

UNIT NO. 4

ASSESSMENT SKILLS

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PREVIEW

This unit describes the process of comprehensive assessment of patients in their own homes and the commonly used instruments in this regard.

OBJECTIVES

At the end of this unit, the course participants should be able to describe:

1. the principles of a comprehensive assessment in home health care
2. use of assessment tools
3. analysis of problems encountered.

1. Comprehensive Assessment in Home Health Care

a. Aim of assessment

The main aim of comprehensive assessment is to identify the needs of the older patient and his/ her caregiver. Assessment serves to facilitate decisions about the type and amount of services a patient should receive.

b. Dimensions of assessment

Assessment must be multidimensional, and where necessary, interdisciplinary. The process serves to quantify the older individual's medical, psychosocial, and functional capabilities within a given environment (Figure 1). The dimensions to be assessed are:

- κ *Medical* assessment: including medications, nutrition and systems review
- κ *Functional* assessment: basic and instrumental activities of daily living
- κ *Psychological* assessment: mood, cognition, insight
- κ *Social* assessment: family and support structure, finances, home environment, care arrangement, care giver stress.

In homecare, there is an added advantage of assessing the patient within the context of his or her unique physical and social environment. Just as a review of

the different body systems is undertaken by a meticulous physician in his clinical assessment, a home care review of systems could also be adopted for a more comprehensive home assessment (Table 1).

c. Method of assessment

Traditional clinical methods still apply viz:

- κ Obtaining relevant history from the patient, care givers, and medical notes or discharge summaries from hospital or referral source
- κ A thorough physical and psychological examination
- κ Applying skills of observation on the physical and social environment.

In addition, there may be a need to use more formal assessment tools, as shall be described in the following section.

More than one visit may be required to complete the assessment.

2. Use of Assessment Tools

a. Why use assessment tools?

- κ An assessment tool provides *specificity and uniformity* to the assessment process

Figure 1: Dimensions of assessment

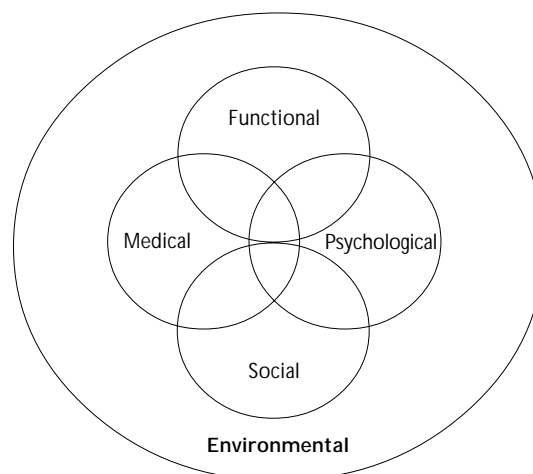


Table 1: Homecare review of systems

<p>Home environment <i>Is it adequate?</i></p> <ul style="list-style-type: none"> – Household hazards – Household functions – Home devices to assist the patient <p>Patient <i>What is the patient's functional ability?</i></p> <ul style="list-style-type: none"> – Mobility – Orthostatic hypotension – Cognitive function – Emotional state – Ability for self care – Wandering – Hearing and vision – Lifestyle <p>Family relationships <i>How is the family doing?</i></p> <ul style="list-style-type: none"> – Capability of caregiver: physical, intellectual, emotional – Care-giver stress: the "hidden patient" – Interpersonal relationships between patient and significant others – Failure to care <p>Therapeutic compliance <i>Are medications handled correctly?</i></p> <ul style="list-style-type: none"> – Expired / accumulated medications – Prescribed vs actually administered dosage – Need for simplification of medication regimen – Use of compliance aids (eg. dosette) 	
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- κ It allows for *quantification* of the disease
- κ It could be used to *monitor* changes over time
- κ In a population with limited resources, it is used as a means to consistently *identify target groups* for whom resources can be focused upon.
- κ It is useful as an *organising tool* for running a homecare programme
- κ It provides a framework for *programme evaluation* and quality assurance
- κ It may function as a *feedback* for patient, caregivers and homecare practitioners

b. Types of assessment tools

- κ Generic measures
 - Usually apply across populations
 - Provides a summary measure and is used as a basis for comparing across problems
 - Examples: Short-Form 36 Health Survey, Frailty Index, Residents' Assessment Form
- κ Condition specific measures
 - Used in a limited clinical context and addresses a specific diagnosis or a specific condition
 - Usually based on signs and symptoms
 - Examples: Cognition (Abbreviated Mental Test, Mini-Mental State Examination), Mood (Geriatric Depression Scale), Physical function (Katz Index, Barthel's Index), Care giver stress (Carer Burden Index, Carer Stress Index)

c. Choice of assessment tools

- κ Screening
 - Should be brief, sensitive and specific
- κ Comprehensive Assessment
 - Should be conducive to the need, pace and constraints of the clinical encounter.
 - Phrasing should not cause anxiety in patient or caregiver
 - Should measure functioning meaningful to the patient
 - Should provide sufficient information to affect care decisions
- κ Monitoring
 - Should be sensitive to change
 - Must be devoid of significant practice effects

d. Considerations in using assessment tools

- κ Norms:
 It is necessary to have information about normal distribution before making conclusions about what is pathological

κ Thresholds:

The threshold below which the observation connotes a problem must be defined for it to have clinical significance

κ Cultural and Educational Differences:

This may affect the reliability, validity and practicality of a tool

κ Reliability:

This is the property of producing the same result in repeated applications in the absence of real change. It is poorly established for many tools

κ Validity:

This is the property of measuring what one intends to measure.

κ Practicality:

It includes the cost and acceptability to both the patient and the assessor. Some instruments take too long to administer

κ Information source:

The choice of informant can influence the result markedly. eg Carer Burden Index from the maid and from a patient's daughter can yield quite different results. This affects the reliability and validity of the measure

κ Capacity versus Performance:

Whether the subject *can* do or if he/she actually *does* can be very different. It affects the validity and practicality of the measure

κ Time Frames:

Different tools use different time frames.

κ Place and Time of Measurement:

Patients may perform better at home than in an acute hospital, or when they are ill. This affects validity and practicality.

3. Analysis of Problems Encountered

After the assessment process, the physician would have gathered a significant amount of data, which often could be overwhelming. In order to apply the information in a manner that would be useful for managing the patient, it is important to analyse the data in a systematic manner.

a. Working out a problem list

This does not just include the medical diagnosis but also the functional and psychosocial problems.

Case example:

An 81-year-old lady with

- κ Hypertension
- κ Diabetes mellitus
- κ Cognitive impairment
- κ Renal impairment
- κ Foot ulcer
- κ Multiple strokes
- κ Peripheral vascular disease
- κ Gait instability
- κ High fall risk
- κ Carer stress
- κ Cataracts

b. Analyzing the interactions between the problems

It is important to realize the multidimensional and inter-dependent nature of the problems (Figure 2).

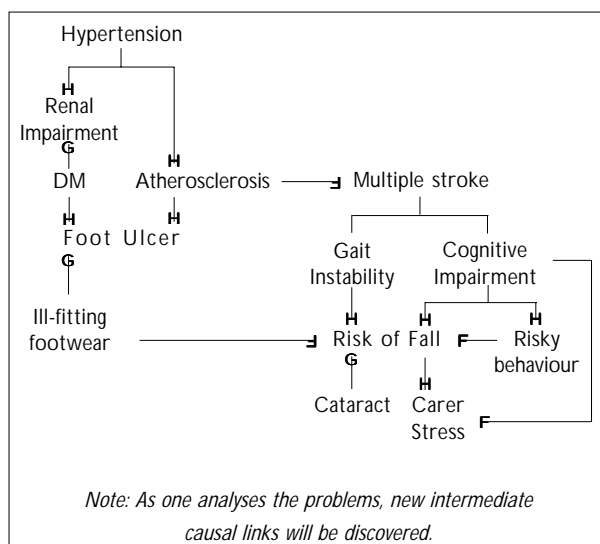
c. Prioritizing the problems for management

This will help the physician to realistically address the multitude of issues by attending to the most urgent problems first.

Case example:

- κ Urgent
Fall Risk, Foot ulcer
- κ Intermediate
Carer Stress
- κ Long term
Hypertension, Diabetes mellitus, Cognitive impairment, Renal impairment and Multiple strokes

Figure 2: Interaction between problems (Case example)



RECOMMENDED READING

Ham RJ. Assessment, in Primary Care Geriatrics: A Case-based Approach, Ham R.J. & Sloane P.D. (eds), St Louis, Mosby, 1997. Pages 47-67.

Boling P. Safety in the Home, in Practical Ambulatory Geriatrics, Yoshikawa (ed), Mosby Year Book, 1998. Pages 126-31.

Yong D. Geriatric assessment, *The Singapore Family Physician* Oct-Dec 2002 Vol 28 (4):

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4. Kane RA, Instruments to assess functional status, in *Geriatric Medicine*, Spring Valley, New York, 199, Page 169-79.
5. Kane RL, Kane RA (ed). *Assessing Older Persons*, Oxford University Press, 2000.
6. Ramsdell JW. Geriatric Assessment in the Home, *Clinics in Geriatric Medicine*, 1991; 7:677-93.
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KEY POINTS

- Home assessment should be comprehensive and multi-dimensional. At the same time, it must not lose focus on the given situational needs.
- Problems in home bound frail older persons tend to be multiple and complex. The key to handling them is to analyse the manner in which they interact, identify the key issues and then sort out the priority in which they should be addressed.