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Abstract

This report provides a stand-alone description of how the national model for assessment in aged care was received when reviewed by the relevant reference groups and when demonstrated to experienced assessors. It covers the preliminary testing of a system that operates across three levels to guide the people requesting assistance to the set of aged care services that they need. The overall aim of the new assessment system has been to simplify and streamline information so it can be used in a practical way in the field to plan how best to meet those needs. The purpose of collecting assessment information is to differentiate between people who: -Have no problems and need no services -Have minor problems (i.e., low need), and need some basic services (e.g., meals, home maintenance), but do not need a comprehensive assessment (Basic Services: Level 1 Assessment) -Have mild to moderate problems and require access to more than a couple of basic services and may require services such as personal care (Basic Plus Services: Level 2 Assessment) -Have a moderate to high problems and/ or complex needs and require a comprehensive assessment (Packaged Care - CACP, EACH, Transition Care /Residential Care Services: Level 3 Assessment). The usability testing and ECRG comments highlighted that assessment information can also be used to produce 'change scores' at a subsequent point of re-assessment and to allow assessors and service providers to more efficiently 'inter-operate' across existing aged care programs and with other assessment systems. A wealth of relevant data is already being collected through Medicare-remunerated GPs' assessments, in hospital and community health systems, in rehabilitation units and in palliative care and in outpatient clinics, that are of direct relevance to the new national aged care assessment system. The overall model and the components of a recommended national assessment system have been developed with feedback from the Department of Health and Ageing and its Expert Clinical Reference Group, as well as with feedback from experienced assessors. The initial usability testing of the tool with assessors has resulted in some minor revisions as well as some practical ideas to build into any subsequent stages. The result of this first stage of development is a system that is judged by these initial methods of usability testing to be fit for purpose. The electronic version of the tool that was tested is included in Appendix 1 and the resulting recommended changes are shown in Appendix 2. The next step is expected to be more extensive field testing that should be designed to deal with the wider implementation issues. These are likely to include a proposed data sharing model, a data repository function to enable more extensive empirical testing, examining the linkages to other systems and assessment role delineation (with associated training materials linked to assessor competencies).

Keywords

usability, aged, system, assessment, testing, care

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