

Using the National Outcomes and
Casemix Collection in team reviews
and case presentation

Older Person



Sharing Information to Improve Outcomes
An Australian Government Funded Initiative

Contents

Introducing outcomes and casemix measures into team reviews.....	4
Rating the HoNOS65+	5
Rating the LSP	6
Getting started in using the measures in team reviews.....	7
Embedding the measures in team reviews.....	8
Activity 1 – Case presentation	9
Life Skills Profile - 16 (LSP-16)	12
Workshop discussion.....	13
Phase of Care (PoC)	13
Workshop discussion.....	14
Using the measures in team reviews.....	15
Activity 2 – Case presentation and care plans	16
Summary	17
Handouts for older person case studies for services using	18
the K-10.....	18
Handouts for older person case studies for services using the BASIS-32	27
Handouts for older person case studies for services using the MHI-38	36
Video resources.....	45

Acknowledgement of Country

We acknowledge the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of Australia. We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of AMHOCN resources.

Acknowledgement of Lived Experience

We would like to recognise those with lived experience of mental health conditions in Australia. We acknowledge that we can only provide quality care through valuing, respecting and drawing upon the lived experience and expert knowledge of consumers, their families, carers and friends, staff and the local communities. We acknowledge their contribution to the development of AMHOCN resources.

Acknowledgements

AMHOCN wishes to acknowledge and thank the following people in the production of these training materials:

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Instructions for Use of Training Materials

This manual includes copies of a PowerPoint presentation, links to videos (on Vimeo platform) and vignettes for use within the training session. The instructions accompanying the PowerPoint indicate what the facilitator should say or highlight, when to play the video, when to give out the appropriate handouts and when activities should be completed. The appendix section includes all the handouts and are divided into sections for the corresponding consumer self assessments used in the different states and territories.

Facilitator Instruction Legend

In this training manual symbols are used to indicate activities that the trainer should undertake:



This symbol indicates that trainers should make explicit certain important training points.



This symbol indicates that trainers should show a particular video clip or written vignette.



This symbol indicates that trainers should encourage group discussion.



This symbol indicates that trainers should distribute specific handout materials.



This symbol indicates that trainers should be prepared with background knowledge. Trainers will be provided with additional reference material in this section.

Introducing Outcomes and Casemix Measures into Team Reviews: Older Person Services



"Sharing Information to Improve Outcomes"
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Introducing outcomes and casemix measures into team reviews

- This is the introductory slide and a reminder to provide an orientation to your session. Give and Acknowledgement of Country and an Acknowledgement of Lived Experience.
- Undertake housekeeping duties, point out toilets, emergency exits and ask people to turn off or switch mobile phones to silent as a courtesy to others.
- Reinforce that the outcomes and casemix material is being used by a whole range of stakeholders and that this session is about exploring the use of the measures in clinical practice.
- Remind people that there is other training material available for using the measures to support consumer recovery, e.g., "Whose Outcome Is It Anyway?" This material outlines the benefits of offering the consumer self report measure and discussing all the measures with consumers and their families.
- Training is also available for team leaders and managers and demonstrates the use of aggregate data for service planning.
- It is important to note that the quality of the data will have a crucial impact on the utility of the information being used in team reviews. Using the measures in team reviews is one way of ensuring the quality of the data.

Rating the HoNOS 65+



			Monitor ?	Active treatment or management plan ?	
Clinically Significant	4	Severe to very severe problem	Most severe category for patients with this problem. Warrants recording in clinical file. Should be incorporated in care plan. Note – patient can get worse.	✓	✓
	3	Moderate problem	Warrants recording in clinical file. Should be incorporated in care plan.	✓	✓
	2	Mild problem	Warrants recording in clinical notes. May or not be incorporated in care plan.	✓	✓
Not Clinically Significant	1	Minor problem	Requires no formal action. May or may not be recorded in clinical file.	Maybe	✗
	0	No problem	Problem not present.	✗	✗



Rating the HoNOS65+

- Remind participants about the rating rules of the HoNOS65+ and the other measures that make up the National Outcomes and Casemix Collection.
- Emphasise that these measures make overt the clinical assessment. Their utility lies in identifying specific areas where the consumer will require support and determining key areas of strength which can be harnessed to support consumer recovery.
- Reinforce that the measures can be used to support care planning and monitoring change over time.

Rating the LSP and its implications



Rating	Clinicians perspective	Discussed with consumer	Difference in perspective?	Goal Setting (SMART)
3	Generally has a significant impact on consumer functioning in a variety of areas over rating periods	A significant issue for the rater	Rater's obligations in contrast to consumer perspective?	<p>More Active Rater Stance</p>
2	Generally has a significant impact in one area of consumers functioning or moderate impact in a variety of areas over the rating period	Seen as an issue by the rater that requires attention	Rater's concerns in contrast to consumer perspective?	
1	Generally has a moderate impact in one area of consumers functioning or mild impact in a variety of areas over the rating period	An issue that may require attention or an area that identifies the consumers strengths	Rater's observation of strengths and deficits in contrast to consumer perspective?	
0	Generally has no impact on consumers functioning over the rating period	An area of strength	Rater's observation of strengths encourages personal ownership and responsibility	



Rating the LSP

- Remind participants that the value of the LSP-16 is to make overt the clinician's judgement about the consumer's presentation across four domains (self-care, withdrawal, antisocial behaviour and compliance)
- The LSP-16 compliments the HoNOS65+ by providing a tool to reflect on functioning over a longer time-frame. Highlight the importance of this to inform care planning and goal setting.
- The information gathered through the HoNOS65+ and LSP-16 can provide specific information for goal setting, e.g., supporting the development of SMART (Specific Measurable, Attainable, Realistic and Time limited) goals.
- Highlight that differences in opinion between the consumer and clinician might arise. These differences can lead to useful discussions around therapeutic interventions, e.g., the consumer may be unwilling to take medication but the clinician identifies that medication is necessary and collaborates with the consumer to put strategies in place to support medication adherence.

Outcome measures in team reviews: Getting started



Getting started in using the measures in team reviews

Facilitator should play Video 1 – Outcome Measures in Team Reviews:
<https://vimeo.com/user187821404/teamreviews01?share=copy>



Use the following prompts to engage the group in discussion:

- Why do we have team reviews?
- What is their purpose?
- How can the outcome measures be used to support the process?
- What is your current system for team reviews?
- Does anyone have any experience of using the measures in team reviews?
- What would you need in your organisation to get started in using the measures in clinical review?
- What practical things could you do to get the discussion of the National Outcomes and Casemix Collection measures started in your team reviews?

Embedding the measures in team reviews



- Staff have received adequate training in relation to NOCC
- The use of outcome measurement is documented in appropriate policy and procedures
- A system for regular review of all consumers via team reviews is established
- Prior to team reviews, case managers are informed which consumers are due for review
- Case managers ensure the NOCC measures are completed prior to review
- NOCC reports are available during team reviews



Embedding the measures in team reviews

- When talking about getting started, it is important to agree and discuss with the team exactly how the measures are going to be incorporated and discussed as part of the team review process. This should include expectations of team members when preparing for the specific review.
- Note that having access to information technology may be helpful in accessing local clinical information systems and then displaying this during team reviews, incorporating this material into the process. However, note that it is not essential to get started. Paper based reports can be used just as effectively.
- Teams that have introduced the use of these measures into reviews have found that it improves the efficiency and focus of the team by providing a framework for the case presentation. Teams who use the measures feel that it is more effective because it introduces a broad range of domains into the review discussions, rather than focusing on symptoms.

Activity 1

Case presentation

- Small groups
- Discuss case presentation during team review meetings
- Use the ratings on measures to identify key issues for the consumer and options for interventions



Activity 1 – Case presentation

Small group work

- Have workshop participants break into small groups. Distribute the case studies in the appendix of this manual to each of the groups. Have participants focus on the Hilda case study.
- The facilitator uses the case study of Hilda to demonstrate and model how a case presentation during team reviews can be undertaken.
- The facilitator should model a case presentation during the team review process. Use the information and graphs presented for Hilda to engage the group in discussion about her presentation and options for intervention.



Consumer self assessment

- Having a completed consumer self assessment measure may be an indication of the degree of engagement the consumer has in the assessment and therapy process.
- Emphasise the importance of having completed the consumer self assessment

measure as a way of bringing the voice of the consumer and/or family into case presentations as part of team reviews.



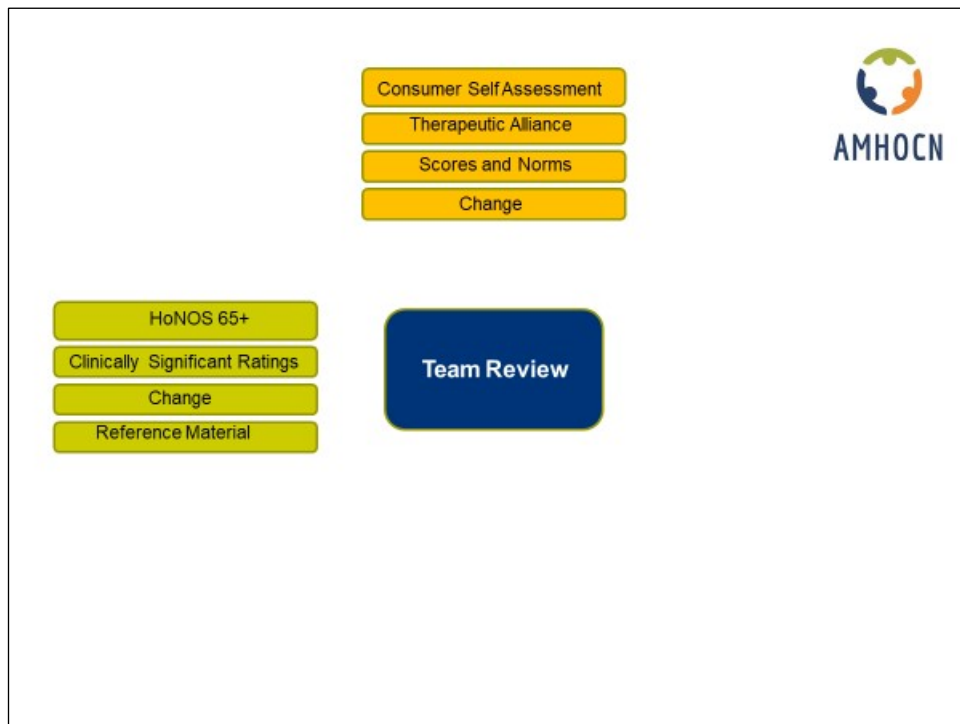
Workshop discussion

Note that Hilda has completed the self report measure.

- Ask the group what the results indicate?

Questions that should be asked in regard to the consumer self assessment measure include:

- How is the measure completed? Is it as the clinician expects?
- How does this measure compare to the others in the suite?
- How does it compare with available reference material? Are the scores higher or lower?
- Hilda self reports very low levels of psychological distress. This is in marked contrast to the way in which the clinician views Hilda's presentation.



Health of the Nation Outcome Scales 65+ (HoNOS65+)

- Note that the HoNOS65+ allows the team to highlight the most clinically significant items that should be the focus of their intervention and care planning.
- Note the importance of discussing the reasons for the HoNOS65+ ratings and exploring any difference of opinion in a constructive way during team reviews. This discussion is helpful in understanding the complexity of the consumer's situation and developing multidisciplinary strategies for addressing the issues of clinical significance.

- Questions that should be asked in regard to the clinician rated measures include:
 - Which areas are rated as issues? Are there items that are clinically significant? Do the measures give an indication of areas of consumer strength?
 - Is it the same as the last time the measure was completed or has there been change?
 - How does this measure compare to the others in the suite?
 - How does it compare with available reference material? Are the scores higher or lower?



Workshop discussion

- Reflect on Hilda's ratings that are indicative of clinically significant issues. Where does Hilda have problems?
- Hilda has clinically significant issues in relation to her cognitive functioning, her physical health and functional abilities. She has a depressed mood and a very poor appetite. She has relationship difficulties and difficulties undertaking activities of daily living.
- Given these issues, what is the plan of intervention?



Life Skills Profile - 16 (LSP-16)

- Emphasise that review of the LSP-16 ratings involve consideration of a longer timeframe than the HoNOS65+.
- The LSP-16 gives an indication of the consumer's functional abilities and difficulties along with strengths.



Workshop discussion

- The LSP-16 indicates that Hilda has difficulty starting conversation and maintaining friendships. She has difficulty undertaking self-care activities and requires the support of nurses to maintain clean clothes and her personal grooming. She also requires assistance to take medication and has a poor diet.
- The LSP-16 may give some indication of early loss rather than late loss abilities in older persons. Discuss the difference between early and late loss abilities as part of the assessment process.



Phase of Care (PoC)

Phase of Care (PoC) is the prospective primary goal of treatment within an episode of care in terms of the recognised phases of mental health care. Whilst it is recognised that there may be aspects of each mental health phase of care represented in the consumer's mental health plan, the mental health phase of care is intended to identify the main goal or aim that will underpin the next period of care.

The mental health phase of care is independent of both the treatment setting and the designation of the treating service, and does not reflect service unit type. The four mental health phases of care are:

- **Acute:** The primary goals of care are intended to reduce high levels of distress, manage complex symptoms, contain and reduce immediate risk.
- **Functional gain:** The primary goal of care is to improve personal, social or occupational functioning or promote psychosocial adaptation in a patient with impairment arising from a psychiatric disorder.

- **Intensive extended:** The primary goal of care is prevention or minimisation of further deterioration, and reduction of risk of harm in a patient who has a stable pattern of severe symptoms, frequent relapses or severe inability to function independently and is judged to require care over an indefinite period.
- **Consolidating gain:** The primary goal of care is to maintain the level of functioning, or improving functioning during a period of recovery, minimise deterioration or prevent relapse where the patient has stabilised and functions relatively independently. Consolidating gain may also be known as maintenance.

Assessment only is now regarded as an administrative data item and is used when the review outcome does not lead to the consumer being placed in one of the four mental health phases of care immediately after. If the assessment outcome leads to the acute, functional gain, intensive extended or a consolidating gain phase being selected, then the assessment is included as part of the phase chosen.



Workshop discussion

- Reflect on Hilda's presentation.
- Is the PoC acute involving the reduction in psychiatric symptomatology (i.e., acute)?
- Is the PoC about minimizing further deterioration, reducing harm and likely to require care over the long term (i.e., intensive extended)?
- Is the PoC about supporting the consumer as they return to work or become involved in a particular program (i.e., functional gain)?
- Is the PoC about maintaining the consumer's current functioning and minimizing deterioration or preventing relapse where the consumer has stabilized and functions independently (i.e., consolidating gain)?
- Given the significance of her symptomatology and poor functioning, the Phase of Care is acute.
- Ask the following questions in the form of discussion:
 - How are the issues that have been highlighted through the ratings on the other measures incorporated into the development of a care plan?
 - How would the team determine the success of these interventions?

Note: It is important to reinforce to participants that the measures that make up the National Outcomes and Casemix Collection are not the only information presented or discussed during team reviews; but they do provide an important basis for discussion.

Using the measures in team reviews



Using the measures in team reviews

Facilitator should play Video 2 – Team discussion:

<https://vimeo.com/user187821404/teamreviews02?share=copy>



Discuss how the measures can be incorporated into the case presentation and review process.

- How have participants approached the use of the measures?
- What are the barriers in discussions?
- How have barriers been overcome?
- What has been useful?

Activity 2 Case presentation and care plan



- In small groups
- Review the case study
- Spokesperson presents the case study your group has been given
 - Where does the consumer have problems?
 - Where are their strengths?
 - How does this information inform the care plan?
 - What is the plan of care?



Activity 2 – Case presentation and care plans

- Allocate each group a case study from the pack you have already distributed. Have each group:
 - Identify a spokesperson. This person will present the case study to the larger group.
 - Have the small groups discuss their case study identifying:
 - Where does the consumer have problems?
 - Where are their strengths?
 - How does this information inform the care plan?
 - What is the plan for care?
- Have the spokesperson present the case study using the model demonstrated by the facilitator when they presented Hilda.
- The facilitator should promote a discussion to develop a treatment plan for the consumer.
- Each group takes it in turn to present their case to the larger group thereby demonstrating the process a number of times.
- The facilitator should end the session with a discussion of the opportunities the measures hold as part of the team review process:
 - A memory aid for case presentation.
 - A framework for case presentation.
 - Tools that support discussions in teams around clinical issues.
 - The opportunity for multidisciplinary input to case presentations.
 - Opportunities for improvements in the quality of the information being collected and used.

Summary



- The NOCC measures make overt the clinician's assessment of the consumer, helping to identify specific areas where the consumer will require support and determining key areas of strength which can be harnessed to support consumer recovery.
- The measures can be used to support care planning and monitoring change over time.
- The measures provide a framework for case presentation during team reviews, introducing a broader range of domains into the review discussions, rather than focusing on symptoms.
- Team reviews provide the opportunity to discuss the reasons for the ratings on measures such as the HoNOS and exploring, in a constructive way, any differences of opinion. This supports improvements in the consistency of ratings.



Summary

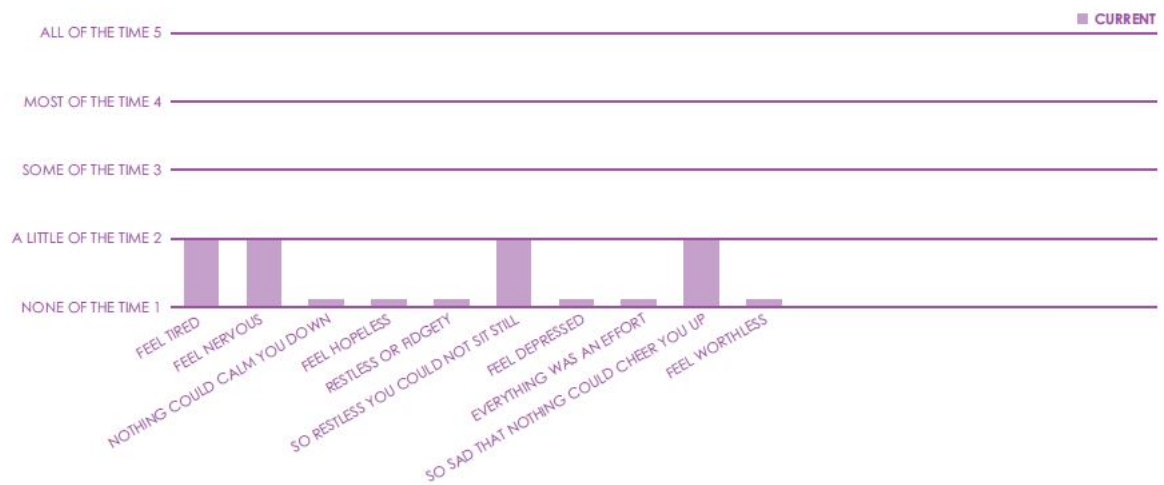
- The National Outcomes and Casemix Collection measures make overt the clinician's assessment of the consumer. Their utility lies in identifying specific areas where the consumer will require support and determining key areas of strength which can be harnessed to support consumer recovery.
- The measures can be used to support care planning and monitoring change over time.
- The measures provide a framework for case presentation during team reviews, introducing a broader range of domains into the review discussions, rather than focusing on symptoms. This discussion is helpful in understanding the complexity of the consumer's situation and developing multidisciplinary strategies for addressing the issues of clinical significance.
- Team reviews provide the opportunity to discuss the reasons for the ratings on measures such as the HoNOS65+ and exploring, in a constructive way, any differences of opinion. This supports improvements in the consistency of ratings e.g., clinicians will have a more consistent understanding and application of mild, moderate, severe or very severe ratings, ensuring better quality of the information and data being collected.

Handouts for older person case studies for services using the K-10

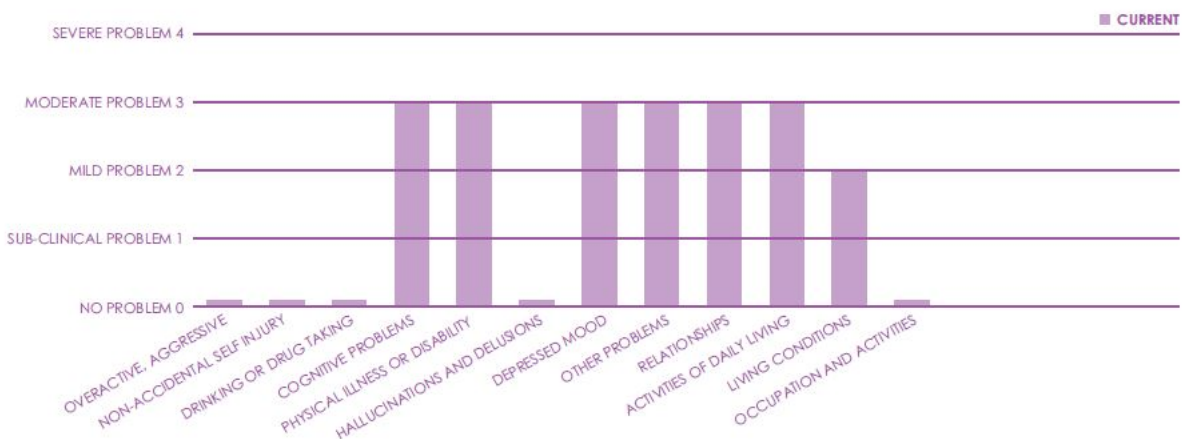
Older Persons Vignette 1 - Hilda

Hilda is a 70 year old woman who lives in a nursing home. She has become increasingly depressed recently and although she is willing to take fluids, she has been refusing to eat. She was severely burned in a house fire five years ago which has placed significant restrictions on her mobility, requiring nursing staff to dress her and transfer her between bed and chair. Although she does attend day activity sessions, she refuses to interact with other residents and is quite isolated.

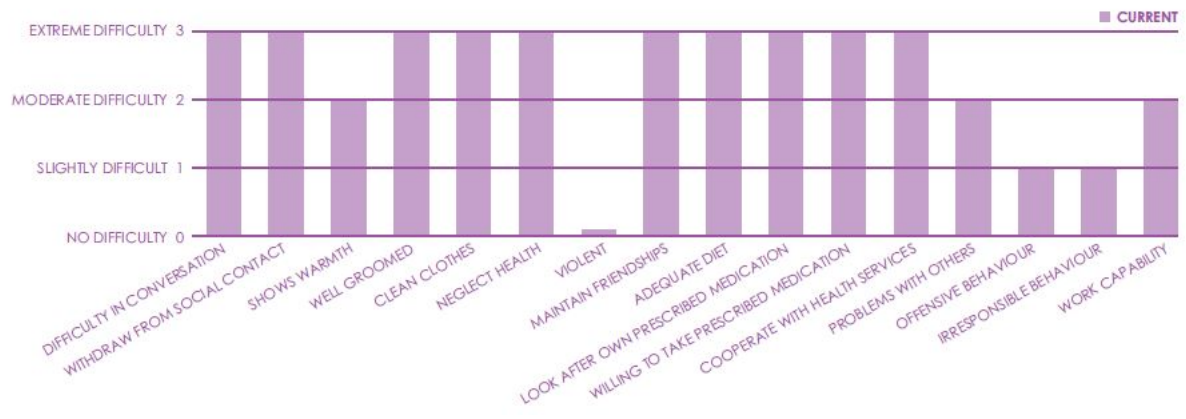
Hilda K10



Hilda HoNOS65+



Hilda LSP-16

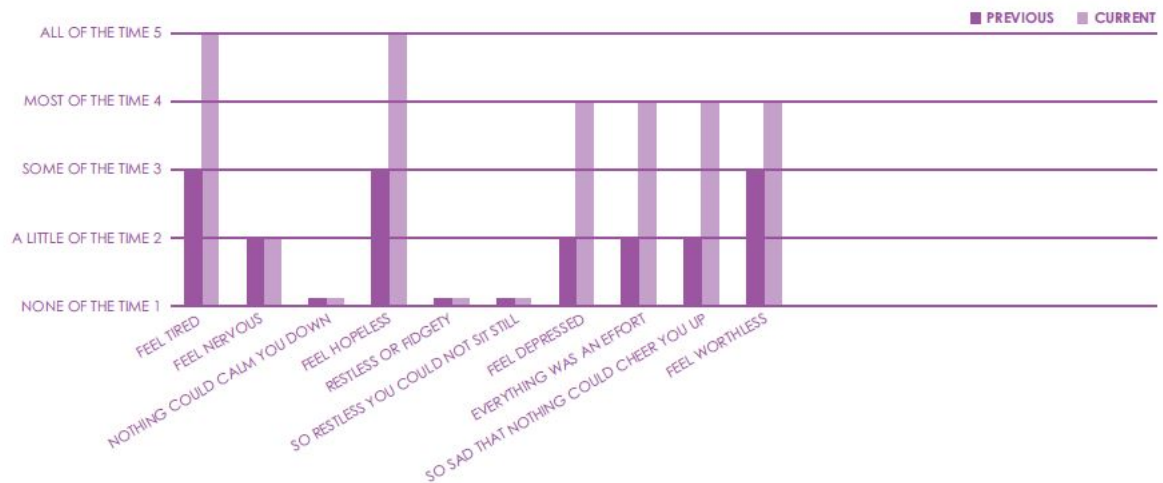


Hilda Phase of Care - Acute

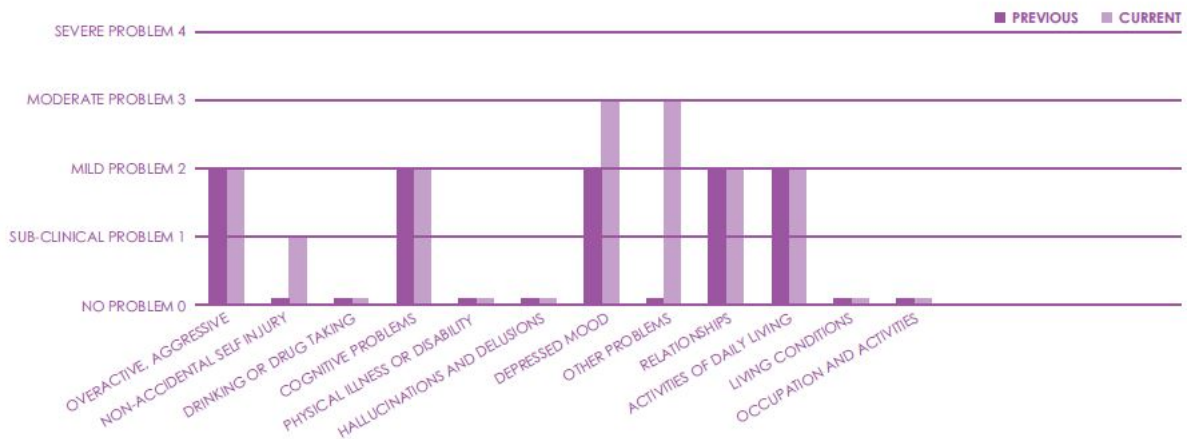
Older Persons Vignette 2 – Dolce

Dolce is a 73 year old married woman with a history of depression. She was first admitted to an aged care service 5 years ago and has had multiple admissions to the local inpatient unit for ECT. She has been well for the last 6 months, however her supportive husband has become increasingly frail and she is concerned about his health and their future. She is capable of managing her housework, although recently her performance had deteriorated and she has required the additional help from her supportive daughters. You are undertaking your regular 3 month review.

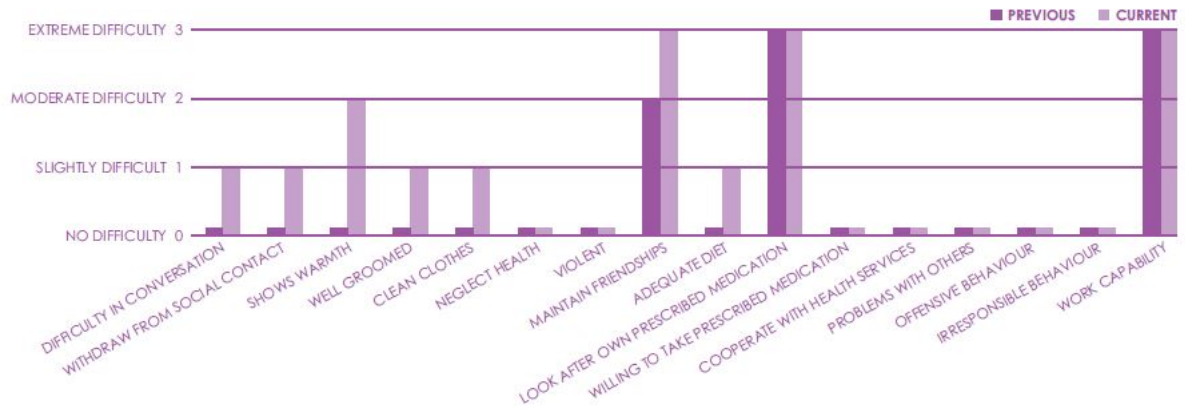
Dolce K-10



Dolce HoNOS65+



Dolce LSP-16



Dolce Previous Phase of Care - Consolidating Gain

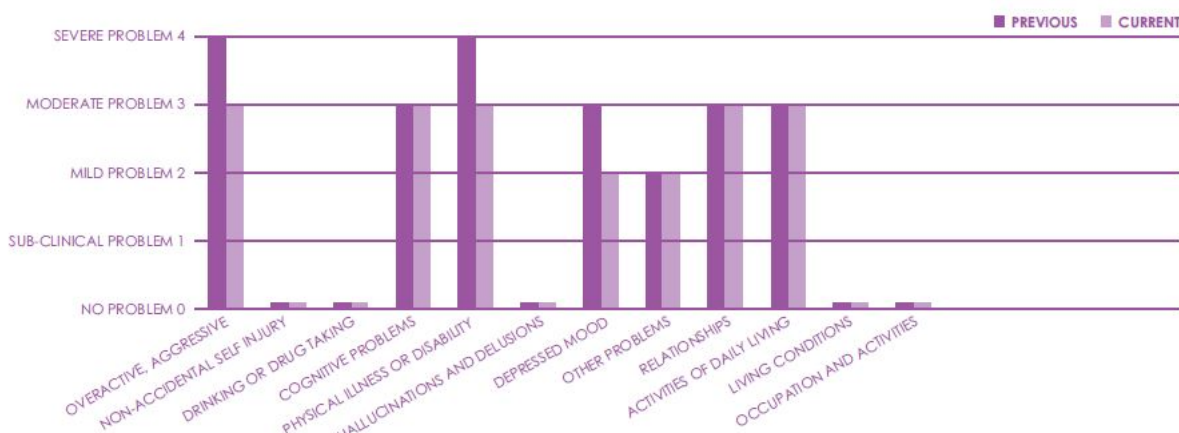
Dolce Current Phase of Care - Functional Gain

Older Persons Vignette 3 – Keith

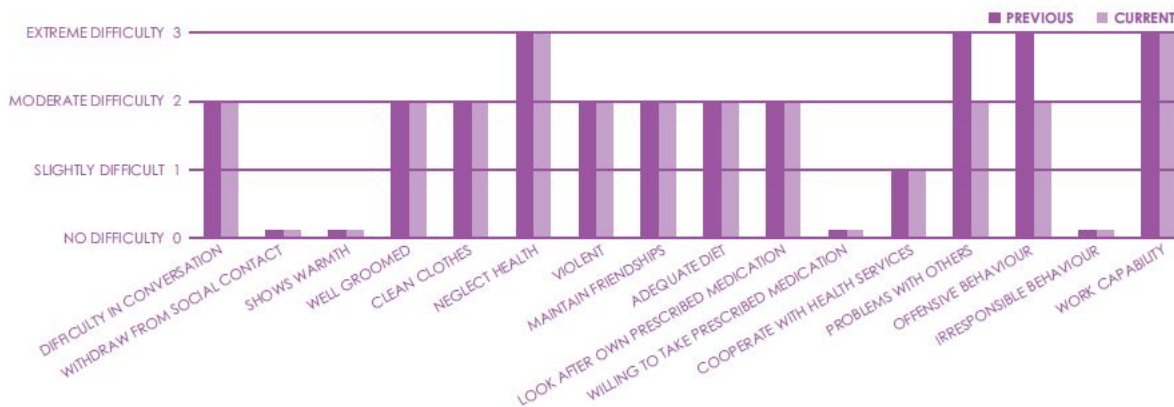
Keith is a 65 year old former truck driver with a history of traumatic brain injury as result of a serious motor vehicle accident. He currently lives in a hostel for returned Vietnam veterans and requires 24 hour support. Keith has difficulties with his ADLs. He has poor impulse control and problems with his memory and has difficulty getting on with others. Since his injury, his family have noticed a marked deterioration in his behavior, in particular aggression. He is a poorly controlled diabetic with frequent hypoglycemic attacks which adversely affect his functioning. Keith has been a client of the service for the last 3 years following multiple admissions to the local inpatient unit. You are currently undertaking his regular 3 month review.

Keith K-10 Keith refuses to complete the consumer self assessment

Keith HoNOS65+



Keith LSP



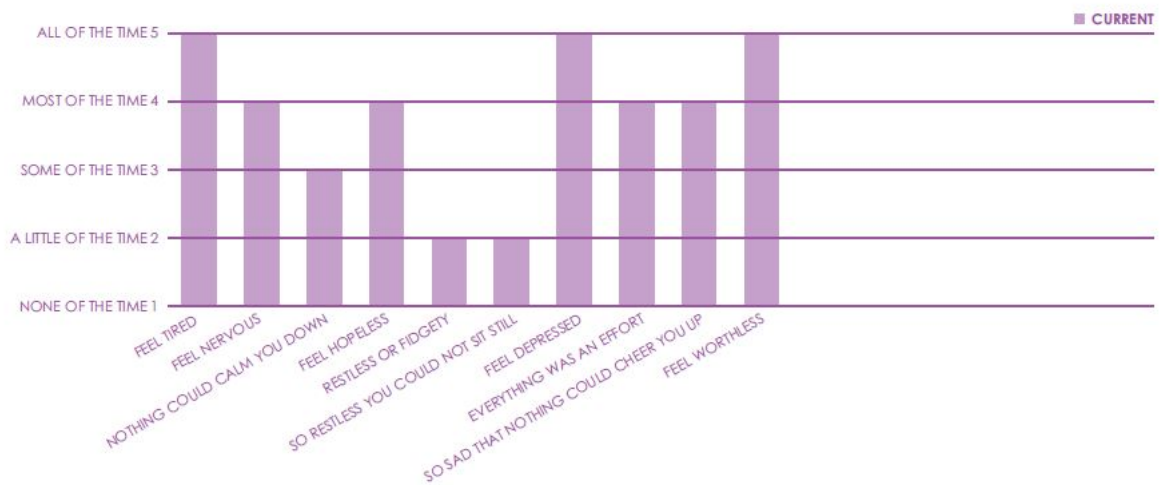
Keith Previous Phase of Care - Intensive Extended

Keith Current Phase of Care - Intensive Extended

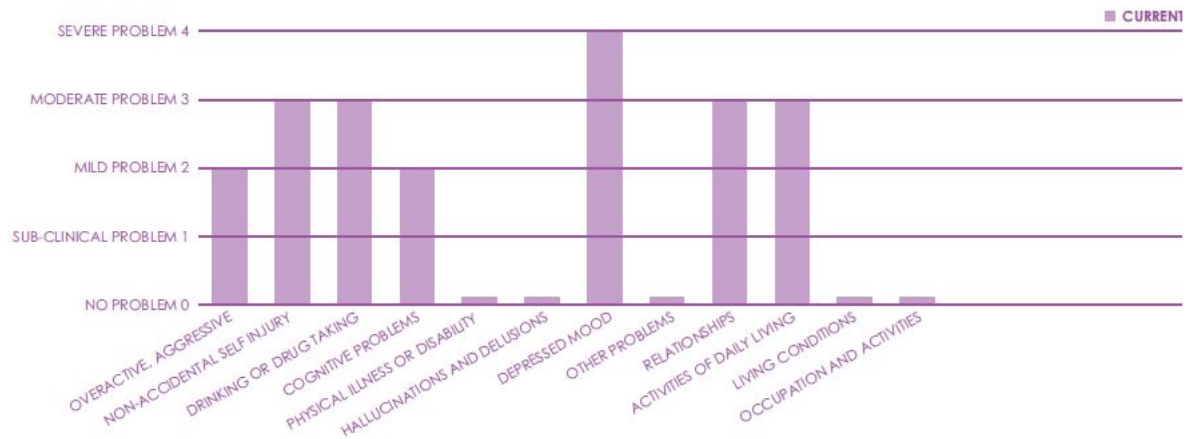
Older Persons Vignette 4 – Pablo

Pablo is a 66 year old Portuguese man suffering major depression and alcohol abuse following the failure of his roast chicken business. He is married to a very supportive wife and has 3 children. He has had thoughts of self harm and feelings of worthlessness as he cannot provide for his family. He was referred to the service by his consultant psychiatrist who is concerned about the severity of his depression, which has been significant over the last 6 months. Pablo drinks daily and says he is unable to reduce his consumption. The team has been visiting daily given concerns about his degree of distress. You are undertaking his first 3 month review.

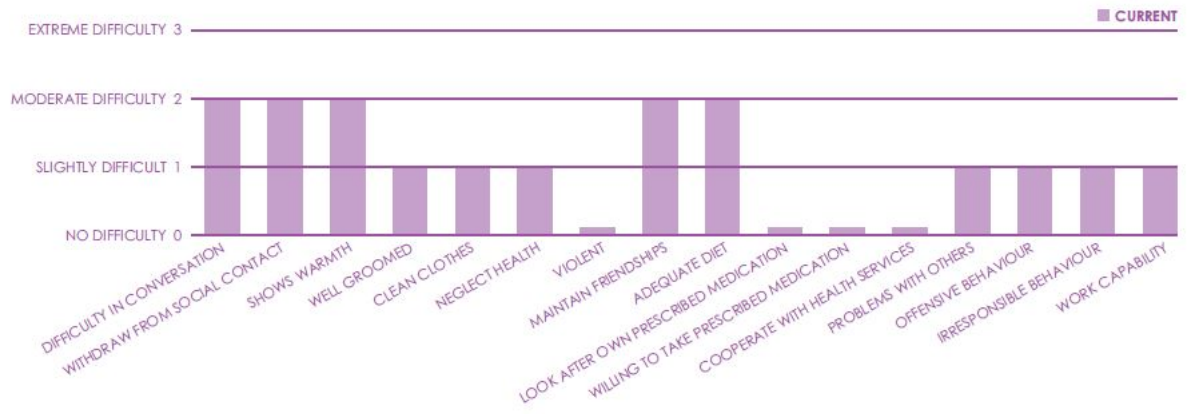
Pablo K-10



Pablo HoNOS65+



Pablo LSP -16

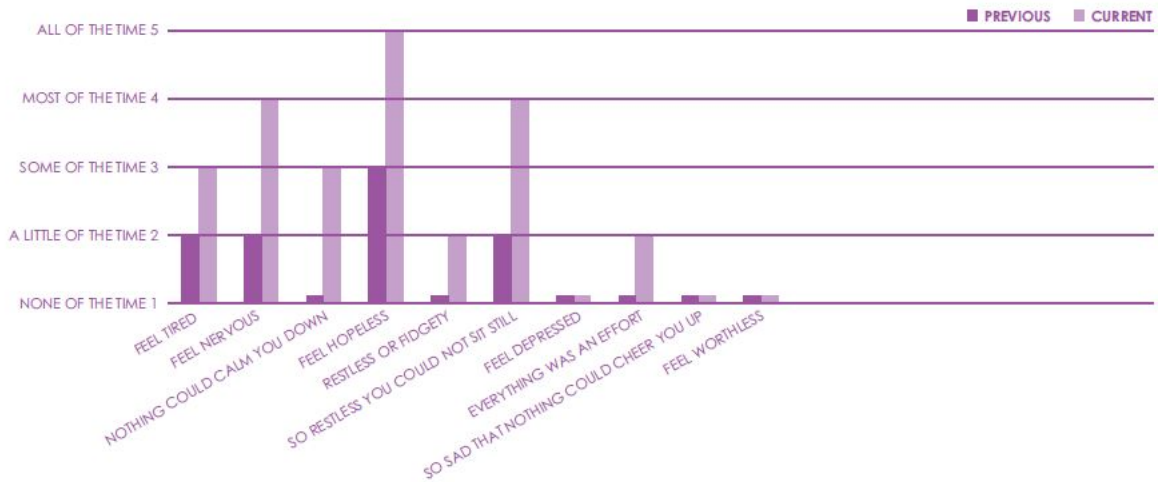


Pablo Phase of Care – Acute

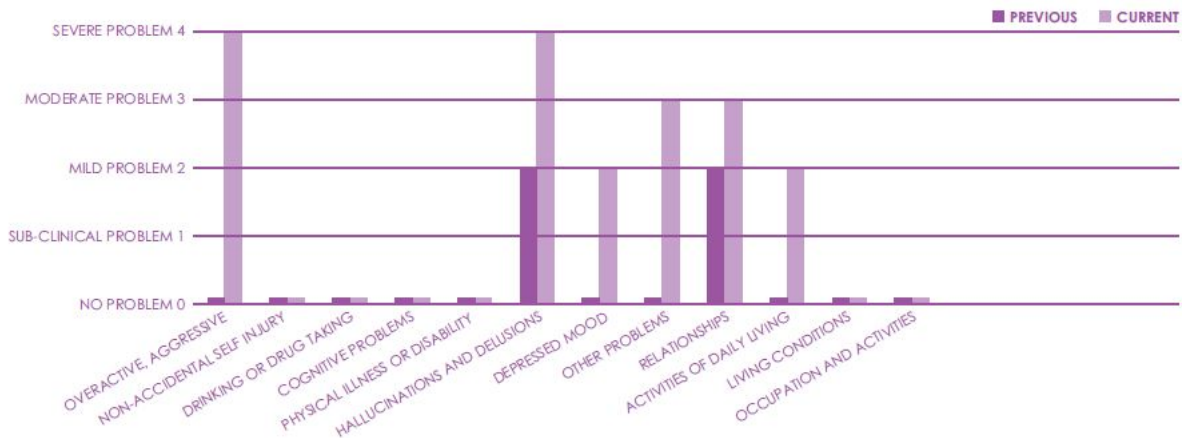
Older Persons Vignette 5 – Ethel

Ethel is a 73 year old woman with a long history of psychiatric illness. Currently she is convinced that her husband has been replaced with a double. She recently had a violent argument with her husband wanting him to get out of the house. She has heard voices encouraging her to “make him go away”. She is orientated to time, person and place and denies drug and alcohol use. She has a supportive family but little contact with others. She lives in good quality accommodation and has access to appropriate day programs that she was attending until recently.

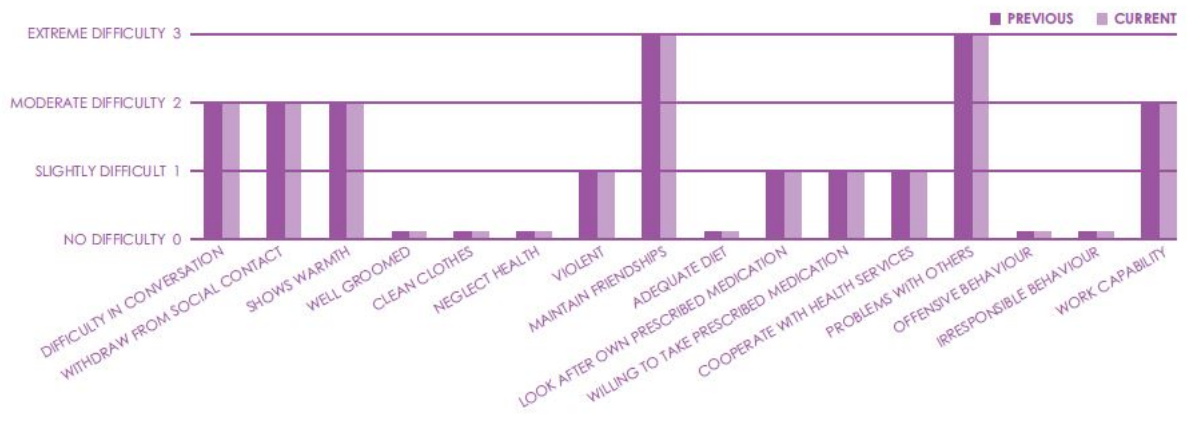
Ethel K-10



Ethel HoNOS65+



Ethel LSP-16



Ethel Current Phase of Care – Acute

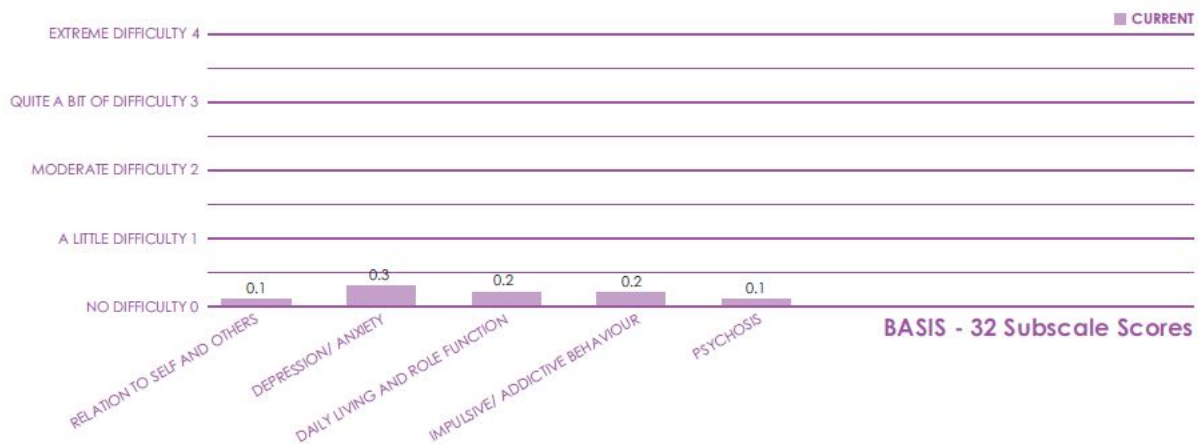
Ethel Previous Phase of Care - Consolidating Gain

Handouts for older person case studies for services using the BASIS-32

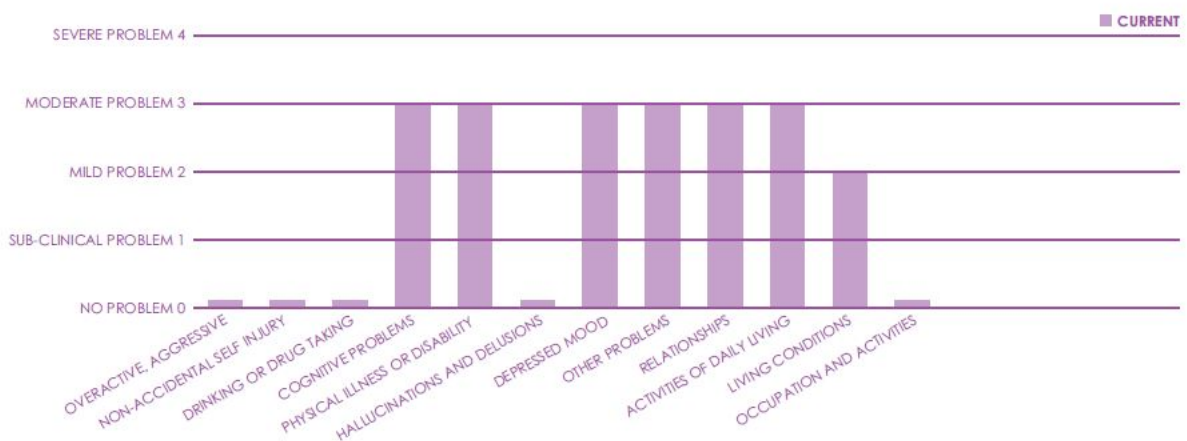
Older Persons Vignette 1 - Hilda

Hilda is a 70 year old woman who lives in a nursing home. She has become increasingly depressed recently and although she is willing to take fluids, she has been refusing to eat. She was severely burned in a house fire five years ago which has placed significant restrictions on her mobility, requiring nursing staff to dress her and transfer her between bed and chair. Although she does attend day activity sessions, she refuses to interact with other residents and is quite isolated.

Hilda BASIS-32

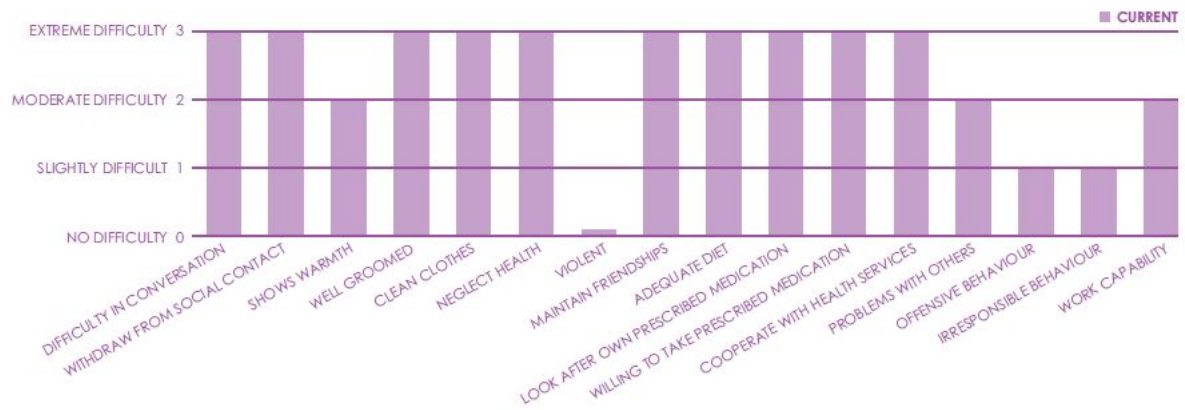


Hilda HoNOS65+



Hilda LSP-16

Hilda LSP-16

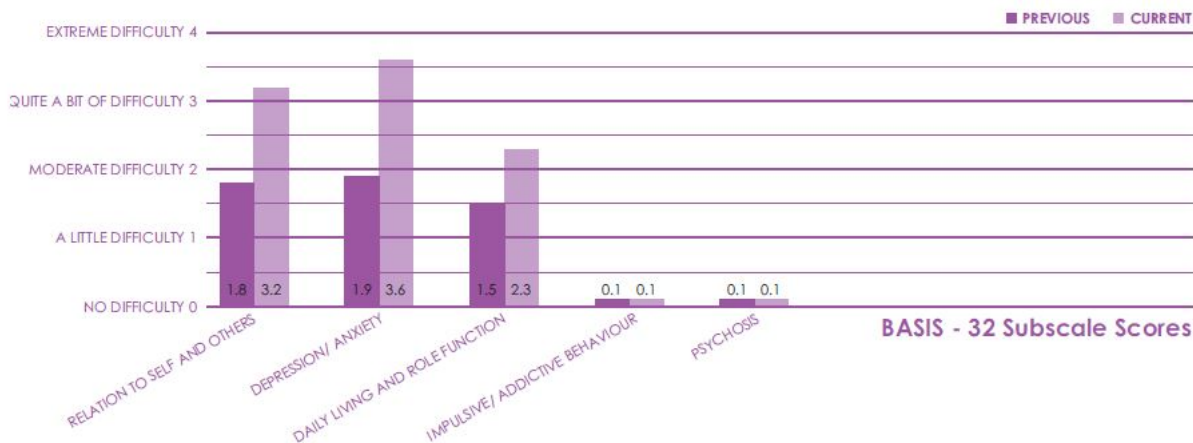


Hilda Phase of Care - Acute

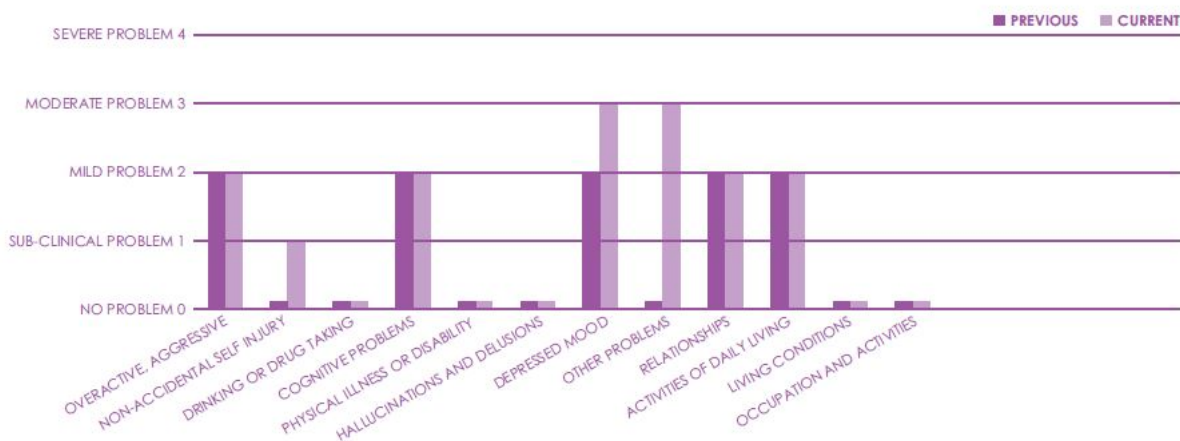
Older Persons Vignette 2 – Dolce

Dolce is a 73 year old married woman with a history of depression. She was first admitted to an aged care service 5 years ago and has had multiple admissions to the local inpatient unit for ECT. She has been well for the last 6 months, however her supportive husband has become increasingly frail and she is concerned about his health and their future. She has had difficulty managing housework recently. Although she has supportive daughters, she has withdrawn from contact with them recently. You are undertaking your regular 3 month review.

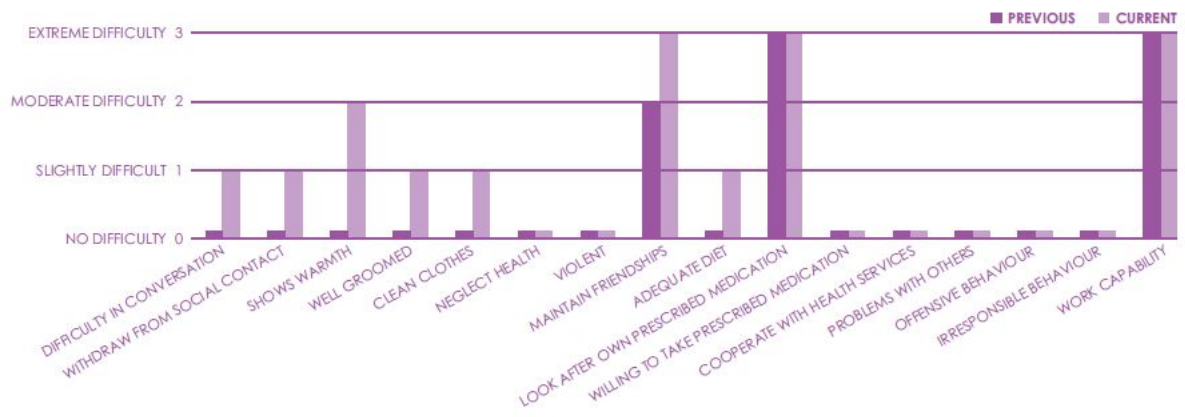
Dolce BASIS-32



Dolce HoNOS65+



Dolce LSP-16



Dolce Previous Phase of Care – Consolidating Gain

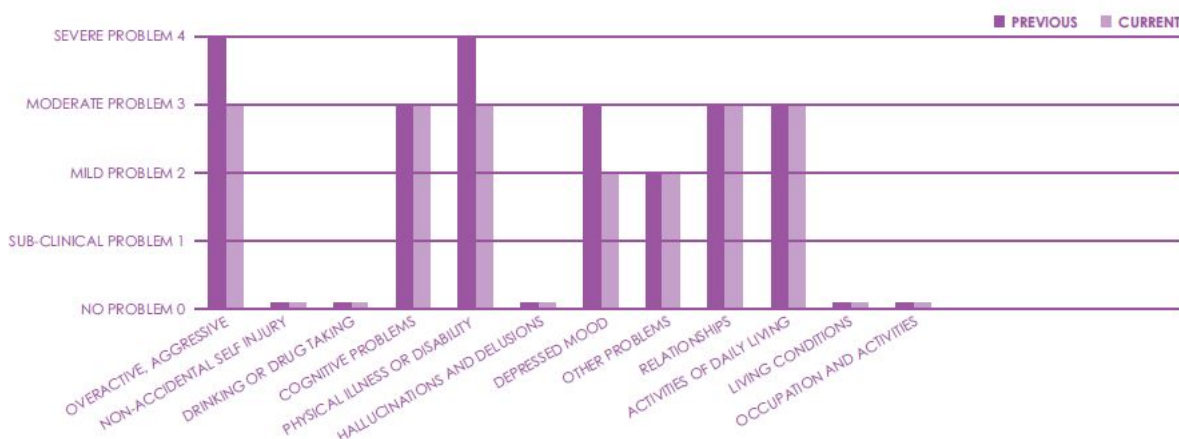
Dolce Current Phase of Care – Functional Gain

Older Persons Vignette 3 – Keith

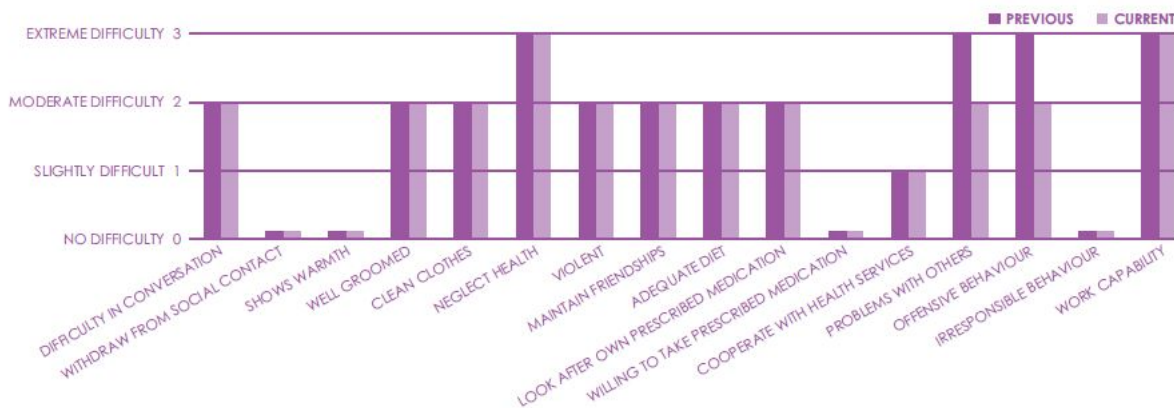
Keith is a 65 year old former truck driver with a history of traumatic brain injury as result of a serious motor vehicle accident. He currently lives in a hostel for returned Vietnam veterans and requires 24 hour support. Keith has difficulties with his ADLs. He has poor impulse control and problems with his memory and has difficulty getting on with others. Since his injury, his family have noticed a marked deterioration in his behavior, in particular aggression. He is a poorly controlled diabetic with frequent hypoglycemic attacks which adversely affect his functioning. Keith has been a client of the service for the last 3 years following multiple admissions to the local inpatient unit. You are currently undertaking his regular 3 month review.

Keith BASIS-32 Keith refuses to complete the consumer self assessment

Keith HoNOS65+



Keith LSP



Keith Previous Phase of Care - Intensive Extended

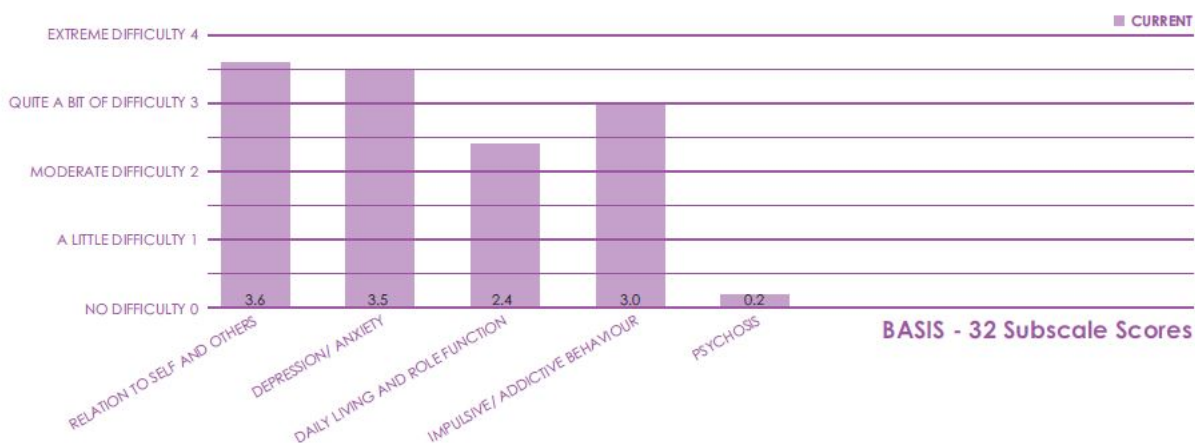
Keith Current Phase of Care - Intensive Extended

Older Persons Vignette 4 – Pablo

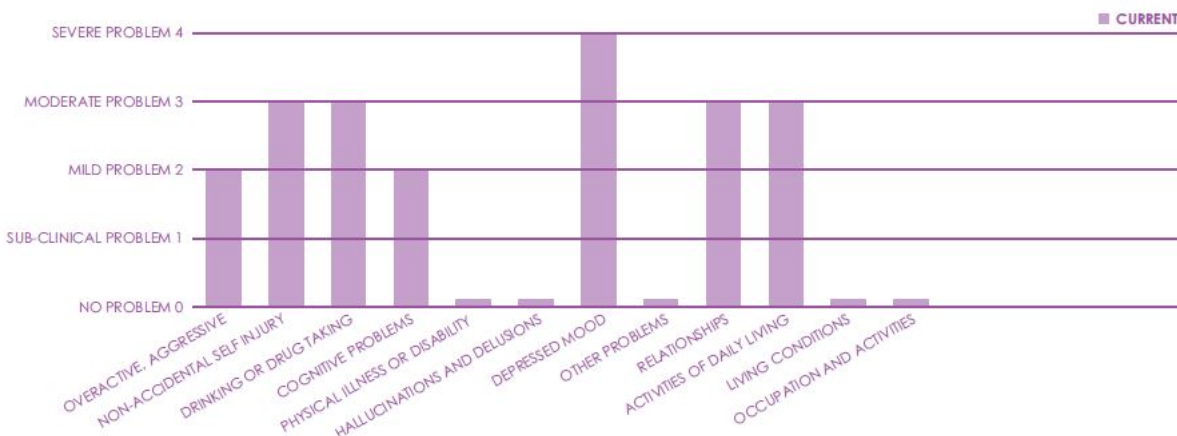
Pablo is a 66 year old Portuguese man suffering major depression and alcohol abuse following the failure of his roast chicken business. He is married to a very supportive wife and has 3 children. He has had thoughts of self harm and feelings of worthlessness as he cannot provide for his family. He was referred

to the service by his consultant psychiatrist who is concerned about the severity of his depression, which has been significant over the last 6 months. Pablo drinks daily and says he is unable to reduce his consumption. The team has been visiting daily given concerns about his degree of distress. You are undertaking his first 3 month review.

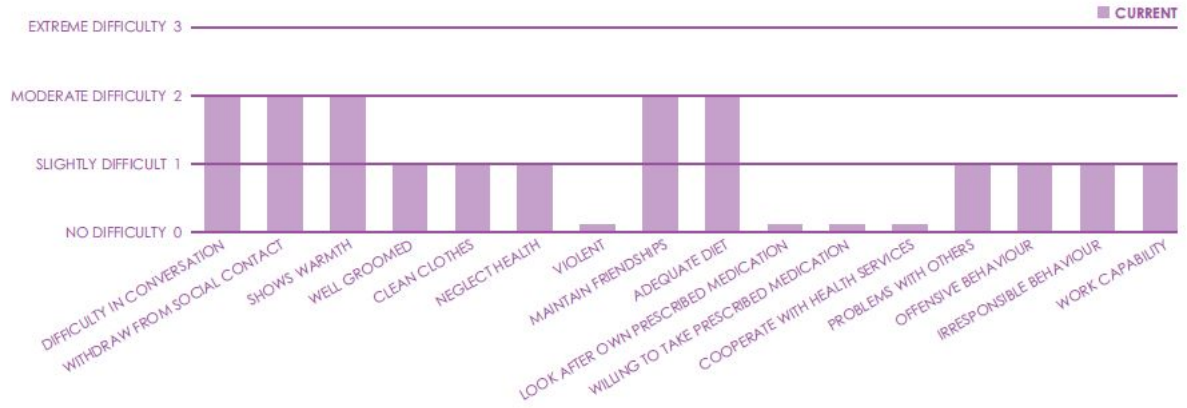
Pablo BASIS-32



Pablo HoNOS65+



Pablo LSP -16

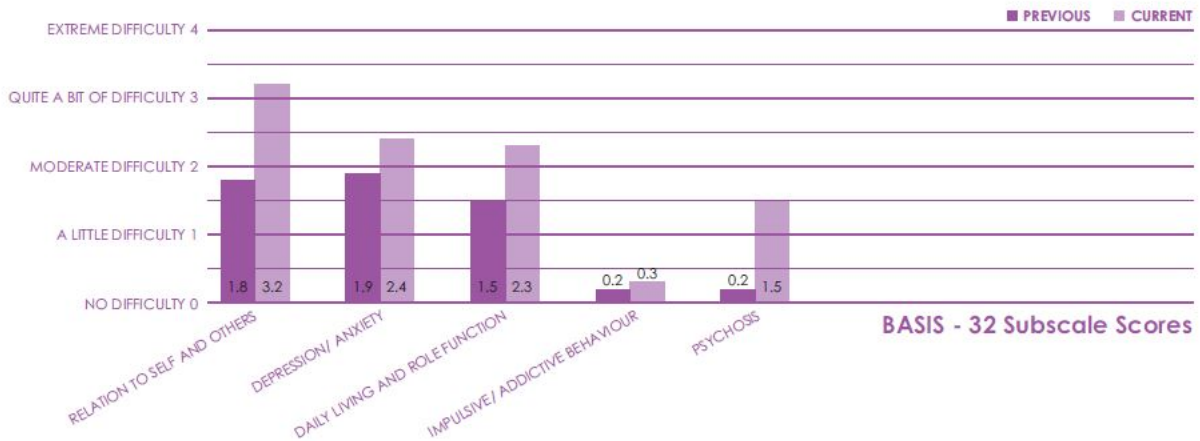


Pablo Phase of Care – Acute

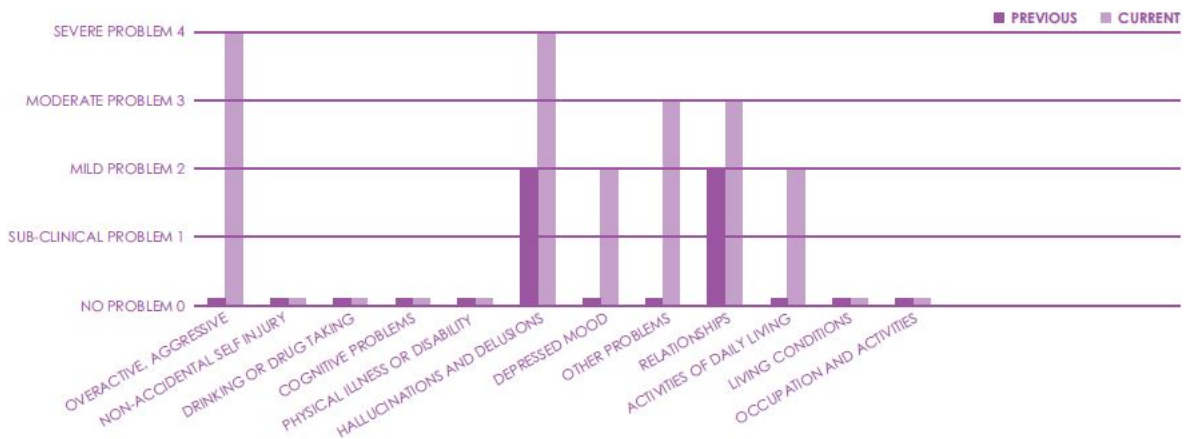
Older Persons Vignette 5 – Ethel

Ethel is a 73 year old woman with a long history of psychiatric illness. Currently she is convinced that her husband has been replaced with a double. She recently had a violent argument with her husband wanting him to get out of the house. She has heard voices encouraging her to “make him go away”. She is orientated to time, person and place and denies drug and alcohol use. She has a supportive family but little contact with others. She lives in good quality accommodation and has access to appropriate day programs that she was attending until recently.

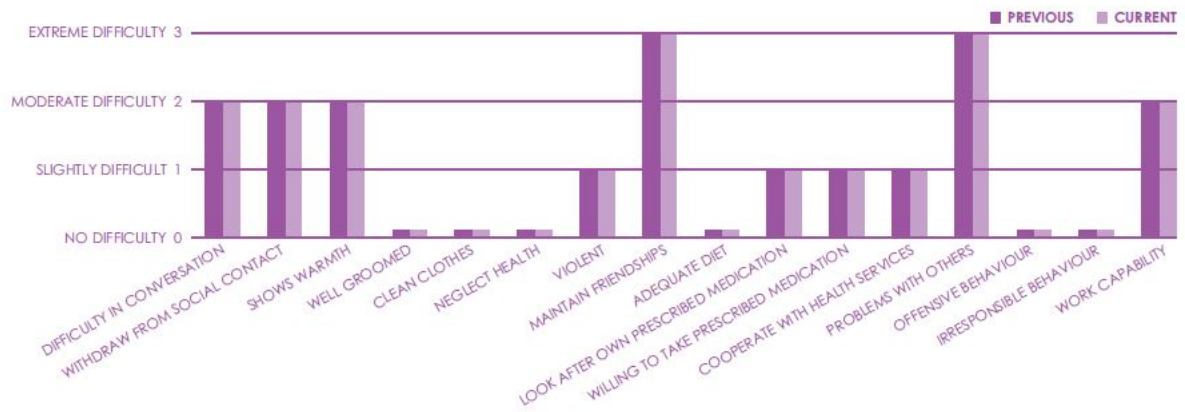
Ethel BASIS-32



Ethel HoNOS65+



Ethel LSP-16



Ethel Phase of Care – Acute

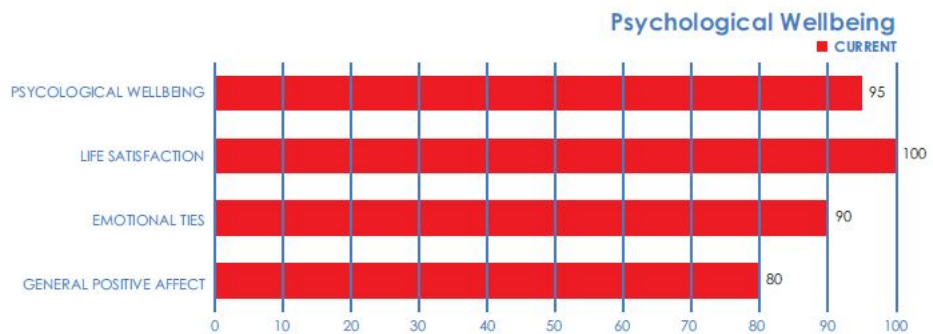
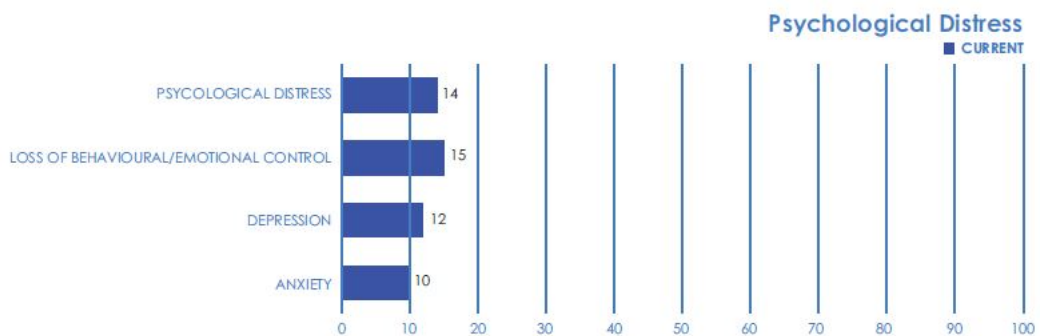
Ethel Previous Phase of Care – Consolidating Gain

Handouts for older person case studies for services using the MHI-38

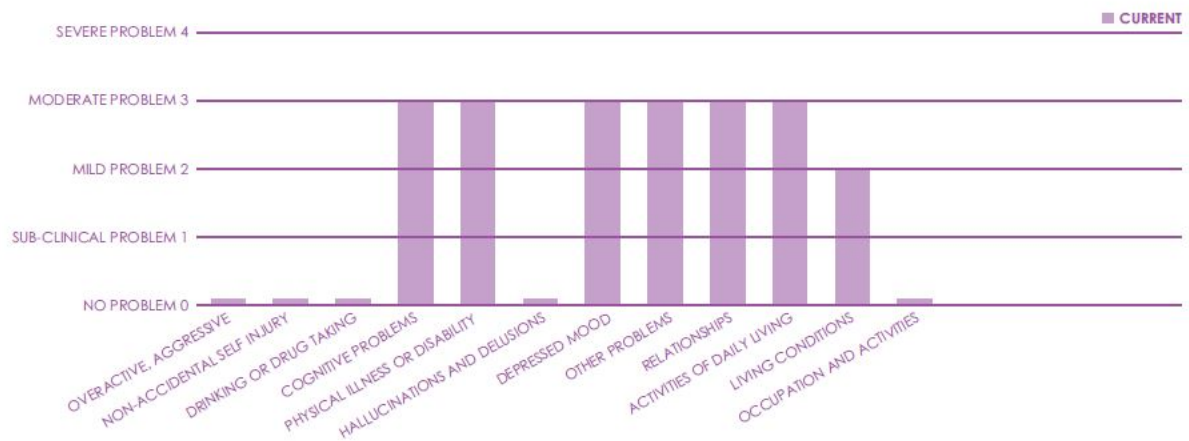
Older Persons Vignette 1 - Hilda

Hilda is a 70 year old woman who lives in a nursing home. She has become increasingly depressed recently and although she is willing to take fluids, she has been refusing to eat. She was severely burned in a house fire five years ago which has placed significant restrictions on her mobility, requiring nursing staff to dress her and transfer her between bed and chair. Although she does attend day activity sessions, she refuses to interact with other residents and is quite isolated.

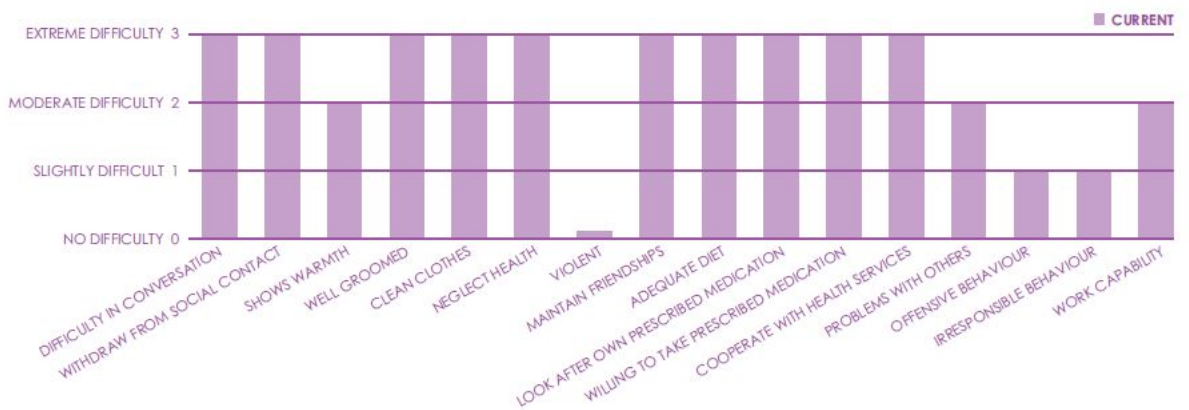
Hilda completes the MHI



Hilda HoNOS65+



Hilda LSP-16

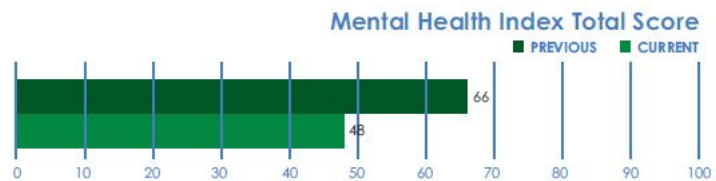
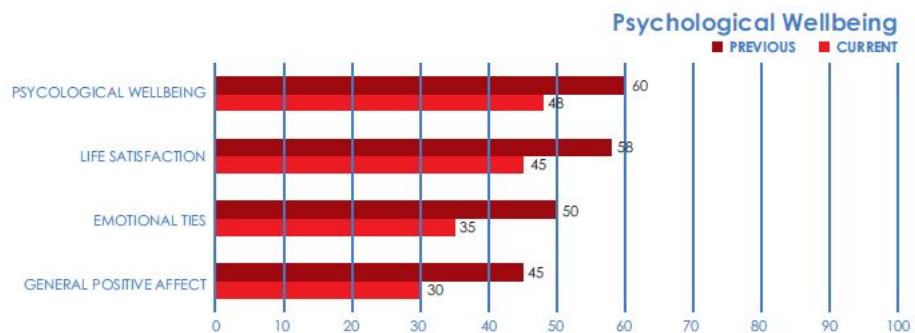
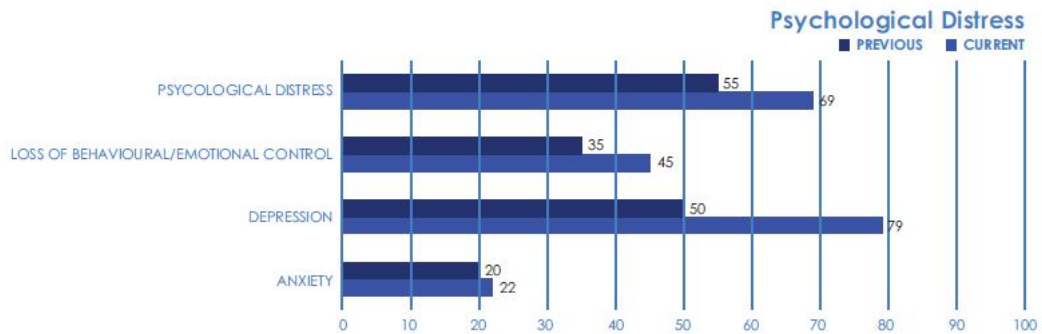


Hilda Phase of Care - Acute

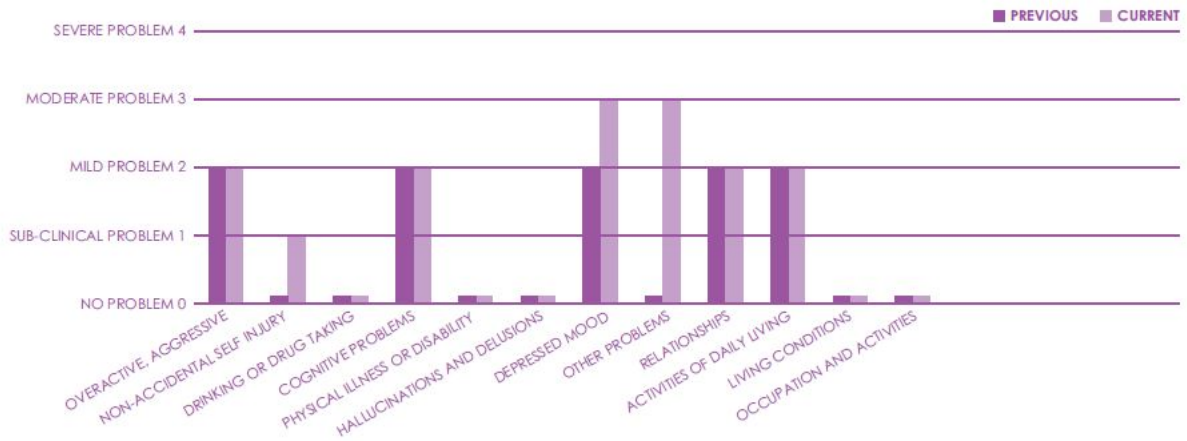
Older Persons Vignette 2 – Dolce

Dolce is a 73 year old married woman with a history of depression. She was first admitted to an aged care service 5 years ago and has had multiple admissions to the local inpatient unit for ECT. She has been well for the last 6 months, however her supportive husband has become increasingly frail and she is concerned about his health and their future. She has had difficulty managing housework recently. Although she has supportive daughters, she has withdrawn from contact with them recently. You are undertaking your regular 3 month review.

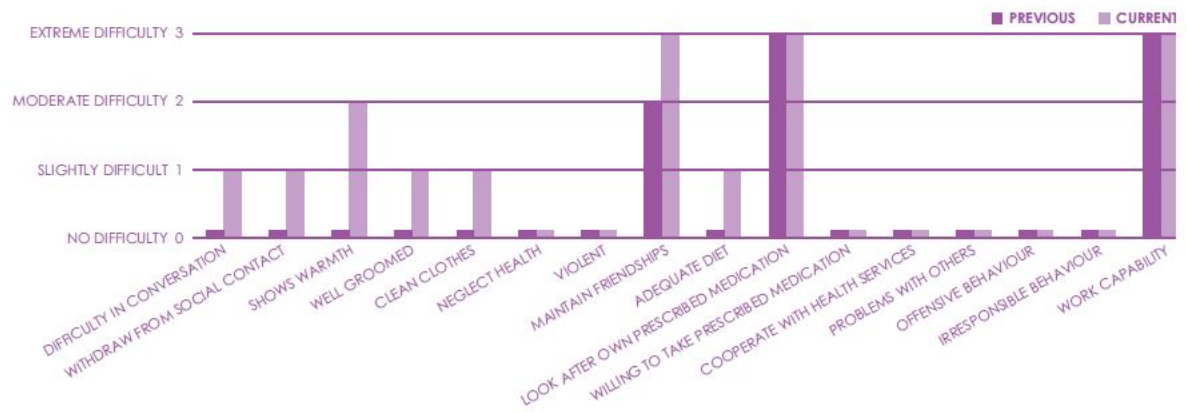
Dolce MHI



Dolce HoNOS65+



Dolce LSP-16



Dolce Previous Phase of Care – Consolidating Gain

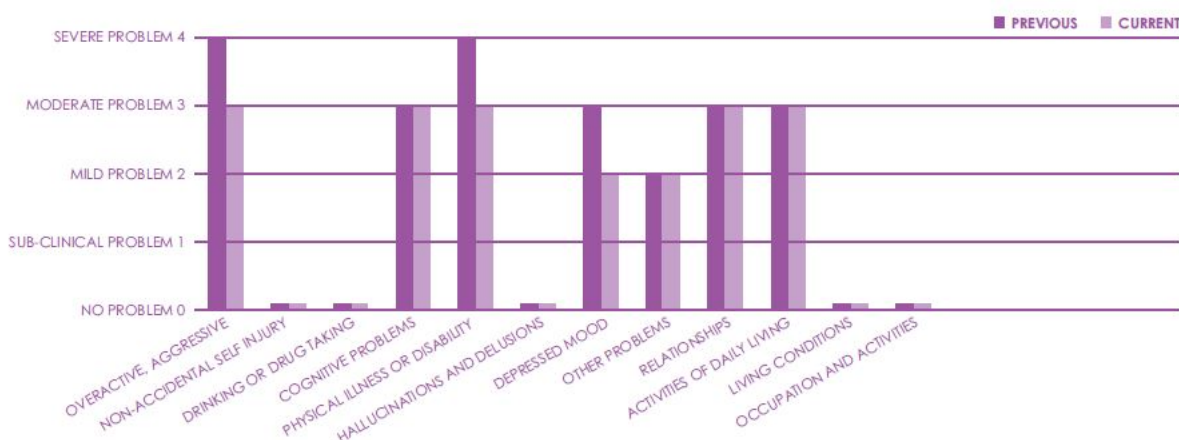
Dolce Current Phase of Care – Functional Gain

Older Persons Vignette 3 – Keith

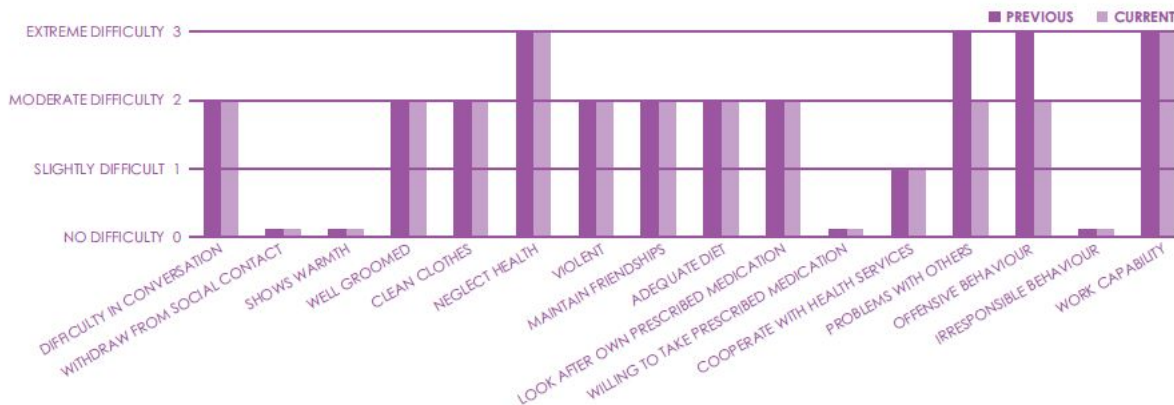
Keith is a 65 year old former truck driver with a history of traumatic brain injury as result of a serious motor vehicle accident. He currently lives in a hostel for returned Vietnam veterans and requires 24 hour support. Keith has difficulties with his ADLs. He has poor impulse control and problems with his memory and has difficulty getting on with others. Since his injury, his family have noticed a marked deterioration in his behavior, in particular aggression. He is a poorly controlled diabetic with frequent hypoglycemic attacks which adversely affect his functioning. Keith has been a client of the service for the last 3 years following multiple admissions to the local inpatient unit. You are currently undertaking his regular 3 month review.

Keith MHI Keith refuses to complete the consumer self assessment

Keith HoNOS65+



Keith LSP



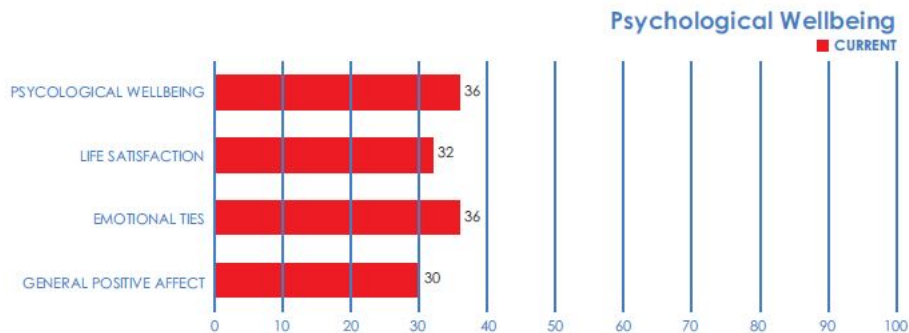
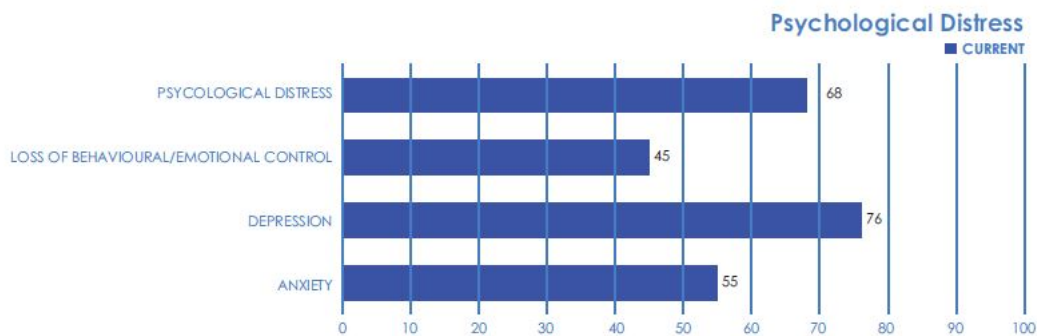
Keith Previous Phase of Care - Intensive Extended

Keith Current Phase of Care - Intensive Extended

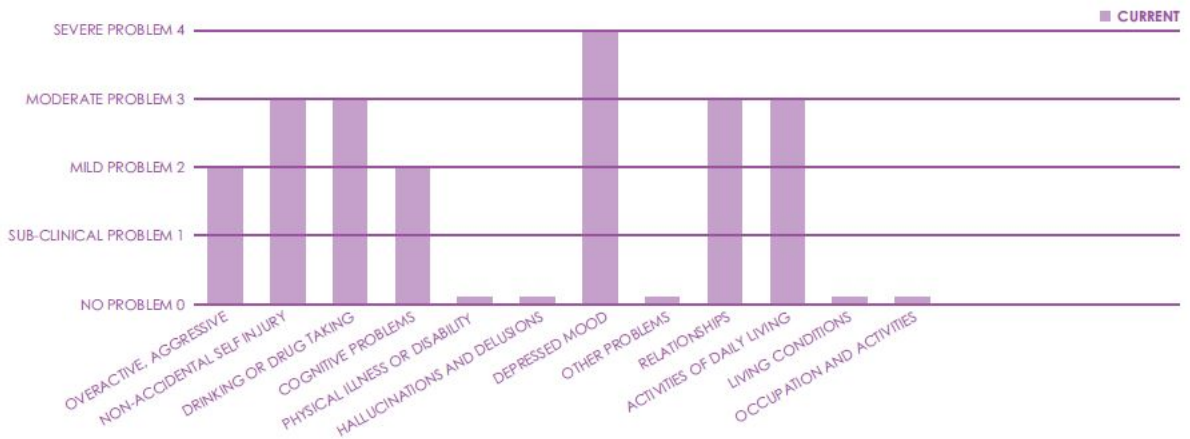
Older Persons Vignette 4 – Pablo

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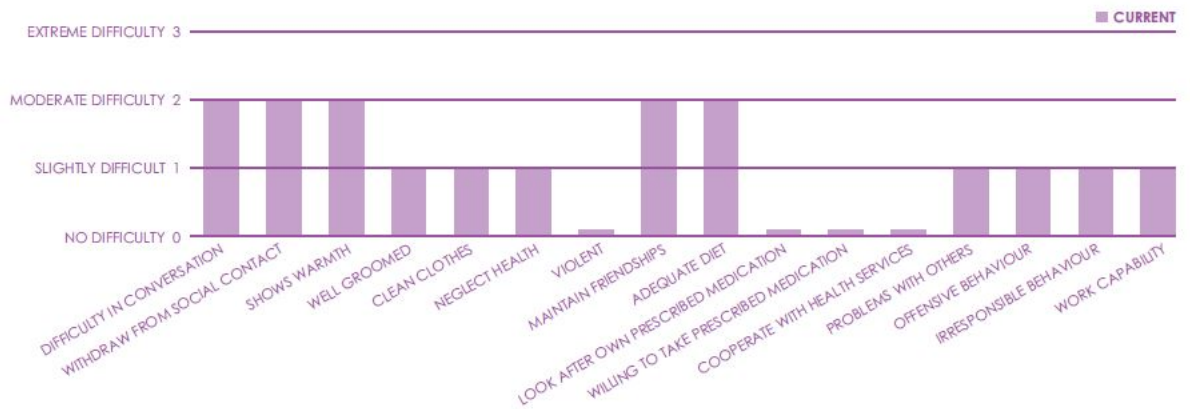
Pablo MHI



Pablo HoNOS65+



Pablo LSP -16

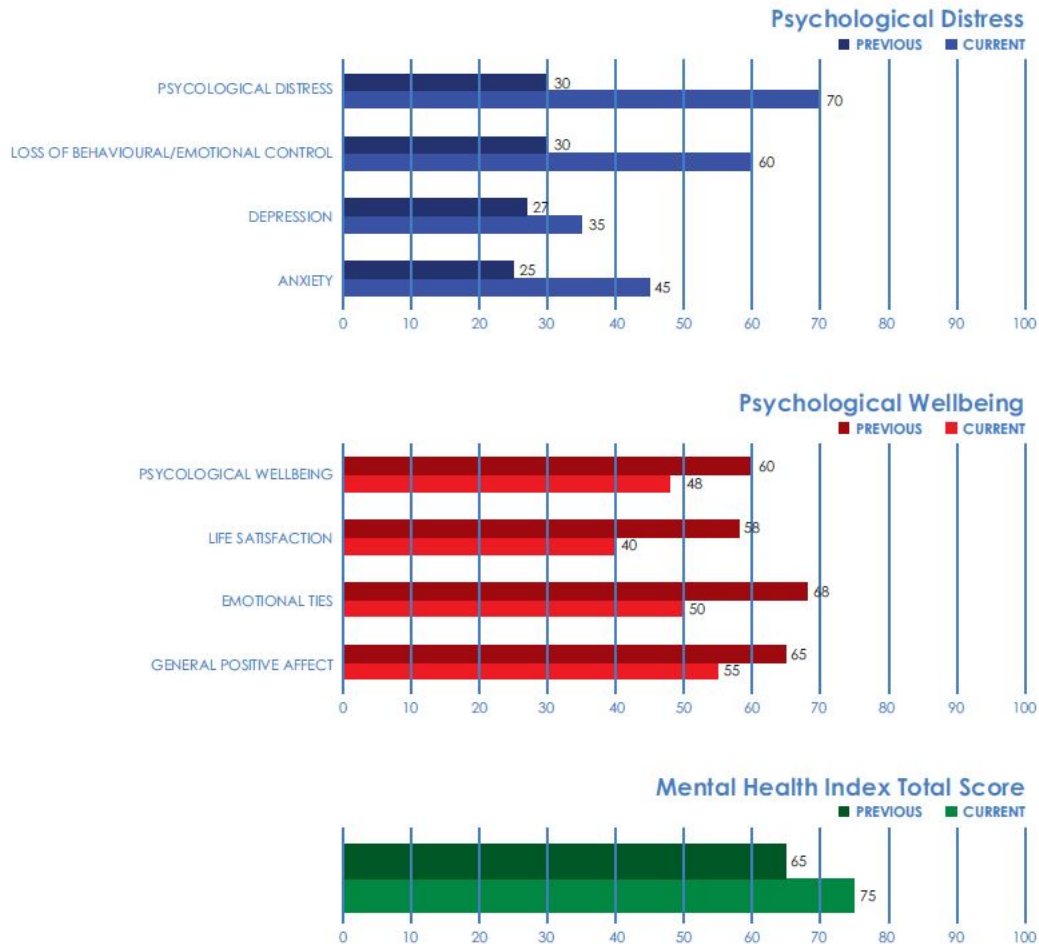


Pablo Phase of Care – Acute

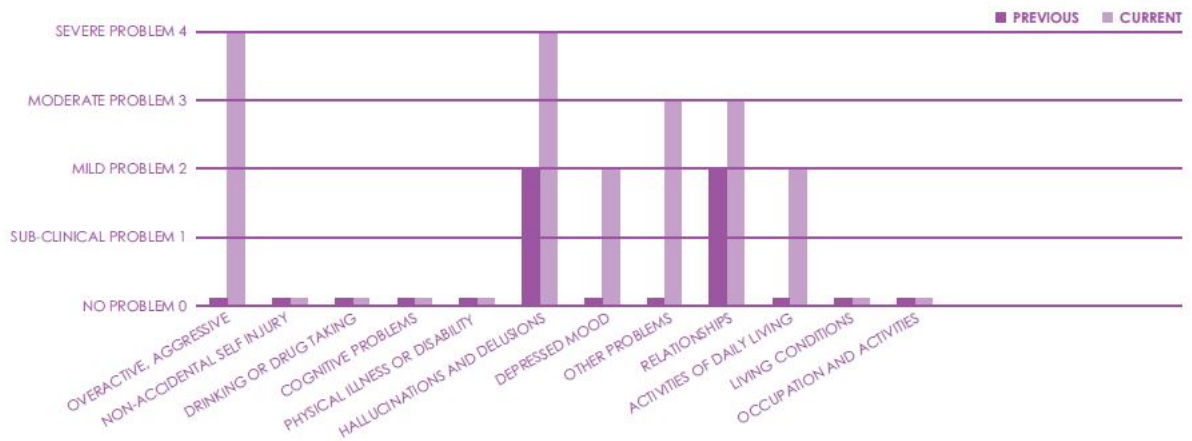
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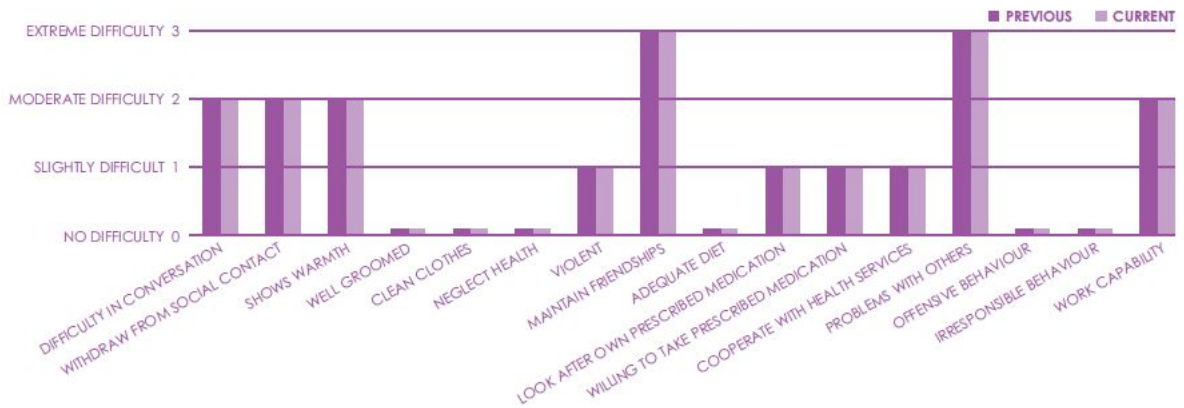
Ethel MHI



Ethel HoNOS65+



Ethel LSP-16



Ethel Phase of Care – Acute

Ethel Previous Phase of Care – Consolidating Gain

Video resources

Video used in this training are available on the AMHOCN's site on the Vimeo platform.

These can be accessed via the "Using the NOCC in team reviews and case presentation" showcase on Vimeo: <https://vimeo.com/manage/showcases/10359004/info>

Alternatively:

Video 1: Using the NOCC in team reviews and case presentation – Measures in team reviews is available at: <https://vimeo.com/user187821404/teamreviews01?share=copy>

Video 2: Using the NOCC in team reviews and case presentation – Team discussion is available at: <https://vimeo.com/user187821404/teamreviews02?share=copy>