

GUIDELINES FOR THE HACC PRIORITY OF ACCESS TOOL VERSION 3 (POA3)



National Ageing Research Institute

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The development of the Priority of access tool was funded by the Western Metropolitan Region's Department of Human Services for use by WMR Local Government Home and Community Care services. Further modifications were made after training and trialing was completed in the Northern Metropolitan Region (NMR), funded by the seven Local Governments in the NMR.

GUIDELINES FOR USING THE PRIORITY OF ACCESS TOOL REVISED (POA3) FOR LOCAL GOVERNMENT HACC PROVIDERS

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1) WHAT IS THE PRIORITY OF ACCESS TOOL VERSION 3 (POA3)?

The revised Priority of Access tool (POA3) provides a method for HACC assessment staff to determine the priority of access level of clients/potential clients. It was originally developed for use in all Local Government HACC services within the Western Metropolitan Region of Victoria, but is also being implemented by other Local Government agencies. The POA3 tool aims to increase transparency of assessment and service allocation decisions to clients and other referring agencies and helps assessment staff determine relative priority. It also aims to enable equity of access to be examined across different agencies for informing planning of HACC services in the future.

The need for a method of determining relative priority occurs when demand for services is greater than the amount of services available.

The introduction of the POA3 tool coincides with the introduction of the Service Coordination Tool Templates (SCoT) introduced through the Primary Care Partnership (PCP) initiative. It is recommended that use of the POA3 tool is not introduced until the SCoT tools are routinely used in agencies. While the SCoT tools consider many of the characteristics that are used to determine priority, the SCoT tools do not summarise the information to determine whether someone has a high, medium or low priority for access to services. The guidelines that accompany the SCoT tools however, suggest that the following set of codes could be used:

- Urgent - cannot wait;
- Routine – attend in date order (this may include the consumer being placed in a waiting list);
- Low – hold over during peak demand.

To be consistent with the SCoT guidelines and familiar with current practice in many HACC services, the categories; lower, routine/medium, and urgent/higher have been used.

WHAT THE TOOL DOES NOT DO

The POA3 tool is not designed to achieve any of the following:

- Specify levels or types of service provision for clients;
- Provide a comprehensive assessment tool;
- Replace clinical judgement and common sense.

2) DEVELOPMENT OF THE TOOL

The original Priority of Access (POA) tool was developed by the National Ageing Research Institute (NARI) with input from a working party consisting of representation from the Department of Human Services (WMR) and each of the seven Local Government HACC services in the WMR.

The tool was developed via consultation with the Working Party; a literature review of risk factors for HACC services and needs identification; and through investigating current tools and approaches used for determining priority for HACC services by Local Governments in the WMR.

Two tool options were developed by NARI project staff and presented to the Working Party. The option chosen by the Working Party was modified and piloted by three Local Governments in the WMR in 2002. Further modifications were made to the pilot tool after the pilot and evaluation. A training program was then developed and implemented by NARI and through this program further modifications to the tool were recommended and implemented. This became POA Version 2 (POA2). Since then the Local Governments in the Northern Metropolitan Region of Victoria funded NARI to provide training and implementation of the tool for these services. From this training additional modifications were recommended leading to another revision of the tool. These guidelines support the modified tool, referred to as POA3.

For further information on the pilot and feedback processes please refer to the full report: "Development of a Priority of Access Tool for WMR Local Government HACC Providers" (NARI, 2002). A report with the POA2 tool and guidelines is also available: "Priority of Access tool training tool for WMR Local Government HACC services". These reports are available under 'public health research' on the NARI website:

<http://www.nari.unimelb.edu.au>

It is expected that implementation of the tool will lead to further refinement of the tool. To ensure that the tool is used consistently across a region it is important that any changes made are introduced by all LGAs in the region.

3) WHO USES THE POA3 TOOL?

The tool can be completed by Local Government HACC service staff who conduct assessments or reviews of clients/potential clients in the client's home. The Priority of Access tool is used for all potential HACC clients including children and young adults who have a disability. Priority can be determined for any of the following Local Government HACC services:

- Home Care
- Personal Care
- Home Maintenance
- In-home Respite Care
- Meals Services
- Planned Activity Groups
- Transport

For some agencies a few of these services (e.g. home maintenance) are provided without completing an assessment and therefore completion of POA3 may not be required.

4) WHEN TO COMPLETE THE POA3 TOOL

The Priority of Access tool can be completed during the assessment with the client and/or carer or in the office after the assessment has been completed.

After the SCoT tools have been completed, and when assessors are familiar with POA3, completion should take **no longer than 5 minutes**.

The timing of completion may vary between HACC agencies. For some LGAs completing the form in the client's house is preferable as it shows the client how priority is determined and why they are not able to gain access if they have a lower relative priority level. For others who are able to provide some services to most clients assessed, it may not be considered necessary to complete the form in the client's home but rather complete it in the office after the assessment is completed. However, it is important that it is completed for planning purposes.

5) HOW TO COMPLETE THE POA3 TOOL

This tool is designed as a two-sided single-page instrument with fourteen indicators to be completed. The indicators have been selected based on a combination of factors including current tools used in the region, objectives for HACC services and literature regarding factors that predict service use in the community. Ten of the indicators are completed by referring to information completed on the profiles in the Service Coordination Tools (SCoT) tools. The first four indicators are drawn from the *Profile: Functional Screen*. Completion of this profile is compulsory for all HACC services. The next 2 indicators are about carer availability and carer status and are not drawn directly from the SCoT but have been developed specifically for determining priority of access. Five of the remaining 8 indicators are based on information from other profiles that are not compulsory for HACC services to complete but have been determined as important for determining priority of access to HACC services. The remaining three questions (communication, social interactions and environmental hazards) are not drawn from the SCoT but have been designed specifically for the POA3 tool.

Of the 14 indicators, half have been identified as having greater importance in determining priority and have therefore been given greater weighting. This means that a high or medium priority rating for a weighted item will add a higher number to the overall score than a high or medium priority for a non-weighted item. Low priority rankings for all items are scored as zero and therefore do not alter the overall score. The weighted items are on the front page and the non-weighted items are on the back.

The tool is read from left to right. There are six columns, the first column identifies the element being considered, the second contains directions for the assessor and the next three are labelled high, medium or low. The final column leaves room to record the score for each indicator. The 14 indicators require the assessor to circle the numbered box that reflects their interpretation of the situation/need of the client. The number in the box is then written in the far right hand column "record score". The layout of the tool is shown below for the first question on the POA3: 'Domestic ADL's'. If someone had been given a 'high' ranking for the domestic measure the **4** would be circled and the score of 4 would be recorded in the far right hand column as shown

Weighted Indicator	How to Complete	High:	Medium:	Low:	Record Score
Domestic ADL's	Refer to Functional Screen items 1-5. Count the number of '2's selected and tick the appropriate box:	4 0-1 item	2 2-3 items	0 4-5 items	4

The 14 indicators are described below. References to screens or profiles refer to those contained within the SCoT tools. Please complete the SCoT according to the SCoT guidelines. Please note it is important to complete all questions on the POA3 tool for the scores and priority levels to be applied.

DOMESTIC ADLS

To complete the Domestic ADL question the assessor must refer to the SCoT *Profile: Functional Screen* items 1-5. These items refer to domestic activities of daily living (ADLs). The assessor counts the number of '2's (indicating independence on specific ADL tasks). If there are no '2s'- i.e. the person is unable to complete any Domestic ADLs independently or only one '2', the column under "high" is ticked and a score of 4 is placed in the far right column. If there are two or three '2s', the medium box is ticked and a score of 2 is entered in the far right column. If there are 4 or 5 "2s" the low box is ticked and a score of 0 is placed in the far right column.

SELF CARE ADLS AND INCONTINENCE

The question on self-care ADLs is completed by referring to the *Profile: Functional Screen*, items 6 and 7. The scores from the two items are added together. Possible scores range between 0 (unable to independently walk or complete bath/shower) to 4 (able to independently walk, bath and shower without assistance). This score is translated into the high, medium or low categories according to scores indicated. Tick the appropriate box and then record a 6, 3 or 0 in the far left column according to which box was ticked. If the client or carer raises incontinence issues, the 'high' category will be selected for this item.

Please note: Instructions on the Functional Screen indicate that if a client is independent on all domestic ADLs (items 1-5) it is not necessary to complete items 6 or 7 on self care ADLs as it is assumed that they will also be independent on these items. If you have recorded a "9" because the client is independent on these self-care items please consider this as a zero score for the purpose of the POA tool and select the corresponding "low" column.

COGNITION

If a cognitive impairment such as Alzheimer's Disease or another dementia-related condition has previously been diagnosed by someone with the expertise to diagnose dementia (e.g. neurologist, physician), automatically put a tick in the high column and score 6. If no diagnosis has been made refer to Functional Screen Items 4, 5 and 8. If there is no indication of memory problems or getting confused, and the client's ability to take medicine or handle money is not influenced by confusion or memory difficulties, select 'low' and score zero. If there are some difficulties associated with memory and confusion, select the high category and score a '6'.

Completion of the *Functional Screen* alone is not able to determine whether dementia is present. If a cognitive assessment is carried out after your assessment of the client, you may need to alter the Priority of Access tool to reflect the results of the subsequent cognitive assessment.

Please note: there is no "medium" response category for the Cognition indicator. If there is no indication of cognitive impairment the "low" category should be selected.

BEHAVIOUR

Complete this indicator using the same process used for the cognition indicator except using item 9 (behavioural problems- aggression, wandering or agitation) instead of item 8.

Please note: there is no "medium" response category for the Behaviour indicator. If there is no indication of behavioural issues the "low" category should be selected.

CARER AVAILABILITY

This question is specifically about the availability of someone to provide assistance or to provide social contact for the person needing assistance. A carer may be resident or non-resident, a family member, friend or neighbour. This may refer to more than one carer. Availability includes being physically present and able to assist with tasks as well as being willing to complete tasks or provide meaningful social contact. Availability is considered in relation to the level of care required. Perhaps a client needs assistance with only one or two domestic tasks. If there is no carer available select 'high', if a carer is available to provide assistance with some of these tasks select 'medium', and if a carer

is available to complete all or most of these tasks select 'low'. If a client needs assistance with numerous tasks such as personal care, housework, gardening, shopping and transport, select high if there no carer available, medium if a carer/carers can fulfil some of these needs or low if a carer/carers can meet most of these needs.

To respond to this indicator, therefore, it is important to consider the range of tasks the client needs assistance with and the availability of someone in their informal support network to meet none, some or all of these needs.

For this indicator a high scores 4 and a medium scores 2.

Please note:

- *If there is **no carer** it is important to **select the "high" category** and score the corresponding 4 points.*
- *This question does not relate to carers provided through formal services. This has been omitted deliberately. If a client is having needs met through formal services, the assessor is to take this into consideration when deciding the type and amount of service they will be able to provide. It is important that a high, medium or low priority is determined regardless of the formal services in place.*

CARER OR CLIENT STATUS

If a carer is available, this indicator refers to how well the carer is managing their caring role. If there is no carer available or the assessor is unable to speak to the carer, the question refers to how well the client is coping.

If a carer is available consider how providing care is impacting on their physical and emotional wellbeing. Is providing care and social support having a major impact (select high), moderate impact (select medium), or minimal impact (select low)? The high column would be selected if it were unlikely that the carer would be able to continue caring without some additional assistance. Consider carers own health and social support network.

If there is no carer available, or the assessor is unable to speak to the carer, this question then relates to how well the client is coping. Will the client manage at home without any additional support? If yes, select high. If having limited support is impacting on their general well being then select medium, but if they are coping well at home at present select low.

For this indicator a high scores 4 and a medium scores 2.

NUTRITION STATUS

This indicator refers to the number of items ticked in the nutrition risk screening tool on the *Health Behaviours Screen*. This is the last of the weighted items. A high level is scored 4 and a medium level is scored 2.

COMMUNICATION

This indicator relates to ability to communicate with others and considers issues of language, literacy and ability to produce speech. These factors are not always indicated on the SCoT with the exception of language where the need for an interpreter and preferred language is recorded on the second page of the *Consumer Information*.

Aspects to consider when determining level is how much communication barriers prevent people communicating their needs in everyday situations, for example, in social relationships and for purchasing goods and services. If someone speaks a language other than English and does not communicate in English they are likely to need an interpreter during assessments and to have a formal carer who speaks the same language. If they have strong networks with their ethnic community they may have many social outings with people who speak their language and be able to purchase goods in particular shops. In circumstances similar to these the assessor would select the "able to communicate needs with some difficulty (medium)". If the person was not linked with their community, lived alone and felt isolated due to language barriers, the "not able to communicate needs (high)" would be considered a more appropriate response for this indicator.

Communication issues such as ability to produce speech are also relevant for assessing this indicator. If devices such as communication boards are used the medium level is applicable. Ability to read and write English may also influence people's ability to communicate needs although if they are able to communicate verbally the assessor should select the medium level rather than the high level.

Please note: *It is important to think about this indicator in relation to the client's usual social context.*

SELF-RATED HEALTH

The self-rated health question relates to the first question on the *Health Conditions Profile*: "In general, how would you say your health is?"

Please note:

Where a client is unable to respond to this question due to cognitive impairment or communication barriers, please leave this question blank. Assessors and clients will often have different views about the health of the client. This question aims to identify how the client rates their health and helps the assessor recognise the client's attitude to health as well as their mechanisms for coping.

If you feel that the client has major health concerns that need to be taken into consideration and the client has not answered this question or has reported they are 'good', 'very good' or 'excellent', you may choose to use the additional two points in the 'other' box near the end of the POA3 tool.

SENSORY-VISION

This indicator can be completed after completion of the corresponding questions on the *Health Conditions Profile*. The two questions on eyesight for reading and for long distance are combined for the indicator of vision, for example, two 'poors' or one 'poor' and one 'fair' would be rated a high priority. If there is a 'poor' for reading vision but a 'good' or 'excellent' for long distance vision (or vice versa) rate a 'medium' level.

SENSORY-HEARING

Refer to the Hearing question on the *Health Conditions Profile*. The hearing indicator refers to hearing with the use of a hearing aid if applicable.

FALLS RISK

The falls risk considers whether there has been no falls, one fall or more than one fall in the previous 6 months. A useful working definition of a fall is "a fall is an event which results in a person coming to rest inadvertently on the ground or other lower level, and other than as a consequence of the following: sustaining a violent blow, loss of consciousness, sudden onset of paralysis as in stroke, or an epileptic seizure" (Kellogg International Working Group on Prevention of Falls by the Elderly. 1987, p 4).

Reference:

Kellogg International Working Group on Prevention of Falls by the Elderly. (1987). "The prevention of falls in later life." Danish Medical Bulletin **34 (Supp 4)**: 1-24.

SOCIAL INTERACTIONS

The social interactions indicator does not rely on information collected on the SCoT. Being able to go out for social outings and have meaningful social interaction with others provides an indication of social and emotional support available for the person requesting services. As the preferred amount of social interaction may vary between individuals this question asks potential clients about how satisfied they are with their current level of social interactions and outings. Dissatisfaction rates a 'high' and satisfaction rates a 'low' with "partly satisfied" indicating a medium level.

ENVIRONMENTAL HAZARDS

The environmental hazard indicator does not rely on information collected on the SCoT. This indicator requires consideration of whether the environment poses a safety risk to the client. Risk can include risk to health or ability to remain living independently in that environment. Some of the potential hazards could include obstacles in the environment; faulty or damaged appliances, furniture and fixtures; slippery floors; unsuitable bathrooms, or rooms/facilities that are used but are difficult to safely access. The indicator requires consideration of the interaction between the client and their environment- both within and directly around their place of residence. For example, an environment may be safe for someone who has good vision but not for someone with poor vision.

To complete this indicator consider two different aspects of the environmental hazard:

1. Does it pose a high, medium or low risk to the client?
2. Is the hazard unresolvable, resolvable within 12 months, or resolvable within 4 weeks

These two factors can be cross referenced in the following table to result in a high, medium or low level for the indicator:

	Not Resolvable	Resolvable within 12 months	Resolvable within 4 weeks
High risk	High	High	Medium
Medium risk	High	Medium	Low
Low risk	Low	Low	Low

A risk may pose a high risk to the client but if it can be easily resolved within 4 weeks the medium category is selected. For example, an exposed electrical wire is extremely dangerous but can be resolved quickly by an electrician*. A medium risk hazard that can be resolved within 12 months would also be allocated a medium rating on the POA3 tool.

***Please note:** *The need to refer to another service, for example an occupational therapist, an electrician, a plumber, or a home maintenance service, is an urgent task for the assessor to complete or encourage the client/family member to complete, regardless of the overall priority level determined by POA3.*

'OTHER' (SEPARATE BOX)

The 'other' box enables an additional 2 points to be added to the Priority of Access score if other factors are influencing the client's priority level. The assessor is required to record other factors such as psychiatric illness, depression, recent hospitalisations, possible abuse or neglect, chronic pain or other issues that are likely to increase the urgency for HACC services.

Please note: *only 2 additional points can be added, regardless of the number of additional factors reported.*

6) SCORING THE POA3 TOOL

Once all 14 indicators have been completed and the "other" category completed, a total score can be calculated using the far right column on the tool. Scores will range between 0-48 which is then used to determine a high, medium or low priority using the following score ranges:

Scores between 0-11= Low Priority

Scores between 12-19= Routine/Medium Priority

Scores between 20+= Urgent/High Priority

For service planning at the regional level, reporting of high, medium and low is sufficient. Some individual HACC agencies may choose, however, to use the scores as well. Potential uses of the score would be to determine priority within a priority level. For example, if services were only available for half of those assessed as a low priority, an agency may chose to provide services only to those who scored more than 6. Another use of the score may occur during staff leave. For example, when covering a roster for a staff member on leave, a client with a Priority of Access score of 18 may have services provided during the leave period ahead of someone who scored less than 18.

Although people assessed as a low priority may be placed on a waiting list or not offered HACC services, it should be recognised that literature suggests that some contact with a service may have benefits for the person requiring assistance. It is recommended that clients placed on a waiting list are routinely contacted to determine whether their priority level has increased.

7) Summary

POA3 provides a succinct, consistent method for determining urgent/high, routine/medium or low relative priority for people trying to access Local Government HACC services. This enables the priority setting process to be transparent to clients, their families and other referring services and enables all potential clients to be treated in an equitable manner.

Although the original POA tool and POA2 has been piloted, reviewed and trialed again, it is anticipated that further use and evaluation of the tool will lead to further modifications to make the tool as user friendly and as accurate as possible. However, it is also recognised that a tool of this nature is not able to replace clinical judgement. Although the tool may apply a consistent set of indicators to improve equity, it needs to be applied with common sense. There also needs to be a formal channel available for potential clients to dispute the outcome of the POA3 tool and to have their circumstances reviewed. The POA3 tool does not intend to create rigidity in the service allocation process. It is also important that assessors consider other services outside Local Government HACC services and that referrals are made where appropriate. A review process also needs to be in place to identify changes in clients' priority level and need for services.