

SCREENING AND ASSESSMENT TOOLS

The New Zealand Guidelines Group has developed a best practice, evidence-based guideline providing recommendations for appropriate and effective processes for assessment of personal, social, functional and clinical needs in older people. This summary covers key content on screening and assessment tools.

An assessment tool (a collection of appropriate measures) is a key part of an assessment programme for screening or assessing for the needs of older people. Any tool will need to be compatible with a standardised, nationally and internationally comparable database/dataset for storing records and other information pertaining to assessment.

Criteria for Assessment Tools

- has good *validity* (good at detecting what it is designed to measure)
- has good *sensitivity* (detects most cases of need)
- has good *inter-rater reliability* (obtains the same results regardless of who is using it)
- is *standardised* (has been systematically tested to ensure consistency of performance)
- assesses all domains and dimensions identified as significant (see over)
- allows for comment/open-ended questions
- can be adapted for the demands of different cultural populations, particularly Māori and Pacific peoples
- includes or is compatible with a specifically-designed assessment of carer needs
- is practical to administer
- is supported by and can feed data into a database for monitoring and evaluation, and informing resource allocation

Which Assessment Tools?

None of the currently available tools completely fulfil the requirements of a tool for New Zealand. However, the Ministry of Health is working with DHBs and ACC to identify and adapt a suitable national assessment tool. Pilot studies using the tools within New Zealand should be conducted to determine costs, training needs and any modifications of the tools required.

Screening and Proactive Assessment: the MDS-HC Overview and Overview+, and EASY-Care most closely meet guideline specifications.

Comprehensive Assessment: The MDS-HC comprehensive assessment with additional modules for those domains not currently addressed should be used.

Carers: The needs of carers should be assessed using a purpose-designed tool after adaptation for use in New Zealand where necessary.

For a detailed comparative review of assessment tools, see the report *Assessment of Community Dwelling Older People in New Zealand: A Review of the Tools at* www.nzgg.org.nz

The Assessment Processes For Older People Guideline and summaries have been endorsed by:



Complete endorsement list available in full guideline.

DOMAINS OF ASSESSMENT

Areas of need of most importance to older people

- personal care
- social participation
- control over daily life
- food
- safety

Domains and dimensions

These are areas in which impairment can be detected at an early stage.

Physical health and functioning

key dimensions: chronic illness, continence, nutrition, gait, mobility, cardiac conditions, gastrointestinal conditions, pulmonary conditions, cerebrovascular conditions, co-morbidities, ADLs and IADLs (including self-care and domestic abilities), iatrogenic disease (specifically due to polypharmacy), sexual functioning, speech and language impairment, dental/oral health, vision and hearing

Mental health and functioning

key dimensions: anxiety, depression, other mental illness, cognitive functioning, dementia, substance abuse, iatrogenic disease due to polypharmacy, emotional well-being

Social functioning

key dimensions: financial status and management, housing, family/whānau support/contact, social networks, social activities and support

Presence and roles of carers, especially informal carers

Risk factors

- aged 75 years or older
- socially isolated and/or living alone
- divorced/separated, never married, single or widowed
- recently bereaved
- has no children
- has poor or limited economic resources
- recently discharged from hospital
- presenting at an emergency department
- recent change in health status with an impact on capacity for independent living
- has multiple disorders or illness
- cognitively impaired
- depressed
- poor self-perceived health
- high or low body mass index
- at the lower extreme of functional impairment
- low physical activity
- taking 3 or more prescription/non-prescription medications
- impairment in sight or hearing
- carer showing signs of stress/change of carer
- carer requests an assessment for the older person

Also consider:

- alcohol, tobacco and/or substance use
- abuse of the person by another