International Centre for Allied Health Evidence

University of South Australia

International Centre for Allied Health Evidence

ICAHE

A member of the Sansom Institute

Building a complexity competent workforce project

Evidence informed development of a tool to screen for decline

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Introduction

Health care in Australia is at crossroads. There are numerous challenges that confront Australian health care including an ageing population, increase number of chronic diseases (and associated morbidity and mortality), increasing funding pressures, chronic shortage of health care professionals and the importance of patient centered care, where patients are an active participant in health care, rather than mere passive recipient. Also driving changes in Australian health care has been the widespread recognition that health care practices should be underpinned by best research evidence and should be based on principles of safety, effectiveness, patient centeredness, timeliness, efficiency and equity. Essentially from a clinical perspective this means treating the right patient, at the right time, by the right person, in the right way in order to achieve the right outcomes.

There has been a concerted effort in Australia to address health workforce issues. While historical solutions for chronic shortage of health care professionals have relied on merely increasing the total number of available health care professionals, such as increased intake of undergraduate students in health disciplines, this has not totally addressed the ongoing chronic shortage of health care professionals. Therefore, contemporary innovative solutions have now been proposed which will address complex issues confronting health workforce issues in Australia. One such innovative solution is the wider use of support workers and allied health assistants. While the notion of the support worker in health care is not new, increasingly their role in health care has gained prominence.

With an ageing population, there has been a dramatic increase in health issues associated with decline in the elderly population of Australia (with particular focus on functional decline). Undetected and unmanaged decline is an increasing concern because of the increasing costs to the individual, family, community and health system. Undetected and unmanaged decline in the elderly can result from illness, malnutrition/ dehydration, loss of confidence, a fall and/or increasing frailty.

Early identification and subsequent timely intervention older people has been reported as effective in improving health outcomes, as appropriate and timely community services can be put in place to Facilitate ongoing independent community living. Many risk factors for decline are potentially modifiable with community support interventions, or comprehensive geriatric assessment and management which target those most likely to benefit. It is in this context, support workers and allied health assistants can play a vital role in early detection of decline in elderly people.

While support workers and allied health assistants could play an important role the early detection and timely intervention for decline, they need to be supported with adequate training, establishing competencies, support mechanisms (such are supervision and mentoring) and tools to detect decline. Provision of tools to detect decline may enable support workers and allied health assistants to accurately detect those elderly people who may be at risk of decline. However, to date, there has been no systematic research undertaken to identify the existence of any such tools which could assist support workers and allied health assistants in the accurate detection of decline in older people.

Therefore, this initiative proposes to undertake a two-stage research investigation.

- *Stage one* - *i*CAHE will undertake a seven-step process for the Rapid Review. The aim of this rapid review will be to identify currently available tools from the literature which can be used by assist support workers and allied health assistants to accurately detect decline in older people.
  This process has been utilised across all *i*CAHE reviews and is underpinned by best practice in review methodology.
  - The Seven steps are as follows:
    - Review question formulation
    - Literature Search
    - Evidence selection
    - Critical Appraisal
    - Data Extraction
    - Evidence Synthesis
    - Produce Rapid Review

- *Stage two* – If no suitable, high quality tools were identified from the stage one review of the literature, *i*CAHE will undertake the development of a new tool (a check-list or a matrix). The new tool will contain risk factors for decline which are potentially modifiable, as identified from the research evidence (which would be sourced as part of stage one), which can be used by support workers and allied health assistants to detect decline, and appropriately "flag" elderly people for timely intervention. This tool will be specifically developed for the support workers and allied health assistants and hence will be ease to use and be applicable for diverse contexts. It should be recognised that this tool will not be a screening instrument per se as development of psychometrically sound screening instrument can be time consuming and resource intensive. It is envisaged that this tool will include a compilation of evidence-informed risk factors for decline which can then be used as a "flag" for more complex screening, assessment and subsequent intervention.

Stage 1 search methods

Search strategy

A systematic search was conducted in December 2012, to identify studies reporting tools used by support workers, allied health assistants, volunteers etc. to screen for functional, cognitive and/ or psychosocial decline in community dwelling people, using a PECO framework (see Table 1).

Participants	Community-dwelling individuals who are at risk of decline
Exposure	Cognitive, psychosocial and/or functional decline
Comparisons	Not defined
Outcomes	Any measure used by carers or support workers to detect cognitive, psychosocial and/or functional decline which was not for a specific group of individuals (e.g. those with Down Syndrome)

Table 1: PECO framework

Eight databases (Embase (OvidSP), Medline (OvidSP), Cumulative Index to Nursing and Allied Health Literature (CINAHL) (EbscoHost), Health Source: Nursing and Academic Edition (EbscoHost), Scopus (SciVerse), PsycINFO (EbscoHost) and Nursing and Allied Health Source (ProQuest)) were searched using the terms reported in Table2. The concepts were combined as *decline AND (functional OR psychosocial OR cognitive) AND detection AND tool AND support workers.* Where possible the search was limited to peer-reviewed journals, published in English. The search was modified slightly depending on the database used (see Appendix 1 for details).

Concept	Terms
Decline	Declin* OR impair* OR deteriorat* OR diminish* OR loss OR lose*
Functional	Function* OR physical* OR "activit* of daily living*" OR ADL OR independen* OR disabil*
Psychosocial	Psychosocial* OR social*
Cognitive	Cognit* OR psycholog* OR mental* OR confus* OR deliriu* OR memor*
Detection	Detect* OR predict* OR assess* OR screen* OR identif*
Tool	Tool* OR measure* OR question* OR instrument* OR checklist* OR scale*
Support workers	"Support work*" OR carer* OR (("allied health" OR physiotherap* OR "physical therap*" OR "occupational therap*" OR nurs* OR paramedical) adj2 (aid* OR assist* OR technician*))

**refers to the truncation symbol, ""to phrase searches and adj2 to terms within two words of each other in any order*

Table 2: Search terms

Study selection

Following the removal of duplicates identified in the search, the titles and abstracts were screened to identify potentially relevant studies. The full texts were then obtained and screened for inclusion. To be included, studies had to be published in English, in full text, in peer-reviewed journals. Self- or informant-report tools were excluded, as were those which were specific to a heath or a medical condition. Studies whereby the participants were in hospital, or residential care facilities, were also excluded.

Stage 1 search results

After extensive searching of the literature, 2678 studies were identified in the database search. Figure 1 is a consort diagram which provides an overview of the step-by-step approach the review team utilized in selecting relevant publications.

Key outcomes from the literature search:

- The review team has requested six additional studies, which were not readily accessible from available catalogues, via inter-library loans and these are due to arrive sometime this week. These studies may or may not contain relevant tools.
- To date, the systematic literature search has not identified **any** relevant tools which can be used by assist support workers, allied health assistants and volunteers to accurately detect decline in older people (*Stage One*).
- Due to this, the review team is currently undertaking a purposive search of the literature to identify tools which can detect specifically detect functional, cognitive and psychosocial decline. This process is likely to identify tools which can be used to detect decline within these individual constructs (such as functional, cognitive and psychosocial). The focus of the search continues to be identification of a tool for use by support workers, allied health assistants and volunteers (and NOT health professionals).
- The search to date has identified a number of tools which purport to identify decline (such as functional, cognitive and psychosocial) and which can be administered and interpreted by health professionals. The list of these tools is included in Appendix 2. Upon completion of the purposive searching of the literature, these tools, along with additional tools identified in the ongoing search process, will form the basis of development of a new tool *(Stage Two).*

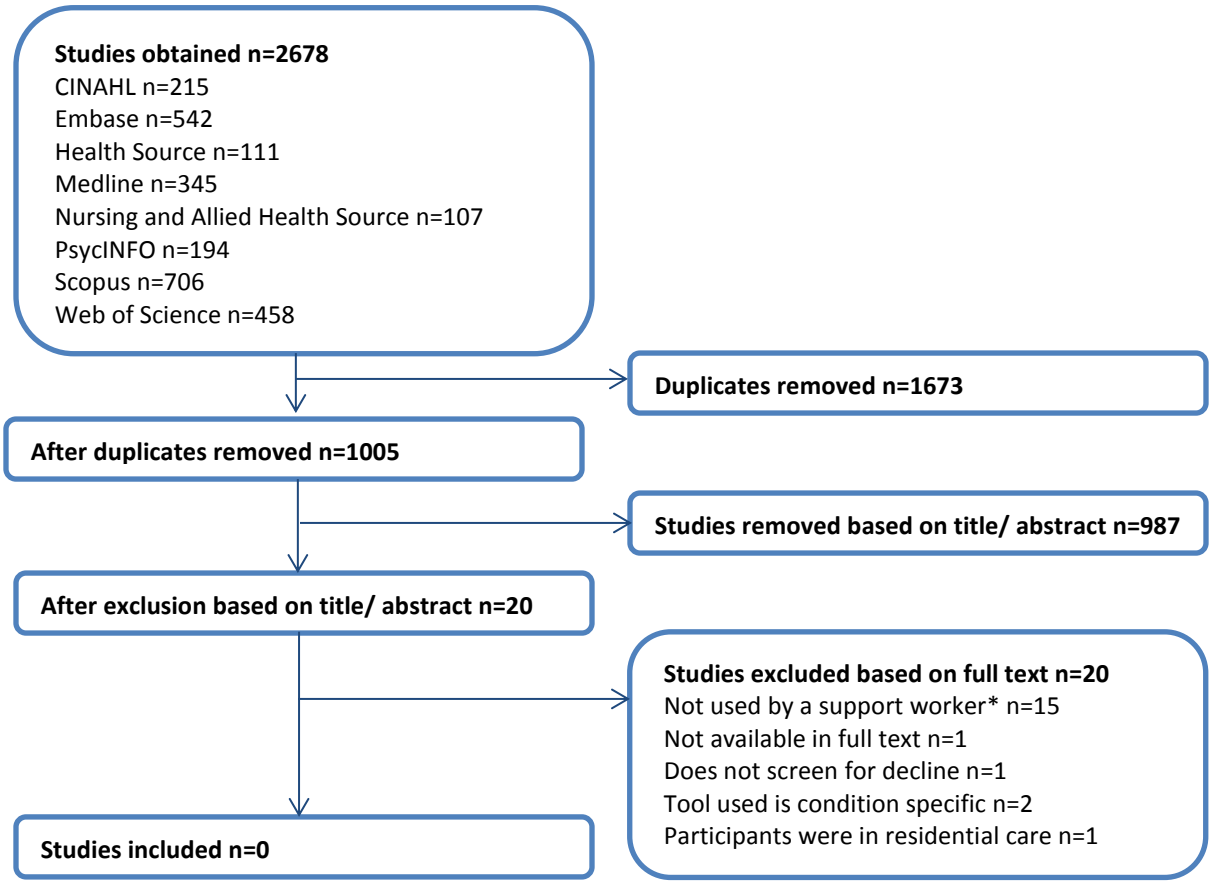

Figure 1: Flow chart (Stage 1 search)
*This refers to it being administered and interpreted by the support worker
CINAHL: Cumulative index to Nursing and Allied Health Literature

Stage 2 search methods

A second round of searching was conducted to identify any tools which screened for decline (cognitive, functional and psychosocial), to guide the development of a new tool which could be used by carers and support workers.

Search strategy

The Stage 1 search was repeated, without the support worker terms. Additionally, the fields searched were adapted to improve the specificity of the search (see Appendix 2).

Exclusion

Studies were excluded if:

- the participants were children;
- the participants were not community dwelling;
- the participants were hospitalized (or being discharged) at the time of completing the assessment;
- the participants were in palliative care;
- the study was not specifically testing the decline (functional, psychosocial or cognitive) tool;
- the tool investigated was not in English;
- the tool involved self-reports;
- the tool or study were condition specific (e.g. cancer, post-surgery, Parkinson's disease, including those who were already identified as declining or frail);
- the tool was not specifically identifying cognitive, functional or psychosocial decline (i.e. not just identifying aspects of these, e.g. a decline in memory); and
- the tool required specialized equipment (e.g. special software for computers, accelerometers).

Stage 2 search results

Seventeen relevant studies were identified and the selection process of these studies is provided in Figure 2. The relevant tools identified (based on the inclusion/exclusion criteria for studies) are reported in Appendix 3. Reference measures were also included if they were deemed relevant, and have been indicated by italics in Appendix three. In some instances, the study identified in the initial searching did not report on the domains examined by the tool, but merely mentioned the tool. In these instances, further searching of the literature was undertaken to identify the original studies which provided details of the tool.

Five key domains were recognized as being relevant when screening for decline was identified when reviewing these tools. These five domains were:

- ***Orientation*** **-** Orientation refers to the individuals awareness of themselves and their environment, and nine tools were identified which assessed this (see Table 3)
- ***Social activities*** **-** Social activities incorporated hobbies, social functioning and interest in social activities. Table 4 reports the three tools identified which examined this domain.
- ***Physical condition*****-** Eighteen tools investigated various components of physical condition, including balance, walking, grip strength, body mass index, nutrition and visual acuity (see Table 5).
- ***Cognition*** - Language, confusion, memory, learning and intellectual abilities were some of the components of the cognition domain, and were investigated in 31 tools (see Table 6).
- ***Activities of daily living*** **-** Table 7 reports the five tools used to assess activities of daily living which included driving, writing, using the telephone, financial and medical management, and personal care.

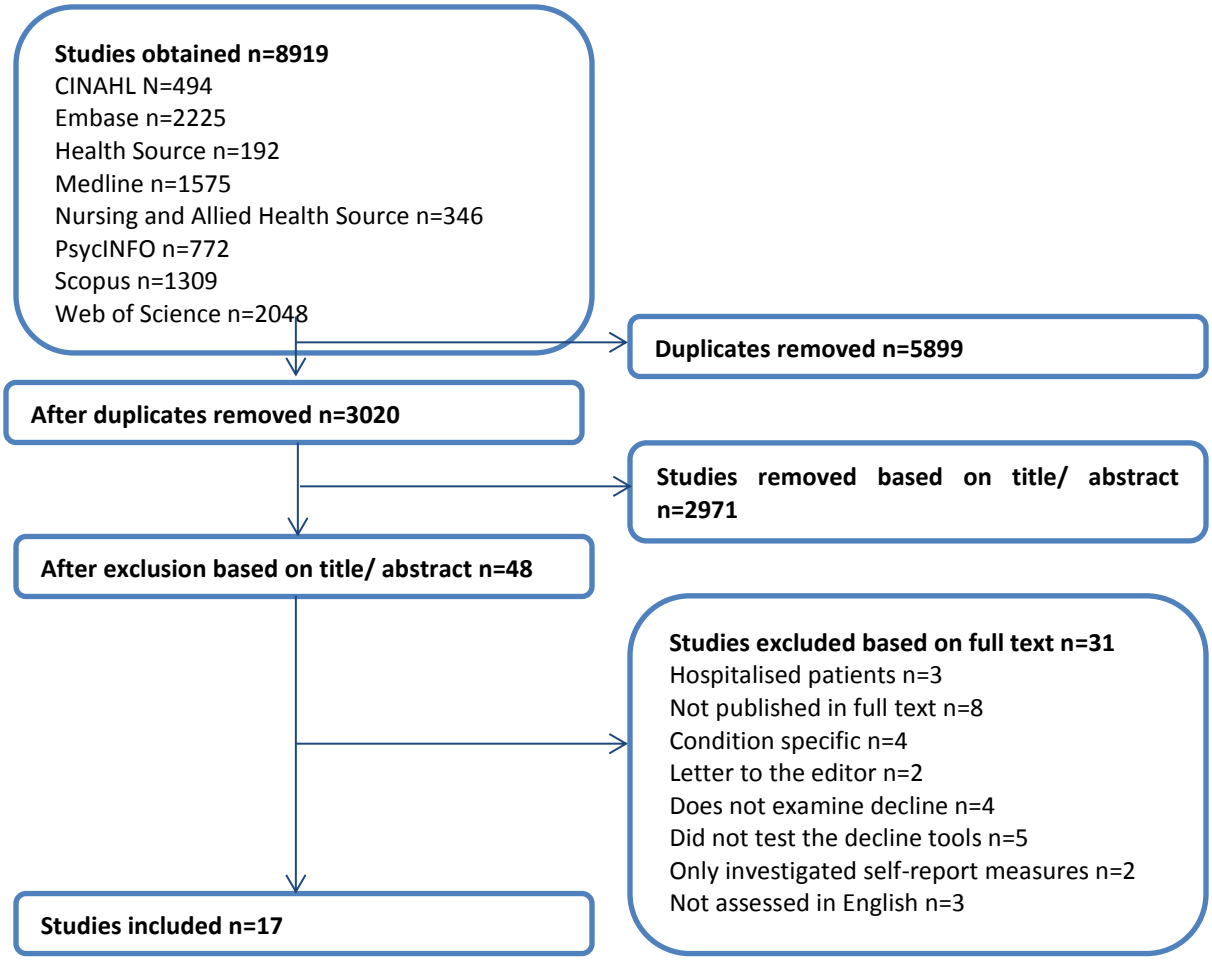

Figure 2: Flow chart (Stage 2 search)
*This refers to it being administered and interpreted by the support worker
CINAHL: Cumulative Index to Nursing and Allied Health Literature

Abbreviated mental test score
Blessed Memory and Orientation Test
Clinical dementia rating
Mail-in cognitive function screening instrument
Modified Mini Mental State Exam
Orientation memory concentration test
Psychogeriatric assessment scales Cognitive decline scale
Short portable mental status questionnaire
Structured Interview for the Diagnosis of Dementia of the Alzheimer type, Multi-Infarct Dementia and Dementias of other Etiology

Table 3: Tools with orientation domains

Tool	Low social functioning	Interest in social activities	Hobbies
Activities of daily living prevention instrument			✓
Mail-in cognitive function screening instrument		✓	
Prediction tool for functional decline	✓		

Table 4: Tools with social activities domains

Tool	Balance	Finger tapping	Sit to stand	Walking	Grip strength	Physical performance	Low level of exercise	BMI	Poor visual acuity	Reaction time	Apraxia	Nutrition
Berg balance scale	✓											
Finger tapping test		✓										
Functional Assessment Screening Package				✓		✓						✓
Gait speed				✓								
Grip strength					✓							
MicroCog										✓		
Mini Nutritional Assessment												✓
Mini Nutritional Assessment (modified) Nutritional Screening Instrument												✓
Number of steps to walk 4.6 m				✓								
Nutritional Screening Instrument												✓
Prediction tool for functional decline				✓	✓		✓	✓	✓			
Screening Instrument				✓		✓						
Structured Interview for the Diagnosis of Dementia of the Alzheimer type, Multi-Infarct Dementia and Dementias of other Etiology											✓	
Survey of Health, Aging and Retirement in Europe - Frailty Index				✓		✓						
Short Physical Performance Battery	✓		✓	✓								✓
Timed chair stands			✓									
Timed Up and Go			✓	✓								
Timed walk				✓								

Table 5: Tools with physical condition domains

Tool	Intellectual abilities	Spatial processing	Executive function	Language/ aphasia	Understanding information	Confusion	Memory/ learning
Abbreviated mental test score							✓
Activities of daily living prevention instrument			✓		✓		✓
Alpha Span test			✓				
Blessed Memory and Orientation Test							✓
Boston Naming Tests				✓			
California Verbal Learning Test							✓
Clinical dementia rating			✓		✓		
Controlled Word Association Test				✓			
Delis-Kaplan Executive Function System*			✓				
Dementia Rating Scale			✓				✓
Graded Naming Test				✓			
Idea density				✓			
Informant questionnaire on cognitive decline in the elderly			✓		✓		✓
Inglis' Paired Associate Learning Test				✓			
Mail-in cognitive function screening instrument			✓		✓		✓
Mayo Cognitive Factor Scores			✓	✓			
MicroCog		✓	✓				✓
Modified Mini Mental State Exam			✓	✓	✓		
Orientation memory concentration test			✓				✓
Psychogeriatric assessment scales Cognitive decline scale			✓			✓	✓
Recognition Memory Test							✓
Rey Auditory Verbal Learning Test							✓
Selective Reminding Test							✓
Self Ordering Test			✓				
Short portable mental status questionnaire			✓				
Silhouettes Test			✓				
Spanish and English Neurophysiological Assessment Scales		✓		✓			✓
Structured Interview for the Diagnosis of Dementia of the Alzheimer type, Multi-Infarct Dementia and Dementias of other Etiology	✓	✓	✓	✓			✓
Symbol Digit Test			✓				
Trail Making Tests (B)			✓				
Verbal Fluency				✓			

Table 6: Tools with cognition domains

*Components of this tool used were Verbal Fluency; Design Fluency; Tower test; Color-word interference; Trail making

Tool	Assistance required	Writing	Financial management	Driving	Work performance	Home and hobbies	Personal care	Travelling	Food preparation	Telephone	Managing medications
Activities of daily living prevention instrument		✓	✓			✓		✓	✓	✓	✓
Clinical dementia rating						✓	✓				
Informant questionnaire on cognitive decline in the elderly		✓	✓								
Mail-in cognitive function screening instrument			✓	✓	✓						
Psychogeriatric assessment scales Cognitive decline scale			✓								

Table 7: Tools with activities of daily living domains

Development of the instrument

While the content of the instrument was derived from the evidence sourced from the literature (via various tools identified for specific domains), a number of other issues were also taken into consideration during the development of the instrument. This was a necessary and an important step in the developmental process to order to ensure clinical utility. As the end-users of this instrument were carers and support workers, who may be time poor and may not possess high level technical health care knowledge, the instrument had to be acceptable (in terms of capturing meaningful information as perceived by the carer and support worker), easy to administer and complete with little or no assistance, time efficient and generic so that it can be used if varied and diverse contexts. Furthermore, the instrument had to focus on communicating a change in the person's condition and provide an opportunity to communicate additional information to their peers and fellow health care professionals, who can then initiative relevant and appropriate actions for the person, as required.

The development process of the instrument was iterative in nature with regular feedback on the structure, format and content derived from key stakeholders (Feedback from the stakeholders is summarized in Appendix 4), which then led to further refinement. A provisional instrument was developed and trialed for one month by carers and support workers, which then led to the final version of the instrument. The final instrument contained relevant identification makers, followed by a checklist format for each domain. Each checklist contained the name of the domain followed by a brief description of the domain. Opportunities for additional comments were provided via a separate comments box. At the end of the instrument, a separate section for any action plans was included.

The instrument was labeled the "AWACCS instrument" with each alphabet representing the starting alphabet for the domain. Table 8 outlines the AWACCS heading and the representative domains.

AWACCS headings	Domains
Activities of daily living	Activities of daily living
Weight and/ or nutrition	Condition
Awareness	Orientation
Condition	Condition
Cognition	Cognition, and memory/ learning
Social	Social

Table 8: AWACCS headings and domains

Administration of the instrument

It is important to acknowledge that the AWACCS instrument has not been subject to psychometrically testing. The intent of the AWACCS instrument is to act as a tool to formalize and facilitate communication and interaction between carers, support workers and their peers and fellow health professionals. The intent of the AWACCS instrument is NOT to detect and quantify changes in community dwelling older people. The AWACCS instrument, instead, provides an early opportunity to identify any opportunities for decline, which could then be detected and quantified using psychometrically sound instruments. Furthermore, the scope, timelines and resources did not allow for any further testing.

Despite these limitations, the AWACCS instrument can be used an important resource in the early and appropriate identification of community dwelling older people who may be at risk of decline. However, in order to consistently achieve this, it is imperative the AWACCS instrument is used in its original form and not be amended by independent third parties, who were not associated with the developmental stages. If this occurs, the AWACCS instrument may be variably implemented and its results subject to change. Therefore, the following section has been included in the AWACCS instrument.

"The AWACCS instrument is free to use in its original form. The end user(s) shall not modify, abridge, condense, adapt, recast, or transform the AWACCS instrument in any manner or form, without the prior written agreement of the developers. This includes, but is not limited to, any change to the words and/or the organisation of the questions contained in the AWACCS instrument. Please contact Sarah Jordans / Tania Westwood, SALHN if you intend on changing the AWACCS instrument from its original form."

A final version of the AWACCS instrument is included in Appendix 5.

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Appendices

Appendix 1: Additional search details (Stage 1)

Database	Fields	Limits	Other
Embase (OvidSP)	Title, keyword or abstract	English AND (Article OR journal OR review)	
Medline (OvidSP)	Title, keyword or abstract	English AND (Guideline OR journal article OR meta analysis OR practice guideline OR review)	
CINAHL (EbscoHost)	Title or abstract	English AND Peer-reviewed AND (journal article OR meta analysis OR practice guidelines OR questionnaire/scale OR research OR review OR systematic review)	Apply related words
Health Source: Nursing and Academic Edition (EbscoHost)	Title, abstract or keyword	Peer reviewed	Apply related words
Scopus (SciVerse)	Title, keyword or abstract	English AND (Article OR review)	
Web of Science	Topic (title, keyword, abstract or author)	English AND (Article OR review)	Lemmatization on
PsycINFO (EbscoHost)	Title, keyword, or abstract	English AND peer-reviewed AND (journal article OR review-any)	Apply related words
Nursing and Allied Health Source (ProQuest)	Document title OR abstract	Peer-reviewed AND scholarly journals	

CINAHL: Cumulative Index to Nursing and Allied Health Literature

Appendix 2: Fields searched (Stage 2)

Database	Fields for the decline, psychosocial, cognitive and functional terms	Fields searched for the tool and detection terms
Embase (OvidSP)	Title or abstract	Title
Medline (OvidSP)	Title or abstract	Title
CINAHL (EbscoHost)	Title or abstract	Title
Health Source: Nursing and Academic Edition (EbscoHost)	Title or abstract	Title
Scopus (SciVerse)	Title or abstract	Title
Web of Science	Topic (title, keyword, abstract or author)	Title
PsycINFO (EbscoHost)	Title or abstract	Title
Nursing and Allied Health Source (ProQuest)	Document title or abstract	Document title

CINAHL: Cumulative Index to Nursing and Allied Health Literature

Appendix 3: Tools identified

Tool	Reference	Reference for domains
Abbreviated mental test score	Little et al. (1987)	Little et al. (1987)
Activities of daily living prevention instrument	Galasko et al. (2006)	Galasko et al. (2006)
Alpha Span test	Blacker et al. (2007)	Blacker et al. (2007)
Berg balance scale	Huang et al. (2010)	Huang et al. (2010)
Blessed Memory and Orientation Test	*Blacker et al. (2007)*	Katzman et al. (1983)
Boston Naming Tests	Stein et al. (2010)	LaBarge et al. (1986)
California Verbal Learning Test	Blacker et al. (2007); Clark et al. (2012); Stein et al. (2010)	Blacker et al. (2007)
Clinical dementia rating	Farias et al. (2012)	Farias et al. (2012)
Controlled Word Association Test	Blacker et al. (2007)	Blacker et al. (2007)
Delis-Kaplan Executive Function System – Verbal Fluency; Design Fluency; Tower test; Color-word interference; Trail making	Clark et al. (2012)	Clark et al. (2012)
Dementia Rating Scale	Stein et al. (2010); *Clark et al. (2012)*	Clark et al. (2012)
Finger tapping test	Hirsch et al. (2012)	Hirsch et al. (2012)
Functional Assessment Screening Package	Pialoux et al. (2012)	Pialoux et al. (2012)
Gait speed	Huang et al. (2010)	Huang et al. (2010)
Graded Naming Test	Stein et al. (2010)	Stein et al. (2010)
Grip strength	Hirsch et al. (2012); Huang et al. (2010)	Hirsch et al. (2012)
Idea density	Farias et al. (2012)	Farias et al. (2012)
Informant Questionnaire on Cognitive Decline in the Elderly	De Benedetto et al. (2012); Mungus et al. 2005	Jorm et al. (1989)
Inglis' Paired Associate Learning Test	Little et al. (1987)	Little et al. (1987)
Mail-in cognitive function screening instrument	Walsh et al. (2006)	Walsh et al. (2006)
Mayo Cognitive Factor Scores	Stein et al. (2010)	Stein et al. (2010)
MicroCog	Stein et al. (2010)	Stein et al. (2010)
Mini Mental State Exam	Stein et al. (2010); De Benedetto et al. (2012)	Stein et al. (2010)
Mini Nutritional Assessment	Dent et al. (2012)	Dent et al. (2012)
Mini Nutritional Assessment (modified) Nutritional Screening Initiative	Dent et al. (2012)	Dent et al. (2012)
Modified Mini Mental State Exam	Stein et al. (2010); *Mungas et al. (2005)*	McDowell et al. (1997)
Modified Wisoconsin Card Sorting	Stein et al. (2010)	Stein et al. (2010)
New Symbol Digit Test	Stein et al. (2010)	Stein et al. (2010)
Number of steps to walk 4.6 m	Hirsch et al. (2012)	Hirsch et al. (2012)
Nutritional Screening Initiative	Dent et al. (2012)	Dent et al. (2012)
Orientation memory concentration test	Fillenbaum et al. (1998)	Fillenbaum et al. (1998)
Prediction tool for functional decline	Sarkisian et al. (2000)	

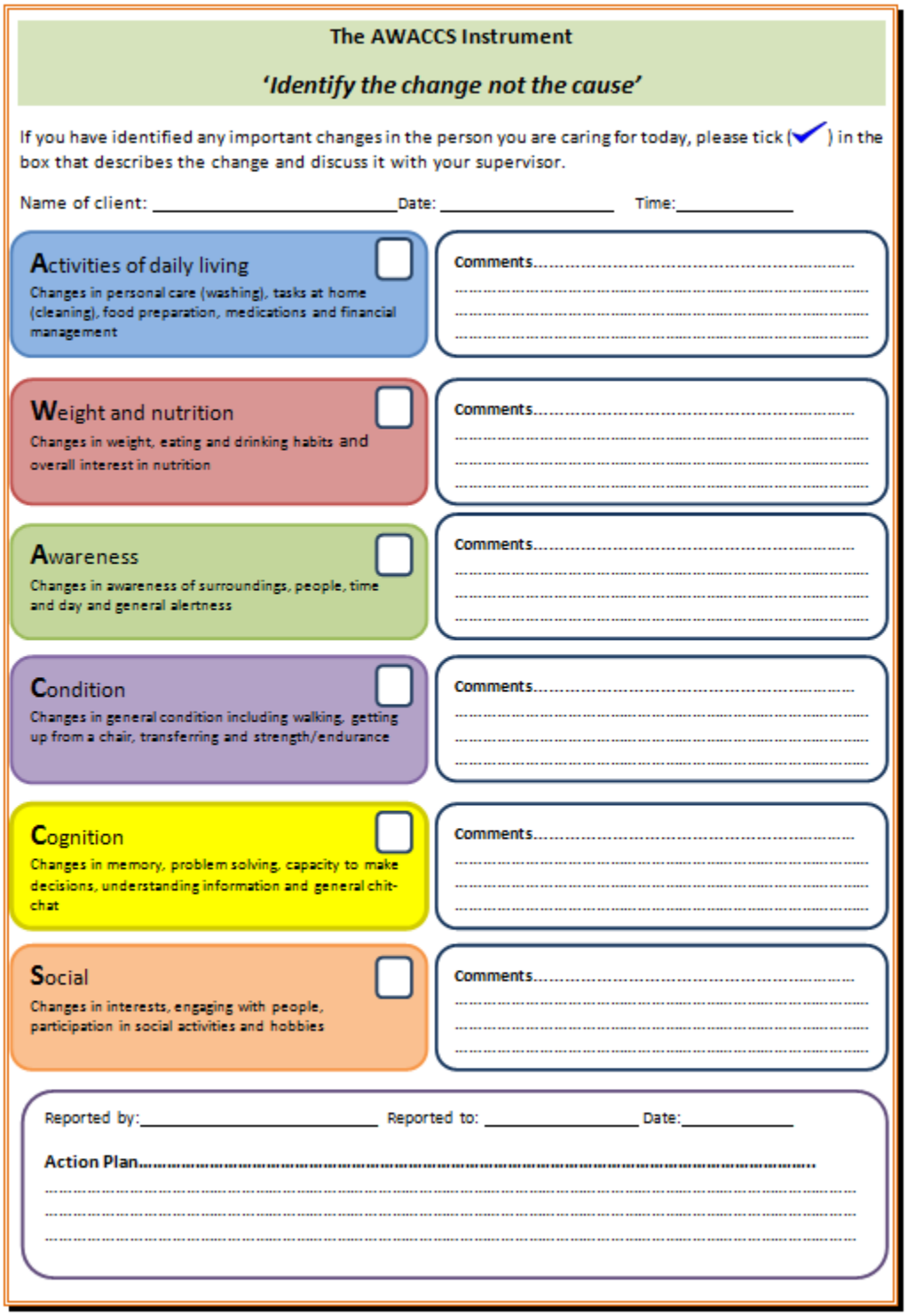
Tool	Reference	Reference for domains
Psychogeriatric assessment scales Cognitive decline scale	Jorm & Mackinnon (1997); Jorm et al. (2001); Little et al. (1987)	*Psychogeriatric Assessment Scales*
Recognition Memory Test	Stein et al. (2010)	Stein et al. (2010)
Rey Auditory Verbal Learning Test	Stein et al. (2010)	Stein et al. (2010)
Screening Instrument	Pialoux et al. (2012)	Pialoux et al. (2012)
Selective Reminding Test	Blacker et al. (2007)	Blacker et al. (2007)
Self Ordering Test	Blacker et al. (2007)	Blacker et al. (2007)
Short Physical Performance Battery	Huang et al. (2010)	Guralnik et al. (1994)
Short portable mental status questionnaire	Fillenbaum et al. (1998)	Fillenbaum et al. (1998)
Silhouettes Test	Stein et al. (2010)	Stein et al. (2010)
Spanish and English Neurophysiological Assessment Scales	*Farias et al. (2012);* Mungas et al. (2005)	Farias et al. (2012)
Structured Interview for the Diagnosis of Dementia of the Alzheimder type, Multi-Infarct Dementia and Dementias of other Etiology	Stein et al. (2010)	Stein et al. (2010)
Survey of Health, Aging and Retirement in Europe - Frailty Index	Pialoux et al. (2012)	Pialoux et al. (2012)
Symbol Digit test	Stein et al. (2010)	Stein et al. (2010)
Timed chair stands	Hirsch et al. (2012)	Hirsch et al. (2012)
Timed Up and Go	Huang et al. (2010)	Huang et al. (2010)
Timed walk	Hirsch et al. (2012)	Hirsch et al. (2012)
Trail Making Tests (B)	Blacker et al. (2007)	Blacker et al. (2007)
Verbal Fluency	Stein et al. (2010)	Stein et al. (2010)
Wisconsin card sorting test	Stein et al. (2010)	Stein et al. (2010)

Italics indicates that the tool was used as a reference measure in the study

Appendix 4: Feedback

Organisation one	Pretty colours nice clear layout non-aggressive and non-judgemental like the "changes" terminology - rather than better or worse Alternative acronym suggested… ANCCAS (pronounced anchors) for life. The idea being that we 'anchor' (ANCCAS) in the health changes - more aussie than the other. Achieved by substituting Nutrition and weight *instead* of Weight and nutrition Suggest that one of the purple boxes get changed to yellow (or a contrasting colour) To assist with differentiation between two items starting with C Add ID and version to assist in document control (ie name and 'Draft' in footer, until final approval, then version 1 and date??)
Organisation two	This work is looking really good. exactly what we are after. would be good to 'de-professionalize' some of the language. I know each section has a definition attached to it but it might be worth thinking about the confidence of a volunteer for exams using it. Good stuff though.
Training participants	Some wanted more detail, some wanted less. (if we focus on too much detail, do we miss the obvious? Comment boxes under each domain. (Or 3 columns, domain, tick box, comments) Could be an iphone app Could have tag to go on id badge as prompt Add in banner re "identify the change not the cause". Include reference to carer issues too. Could produce a booklet with rip out sections Important to recognise positive and negative changes. Use back of the form for process id and feedback. **Barriers:** Time Able to look at afterwards and understand story? Documentation vs communication tool (Might not do case notes)

Appendix 5: The AWACCS instrument and the information sheet



The AWACCS Instrument

'Identify the change not the cause'

If you have identified any important changes in the person you are caring for today, please tick (✓) in the box that describes the change and discuss it with your supervisor.

Name of client: _____ Date: _____ Time: _____

Activities of daily living ☐
Changes in personal care (washing), tasks at home (cleaning), food preparation, medications and financial management

Comments.....

Weight and nutrition ☐
Changes in weight, eating and drinking habits and overall interest in nutrition

Comments.....

Awareness ☐
Changes in awareness of surroundings, people, time and day and general alertness

Comments.....

Condition ☐
Changes in general condition including walking, getting up from a chair, transferring and strength/endurance

Comments.....

Cognition ☐
Changes in memory, problem solving, capacity to make decisions, understanding information and general chit-chat

Comments.....

Social ☐
Changes in interests, engaging with people, participation in social activities and hobbies

Comments.....

Reported by: _____ Reported to: _____ Date: _____

Action Plan.....

Organisational Process

Follow up Required

.....
.....
.....
.....
.....
.....
.....

Outcome

.....
.....
.....
.....
.....
.....
.....

Service request submitted? **Yes** **No**

Support Worker informed of outcome? **Yes** ☐ **No** ☐

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The AWACCS Instrument

Instruction Sheet

'Identify the change not the cause'

AWAC is a term used in the military to describe an aircraft used for Advanced Warning And Control. It is an aircraft that is considered to be 'the eye in the sky'. It is used to detect early changes on the ground and in the sky to alert government of the potential for a crisis. Our AWACCS instrument is also for the detection of early change, in the clients that you see. The detection of small changes can make a significant difference for the wellbeing of clients.

How to use the AWACCS

1. Keep copies of the AWACCS Instrument with you in your car or clipboard.
2. AFTER your visit with your client, have a look at the AWACCS to determine if there have been any changes in your client. Remember that these are changes from their usual state.
3. Complete the AWACCS according to the changes that you have noticed by ticking the relevant box and writing some brief comments.
4. Don't forget to put the date you are completing the form and the client's name at the top of the page. Please keep the form in a confidential place whilst you complete your other visits.
5. When you return to the office, hand the completed form to your coordinator and note the name of the coordinator on the bottom of the form.
6. Your coordinator will make a time to talk to you about the changes you have noticed.

Remember…….

- It is not important to understand the cause for the changes you have noticed – just report the changes you have seen.
- Don't worry if you are unsure of which box to tick. You can discuss this with your coordinator. It just matters that a box is ticked and a conversation happens.
- It is very important that we detect changes in health and well-being early so that we can help our clients. Early detection of changes can lead to better outcomes for our clients.