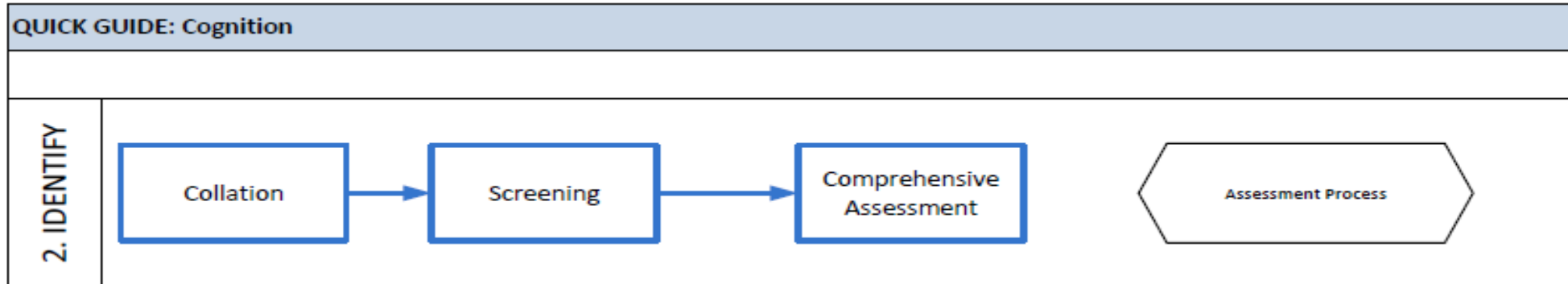
# Cognition Summary: Steps and Information Flow



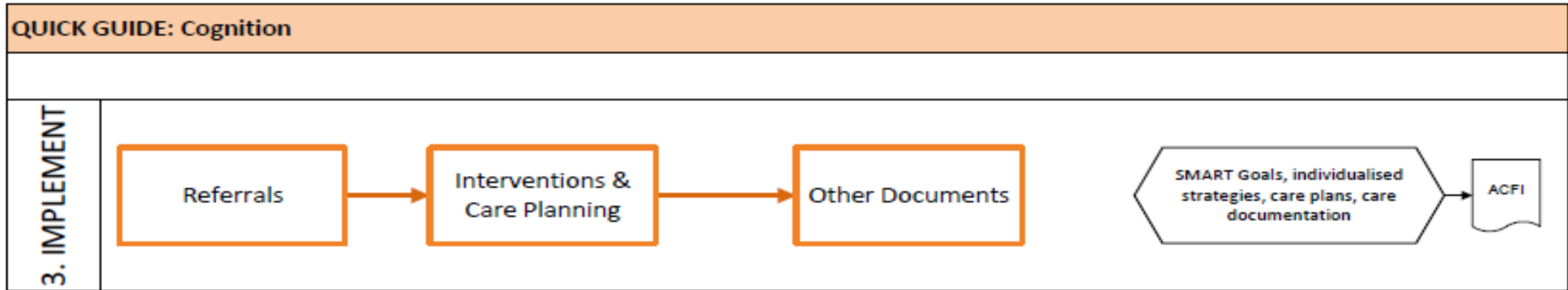
**QUICK GUIDE: Cognition**



Step	Action	Outcomes
<b>Staff Skills &amp; Competencies Checklist</b>	<input type="checkbox"/> Determine the skills or competencies required to complete each activity	Due diligence is applied to the process
	<input type="checkbox"/> Identify staff or staff type competent to complete each activity	Management have identified the staff that fit the required skill set to complete activities within the process. It assists to select staff and determine the roles of staff to ensure the process can be completed, and assists to identify training and education needs
<b>Reading Material</b>	<input type="checkbox"/> Reading materials or summaries from the recommended resources are provided for each topic	Introduces some basic information staff should understand about the topic. Discusses the interaction with other domains.

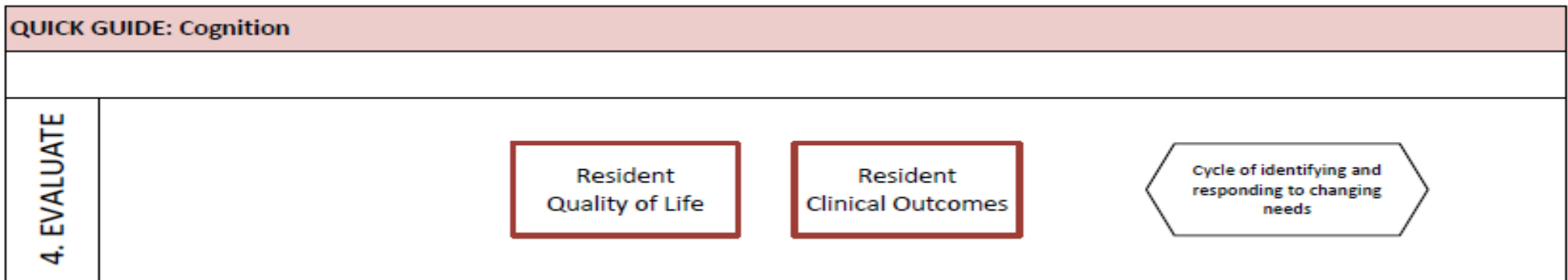


Step	Action	Outcomes
<b>Collation</b>	<input type="checkbox"/> Gathering the history from the resident and family	Preferences (related to the care, social and environmental aspects), pleasant events, what has been tried, what works for the family. Involving the resident and family in their care underpins the principles of Person Centred Care.
	<input type="checkbox"/> Gathering diagnoses, clinical information, personal history from file note (ACCR, CMA, AHP)	Diagnoses and information associated to cognition- delirium or dementia or depression, or other neuro-cognitive disorders. Information about other domains that may interact e.g. sensory impairment, physical functioning, mobility, continence, medications etc
<b>Screening/ Initial Assessment</b>	<input type="checkbox"/> Comprehensive Health Assessment (CHA) items	CHA can inform on the screening process and parts of the comprehensive assessment (i.e. can inform on impact from other domains). Cognitive responses are not based on a validated assessment tool. CHA covers: subjective information (their perception of their memory etc), conscious state, orientation to time and place, abstract thinking, concentration, memory and judgement. The outcome is normal or impaired.
<b>Comprehensive Assessment</b>	<input type="checkbox"/> PAS- CIS	Interviewer administered, takes ~ 10-20 minutes. Nine questions covering language, memory and perceptual motor (praxis, gnosis, constructional). For English speaking resident who can be interviewed.
	<input type="checkbox"/> RUDAS	Interviewer administered, takes ~ 10minutes. Designed to enable the easy translation of the items into other languages and to be culture fair. Six questions covering language, memory, visuospatial, praxis, visuoconstructional, judgement.
	<input type="checkbox"/> KICA-Cog	Interviewer administered, takes ~ 10minutes. The only validated dementia assessment tool for older indigenous Australians. 18 questions
	<input type="checkbox"/> Clinical Risk management	Recognising and minimising system wide risk factors of Delirium
	<input type="checkbox"/> Clinical Reasoning	Includes the awareness of the impact of other impairments e.g. sensory, physical, medications



Step	Action	Outcomes
<b>Referrals</b>	<input type="checkbox"/> Management to complete Referral Tables	Completed Referral Tables based on a due diligence approach (see below)
	<input type="checkbox"/> Referral Process	Provide a protocol and process that provides a documentation trail for the referral process, is there -a referral request template; - an information pack prepared for the Health Professional you refer out to; - an outcomes template for the Health Professional to report the outcomes to you; - a current log of Health Professionals (and their expertise) to refer out to.
	<input type="checkbox"/> Medical Specialist e.g. Geriatrician	Specialist Medical Assessment and best practice interventions
	<input type="checkbox"/> MH Specialist e.g. Psychogeriatrician	Specialist Mental Health Assessment and best practice interventions
	<input type="checkbox"/> Cognitive assessment and support services e.g. CDAMS or DBMAS	Comprehensive assessment, staff support and best practice interventions
<b>Interventions</b>	<input type="checkbox"/> Dementia Care Principles	To provide a good quality of life for all residents requires a systematic approach
	<input type="checkbox"/> Medications	To possibly improve memory, mood, sleep or anxiety outcomes for the individual
	<input type="checkbox"/> Staff / family education	To improve knowledge, co-operation and understanding of interventions
	<input type="checkbox"/> Physical Environment	Domestic size, homelike, supports resident and staff safety and resident independence
	<input type="checkbox"/> Psychosocial environment	To improve the person's interaction with their social environment (e.g. community, staff, family and friendships)
	<input type="checkbox"/> Meaningful activities	To improve the quality of life of the resident

Step	Action	Outcomes
<b>Goal Setting</b>	<input type="checkbox"/> Specific	State exactly what it to be accomplished (Who, What, Where, Why)
	<input type="checkbox"/> Measurable	How will you demonstrate if the goals were met?
	<input type="checkbox"/> Action-oriented	What is the action to be completed?
	<input type="checkbox"/> Realistic / Relevant	Ensure the changes are feasible and affordable
	<input type="checkbox"/> Time-based	Date or elapsed time to complete the goal
	<input type="checkbox"/> Consumer focus	Consumer has participated in the process, and have listened to the resident view on their Quality of Life (enjoyment of life)
<b>Care Planning</b>	<input type="checkbox"/> Documentation	Recording care needs, strategies, goals and the evaluation of the goals and the care. Consumer participation in the process and feedback is to be sought.
	<input type="checkbox"/> Communication	Provides information about care needs in an accessible format. Congruent with other documentation.
	<input type="checkbox"/> Consumer focus	Consumer has participated in the process. Involving the resident and family in their care underpins the principles of Person Centred Care (PCC).
<b>Linking the Evidence</b>	<input type="checkbox"/> Diagnosis and symptoms	Accurate diagnosis is crucial for understanding the cognitive impairment and possible interventions
	<input type="checkbox"/> Impact on body structure/function	Link a diagnosis to a body structure/function e.g. frontal lobe impairment
	<input type="checkbox"/> Activity Limitation	Link the body structure/function impact to the activity that is impacted e.g. may be socially inappropriate, lacks insight into actions
	<input type="checkbox"/> Strategies (actions) to improve enjoyment of life and participation	Document how the interventions address the activity limitation e.g. supervision required in group activities
<b>Other documents</b>	<input type="checkbox"/> Progress Notes	Document new observations, assessments, strategies, and changes made to the care plan. Care plan, progress notes and assessments to be congruent with each other. Provide clear and consistent communication to staff and other Health Professionals.
	<input type="checkbox"/> Handover Notes	Use Handover notes to update Progress Notes and Care Plan.
	<input type="checkbox"/> Charting	Update Charting information
	<input type="checkbox"/> Complete the ACFI	Use the assessment outcomes and the evidence links to determine and support the claims.



Step	Action	Outcomes
Quality of Life Outcomes	<input type="checkbox"/> Repeat Quality of Life questionnaire (if suitable)	Objectively evaluate Quality of Life goals as relevant to the topic Learning about the resident view of their life. Involving the resident in their care underpins the principles of Person Centred Care (PCC).
	<input type="checkbox"/> Seek feedback from the resident and/or family	Involving the resident and family/friend in their care underpins the principles of Person Centred Care (PCC).
	<input type="checkbox"/> Seek staff feedback	Identify any incongruence between staff and consumer views; this may identify education opportunities for staff and/or family.
Resident Care Outcomes	<input type="checkbox"/> Evaluate Care Goals	Objectively evaluate care goals as relevant to the topic.
	<input type="checkbox"/> Monitor Incident Forms	Update risk assessments and strategies
	<input type="checkbox"/> Monitor Standardised Care Processes	Monitor system level clinical issues
	<input type="checkbox"/> Monitor Resident File documents	Ensuring the Resident File documentation is current and congruent. Ensuring the communication to care staff and other Health Professionals is congruent. This would include Progress Notes (by nursing/ AHP/Medical Practitioners etc), new assessments and Care Plans.