

Evidence-Based Clinical Assessment Toolkit

Quick Guide for Complex Health



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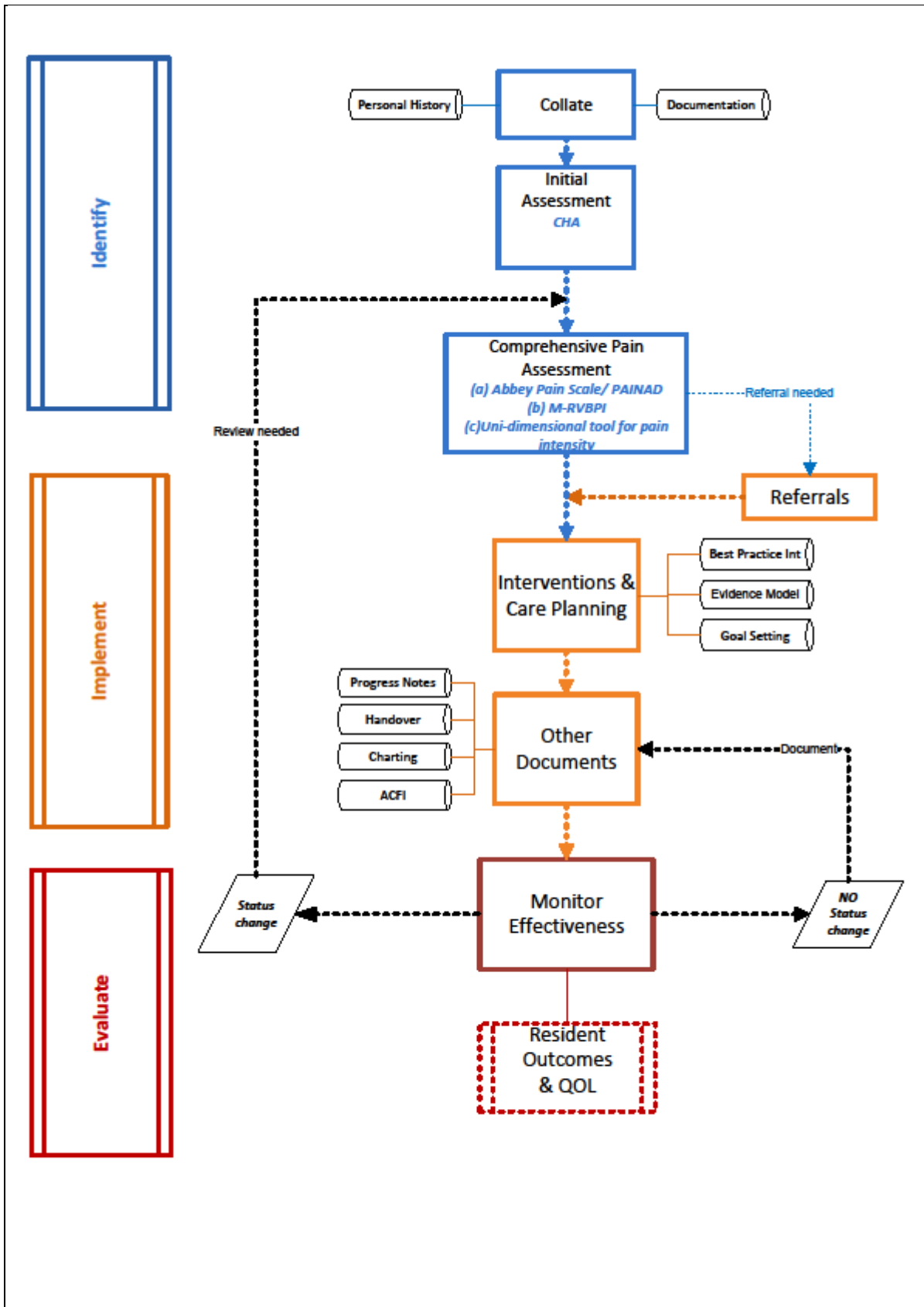
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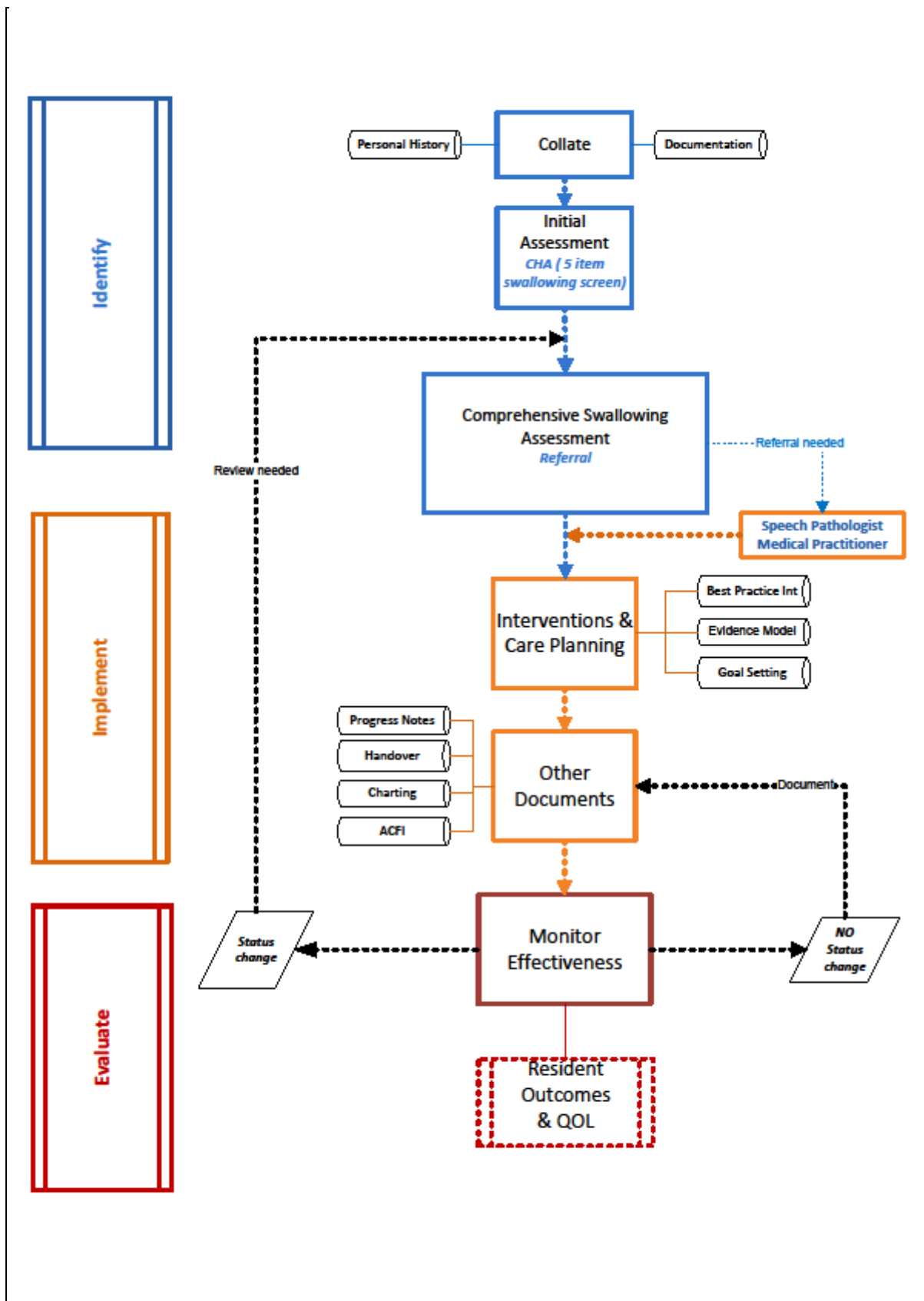
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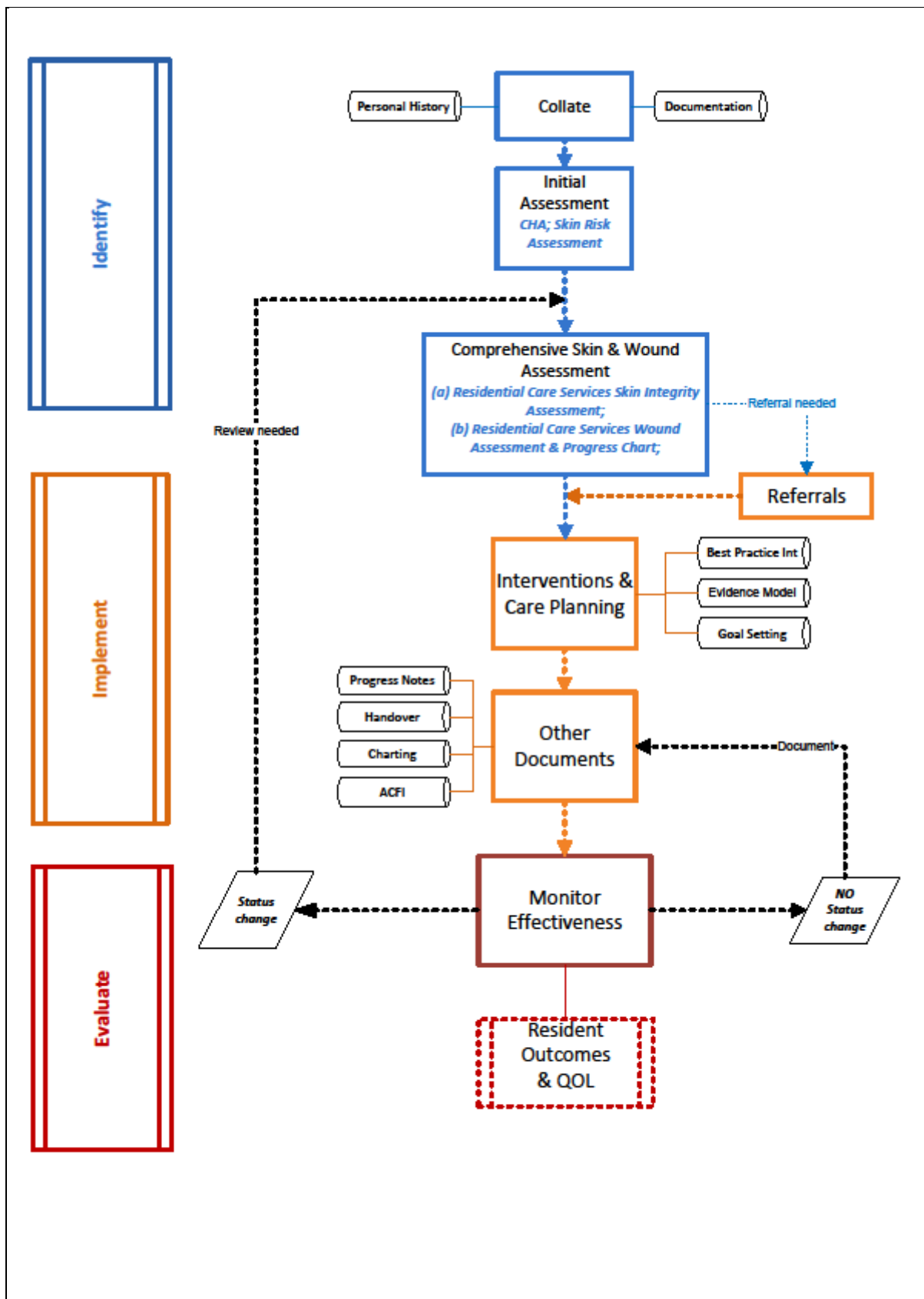
Pain Summary: Steps and Information Flow



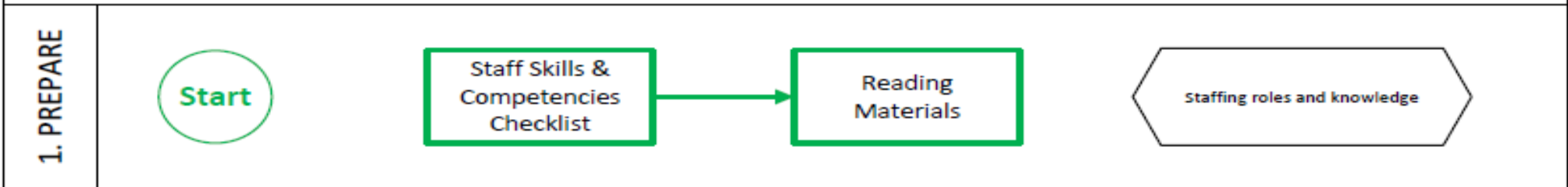
Swallowing Summary: Steps and Information Flow



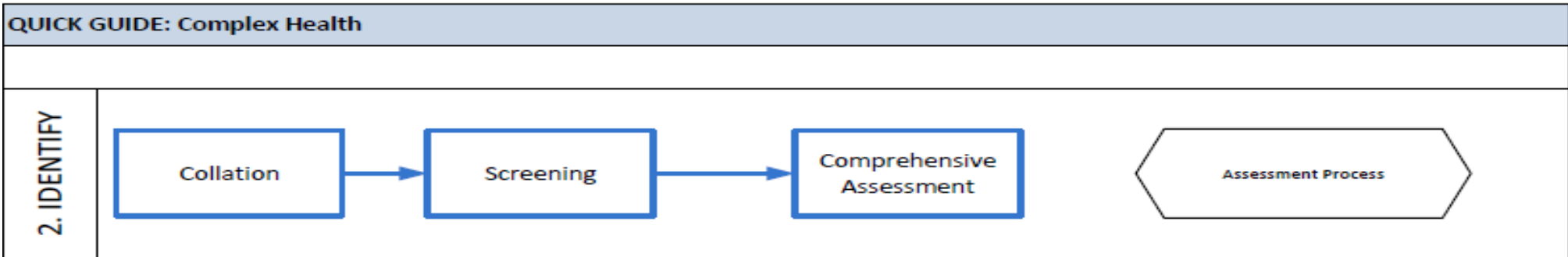
Skin and Wounds Summary: Steps and Information Flow



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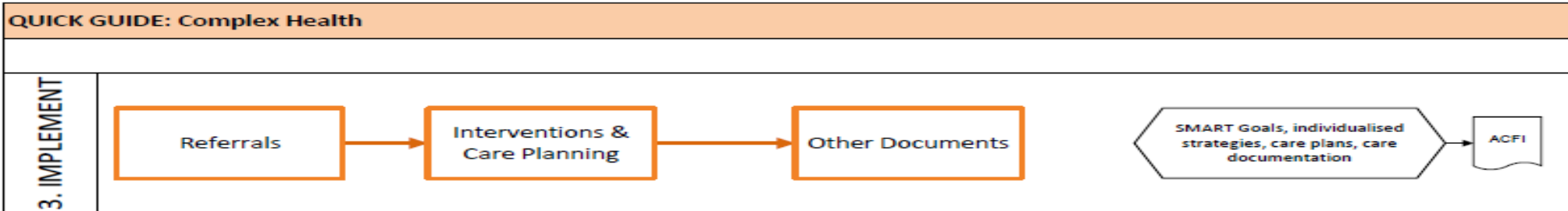
Step	Action	Outcomes
Staff Skills & Competencies Checklist	<input type="checkbox"/> Determine the skills or competencies required to complete each activity	Due diligence is applied to the process
	<input type="checkbox"/> Identify staff or staff type competent to complete each activity	Management have 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
Reading Material	<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
Collation	<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 (PCC)
	<input type="checkbox"/> Gathering diagnoses, clinical information, personal history from file note (ACCR, CMA, AHP)	Diagnoses and care needs associated to complex health care – dysphagia, pain, skin integrity, immobility, chronic wounds, oedema, DVT, arthritis, skin conditions. Information about other domains that may interact e.g. nutrition, mobility, cognitive status

Initial Nurse Assessment	<input type="checkbox"/> For example CHA (Comprehensive Health Assessment)	Can inform on parts of the comprehensive assessment. Mixture of recording and assessing: broad assessment e.g. includes social and cultural needs. CHA covers: Pain identification; Swallowing screen; Skin Integrity; and other domains such as Mobility; Nutrition.
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Comprehensive Assessment	<input type="checkbox"/> Abbey or PAINAD	For assessing pain in persons with dementia, completed by observation
	<input type="checkbox"/> M-RVBPI	For a comprehensive assessment of pain in persons who can be interviewed
	<input type="checkbox"/> Pain Intensity tools	For residents who can understand what is said to them, measures pain at point of time
	<input type="checkbox"/> Comprehensive Swallowing Assessment	Refer to a Medical Practitioner /Speech Pathologist for comprehensive assessment
	<input type="checkbox"/> Skin Risk Assessment (Waterlow/Braden/Norton)	All provide a risk score, Waterlow also provides wound stage rating
	<input type="checkbox"/> Skin Integrity Assessment	Records broader skin integrity issues
	<input type="checkbox"/> Wound Assessment & Progress Chart	Comprehensive wound assessment, add comments about infection
	<input type="checkbox"/> Clinical Risk Management	System level monitoring to investigate Choking episode, Dehydration Risk, Unplanned Weight Loss, Oral & Dental Hygiene
<input type="checkbox"/> Clinical Reasoning	Includes the awareness of the impact of other impairments e.g. cognition, sensory	



Step	Action	Outcomes
Referrals	<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 for 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"/> Occupational Therapist	Assessment/ aids for physical functioning, transfers, mattresses etc
	<input type="checkbox"/> Physiotherapist	Assessment/Interventions for exercise therapy, mobility, transfers, pain
	<input type="checkbox"/> Dietitian	Assessment/Interventions for dietary needs
	<input type="checkbox"/> Speech Pathologist	Assessment/Interventions of communication and swallowing needs
	<input type="checkbox"/> Dentist	Assessment/Interventions of dental and oral hygiene
	<input type="checkbox"/> Clinical Nurse specialist	Assessment/Interventions for wound care, pain care

Interventions	<input type="checkbox"/> Pain	Medications, preferred environment, social interaction, exercise/therapy, movement
	<input type="checkbox"/> Swallowing	Diet (consistency etc), positioning and assistance methods for safe eating and drinking
	<input type="checkbox"/> Skin	Treat excoriation, redness, rashes, allergies; treat risks of medication /nutrition /continence /mobility; avoid drying soaps, friction and shearing
	<input type="checkbox"/> Pressure areas	Reposition, mattresses, cushions, sheepskins, cradles, pain mgmt
	<input type="checkbox"/> Skin Tears, cancer wounds, chronic Wounds	Cleansing agents, dressings, bandages; mattresses, cushions, sheepskin, cradles; pain mgmt
	<input type="checkbox"/> Staff / family education	Include education to staff and families education on intervention, risks, or resident choices
	<input type="checkbox"/> Social interaction/activities	Include personalised activities both internal and external to home to maintain QoL
	<input type="checkbox"/> Physical Environment	Reduce clutter, non reflective floors, safe environment for resident and staff

Step	Action	Outcomes
Goal Setting	<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. Resident view on their Quality of Life (enjoyment of life)
Care Planning	<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 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).
Linking the Evidence	<input type="checkbox"/> Diagnosis and symptoms	Relevant to (i) pain e.g. arthritis; (ii) swallowing e.g. dysphagia; (iii) wounds e.g. oedema Other topics that Impact e.g. under nourished, incontinence
	<input type="checkbox"/> Impact on body structure/function	Link a diagnosis to a body structure/function e.g. arthritis affects knee and causing pain
	<input type="checkbox"/> Activity Limitation	Link the body structure/function impact to the activity that is impacted e.g. arthritis impacts mobility (reduced ability to move around) with reduced physical activity
	<input type="checkbox"/> Strategies (actions) to improve enjoyment of life and participation	Document how the interventions address the activity limitation e.g. pain management put in place to reduce pain, exercises to improve strength and circulation
Other documents	<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	Use Handover notes to update Progress Notes and Care Plan
	<input type="checkbox"/> Charting	Updating Charting information
	<input type="checkbox"/> Complete the ACFI	Use the assessment outcomes and evidence links to determine and support claims.

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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 and their views on 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 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.