



**Australian Mental Health
Outcomes & Classification Network**

'Sharing Information to Improve Outcomes'

An Australian Government funded initiative

**Development of clinical prompts to enhance
decision support tools related to the National
Outcomes and Casemix Collection**

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What is Australian Mental Health Outcomes and Classification Network?

The Australian Mental Health Outcomes and Classification Network (AMHOCN) was established by the Australian Government in December 2003 to provide leadership to the mental health sector to support the sustainable implementation of the outcomes and casemix collection as part of routine clinical practice. It aims to support states and territories and to work collaboratively with the mental health sector to achieve the vision of the introduction of outcomes and casemix measures. AMHOCN consists of three components: a data bureau responsible for receiving and processing information; an analysis and reporting component providing analysis and reports of submitted data; and a training and service development component supporting training in the measures and their use for clinical practice, service management and development purposes. Currently, the Australian Government has contracted the following organisations to undertake these roles: Strategic Data Pty Ltd, (data bureau); The University of Queensland (analysis and reporting); The NSW Institute of Psychiatry (training and service development). In February 2005, an AMHOCN State Liaison Manager role was established to coordinate activities between the state and territory health authorities and the AMHOCN components. The Australian Government has contracted Allen Morris-Yates to undertake that role. Further information regarding AMHOCN can be found at <http://www.mhnocc.org>.

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Feedback

Comments on the document are welcomed. Readers are encouraged to submit comments via the on-line NOCC forum at <http://www.mhnocc.org/>. Alternatively, comments can be forwarded to:

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EXECUTIVE SUMMARY

Background

Australia's National Mental Health Strategy has emphasised the development of sound information to support service planning and delivery and direct clinical care. This has included the introduction of the use and reporting of routine outcome measures regarding all consumers of public mental health services at defined points in their care. De-identified, patient-level outcomes and casemix data (referred to as the National Outcomes and Casemix Collection, or NOCC) is submitted by all States/Territories to the Australian Government. The Australian Mental Health Outcomes and Classification Network (AMHOCN) has developed an online Decision Support Tool (wDST) that provides clinicians, consumers and carers with access to the aggregate data of the National Outcomes and Casemix Collection (NOCC).

As a result of consultation with the national Outcome Expert Groups, and others, a 10 month project was commissioned. The primary objectives of the current project were to establish the feasibility of linking clinical prompts to scores on the NOCC routine outcome measures; and the subsequent development of a library of clinical prompts to be potentially incorporated into the wDST, or other information systems. The primary focus of the prompts developed in the project is to assist the supervision of junior mental health clinicians, but with recognition of a significant potential wider group of users including consumers and carers.

Method

In order to systematise the literature review and to guide the development of clinical prompts, a conceptual framework was required. This framework was in part determined by the domains identified in the various instruments in the NOCC suite of measures, and the factors available within NOCC that are relevant to split these by. The further development of the clinical prompt framework was an iterative process during the project, with input from relevant literature and consultations. The over-riding principles for the development of prompts were that they should:

- be linked to scores on individual NOCC measure scores at the individual item, subscale or total score level
- have as great a consistency as possible across domains and sub-domains, only being different or modified when clearly justified
- be focussed upon the decisions and actions under the control of relatively junior clinicians; Offering simple advice that can be
 - relevant in different settings
 - meaningful, and

- prompt consideration of the context
- be as evidence based as possible in themselves; and provide linkages/references to appropriate evidence based guidelines and/or potentially useful tools

Utilising these principles, the project team reviewed relevant literature and held a series of consultations with three (Child and Adolescent, Adult, Older Persons) clinical reference groups. The results of these processes were synthesised to develop a library of clinical prompts with an associated logic to link these in a matrix manner to the NOCC outcome measures. Limited broader consultation with consumers, carers and other clinicians supported this process

Results

Clinical prompts, and a logic framework to link these to NOCC measures, proved feasible to develop. These were able to be created for scores related to all NOCC measures, across all age ranges.

It was decided that clinical decisions by a junior clinician regarding a score on a particular issue rated on a NOCC measure should be made with consideration of the following factors:

- Potential clinical risks, both short and long term, but with the former given particular attention;
- Frequency with which such a score is expected to occur in that clinical setting
- Known clinical context
- Relevant evidence base for action.

These factors should guide actions, particularly:

- Urgency of seeking supervision from a more senior clinician
- Key actions or assessments related to short term risk
- Utilising all available information for appropriate care planning
- Reviewing relevant evidence based guidelines.

Prompts should also take into consideration:

- Decisions and actions that are under the control of a junior clinician
- Known high prevalence of co-morbid diagnoses and clinical problems in consumers with mental illness
- The number of prompts that it is likely that a clinician or consumer can effectively attend to.

These conclusions were utilised to develop a set of 8 types of prompts linked through a matrix type of logic to NOCC measures, and scores on items within these. The prompt sets were:

Prompt Set	Prompt material
A	Links to a broad range of Evidence Based Guidelines that may relate to multiple conditions and NOCC measures
B	Links to specific Evidence Based Guidelines, or resources, relevant to specific measures or items on measures
C	An 'alert' prompt that is related to the potential clinical significance of the item, particularly considering the potential for the item score to be associated with significant, particularly short term, clinical risk.
D	Other NOCC measures or items likely to be particularly relevant to understanding the clinical context
E	Advice on the urgency of seeking supervision from a senior colleague
F	Brief advice regarding key clinical issues related to clinical risk management that are specific to the item being measured and its score
G	Additional advice relevant to the item in most situations
H	General advice regarding how to link score on the NOCC measures to care planning.

Discussion and recommendations

The project has demonstrated the feasibility of developing a library of clinical prompts linked to the NOCC outcome measures that has the potential to assist the supervision of junior mental health clinicians. Although not an explicit condition or goal of the project, an implicit requirement for developing prompts was the ability to link scores on NOCC measures to clinically meaningful concepts. The experienced clinicians on the clinical reference groups found that this was both possible and appropriate.

The current library of prompts should be seen as the first stage in the development of electronic systems. In establishing the feasibility of utilising the NOCC measures to provide decision support, the project has also highlighted that significant ongoing research and development is desirable if this approach is to achieve its optimal potential in improving consumer outcomes. It is recommended that the library now be validated and field tested prior to broader release.

It is recommended that:

- The developed library of prompts be field tested and validated
- Following validation, the refined prompts be incorporated into electronic information systems such as the web based decision support tool (wDST)
- A system be established to maintain the currency of the information within the prompts
- Ongoing research be undertaken into aspects of the NOCC measurement suite that will support the ongoing development of decision support applications
- Further development of prompts:
 - that can be delivered to clinicians in real time when the routine outcome measure scores are entered into information systems
 - to assist consumer and carers to act appropriately when given scores by clinicians

PART A PROJECT REPORT

1 BACKGROUND

1.1 Setting the context

A number of documents [1-4] supporting Australia's National Mental Health Strategy have emphasised the development of sound information to support service planning and delivery and direct clinical care. Consequently, there has been considerable investment in information development over the last 10 years.

State/Territory Governments and the Australian Government are collaborating in a coherent national approach. All States/Territories have signed Information Development Agreements that require them to submit certain data to the Australian Government, namely de-identified, patient-level outcomes and casemix data (referred to as the National Outcomes and Casemix Collection, or NOCC) and admitted and non-admitted activity data (consistent with the National Minimum Data Set – Mental Health Care)[4]. The Australian Government has established three Expert Groups (Adult, Child and Adolescent, and Older Persons) to advise on the implementation and use of outcomes and casemix information in mental health services. It has created arrangements to receive process, analyse and report on the NOCC and NMDS data submitted by States/Territories. In addition, it has provided resources to support the training of the mental health workforce in the use of outcomes and casemix measures.

A focus of this training has been the use of NOCC measures to support care planning and clinical review processes. The Australian Mental Health Outcomes and Classification Network (AMHOCN) has developed an online Decision Support Tool (wDST) [5] that provides clinicians, consumers and carers with access to the aggregate data of the National Outcomes and Casemix Collection (NOCC). This tool was released in February 2006 as a Microsoft Access data base and has been used extensively in training clinicians in the clinical utility of the NOCC. In July 2007 a web based version of the tool (wDST) was released.

The wDST currently provides clinicians with information about consumers' mental health status at a single point in time as well as change in mental health status over time. The tool provides clinicians with an opportunity to compare the consumer currently in care with similar types of consumers using a variety of partition and stratification factors such as age, diagnosis and service setting. Users of the wDST are presented with national aggregate statistics (percentile distribution, mean and standard deviation, a graphical presentation of the frequency distribution of scores and how the consumer in care compares to other

similar types of consumers). This information is also presented as a written commentary.

There is evidence that providing simple feedback or prompts to clinicians can reduce adverse outcomes [6, 7] for consumers.

Consultation with the three national Outcomes Expert Groups identified a number of ways the wDST could be enhanced to support clinical practice improvement and workforce development. These improvements include:

- linking the use of the NOCC measures to the process of assessing and engaging with consumers and promoting discussion of the change in presentation of the consumer;
- using the tool to prompt clinicians to use available clinical practice guidelines; and
- using the tool to support the use of evidence based practice within the mental health sector.

Issues identified in consultation as requiring exploration and ongoing development included an understanding of the type of prompts that would support clinical practice, and determining how and when these prompts should be delivered. The Expert Groups identified that development of the wDST to support these approaches would be a considerable amount of work which would be iterative in nature, requiring extensive development, consultation and piloting.

This consultation highlighted the complex nature of future development of the wDST.

It is important to note that, ultimately, the wDST and any associated clinical prompts will be available on the world wide web. This is consistent with AMHOCN's overarching brief, namely 'Sharing Information to Improve Outcomes'. To date, all standard reports and the AMHOCN Data Cube are available in this way, albeit with no organisation or jurisdiction separately identified. As such, the material will be available, not only to clinicians to support clinical practice improvement, but also to consumer and carers. Accordingly, the involvement of consumers and carers should be seen as essential to the development of clinical prompts and associated decision support material.

1.2 Existing systems of clinical prompts and electronic decision support.

1.2.1 Introduction

Electronic information systems are proposed [8-11] to be a key mechanism to enhance the quality of clinical services in many areas of health. Within mental health in Australia there has been significant investment in the development of an

information technology infrastructure and the routine collection of consumer outcome measures [4, 12]. Each state in Australia is developing their own information system to support mental health care, with discussions at the national Outcome Expert Groups suggesting that these all aim to support clinical decision making, including through and links to NOCC Routine Outcome Measure data. Despite these state, and some local, initiatives, the goal of effectively providing electronic decision support is still seen as challenging. Therefore there are important questions regarding how to gain most benefit from these investments, and what we can learn from the published literature. The following section summarises and highlights some key findings from relevant health and mental health literature with regards to the development of decision support relevant to the NOCC measures.

1.2.2 Contextual Issues

A key strategic decision for the development of decision support strategies is clarifying which clinical decisions are given priorities for such support. They suggest common clinical decisions are “(a) where to treat clients, (b) how to treat clients, (c) who should treat clients, (d) whether quality services are being provided to clients, (e) whether clients are getting better, (f) how to manage and supervise treatment, (g) who should make the decisions.” [9] Furthermore, they propose that multiple evidence bases should be referenced in making such decisions, including practice guidelines, information regarding organisational performance, and individual consumer case history data.

It has been proposed [13] that ‘Electronic Knowledge Resources’ can be considered within two categories: clinical information-retrieval technology, which retrieve sets of information derived from multiple sources such as evidence based guidelines or textbooks; and decision support systems, which match information with patient specific data to provide patient specific recommendations. A goal of both types of systems is to provide information that has ‘situational relevance’. This can be defined as [13] “the value of an information hit, for a single health professional, in a particular organizational context at a certain point in time, relative to their search objective, e.g., a clinical question may be answered using an information hit to clinicians.” This is particularly important because the published ‘evidence’ can have limitations when being used to guide local clinical decisions, and ideally consideration should also be given to analysis of local results of care [14]. This linkage can be done in an actuarial manner, or through experienced clinician judgement.

Liu et al [15] strongly advocate for an increased focus upon clinical need in the development of decision support systems, and argue that electronic decision support systems should be considered as one of a number of available ‘Decision Tools’, whether electronic or mechanical. It therefore appears appropriate to consider the evaluation of the impact of feedback and audit of a summary of clinical performance over a period of time upon clinical practice. This has been

evaluated using Cochrane collaborative methodology [16]. They found that such feedback can be effective, but the effects are variable, and generally small to moderate. Low baseline compliance with target behaviours, and increased intensity of feedback appeared to increase the likelihood of effectiveness. 'Intensive' feedback was considered to be where it was provided to individuals rather than groups, and provided in a verbal format or with a supervisor or senior colleague as the source; as well as provided over a period of time.

Other relevant issues that have arisen both in consultation and published literature are the ongoing significant Australian mental health workforce challenges, both terms of both numbers and experience of staff [17, 18]: as well as current attitudes to routine outcome measurement, clinical guidelines, and decision support. In considering the slow uptake of decision support systems in mental health in Australia it has been proposed[19] that clinician, organizational and cultural and technological factors all contributed; but the nature of the clinical decision-making process in psychiatry may be an additional barrier. Clinical guidelines are developed with the goal of improving consumer care and outcomes, but with great difficulty achieving these goals in practice [20-22]. It has been proposed that an increased focus upon consumer access to guidelines may be required to stimulate discussions between consumers and clinicians regarding appropriate care, and so increase the impact of guidelines upon clinician practice[22, 23]. In relating the NOCC outcome measures to clinical practice guidelines consideration must also be given to the issue that the NOCC item measures are focussed upon symptoms and functions; whereas most clinical guidelines are structured around diagnostic groups.

The current project should therefore be seen as part of an ongoing developmental process aimed at supporting and improving clinical practice along with the development of decision support systems within mental health.

1.2.3 Effectiveness of decision support and clinical prompts

Despite this work in Australia and overseas, and the identified importance of electronic decision support systems to improve the quality of care, there is ongoing comment[24] upon the relatively limited literature evaluating the effectiveness of such systems in achieving their goals. This is clearly relevant within mental health. The risks associated with not learning from previous experience in implementing computerised health information systems were highlighted in 2003 [25]. Subsequent to this there have been an increasing number of relevant reviews of the evidence base for computerised decision support ([10, 24, 26]

One review[26] was of the effect of Computerised Clinical Decision Support Systems upon clinician performance and consumer outcomes across the health system, another [10] focused upon their application in improving the care of those

with chronic illness. Both studies conclude that many computerised decision support systems improve consumer care. However, there is significant variation between studies in terms of both their quality and outcomes, with the evidence for improved consumer outcomes being weaker than that for improved clinician performance. In the initial review [26], factors associated with positive effects in studies have been automatic prompting to use the system those studies in which the authors created the system being studied. However in 2007 [10] the following components were found to be correlated with success: connection to an electronic medical record, computerised prompts, 'population management' prompts, specialised decision support, electronic scheduling and personal health records.

Barriers to successful implementation that have been identified [10, 26] include cost, data privacy and security concerns, failure to use the system, poor usability or integration into practitioner workflow and practitioner non-acceptance of computer recommendations. The importance of actively managing clinician resistance in the implementation of all new information technology has also been highlighted [27]

In these broader reviews, systems to assist the management of mental illness represented in the order of 20% of reported trials; and predominately focussed upon depression, but also schizophrenia and post traumatic stress disorder. Most studies have been in outpatient care, and in primary care. Physicians have been the most common primary target audience, and a significant proportion of studies in some reviews [24] are from a limited number of centres. The reviewed studies that focussed upon mental illness have particularly explored improving diagnostic accuracy or screening (by the clinician or through consumer self report instruments[10, 20, 28] although also other avenues for improving care such as through the use of reminders to improve compliance with clinical guidelines [28]. As with the broader literature, outcomes have been mixed, with more positive findings of changes in the process of care than specific consumer outcomes. In considering the implications of these findings it appears worth reflecting on some of the difficulties in assessing the implementation of broader health information systems[29].

'Electronic Knowledge Resources' have been found to be able to provide information considered to have a high degree of situational relevance to Family Medicine Residents[13], with the authors' acknowledgment that these results may therefore not generalise to more senior clinicians, who may wish to use such resources in differing ways.

Although not all electronic, the work [6, 7] on provision of clinical prompts to therapists in response to routine consumer self report measures in a university counselling centre in the USA is worthy of consideration. A significant improvement in consumer outcomes was achieved through providing simple feedback in the form of a graph of consumer progress and a coloured dot which

was one of four colours, indicating how the consumer was progressing and the likelihood of a satisfactory outcome. Nearly twice as many clients in the feedback group achieved clinically significant or reliable change and fewer were classified as deteriorated by the time treatment ended.

1.2.4 Implications

There is sufficient support in the literature to support the potential of electronic decision support to improve mental health care and therefore improve outcomes for consumers. However, this potential may require significant developmental work to achieve. The evidence base in this area is still relatively small, and even more limited when the evidence base specific to mental health is considered. A number of strategies considered to be associated with positive evaluations are not appropriate for use within a decision support system aligned to our current knowledge ; base the NOCC outcome measures, or to the wDST; but there is valuable guidance for this project, and future developments in this area.

The following issues appear to be particularly relevant

- It is essential to be clear about the purpose of clinical prompts and who the target audience is
- Prompts need to be developed to align with clinical practice
- Prompts need to be delivered in a manner that has sufficient intensity of input to be effective. The use of clinical supervisors in this process may be of assistance
- Prompts should encourage clinicians to integrate different types of evidence, both evidence based literature and information regarding the consumer, as well as the benefits of senior clinician experience
- Clinicians may look at electronic prompts for differing reasons, and an effective system needs to provide relevant information for as many of these reasons as is practical;
- Whilst recognising that simple feedback can in itself be effective in improving consumer care if it is appropriate.
- It is important to evaluate the appropriateness and effectiveness of any decision support resources that are developed. Such evaluation should guide any further development of these resources, and also assist the development of other mental health decision support tools.

1.3 Purpose and scope of the project

The work reported here was commissioned by the Commonwealth Department and Health and Ageing, as a discrete 10 month project to deliver a library of clinical prompts based on scores on the NOCC measures. This library was to not only include the content of clinical prompts, but the underlying logic of the prompt, identifying which prompt should be given at which point in time. This

library will provide the foundation for additional consultation and development, along with the material to populate information systems such as the wDST. Integration of the library within the wDST was, however, beyond the scope of this project.

Consultation and an initial review of relevant literature had made it clear that the development of clinical prompts associated with the HoNOS and other NOCC outcome measures will be an iterative one over a lengthy time period. There are also multiple potential audiences for such prompts. Therefore it was imperative to be clear regarding the purpose of the current library of clinical prompts to be developed, and their intended audience

The primary objectives of the current project were to establish the feasibility of linking clinical prompts to scores on the NOCC routine outcome measures; and the subsequent development of a library of clinical prompts to be potentially incorporated into the wDST, or other information systems.

It was expected that these prompts will be triggered by scores on the NOCC measures and associated factors. The proposed primary goals of the clinical prompts were to:

1. assist the supervision of junior mental health clinical staff; and
2. to encourage clinicians to reflect upon their practice and consider certain actions in the clinical care of consumers by providing a linkage between the NOCC measures, evidence based guidelines and clinical practice; particularly care planning.

These decisions were influenced by evidence that involving supervisors in audit feedback improves their efficacy, the current challenges within the mental health workforce in terms of experience and provision of supervision to junior staff, and the current state of knowledge of the clinical implications of scores on the NOCC measures. It is acknowledged that clinical supervision is a complex process that utilises the experience of senior clinicians to apply their knowledge to the care of individual consumers in local service contexts, as well as conveying the values of the supervisor to junior clinicians [30]. It is not intended that the library of prompts is a substitute for these processes, but rather an adjunct to their effectiveness.

A secondary, but important, proposed purpose of the library is to provide consumers and carers with more information regarding the relationship between ratings of a consumer's condition and the care they are receiving. This is based upon the recognition that if the prompts are incorporated into a web based system such as the wDST, they will be accessible to consumers and carers. It is also based upon the literature regarding the benefits of providing such information to consumers and carers [22, 31]

1.4 Report structure

This report describes the methods used to ensure that the library that has been created is evidence based, relevant to clinical practice and guided by current knowledge about utilising electronic clinical prompts. This is followed by a description of the logic that has been used to structure the library. The final part of Section 1 contains guidance with regards to appropriate strategies for using the prompt library, and recommendations regarding ongoing developmental work. The prompt library is in Section 2 of the report.

2 METHOD

2.1 Developing a framework for the clinical prompts

In order to systematise the literature review and to guide the development of clinical prompts, a conceptual framework was required. This framework was in part determined by the domains identified in the various instruments in the NOCC suite of measures, and the factors available within NOCC that are relevant to split these by. The further development of the clinical prompt framework was an iterative process during the project, with input from relevant literature and consultations. As a result of this process it was determined that some domains should, where relevant, be further split into sub-domains by factors of age grouping (child and adolescent, adult, older persons), setting, collection occasions, and major diagnostic grouping. Priorities for clinical prompts for each domain (or sub-domain) were developed to best support the primary goals of the prompts.

The developed framework is presented in Chapter 3. The overarching principles for the development of prompts were that they should:

- be linked to scores on individual NOCC measure scores at the individual item, subscale or total score level
- have as great a consistency as possible across domains and sub-domains, only being different or modified when clearly justified
- be focussed upon the decisions and actions under the control of relatively junior clinicians; Offering simple advice that can be
 - relevant in different settings
 - meaningful, and
 - prompt consideration of the context
- be as evidence based as possible in themselves; and provide linkages/references to appropriate evidence based guidelines and/or potentially useful tools

It should be noted that the framework is split by age, and that all domains on all measures are included at present. Where instruments are common across age groups, it was proposed that often (though not always) it would be the case that a given clinical prompt for a given domain would be consistent for all age groups. Similarly, where there is considerable overlap in domains occurring in different instruments (e.g., the 'problems associated with depressed mood' item of the HoNOS and the 'depression' subscale of the LSP-16), the same clinical prompts may be used.

It should also be noted that the framework includes all instruments in the NOCC suite of measures. For pragmatic reasons, priority was given to the HoNOS (and the HoNOSCA and the HoNOS65+), followed by the other clinician-rated measures. These are currently completed to a higher degree than the consumer-

rated measures. Clinicians were also considered less likely to enter consumer-rated scores into the wDST in the process of developing a care plan for an individual consumer.

2.2 Literature review

A search of the literature to find resources that would help clinicians in the development of specific clinical prompts for each of the NOCC measures was undertaken. Information that could be readily distributed to other clinicians working on the project and that could possibly be used as resources within the wDST was required. Therefore internet based resources were thought to be most efficient. It was also decided that priority should be given to Australian guidelines where appropriate.

As the HoNOS is the most extensively used measure this was prioritised.

2.2.1 HoNOS

Literature and resources pertaining to the three versions of the HoNOS (HoNOS, HoNOS65+, and HoNOSCA) were sought. Each item on each version was looked at individually.

Websites containing collections of guidelines developed or produced by Professional Associations, National bodies and other Government funded organisations were systematically searched for guidelines corresponding to each HoNOS item. These websites can be seen in Table 1.

Table1: Professional associations, national bodies and other government funded organisations used to access guidelines for development of HoNOS related prompts

Professional associations, national bodies and other government funded Organisations	Websites
The Royal Australian and New Zealand College of Psychiatrists (RANZCP)	www.ranzcbbp.org
American Psychiatric Association (APA)	www.psych.org
The Royal College of Psychiatrists (London) (RCP)	www.rcpsych.ac.uk
The Australian Psychological Society (APS)	www.psychology.org.au
The Scottish Intercollegiate Guidelines Network (SIGN)	www.sign.ac.uk
The American Medical Directors Association (AMDA)	www.ngc.org
The National Health and Medical Research Council (NHMRC)	www.nhmrc.gov.au
The Australian early interventions network for mental health in young people (AusEinet)	www.auseinet.com
The British NHS National Institute for Clinical Evidence (NICE)	www.nice.org.uk
The International Psychogeriatric Association	www.ipa-online.org
The New Zealand Guidelines Group (NZGG)	www.nzgg.org.nz
The Joanna Briggs Institute for evidence based practice.	www.joannabriggs.edu.au
The National Guideline Clearinghouse™ (NGC),	www.guideline.gov
The Expert Consensus Guidelines Series	www.psychguides.com
The University of Adelaide library mental health and psychiatry internet resources	www.adelaide.edu.au/library/guide/med/menthealth
The University of Chicago Center for Psychiatric Rehabilitation. Behavioural Health Recovery Management	http://www.bhrm.org

In addition to this, and particularly for HoNOS items where no published guidelines could be found, more specific internet searches were carried out using the “Google” and “Google Scholar” search engines. The search terms used included “mental health” OR Psychiatric, AND guidelines, “care plans”, “best practice”, “systematic reviews” AND terms specific to each HoNOS item. These terms can be found in Tables 2.and 3. Where insufficient information was found via these methods the same search terms were used to search the following databases; Web of Science (ISI), Medline (ISI), Cinahl plus (EBSCO),

PsychINFO (CSA), BIOSIS Previews (ISI) and Pubmed., ERIC, TRIP and DARE BIOSIS Previews; JSTOR; Academic Search Premier; Expanded Academic ASAP). There were some HoNOS items where no guidelines could be found, for example HoNOS items 11 and 12. After consultation with the clinical reference group regarding the HoNOSCA 14, 15 it was decided that these domains were regarding the interface between the consumer, their family and services, and it was most appropriate to provide links of resources to assist these processes , rather than to search for guidelines regarding how to conduct the processes.

Table 2: HoNOS and HoNOS65+ search strategies

Items on HoNOS & HoNOS65+	Search Terms
1.Overactive, aggressive, disruptive or agitated Behaviour	Aggression, Agitation, Violence, Bipolar disorder
2.Non-accidental self-injury	Suicide, self-injury, self harm, deliberate self harm
3.Problem drinking or drug taking	Alcohol abuse, drug abuse, drug and alcohol abuse, substance abuse
4.Cognitive problems	Dementia, Delirium, psychoses, “cognitive impairment”
5.Physical illness or disability problems	Geriatric nursing, nursing guidelines, mental health nursing, mental health care planning, nurse care planning
6.Problems associated with hallucinations and delusions	Schizophrenia, hallucinations and delusions
7.Problems with depressed mood	Depression, depressed mood
8.Other mental or behavioural problems	Anxiety, PTSD, Sleep disorders, stress disorders, Sexual problems, personality disorders, eating disorders, OCD
9.Problems with relationships	Relationship problems, relationships
10.Problems with activities of daily living	ADLs, Activities of Daily living
11.Problems with living conditions	Homelessness
12.Problems with occupation and activities	Mental health rehabilitation, psychiatric rehabilitation, mental health recovery

Table 3: HoNOSCA search strategies

Items of HoNOSCA	Search terms ^(a)
1. Problems with disruptive, antisocial or agitated behaviour	Conduct disorder
2. Problems with over-activity, attention or concentration	Child and Adolescent, ADHD
3. Non-accidental self-injury	Child and Adolescent and Suicide, deliberate self-harm
4. Problems with alcohol, substance or solvent misuse	Child and Adolescent and substance abuse
5. Problems with scholastic or language skills	Learning disabilities
6. Physical illness or disability problems	Nursing guidelines, mental health nursing, mental health care planning, nurse care planning
7. Problems associated with hallucinations, delusions or abnormal perceptions	Schizophrenia
8. Problems with non-organic somatic symptoms	Child and Adolescent and Somatic complaints
9. Problems with emotional and related symptoms	Child and Adolescent and Anxiety, Depression
10. Problems with peer relationships	Peer relationships
11. Problems with self-care and independence	Mental health rehabilitation, psychiatric rehabilitation, mental health recovery
12. Problems with family life and relationships	Relationships
13. Poor school attendance	Truancy, school refusal

(a) In some instances guidelines had already been obtained while doing searches for the HoNOS.

2.2.2 Other NOCC measures

Due to difficulties finding relevant guidelines for some domains, it was decided that, for other NOCC measures, websites would be presented that included collections of guidelines and other resources which the Reference Groups could use in the development of the clinical prompts, and which would provide a resource for users of the NOCC measures.

As there was some overlap with HoNOS items and domains on other NOCC measures, some guidelines relevant to the HoNOS were also relevant to other measures.

2.2.3. Assessment, review and discharge

Guidelines or best practice for assessment, review and discharge practices correlating with the NOCC collection occasions were sought. Searches were carried out using the following databases; Web of Science, Medline, Cinahl Plus, PsychINFO, Pubmed, Google Scholar. The following search terms were used; guidelines or “best practice” or recommendations, AND “Mental Health Assessment”, “Mental Health Review”, mental health AND assessment, mental health AND review, mental health AND discharge, mental health AND discharge planning.

2.2.4 Synthesis of the literature and prompt development

The resources that were obtained during the literature search were presented to other clinicians working on the project within the expert groups. These were used by clinicians as the evidence base to aid in the development of the clinical prompts. Where specific evidence based material could not be located for a prompt, the advice of the clinical reference group members was used. As most guidelines are organised according to diagnostic groups, and the prompts needed to relate to clinical issues related the item being scored, multiple guidelines were reviewed to identify common elements relevant to particular clinical issues. Specific advice was then developed, and specific resources selected, to be used within the clinical prompts library. This selection was based on the advice of the expert groups. Selection criteria for resources included: evidence based content, relevance to the NOCC measures, relevance to the Australian context, availability on the internet, and ease of use. Priority was given to Australian based resources where considered appropriate by the expert groups.

2.3 Stakeholder consultations

Based upon the advice of the national Outcome Expert Groups, it was decided that three separate panels of experts were required for the development of prompts for Child and Adolescent, Adult, and Older consumers. It was agreed that the members of this group should be selected primarily for their clinical expertise. Other relevant matters were the need for a working knowledge of the NOCC measures, the desirability of having relevant professional disciplines represented, and the ability to work to an agreed goal within limited timeframes. Members of the Outcome Expert Groups were used to develop a list of potential participants, and expressions of interest sought. Members of the expert panels were selected at a meeting of the AMHOCN project committee from the responses to these expressions of interest. Small groups were selected, given the expectation there would be a need for intensive consultation and analysis over a short period of time. It was believed small groups would best be able to achieve this. Membership of the Clinical Reference Groups included clinicians from a variety of clinical backgrounds, with representation on each Group of medical, nursing and allied health professionals. Members were senior clinicians with senior clinical, administrative and supervisory roles. Details of the membership of the Clinical Reference Groups is included in Appendix A.

The stakeholder consultations were led by the primary author, a psychiatrist. Each expert panel met on three occasions. Each meeting was facilitated by the Primary author supported by members of the project team. AMHOCN provided administrative support, and in addition the consultations were recorded and then transcribed. Material was sent electronically to members for consideration prior to each meeting, and feedback provided to the primary author regarding specific questions. The main sources of information utilised during the meetings were the products of the literature reviews and examination of national routine outcome measure data from the wDST; together with advice resulting from the training and NOCC development expertise of members of the project team.

The primary author synthesised the outcomes of the meetings and the literature reviews to develop draft prompt libraries. These were then reviewed and commented upon by panel members.

In addition to the Clinical Reference Groups, a further panel of 5 stakeholders, consisting of consumers and a carer participated, based upon their prior involvement in AMHOCN projects related to the utilisation of NOCC measures, participated in a full day consultation. This was held with this panel in between the second and third meetings with clinicians. At this meeting, an overview of the process in general, the approach taken in particular for consumer rated measures, and samples of clinical prompts were discussed. Feedback from the panel was synthesised by the primary author, discussed at the third series of meetings with the Clinical Reference Groups, and then incorporated, as appropriate, into the library.

In addition to the formal consultations, broader formal and informal consultations occurred regarding the concepts and materials developed in this project. Consultations were held with the three national outcome expert groups and at AMHOCN training sessions. There were also informal consultations with a range of clinicians occurred by both AMHOCN staff and members of the Clinical Reference Groups. The feedback from these broader consultations was supportive of the approaches taken in developing the library, as well as providing useful feedback on matters of detail, which were incorporated into the library when appropriate. These broader consultations also raised the potential for some clinicians preferring to have a paper version of the library developed for easy reference, rather than only an electronic version.

3 RESULTS

3.1 Goal of clinical prompts

The proposed goals of the clinical prompts were confirmed by the clinical reference groups as meaningful and of significant potential benefit to mental health clinicians and consumers; and the proposed library was seen as worthy of development.

3.2 Feasibility

It proved feasible to develop prompt logic, and prompts, that were supported by the reference group members. These were able to be developed for scores related to all NOCC measures, across all age ranges. The described strategies were able to locate relevant material to support these prompts. The main area that expert opinion was required to supplement available evidence was the development of 'cut off' scores for prompts, and identifying appropriate other NOCC measure scores to prompt the junior clinician to consider other relevant factors. The library of prompts is in Section 2 of this report.

3.3 Prompt logic

After consideration of the literature and expert consultation it was decided that clinical decisions by a junior clinician regarding a score on a particular issue rated on a NOCC measure should be made with consideration of the following factors:

- Potential clinical risks, both short and long term, but with the former given particular attention;
- Frequency with which such a score is expected to occur in that clinical setting
- Known clinical context
- Relevant evidence base for action.

These factors should guide actions, particularly:

- Urgency of seeking supervision from a more senior clinician
- Key actions or assessments related to short term risk
- Utilising all available information for appropriate care planning

- Reviewing relevant evidence based guidelines.

Prompts should also take into consideration:

- Decisions and actions that are under the control of a junior clinician
- Known high prevalence of co-morbid diagnoses and clinical problems in consumers with mental illness
- The number of prompts that it is likely that a clinician or consumer can effectively attend to.

It was decided that therefore that the following category of prompts should be made available for clinicians when they consider the implications of a score on a NOCC measure. The sets of prompts are linked to the NOCC measures in differing ways, creating a ‘matrix’ of prompts when combined. The manner in which these prompt sets are linked to the NOCC measures is described at the start each set of prompt sets in the library.

Table 4: Prompt sets

Prompt Set	Prompt material
A	Links to a broad range of Evidence Based Guidelines that may relate to multiple conditions and NOCC measures
B	Links to specific Evidence Based Guidelines, or resources, relevant to specific measures or items on measures
C	An ‘alert’ prompt that is related to the potential clinical significance of the item, particularly considering the potential for the item score to be associated with significant, particularly short term, clinical risk.
D	Other NOCC measures or items likely to be particularly relevant to understanding the clinical context
E	Advice on the urgency of seeking supervision from a senior colleague
F	Brief advice regarding key clinical issues related to clinical risk management that are specific to the item being measured and its score
G	Additional advice relevant to the item in most situations
H	General advice regarding how to link score on the NOCC measures to care planning.

3.4 Variation of prompt logic and prompts between partitions

3.4.1 Relationships between variable factors and prompts

It was decided that the key dividing factors for prompts, in decreasing order of importance, were the:


- age group of the consumer
- clinical setting,
- stage of clinical care (NOCC 'Collection occasion')
- Provisional diagnosis of the consumer

The library of prompts, and the factors that they are linked to, is divided by these factors. It should be noted that these are they key partition factors within the wDST. It was decided that a prompt set would only be developed for settings and collection occasions that are consistent within the NOCC protocol, where representative national NOCC data is available, and the prompts have the potential to be integrated into the wDST.

Table 5 on the following page demonstrates the relationships between NOCC items, partition factors, and prompt sets.

Table 5: Relationship between factors and dependent prompt sets

DEPENDENT PROMPT SETS	Prompt Set A	Prompt Set B	Prompt Set C	Prompt Set D	Prompt Set E	Prompt Set F	Prompt Set G	Prompt Set H
	General EBM Guidelines	Specific guidelines or materials	Alert category	Key other NOCC items	Supervision urgency advice	Risk management issues	Additional advice	Linkage NOCC to care planning
VARIABLE FACTORS								
Partition factors								
Collection occasion								
Clinical setting								
Age group								
Provisional diagnosis			By exception					
NOCC Outcome measures factors								
Item of NOCC measure (eg HoNOS Item 1)								
Item score								
Derived factor	Prompt Set E and F are dependent upon Prompt Set C that is derived as shown above							
Prompt Set C								

 Indicates that the prompt set is influenced by the corresponding factor

3.4.2 Consumer self report measures

The main variation in prompt logic was in applying it to the consumer rated measures. The consensus of both the adult and older persons workshops was that the 'Alert category flags' were not appropriate for use in the same manner for consumer and clinician rated measures in adults and older people due to the limited current evidence base upon which to base any prompts, and the known difficulty correlating consumer self report in adults to clinician impression (as is used in the other NOCC measures)[32]. This decision was also based upon the existence of varying self report measures used across Australia, with different properties and different concepts included. Consequently the 'alert' flag for these measures was modified to indicate the setting that total scores would be most commonly found in, and if the consumer was indicating they had a significant problem on individual items. The consensus of the child and adolescent workshop was that child and adolescent mental health clinicians had more experience utilising consumer and carer measures, and that relevant measures, in particular the SDQ, have clearer guidelines available regarding their clinical significance. Therefore a slightly different approach to the SDQ to that used in adult self report measures was recommended, with Prompt Set C to indicate the 'Likely Clinical Significance' rather than utilising the words and cut off scores from training materials used within Australia[33] for using the SDQ. Due to the relatively low numbers of consumer report measures available within the wDST, reflecting low rates of completion within services, the clinical reference groups advised that it was most appropriate to focus links to resources (Prompt Set B) upon resources to assist clinicians in engaging with consumers in completing measures, and in understanding the measures.

3.4.3 Other measures

Prompts required significant adaptation for the partition factors of clinical setting and stage of clinical care. They required varying degrees of adaptation for age, and little modification for diagnosis. Given the commonality of core advice in guidelines across diagnoses, it was decided by the clinical reference groups that prompts would only be altered by exception for consumers with specific diagnoses. In the development of the prompts it was found that these exceptions were rarely found to be required. For prompts related to the HoNOS items that are common across the HoNOSCA, HoNOS and HoNOS 65+ it was found that the content of prompts only required minor modification between age ranges.

3.5 Issues regarding specific prompt sets

Prompt Set A

Initially it was intended to provide recommendations regarding diagnosis specific guidelines, linked to the provisional diagnosis of the consumer. However as the project evolved concerns were raised about the risks of this approach encouraging early diagnostic foreclosure by junior clinicians, and that it would not adequately provide support for the management of consumers with comorbid conditions. It is recommended that web linkages be to the main index page of the guideline collections. Such an approach is believed to reduce the likelihood of rapid outdateding of the prompt set as guidelines are likely to be updated by the auspicing organisation, and the main index page webpage should be more consistent over time than the links to specific guidelines. This approach also facilitates the access of consumers to consumer orientated guidance where this is developed.

Prompt Set B

The development of this prompt set highlighted the difference in approach of most developed guidelines, which are often diagnosis specific, and the NOCC outcome measure items, which measure specific symptoms, disabilities, or other related issues. Some NOCC items were considered to not have relevant guidelines or evidence based materials beyond those provided in Prompt Set A.

Prompt Set C

This prompt set was considered as of central importance in the prompt set, but there were not specific evidence bases upon which to base it., The prompts were developed through advice from the clinical reference groups who examined the glossaries of each NOCC instrument and then provided advice upon the appropriate category of alert for different scores on NOCC measures. This was informed by examination of the distribution of ratings on the wDST when desired. It was relatively easy to reach consensus upon the appropriate prompt to provide for a significant majority of ratings; and all ratings after review of the draft overall prompt set. An important factor in reaching this consensus was maintaining a focus upon the proposed audience and goals of the prompts; and discussions regarding the clinical issues that impact upon shorter term risk and need for supervision in different clinical settings. If a score was considered to have a high likelihood of being erroneous (usually under-rated) based on the advice of the clinical reference groups and the distribution on current wDST NOCC data, a 're-evaluate' prompt is provided.

Prompt Set D

These prompts were developed from the primary author's reviewing of sets of clinical guidelines for underlying principles, and the advice of the clinical reference groups. This prompt set is intended to assist junior clinicians appropriately consider a range of clinical and contextual factors in making clinical decisions and utilising supervision, rather than maintaining a narrow focus on a single issue.

Prompt Set E

These prompts were developed following the development of prompt set C. The emphasis and wording of these prompts was based upon the clinical reference groups' advice regarding both the appropriate urgency of supervision needs, and the range of potential service settings that this prompt may be interpreted within.

Prompt Set F

The development of this was based upon the review of clinical guidelines for underlying principles and the advice of the clinical reference panels regarding the most important issues for a junior clinician to first address given a particular score.

Prompt Set G

This set recognised that there are also clinical issues that junior clinicians should be prompted to consider that are specifically related to the issue being measured by a NOCC item, irrespective of the score.

Prompt Set H

Reviewing the identified evidence based guidelines, outside of guidance regarding specific therapies or medications, that there was a high degree of overlap in many care planning factors across diagnostic groups. It was decided that junior clinicians would rarely be expected to make decisions regarding specific therapies or medications without supervision, and that given the complexity of such advice this was best provided through reference to relevant full guidelines. A set of general care planning advice tables for different stages of care, based upon a review of elements present in most evidence based guidelines, was developed. However advice from the clinical reference groups was that this was seen as a lower priority that advice regarding how to relate the NOCC measures for care planning, and that such specific advice was more appropriately delivered in the context of specific mental health service policies and procedures.

3.6 Implementation

The development of an electronic system to deliver the library of prompts was not part of the current project. As such, the presentation of material and implementation issues were not formally considered. However the development of the library generated a number of thoughts regarding progressing from a library to an actual system. It is worthwhile noting the following views expressed during consultations

Presentation

- It is desirable to keep prompts appearing as simple as possible
- It would be preferable to have a strong visual cue for prompt set C, potentially involving colour display.
- Prompt sets E was considered as the next most important to highlight visually, followed by prompt sets F,D and G
- Prompt Set H may be most suitable to display through a hyperlink or text table scrolling off the bottom of a screen

Implementation

- It is important to aim to incorporate prompts within clinicians usual work practices
- To utilise web linkages local information systems need to allow clinicians access to the recommended web sites
- Longer term it would be desirable to be able to incorporate prompts within local information systems for clinicians, so that they could utilise NOCC data entered into those systems
- Such local systems would also allow incorporation of more specific prompts to reinforce local policies and procedures
- Web based access to prompts would remain desirable for clinicians who do not have access to prompts in local systems, and for consumers and carers
- Different clinicians, and different clinical settings, may be more receptive to alternative presentations of materials. In particular, some clinicians who were consulted by reference group members expressed a preference for the development of printed materials to either supplement electronic formats, or be an alternative for those clinicians who prefer a printed format.
- Implementation would require appropriate engagement of clinical leaders, together with both junior clinicians and their supervisors. The training implications of this require exploration.

4 DISCUSSION AND RECOMMENDATIONS

The project has demonstrated the feasibility of developing a library of clinical prompts linked to the NOCC outcome measures that has the potential to assist the supervision of junior mental health clinicians. Although not an explicit condition or goal of the project, an implicit requirement for developing prompts was the ability to link scores on NOCC measures to clinically meaningful concepts. The experienced clinicians on the clinical reference groups found that this was both possible and appropriate; being able to attribute a degree of 'alertness' that a junior clinician should have in response to a given score on a given instrument, give guidance on initial appropriate actions, and provide recommendations regarding relevant broader evidence based guidelines. This also demonstrates the potential for an electronic version of the library to assist mental health clinicians, consumers and carers to link evidence based practice guidelines to the needs and progress of individual consumers, as measured by the NOCC outcome measures.

However, the current library of prompts should be seen as the first stage in the development of electronic systems that utilise routine outcome measurement to support clinical decision making. This library, and its associated logic, has been developed through a combination of literature review and relevant expert opinion. In establishing the feasibility of utilising the NOCC measures to provide decision support, the project has also highlighted that significant ongoing research and development is desirable if this approach is to achieve its optimal potential in improving consumer outcomes. It is recommended that the library now be validated and field tested prior to broader release. It is also recommended that there being ongoing research into aspects of the NOCC measurement suite that will support the ongoing development of decision support applications.

4.1 Recommendations

Stage 1

We recommend that this library is now suitable for field testing. The goal of this field testing should be to develop a product suitable for broad release. Field testing should trial and refine a test version of the current library in written and database versions a number of matters including:

- style/language of the prompts
- content of the prompts (for consumers, carers, clinicians)
- how well the prompts fits within existing practice and needs of junior clinicians and their supervisors
- how the use of such a library fits within clinical workflow

- the effect upon assessment, care planning, the use of supervision
- the effect upon outcomes for consumers
- effect of use on perception of clinical utility of instruments and of evidence based guidelines

It is also recommended

- that modeling occur on national NOCC data regarding the recommended cut off points in the library, and the number of differing category of prompts likely to be generated at different points of care if they were applied within a system linked to clinician entry of NOCC measures within an electronic medical record
- that similar modeling occur on a set of NOCC measures collected by clinicians assessing consumers at the point of presentation or - representation to community care
- there be evaluation of how to best present material within a printed or electronic interface (eg web based vs non web based) and best train people in the use of such a library

Stage 2

Providing Stage 1 demonstrates sufficient validation of the concept, it is recommended that subsequently the following occur:

- incorporation of the prompts into the wDST, to allow access by all clinicians, consumers and carers
- the refined library be made available for incorporation into local information systems
- a system to maintain the currency of the information within the system such as funded:
 - establishment of a feedback system from users
 - annual review of this feedback, electronic links and any key changes in practice of evidence that warrant alteration to prompts
 - register of users in non wDST systems, to allow advice regarding updates
- commencement of Stage 3 developmental work.

Stage 3

The goal of this stage is to develop clinical prompts that could be generated routinely as clinicians enter or review NOCC measures.

This would require

- the development of logic to allow prompts to be prioritised based on all entered scale scores

- further exploration of the relationship of NOCC scores and clinical outcomes, both in national data and populations within mental health services, and
- ongoing refinement of prompts and prompt logic in response to this work

Ideally, stage 3 would also include development of a version to assist consumer and carers to act appropriately when given scores by clinicians.

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APPENDIX A Participants and meeting schedule

Clinical Reference Groups and Consumer / Carer Consultation Participants

ADULT	OLDER PERSONS	CHILD & ADOLESCENT	CONSUMER & CARER
Dr Tom Callaly	Dr Mike Bird	Dr Sandra Heriot	Mr David Guthrie
Mr Nino Di Pasquale	Ms Sandra Keppich Arnold	Dr Margaret Jones	Ms Rosemary Lawton
Dr Adrian Keller	Dr Doug Subau	Dr Paul Lee	Mr Mishka McIntosh
Mr Glenn Moorey	Mr James Turner	Ms Kathy Robinson	Ms Tania Lewis
			Ms Katie Weedon

Meeting schedule

ADULT	OLDER PERSONS	CHILD & ADOLESCENT	CONSUMER & CARER
3 December 2007	4 December 2007	5 December 2007	12 March 2008
4 February 2008	5 February 2008	6 February 2008	
26 March 2008	27 March 2008	28 March 2008	

APPENDIX B Abbreviations

AACAP	American Academy of Child and Adolescent Psychiatry
ADL	Activities of Daily Living
AMHOCN	Australian Mental Health Outcomes and Classification Network
CGAS	Childrens' Global Assessment Scale
DST	Decision Support Tool
FIHS	Factors Influencing Health Status
HoNOS	Health of the Nation Outcome Scales
HoNOSCA	Health of the Nation Outcome Scales for Children and Adolescents
HoNOS65+	Health of the Nation Outcome Scales for Elderly People
LSP	Life Skills Profile
LSP-16	Life Skills Profile – 16 items
NMDS	National Minimum Data Set – Mental Health Care
NOCC	National Outcomes and Casemix Collection
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RUG-ADL	Resource Utilisation Groups - Activities of Daily Living
SDQ	Strengths and Difficulties Questionnaire
wDST	web based DST

PART B CLINICAL PROMPT LIBRARY

1 Introduction to the clinical prompts library

The structure of the clinical prompts library in Section 2 is based on the logic explained in Section 1. The tables are grouped and presented according to these main dividing factors for prompts:

- Age group of the consumer (under 18 years, 18-64 years, 65 years and over)
- Clinical setting (inpatient or ambulatory)
- Stage of clinical care (NOCC 'Collection occasion')

For each of the HoNOS prompts in both the inpatient and ambulatory clinical settings for the three age groups (HoNOSCA, HoNOS and HoNOS65+), the tables are presented in the following order:

- Care planning issues
- Admission
- Review
- Review to change score
- Discharge
- Discharge to change score

2 Child and adolescent prompt set

2.1 Evidence base – Prompt Set A

The primary evidence based linkages for all scores on all items are to:

- AACAP Guidelines main index page
http://www.aacap.org/cs/root/member_information/practice_information/practice_parameters/practice_parameters
- National Institute for Clinical Excellence Mental Health Index
http://www.nice.org.uk/search/guidancesearchresults.jsp?keywords=mental%20health&searchType=guidance_finder&healthTopic=13
- The University of Adelaide Library Child and Adolescent Mental Health Resource Guides
<http://www.adelaide.edu.au/library/guide/med/menthealth/child.html>

Table 6: Child and adolescent individual outcome item evidence based linkages - Prompt Set B

These guidelines or resources should be the same across all locations, collection occasions and item scores, but linked to the listed item

HoNOSCA Item	Domain	Evidence based guidelines or resources
1	Disruptive, antisocial or aggressive behaviour	<p>Practice parameter for the assessment and treatment of children and adolescents with oppositional defiant disorder. American Academy of Children and Adolescent Psychiatry http://www.aacap.org/galleries/PracticeParameters/JAACAP_ODD_2007.pdf</p> <p>Practice parameter for the assessment and treatment of children and adolescents with conduct disorder. American academy of children and adolescent psychiatry. http://www.aacap.org/galleries/PracticeParameters/Conduct.pdf</p> <p>Prevention and management of aggressive behavior in psychiatric institutions with special reference to seclusion and restraint. Policy Statement, American Academy of Children and Adolescent Psychiatry www.aacap.org/cs/root/policy_statements/prevention_and_management_of_agressive_behavior_in_psychiatric_institutions_with_special_reference_to_seclusion_and_restraint</p>
2	Problems with over-activity, attention or concentration	<p>Practice parameter for the assessment and treatment of children and adolescents with attention-deficit/hyperactivity disorder. American Academy of Children and Adolescent Psychiatry http://www.aacap.org/galleries/PracticeParameters/JAACAP_ADHD_2007.pdf</p> <p>Scottish Intercollegiate Guidelines Network (SIGN): ADHD www.sign.ac.uk/guidelines/fulltext/52/index.html</p>
3	Non-accidental self injury	<p>Practice parameter for the assessment and treatment of children and adolescents with suicidal behavior. American Academy of Children and Adolescent Psychiatry. www.aacap.org/cs/root/member_information/practice_information/practice_parameters/practice_parameters</p> <p>Managing suicide risk in young people, 1999. The Royal Australian and New Zealand College of</p>

		General Practitioners. www.nzgg.org.nz/guidelines/0029/Table 2. Managing suicide risk.pdf
4	Alcohol, substance or solvent misuse	Australian Government Alcohol Guidelines www.alcoholguidelines.gov.au NSW Health Clinical guidelines for the assessment and management of psychostimulant users http://www.health.nsw.gov.au/policies/gl/2006/pdf/GL2006_001.pdf
5	Problems with scholastic or language skills	Mindmatters http://cms.curriculum.edu.au/mindmatters/resources/resources.htm
6	Physical illness or disability problems	NSW Health Physical health/mental health guidelines and physical health guidelines (weblink pending)
7	Problems associated with hallucinations, delusions, or abnormal perceptions	Clinical practice guidelines for the treatment of schizophrenia and related disorders. Royal Australian and New Zealand College of Psychiatrists. www.ranzcp.org/pdffiles/cpgs/Clinician%20version%20full%20schizophrenia.pdf
8	Problems with non-organic somatic symptoms	The psychological adjustment of children with chronic conditions. The Australian Early intervention Network for Mental Health in Young People. auseinet.flinders.edu.au/files/resources/auseinet/chronic.pdf
9	Problems with emotional and related symptoms	Mindmatters http://cms.curriculum.edu.au/mindmatters/resources/resources.htm
10	Problems with peer relationships	Mindmatters http://cms.curriculum.edu.au/mindmatters/resources/resources.htm
11	Problems with self care and independence	Mindmatters http://cms.curriculum.edu.au/mindmatters/resources/resources.htm

12	Problems with family life an relationships	Parenting after separation literature review Australian Psychological Society. www.psychology.org.au/Assets/Files/Parenting_separation_LitReview.pdf
13	Poor school attendance	Mind matters http://cms.curriculum.edu.au/mindmatters/resources/resources.htm
14	Problems with lack of knowledge or understanding about the nature of the child and adolescent's difficulties	Headroom www.headroom.net.au The Anna Freud Center www.annafreud.org/ebpu
15	Problems with lack of information about services or management of the child or adolescent's difficulties	Headroom www.headroom.net.au The Anna Freud Center www.annafreud.org/ebpu
Total score		Nil
SDQ		
Total Score		Linkage additional guidelines on the use of SDQ www.sdqinfo.com
CGAS		
		Nil
FIHS		
		Nil

2.2 Linking NOCC measures to care planning – Prompt Set H

This prompt set is used for scores on all measures unless specifically excluded. It is linked to location of care, and collection occasion. Note that in implementation the reference groups recommended that these are intended to be located *below* the prompts for specific items.

Table 7: Child and adolescent inpatient general principles linking NOCC measures to care planning – Prompt Set H

Care Planning Options	Admission	Review	Discharge	Exceptions
Generic (all scores for all diagnoses)	<ol style="list-style-type: none"> 1. If there are significant scores on HoNOSCA items 1,3, 6,7 or 12; ensure management includes actions to maximize immediate safety whilst addressing underlying issues 2. Ensure the need for specific actions is considered regarding all HoNOSCA items scoring 2 or more. 3. Consider the need for specific actions regarding issues that have high ratings on the SDQ subscales 4. Consider the implications of agreement and/or conflict between ratings of similar 	<ol style="list-style-type: none"> 1. If there are significant scores on HoNOSCA items 1,3,6,7 or 12; ensure management includes actions to maximize immediate safety whilst addressing underlying issues 2. Review the changes in ratings on measures and implications for clinical management plans; especially for any rating scale scores that have increased since last scored, and consider if any of these may represent side effects of treatment 3. Review the goals of admission, criteria for discharge and measures used to monitor these; both within the treating 	<ol style="list-style-type: none"> 1. Review changes in the clinical measures, and consider their implications regarding the achievements during the admission and key follow up issues. 2. If there are significant scores on HoNOSCA items 1,3,6,7 or 12; ensure follow up includes actions to maximize immediate safety whilst addressing underlying issues 3. Ensure follow up and discharge documentation specifically addresses any issues with rating scale scores that have increased since last scored. 	Nil

Care Planning Options	Admission	Review	Discharge	Exceptions
	<p>issues on different scales (esp. clinician vs consumer rated).</p> <p>5. Consider the impact of interactions between items scoring as significant (eg a score of 4 on HoNOSCA item 5 (D&A) may increase concerns regarding a score of 3 on item 3(self harm)</p> <p>6. Discuss the goals of admission, criteria for discharge and how progress will be monitored; both within the treating team and with the young person and/or family/carer</p> <p>7. Ensure the young person and family/carer, school or other involved parties, are appropriately involved in assessment and care planning</p> <p>8. Consider the need for discussion with the GP, pediatrician or other involved professionals about consumer's history and management plan.</p>	<p>team and with the young person and/or family/carer.</p> <p>4. Consider the implications of agreement and/or conflict between ratings of similar issues on different scales (esp. clinician vs consumer rated).</p> <p>5. Ensure the need for changes in clinical management is considered regarding all HoNOSCA items scoring 2 or more</p> <p>6. Ensure the need for specific actions is considered regarding issues reported as significant on the SDQ</p> <p>7. Consider the impact of interactions between items scoring as significant (eg a score of 4 on HoNOSCA item 4 may increase concerns regarding a score of 3 on item 3)</p> <p>8. Ensure the young person and family/carer, school or other</p>	<p>4. Consider the implications of agreement and/or conflict between ratings of similar issues on different scales (esp. clinician vs consumer rated).</p> <p>5. Consider the impact of interactions between items scoring as significant (eg a score of 4 on HoNOSCA item 3 may increase concerns regarding a score of 3 on item 2)</p> <p>6. Ensure the need for specific follow up actions is considered for all HoNOSCA items scoring 2 or more</p> <p>7. Ensure the need for specific follow up actions is considered regarding issues reported by SDQ</p> <p>8. Consider if appropriate communication and planning has occurred to allow coordinated collaborative care with mental health and other agencies</p>	

Care Planning Options	Admission	Review	Discharge	Exceptions
	<p>9. Consider and manage any difficulty in forming a treatment alliance with the young person and their family/carer.</p> <p>10. Identify potential impediments to successful discharge and commence planning to address these</p>	<p>involved parties, have received appropriate psychoeducation and are appropriately involved in the review, care and discharge planning</p> <p>9. Consider the need for discussion with the GP, paediatrician or other involved professionals or agencies about consumer's progress and management plan.</p> <p>10. Manage or seek advice about any difficulty in forming a treatment alliance with the young person, and their family/carer, upon management and the most appropriate location of care</p> <p>11. Consider the benefits of a second opinion, especially if progress has not been as good as expected or high risks have been identified</p> <p>12. Consider the need for other modalities of treatment.</p>	<p>9. Consider implications for follow up plans of the young person's insight and the engagement of the young person and their family/carers.</p> <p>10. Ensure the young person and, where appropriate, family/carers or other involved parties, have received appropriate psychoeducation and are appropriately involved in discharge planning</p> <p>11. Consider the need for discussion with the GP, paediatrician or other involved professionals or agencies about consumer's discharge plan and the need for effective interventions to continue for an appropriate time and intensity.</p>	

Care Planning Options	Admission	Review	Discharge	Exceptions
		13. Review potential impediments to successful discharge and commence planning to address these		

Table 8: Child and adolescent ambulatory and community residential general principles linking NOCC measures to care planning - Prompt Set H

Care Planning Options	Admission	Review	Discharge	Exceptions
Generic	<ol style="list-style-type: none"> 1. If there are significant scores on HoNOSCA items 1,3, 6, 12, or SDQ self harm items; ensure management includes actions to maximize immediate safety whilst addressing underlying issues. 2. Ensure the need for specific actions is considered regarding all HoNOSCA items scoring 2 or more. 3. Ensure the need for specific actions is considered regarding issues reported by consumer self report. 4. Consider the implications of agreement and/or conflict between ratings of similar issues on different scales (esp. clinician vs consumer 	<ol style="list-style-type: none"> 1. If there are significant scores on HoNOSCA items 1,3 ,6,12 or SDQ self harm items; ensure clinical management includes actions to maximize immediate safety whilst addressing underlying issues. 2. Review the changes in ratings on measures and implications for clinical management plans; especially for any rating scale scores that have increased since last scored, and consider if any of these may represent side effects of treatment. 3. Review the goals of admission, criteria for discharge and measures 	<ol style="list-style-type: none"> 1. Review changes in the clinical measures, and consider their implications regarding the achievements during the admission and key follow up issues. 2. If there are significant scores on HoNOSCA items 1,3 , 6;,12 or SDQ self harm items; ensure follow up includes actions to maximize immediate safety whilst addressing underlying issues. 3. Ensure follow up and discharge documentation specifically addresses any issues with rating scale scores that have increased since last scored. 4. Consider the implications of 	Nil

Care Planning Options	Admission	Review	Discharge	Exceptions
	<p>rated).</p> <p>5. Consider the impact of interactions between items scoring as significant (eg a score of 4 on HoNOS item 3 may increase concerns regarding a score of 3 on item 2).</p> <p>6. Ensure the consumer and, where appropriate, carers or other involved parties, are appropriately involved in assessment and care planning?</p> <p>7. Discuss the goals of admission to community care, criteria for discharge to alternate care providers, and how progress will be monitored ; both within the treating team and with the consumer and/or carer.</p> <p>8. Consider the need for discussion with the GP or other involved professionals about consumer's history and management plan.</p>	<p>used to monitor these; both within the treating team and with the consumer and/or carer.</p> <p>4. Consider the implications of agreement and/or conflict between ratings of similar issues on different scales (esp. clinician vs consumer rated).</p> <p>5. Ensure the need for changes in clinical management is considered regarding all HoNOS or LSP items scoring 2 or more.</p> <p>6. Ensure the need for specific actions is considered regarding issues reported by consumer self report.</p> <p>7. Consider the impact of interactions between items scoring as significant (eg a score of 4 on HoNOSCA item 3 may increase</p>	<p>agreement and/or conflict between ratings of similar issues on different scales (esp. clinician vs consumer rated).</p> <p>5. Consider the impact of interactions between items scoring as significant (eg a score of 4 on HoNOS item 3 may increase concerns regarding a score of 3 on item 2).</p> <p>6. Ensure the need for specific follow up actions and/or involvement of other services is considered for all HoNOSCA items scoring 2 or more.</p> <p>7. Ensure the need for specific follow up actions is considered regarding issues reported by consumer self report.</p> <p>8. Consider if appropriate communication and planning has occurred to allow</p>	

Care Planning Options	Admission	Review	Discharge	Exceptions
	<p>9. Consider, and manage, the impact of the young person's ability to form a treatment alliance, and the most appropriate location of care.</p>	<p>concerns regarding a score of 3 on item 2).</p> <p>8. Ensure the consumer and, where appropriate, carers or other involved parties, have had appropriate psychoeducation and are appropriately involved in the review, care and discharge planning?</p> <p>9. Consider the need for discussion with the GP or other involved professionals about consumer's progress and management plan.</p> <p>10. Review the appropriate setting for management considering consumer/carer preferences, available supports, safety and likely impact upon recovery.</p> <p>11. Consider the benefits of a second opinion , especially if progress has not been</p>	<p>coordinated collaborative care by other agencies.</p> <p>9. Consider implications for follow up plans of the young person's insight and the engagement of the young person and their family/carers.</p> <p>10. Ensure the consumer and, where appropriate, carers or other involved parties, have received appropriate psychoeducagtion and are appropriately involved in discharge planning.</p> <p>11. Consider the need for discussion with the GP or other involved professionals about consumer's discharge plan and the need for effective interventions to continue for an appropriate time and intensity.</p>	

Care Planning Options	Admission	Review	Discharge	Exceptions
		<p>as good as expected or high risks have been identified.</p> <p>12. Consider the need for other modalities of treatment.</p> <p>13. Review potential impediments to successful discharge and commence planning to address these.</p>		

2.3 Inpatient clinical setting - HoNOSCA item prompts

These are the same for all scores on items, but linked to specific items and the collection occasion

Table 9: Child and adolescent inpatient common care planning issue prompts - Prompt Set G

HoNOSCA item	Admission	Review	Discharge	Exceptions
1 Disruptive/ aggressive	<ol style="list-style-type: none"> 1. Ensure documentation and communication of aggression prevention and de-escalation plans consistent with local policy. 2. Ensure a clear plan is documented in case of behavioural emergencies, 	<ol style="list-style-type: none"> 1. Ensure documented aggression prevention and de-escalation plans are still appropriate? 2. Ensure management plans for potential behavioural emergencies are still appropriate. 	<ol style="list-style-type: none"> 1. Ensure appropriate communication with relevant individuals, regarding prevention and de-escalation strategies 2. Ensure appropriate communication and other actions consistent with local protocols has occurred if known individuals may be at risk. 	Nil
2 Over activity	<ol style="list-style-type: none"> 1. Ensure documentation and communication of aggression prevention and de-escalation plans consistent with local policy. 2. Ensure a clear plan is documented in case of behavioural emergencies, 	<ol style="list-style-type: none"> 1. Ensure documented aggression prevention and de-escalation plans are still appropriate? 2. Ensure management plans for potential behavioural emergencies are still appropriate. 	<ol style="list-style-type: none"> 1. Ensure appropriate communication with relevant individuals, regarding prevention and de-escalation strategies 2. Ensure appropriate communication and other actions consistent with local protocols has occurred if known individuals may be at risk. 	Nil

HoNOSCA item	Admission	Review	Discharge	Exceptions
3 Self injury	<ol style="list-style-type: none"> 1. Ensure any physical health consequences of self harm been safely managed 2. Ensure necessary physical treatments is offered, even if the person doesn't want psychosocial or psychiatric assessment. 3. Increased caution is required in assessment if there are still active effects of drugs or alcohol. 4. Have the following factors been considered in the assessment? <ul style="list-style-type: none"> ▪ social, psychological and motivational factors specific to the act of self-harm ▪ any other environmental factors ▪ current intent ▪ hopelessness ▪ mental health and social needs assessment 5. Have specific programs been considered if the young person has a history or recurrent self harm? 	<ol style="list-style-type: none"> 1. Have the following factors been considered in the assessment? <ul style="list-style-type: none"> • social, psychological and motivational factors specific to the act of self-harm • any other environmental factors • current intent • hopelessness • mental health and social needs assessment 2. Has the need for specific programs or therapies, been considered? 3. Has the management plan considered the need for increased caution in younger consumers. 	<ol style="list-style-type: none"> 1. Ensure follow up meets local policy requirements in this situation. 2. Are follow up arrangements be based upon a combined assessment of needs and risk, not just current presence of mental illness or reduced acute risk? 3. If there is a history of repeated self harm, is there a clearly documented, communicated, plan to reduce the likelihood of, and risks associated with, future episodes? 	Nil

HoNOSCA item	Admission	Review	Discharge	Exceptions
4 Substance abuse	<ol style="list-style-type: none"> 1. Consider brief specific interventions that may assist. 2. Consider the potential benefits of, and access to, specialist D&A service involvement. 3. Are specific interventions required for intoxication or withdrawal? 	<ol style="list-style-type: none"> 1. Consider brief specific interventions that may assist. 2. Are specific interventions required for intoxication or withdrawal? 3. Consider the potential benefits of, and access to, specialist D&A service involvement. 	<ol style="list-style-type: none"> 1. Consider if discharge planning need to include specific coordinated follow up for these issues. 	Nil
5 Scholastic performance	<ol style="list-style-type: none"> 1. Identification of cause is essential (mental illness, organic illness, and congenital factors must all be considered) 2. Consider the need for involvement of a paediatrician or young person's GP been considered, if concerned about physical illness. 3. Has Liaison with the school /school counsellor occurred? 4. Consider what inputs person has previously received (eg Special education / remedial assistance) 	<ol style="list-style-type: none"> 1. Ensure appropriate investigations have been conducted. 2. Consider the need for involvement of a paediatrician or young person's GP been considered, if concerned about physical illness? 3. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge. 4. Is there a need for specialist assessment (eg neuropsychology)? 5. Are specialist interventions required? 	<ol style="list-style-type: none"> 1. Ensure requirements for any ongoing specialist interventions (including educational) been communicated to the young person, family /carer and appropriate professionals? 2. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs? 	Nil

HoNOSCA item	Admission	Review	Discharge	Exceptions
	5. Has there been documentation of baseline cognitive functioning with a standard instrument? 6. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge 7. Is there a need for specialist assessment (eg neuropsychology)?			
6. Physical illness/ disability	1. Ensure appropriate investigations have been conducted and physical observations are of appropriate frequency. 2. Consider the need for involvement of a paediatrician or consumer's GP. 3. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital. 4. Is specific nursing or environmental adaptation required due to the degree	1. Ensure appropriate investigations have been conducted and physical observations are of appropriate frequency. 2. Consider the need for involvement of a paediatrician or consumer's. 3. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge 4. Is specific nursing or environmental adaptation required due to the degree of impairment?	1. Ensure requirements for any ongoing specialist interventions (including medications) been communicated to the young person, family/ and professionals. 2. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs.	Nil

HoNOSCA item	Admission	Review	Discharge	Exceptions
	<p>of impairment?</p> <p>5. Is there a need for specialist assessment?</p>	<p>5. Is there a need for specialist assessment?</p> <p>6. Ensure there has been appropriate assessment of physical health issues that are particularly related to serious mental illness and their treatments?</p>		
7 Hallucination/delusions	<p>1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also mood symptoms present</p> <p>2. Ensure the possibility of delirium or other organic illness has been considered</p> <p>3. Ensure appropriate investigations have been conducted.</p> <p>4. Specialist interventions required during early phase of psychotic illnesses</p>	<p>1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also mood symptoms present</p> <p>2. Ensure the possibility of delirium or other organic illness been considered</p> <p>3. Ensure appropriate investigations have been conducted.</p> <p>4. Clarify adequacy of dose and duration of past treatments</p> <p>5. consider both pharmacological and non-pharmacological interventions</p> <p>6. Specialist interventions required during early phase</p>	<p>1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also mood symptoms present</p> <p>2. Ensure requirements for any ongoing specialist interventions (including medications) been communicated to the young person, family/carer and professionals.</p> <p>3. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs?</p>	Nil

HoNOSCA item	Admission	Review	Discharge	Exceptions
		of psychotic illnesses		
8 Somatic symptoms	<ol style="list-style-type: none"> 1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also significant mood symptoms present 2. Ensure the possibility of delirium or other organic illness has been considered 3. Ensure appropriate investigations have been conducted and a paediatrician appropriately involved. 4. Consider if there is a specific psychiatric syndrome requiring treatment 	<ol style="list-style-type: none"> 1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also significant mood symptoms present 2. Ensure the possibility of delirium or other organic illness has been considered 3. Ensure appropriate investigations have been conducted and a paediatrician appropriately involved. 4. Consider if there is a specific psychiatric syndrome requiring treatment 	<ol style="list-style-type: none"> 1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also mood symptoms present 2. Ensure requirements for any ongoing specialist interventions been communicated to the young person, family/carer and professionals. 3. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs? 	Nil
9 Emotional symptoms	<ol style="list-style-type: none"> 1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also psychotic symptoms present 2. Ensure the possibility of delirium or other organic illness been considered 	<ol style="list-style-type: none"> 1. Consider if delirium or other organic illness may be present 2. Ensure appropriate investigations have been conducted 3. Clarify adequacy of dose and duration of past treatments 	<ol style="list-style-type: none"> 1. Ensure clearly discussed and documented plans to maintenance therapy for adequate period 2. Ensure requirements for any ongoing specialist interventions (including medications) have been communicated to the young person, family/carer and professionals 3. Ensure plans consider how this will 	Nil

HoNOSCA item	Admission	Review	Discharge	Exceptions
	3. Ensure appropriate investigations have been conducted 4. More severe illness or the presence of severe safety issues, may necessitate more assertive management.	4. consider both non-pharmacological and pharmacological and interventions 5. Consider need for social worker interventions 6. More severe illness or the presence of severe safety issues, may necessitate more assertive management.	impact upon daily functioning, ability to comply with interventions, and support needs.	
10 Peer relationships	1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both? 2. Consider the need for specialist assessment and/or interventions 3. Ensure the potential impacts on treatment and follow up plans been considered	1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both? 2. Consider the need for specialist assessment and/or interventions 3. Ensure the potential impacts on treatment and follow up plans been considered	1. Ensure requirements for any ongoing specialist interventions (including medications) been communicated to the consumer and professionals 2. Ensure plans consider how this will impact upon functioning, ability to comply with interventions, and support needs	Nil
11 Self care	1. Ensure appropriate investigations have been conducted and physical observations are of appropriate frequency. 2. Consider the need for involvement of a	1. Ensure appropriate investigations have been conducted and physical observations are of appropriate frequency. 2. Consider the need for involvement of a	1. Ensure requirements for any ongoing specialist interventions have been communicated to the young person, family/carer and professionals 2. Ensure plans consider how this will impact upon daily functioning,	Nil

HoNOSCA item	Admission	Review	Discharge	Exceptions
	<p>paediatrician or consumer's GP been considered, if concerned about physical illness.</p> <p>3. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge</p> <p>4. Is specific nursing or environmental adaptation required due to the degree of impairment?</p> <p>5. Is there a need for specialist assessment(eg Occupational therapy)?</p>	<p>paediatrician or consumer's GP been considered, if concerned about physical illness.</p> <p>3. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge</p> <p>4. Is specific nursing or environmental adaptation required due to the degree of impairment?</p> <p>5. Is there a need for specialist assessment(eg Occupational therapy)?</p>	<p>ability to comply with interventions, and support needs</p>	
12 Family life	<p>1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both?.</p> <p>2. Consider the need for specialist assessment</p> <p>3. Consider the impact on treatment and discharge planning .</p>	<p>1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both?.</p> <p>2. Consider the need for specialist assessment</p> <p>3. Consider the impact on treatment and discharge planning .</p>	<p>1. Ensure follow up plans are consistent with functioning in this domain ,and co-ordinated with any partner agencies</p>	Nil
13 School attendance Key other	<p>1. Has it been considered that these problems may be precipitants or consequences</p>	<p>1. Has it been considered that these problems may be precipitants or consequences</p>	<p>1. Ensure follow up plans are consistent with functioning in this domain ,and co-ordinated with</p>	Nil

HoNOSCA item	Admission	Review	Discharge	Exceptions
guidelines	of mental health problems; or both? 2. Consider the need for specialist assessment 3. Consider the impact on treatment and discharge planning .	of mental health problems; or both? 2. Consider the need for specialist assessment 3. Consider the impact on treatment and discharge planning .	educational and other partner agencies	
14 Information regarding condition	1. Nil	1. Nil	1. Nil	Nil
15 Information regarding services/clinical management	1. Nil	1. Nil	1. Nil	Nil
Total Score	1. Nil	1. Nil	1. Nil	Nil

The following table contains Prompt Sets B, C, D, E and F that are linked to the HoNOSCA. It can be seen that the Prompt Sets D, E and F are linked to collection occasion, HoNOSCA item, and the scores on the HoNOSCA individual items. Prompt Sets B and C are only linked to the item number.

Table 10: Child and adolescent inpatient admission HoNOSCA score prompts

HoNOSCA item	HoNOSCA item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Disruptive/ aggressive	0	Low	1. Discuss with senior clinician if concerned about your assessment 2. Alcohol, drugs, relationship or environmental factors, and lack of corroborative history increase the risk of unexpected problems in this area	Nil
Key other scales: Prompt Set D Prompt Set D HoNOSCA item 2,4,9,10 SDQ, FIHS	1,2	Moderate:	1 Include this when discussing assessment and initial clinical management with senior clinician 2. Does the clinical management plan identify triggers and include measures to reduce risk of escalation?	
	3,4	High:	1. Assessment and clinical management should be discussed with a senior clinician as soon as possible. 2. There must be a clear, communicated assessment and clinical management plan for this issue including triggers and de-escalation strategies	

HoNOSCA item	HoNOSCA item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
2 Over activity	0,1	Low	1.Discuss with senior clinician if concerned about your assessment 2.Drugs, environmental factors and lack of corroborative history increase the risk of unexpected problems in this area	ADHD- re-evaluate 0,1
Key other scales: Prompt Set D: Prompt Set D HoNOSCA item 2,4,9,10 SDQ, FIHS	2	Moderate	1 Include this when discussing assessment and initial clinical management with senior clinician 2. Does the clinical management plan identify triggers and include measures to reduce risk of escalation?	Exception text: In ADHD, problems are common in this area and re-assessment should be considered if the score is 0 or 1
	3,4	High	1.Assessment and clinical management should be discussed with a senior clinician as soon as possible. 2. There must be a clear, communicated assessment and clinical management plan for this issue including triggers and de-escalation strategies	
3Self injury	0	Low	1.Discuss with senior clinician if concerned about your assessment 2.alcohol, drugs, relationship or environmental factors, lack of corroborative history increase the risk of unexpected problems in this area	Nil
Key other scales: Prompt Set D: Prompt Set D The young person self report, HoNOSCA items 4,7,9,14 SDQ, FIHS	1	Moderate	1 Include this when discussing assessment and initial clinical management with senior clinician, 2. Is there clear observation levels and scheduled review?	

HoNOSCA item	HoNOSCA item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	2,3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Is there clear observation levels and scheduled review?	
4 Substance abuse	0,1	Re-evaluate	1. Covert problems in this area are common in this situation. 2. Have specific probe or screening questions been used?	<10 yo- low 0 (no re-evaluate) Exception text - It is uncommon to have significant substance abuse problems under 10 y.o; but this can occur
Key other scales: Prompt Set D: Prompt Set D The young person self report, HONOSCA items 1,3,7,9 SDQ, CGAS	2	Moderate	1 Include this when discussing assessment and initial clinical management with senior clinician and consider if intake may be higher than described. 2. Have withdrawal observations been documented and communicated?	
	3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Have withdrawal observations been documented and communicated?	

HoNOSCA item	HoNOSCA item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
5 Scholastic performance	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. Do you have adequate corroborative history?	
Key other scales: Prompt Set D: Prompt Set D: HoNOSCA items 7,9,10,13 CGAS, SDQ	2,3,4	Moderate	1 Include this when discussing assessment and initial clinical management with senior clinician 2. What further assessment will be required to confirm reasons for this and plan clinical management?	Nil
			1. Clinical management and implications for managing other conditions should be discussed with a senior clinician as soon as possible 2. What further assessment will be required to confirm reasons for this and plan clinical management?	
6. Physical illness/ disability	0,1	Low	1. Discuss with senior clinician if concerned about your assessment 2. Has there been communication with GP?	Nil
Key other scales: Prompt Set D: Prompt Set D HoNOSCA items 8,11,14,15 CGAS,	2	Moderate	1 Include this when discussing clinical management with senior clinician 2. Has the GP been contacted and implications been considered in the clinical management plan?	
	3,4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Are specific action required to ensure an inpatient unit can provide appropriate supports or interventions for these issues?	

HoNOSCA item	HoNOSCA item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
7 Hallucination/ delusions	0	Low	1.Discuss with senior clinician if concerned about your assessment.	Psychotic disorders 0,1 re-evaluate: High 2,3,4 Exception text: Psychotic disorders- A score of 0 or 1 at admission would be uncommon and re-assessment may be required.
Key other scales: Prompt Set D HoNOSCA items 1,3,10,14 SDQ, CGAS	1	Moderate	1. Include this issue when discussing assessment and initial clinical management with a senior clinician. 2. Have you considered the full range of conditions that could cause these problems?	
	2,3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Have you considered the full range of conditions that could cause these problems?	
8 Somatic symptoms	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management plan .	Nil
Key other scales: Prompt Set D HoNOSCA items 6,9,12 SDQ, CGAS	2,3	Moderate	1 Include this when discussing assessment and initial clinical management with senior clinician 2. Have organic causes been excluded, including appropriate medical assessment?	
	4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Have organic causes been excluded, including appropriate medical assessment?	

HoNOSCA item	HoNOSCA item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
9 Emotional symptoms	0,1	Re-evaluate	1. Problems in this area are common in this situation; have you specifically asked the patient about their mood? 2. Have you ensured a comprehensive assessment regarding self harm risk has occurred?	
Key other scales: Prompt Set D SDQ. FIHS HoNOSCA items 3,4,7,10	2,3	Moderate	1 Include this when discussing assessment and initial clinical management with senior clinician 2. Have you ensured a comprehensive assessment regarding self harm risk has occurred?	
	4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Have you ensured a comprehensive assessment regarding self harm risk has occurred?	
10 Peer relationships	0,1	Re-evaluate	1. Problems in this area are common in this situation, is any re-assessment required? 2. Have you obtained information from family or other appropriate source?	Nil
Key other scale HoNOSCA items 1,3,7,9 SDQ	2,3	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Do you feel confident you understand the reason for these and how they relates to other mental health issues?	
	4	High	1.The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Are there specific clinical management plans to address the challenges this creates as an inpatient?	

HoNOSCA item	HoNOSCA item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
11 Self care	0,1	Low	1. Discuss with senior clinician if concerned about your assessment	Nil
Key other scales: Prompt Set D HoNOSCA items 6,7,9,15 CGAS, FIHS	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician, or as soon as possible if this represents a recent deterioration. 2. Has your assessment identified all contributing physical and psychosocial factors?	
	3,4	High	1. Clinical management , differential diagnosis and appropriate assessment should be discussed with a senior clinician as soon as possible 2. Are specific actions required to ensure clinical management plans can be implemented within nursing workload capacities?	
12 Family life	0,1	Low	1. Discuss with senior clinician if concerned about your assessment . 2. Has this been confirmed through corroborative sources?	Nil
Key other scales: Prompt Set D HoNOSCA items 2,7,9,10 CGAS, SDQ	2,3,4	Moderate	1 Include this when discussing assessment and clinical management with senior clinician and consider if any mandatory child protection reporting is required. 2. Have you planned further family assessment to guide clinical management and discharge planning?	
		Nil		

HoNOSCA item	HoNOSCA item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
13 School attendance Key other guidelines	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. Is corroborative history required?	Nil
Other key scales HONOSCA items 1,5 7,9 CGAS	2,3,4	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Have you considered the range of mental health , cognitive, educational and social issues that may be associated with this; and communicated with school staff?	
		Nil		
14 Information regarding condition	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. Have you specifically assessed this?	Nil
Key other scales: Prompt Set D HoNOSCA items 12,15 SDQ, CGAS, FIH	2,3	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Have you commenced actions to improve their knowledge?	
	4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Have you commenced actions to improve their knowledge?	

HoNOSCA item	HoNOSCA item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
15 Information regarding services/clinical management	0,1	Low	1. Check local protocols and/or discuss with senior clinician if concerned about your assessment or clinical management plan 2. Have you specifically assessed this?	Nil
Key other scales: Prompt Set D HoNOSCA items 12,14 SDQ, CGAS, FIH	2,3	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Have you considered local protocols and commenced actions to clarify the young persons service needs and communicate this Key other scales: Prompt Set D HoNOSCA items effectively?	
	4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Have you commenced actions to clarify the young persons service needs and communicate this effectively and consistent with local protocols?	
Total Score				
	10 th Centile national scores Currently 0-9	Re-evaluate	1. There are few younger people admitted to inpatient care with this score. 2. Has the assessment considered all corroborative information?	Nil
	10 to 25 th Centile national	Low	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower	Nil

HoNOSCA item	HoNOSCA item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	scores Currently 10-12		range of scores at admission and may represent a consumer with a less complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning	
	25 th to 75 th Centile national scores Currently 13-22	Moderate	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at admission and may represent a consumer with a moderately complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning	Nil
	25 th to 75 th Centile national scores Currently >22	High	1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at admission and may represent a consumer with a more complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning	Nil

Table 11: Child and adolescent inpatient review HoNOSCA score prompts

HoNOSCA item	HoNOSCA item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Disruptive/ aggressive	0	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
Key other scales: Prompt Set D HoNOSCA item 2,4,9,10 SDQ, FIHS	1,2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Has an active review occurred regarding the young person or clinical management factors that may be preventing improvement?	
	3,4	High:	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding the young person or clinical management factors that may be preventing improvement or exacerbating condition?	
2 Over activity	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil

HoNOSCA item	HoNOSCA item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
Key other scales: Prompt Set D HoNOSCA item 2,4,9,10 SDQ, FIHS	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Has an active review occurred regarding the young person or clinical management factors that may be preventing improvement?	
	3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding the young person or clinical management factors that may be preventing improvement or exacerbating condition?	
3Self injury	0	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
Key other scales: Prompt Set D The young person self report, HoNOSCA items 4,7,9,14 SDQ, FIHS		Moderate 1	1 Include this when discussing assessment and clinical management with senior clinician 2. Are you sure that there is not more serious ideation that is not being revealed?	
		High 2	1.Clinical management , and assessment regarding the acuity or chronicity of this risk should be discussed with a senior clinician as soon as possible	

HoNOSCA item	HoNOSCA item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Has an active review occurred regarding the young person or clinical management factors that may be preventing improvement?	
4 Substance abuse		Low 0	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
Key other scales: Prompt Set D The young person self report, HONOSCA items 1,3,7,9 SDQ, CGAS		Moderate 2	1 Include this when discussing assessment and clinical management with senior clinician 2. Are these issues being specifically addressed in clinical management and discharge planning?	
		High 3	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding the young person or clinical management factors that may be preventing improvement?	
5 Scholastic performance		Low 0	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
Key other scales: Prompt Set D: HoNOSCA items 7,9,10,13 CGAS, SDQ		Moderate 2	1 Include this when discussing assessment and clinical management with senior clinician, or earlier if an emerging problem.	

HoNOSCA item	HoNOSCA item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Has this been discussed appropriately with parents and school?	
		High Nil		
6. Physical illness/ disability		Low 0	1. Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement in hospital and after discharge?	Nil
Key other scales: Prompt Set D HoNOSCA items 8,11,14,15 CGAS,		Moderate 2;	1 Include this when discussing clinical management with senior clinician, or immediately if this represents a decline in function 2. Have the implications of this been considered in clinical management and discharge planning?	
		High Nil		
7 Hallucination/ delusions		Low 0	1. Discuss with senior clinician if concerned about your assessment. or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	Nil
Key other scales: Prompt Set D HoNOSCA items 1,3,10,14 SDQ, CGAS		moderate 1	1. Include this issue when discussing assessment and clinical management with a senior clinician, or earlier if this represents a deterioration 2. If this represents improvement, what actions are required to sustain improvement?	

HoNOSCA item	HoNOSCA item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
		High 2	1.Clinical management should be discussed with a senior clinician as soon as possible 22. Have you considered the full range of conditions that could cause these problems?	
8 Somatic symptoms		Low 0	1.Discuss with senior clinician if concerned about your assessment. or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	Nil
Key other scales: Prompt Set D HoNOSCA items 6,9,12 SDQ, CGAS		Moderate 2	1 Include this when discussing assessment and clinical management with senior clinician, or earlier if an emerging problem. 2. Have you considered the breadth of psychosocial and organic disorders that may be present?	
		High 4	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred including consideration of the breadth of psychosocial and organic disorders that could be contributing?	
9 Emotional symptoms		Low 0	1.Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	Nil
Key other scales: Prompt Set D SDQ. FIHS HoNOSCA items 3,4,7,10		Moderate 2	1 Include this when discussing assessment and clinical management with senior clinician. 2. Has an active review occurred regarding the young person or clinical management factors that may be hindering improvement or post discharge	

HoNOSCA item	HoNOSCA item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			clinical management?	
		High 4	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding the young person or clinical management factors that may be hindering improvement or post discharge clinical management?	
10 Peer relationships		Low 0	1.Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions with the young person or carer are required to sustain improvement?	Nil
Key other scale HoNOSCA items 1,3,7,9 SDQ		Moderate 2	1 Include this when discussing clinical management with senior clinician 2. Do specific interventions for these issues require review?	
		High Nil		
11 Self care		Low 0	1.Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions are required to sustain improvement?	Nil
Key other scales: Prompt Set D HoNOSCA items 6,7,9,15 CGAS, FIHS		Moderate 2	1 Include this when discussing assessment and clinical management with senior clinician, or as soon as possible if this represents a deterioration 2. Have specific plans commenced to assist	

HoNOSCA item	HoNOSCA item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			recovery in function in hospital and after discharge?	
		High Nil		
12 Family life		Low 0	1. Discuss with senior clinician if concerned about your assessment or clinical management plan. 2. If this represents improvement, what actions are required to sustain improvement?	Nil
Key other scales: Prompt Set D HoNOSCA items 2,7,9,10 CGAS, SDQ		Moderate 2	1 Include this when discussing assessment and clinical management with senior clinician and consider if any mandatory child protection reporting is required. 2. Have active interventions commenced to improve this?	
		High 4	1. The effect upon clinical management, discharge and child protection reporting requirements should be discussed with a senior clinician as soon as possible 2. Have you reviewed family assessments and interventions specific to these problems?	
13 School attendance		Low 0	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
Other key scales HONOSCA items 1,5 7,9 CGAS		Moderate 2	1 Include this when discussing assessment and clinical management with senior clinician. 2. Have you considered the range of mental health ,	

HoNOSCA item	HoNOSCA item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			cognitive, educational and social issues that may be associated with this; and communicated with school staff?	
		Nil		
14 Information regarding condition		Low 0	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
Key other scales: Prompt Set D HoNOSCA items 12,15 SDQ, CGAS, FIH		Moderate 2	1 Include this when discussing assessment and clinical management with senior clinician. 2. Has specific information been provided and discussed?	
		High 3	1. The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2. Has specific information been provided and discussed?	
15 Information regarding services/clinical management		Low 0	1. Check local protocols and/or discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
Key other scales: Prompt Set D HoNOSCA items 12,14 SDQ, CGAS, FIH		Moderate 2	1 Include this when discussing assessment and clinical management with senior clinician. 2. Has the care plan been provided and discussed with appropriate individuals, in a manner consistent	

HoNOSCA item	HoNOSCA item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			with local protocols?	
		High 3	1.The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2 Has the care plan been provided and discussed with appropriate individuals in a manner consistent with local protocols?	
Total Score				
	10 th Centile national scores Currently 0-8	Re-evaluate	1. There are few younger people reviewed in inpatient care with this score. 2. Has the assessment considered all corroborative information?	Nil
	10 to 25 th Centile national scores Currently 9-12	Low	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower range of scores at review and may represent a consumer with a less complex range of problems or approaching discharge. 2. Clarify which individual items have scores of 2 or above to assist care planning	Nil
Key other scales: Prompt Set D SDQ, FIHS	25 th to 75 th Centile national scores Currently 13-	Moderate	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at review and may represent a consumer with a moderately complex range of	Nil

HoNOSCA item	HoNOSCA item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	24		<p>problems.</p> <p>2. Clarify which individual items have scores of 2 or above to assist care planning</p>	
	25 th to 75 th Centile national scores Currently >24	High	<p>1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at review and may represent a consumer with a more complex range of problems.</p> <p>2. Clarify which individual items have scores of 2 or above to assist care planning</p>	Nil

Table 12: Child and adolescent inpatient review HoNOSCA change score prompt set

This set can be used for admission to review and review to review

HoNOSCA item	HoNOSCA item scores	Review change score Alert: Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Disruptive/ aggressive	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
Key other scales: Prompt Set D HoNOSCA item 2,4,9,10 SDQ, FIHS	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. If this has been a focus of care has there been an active review occurred regarding the young person or clinical management factors that may be hindering improvement?	
	-2 or less	high	1.Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding young person or clinical management factors that may be contributing to deterioration?	
2 Over activity	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan	Nil

HoNOSCA item	HoNOSCA item scores	Review change score Alert: Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	
Key other scales: Prompt Set D HoNOSCA item 2,4,9,10 SDQ, FIHS	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding the young person or clinical management factors that may be hindering improvement?	
	-2 or less	high	1.Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding young person or clinical management factors that may be preventing improvement?	
3Self injury	2 or more	Moderate	1. This probably represents improvement, but rapid apparent improvement may be due to concealment of increased suicidal intent: discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
Key other scales: Prompt Set D The young person self	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician.	

HoNOSCA item	HoNOSCA item scores	Review change score Alert: Prompt set C	Clinical Prompt Set E and F	Exceptions
report, HoNOSCA items 4,7,9,14 SDQ, FIHS			2. Has an active review occurred regarding young person or clinical management factors that may be hindering improvement?	
	-2 or less	High	1.Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding young person or clinical management factors that may be contributing to deterioration?	
4 Substance abuse	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement given current environment may be a significant factor in improvement..	Nil
Key other scales: Prompt Set D The young person self report, HONOSCA items 1,3,7,9 SDQ, CGAS	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has a review occurred, involving relevant parties, of recent and previous substance use and relevant interventions?	
	-2 or less	high	1.Clinical management and risk should be discussed with a senior clinician as soon as possible 2. Has a review occurred, involving relevant parties, of recent and previous substance use and relevant interventions?	

HoNOSCA item	HoNOSCA item scores	Review change score Alert: Prompt set C	Clinical Prompt Set E and F	Exceptions
5 Scholastic performance	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	
Key other scales: Prompt Set D: HoNOSCA items 7,9,10,13 CGAS, SDQ	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has this been discussed appropriately with parents and school?	
	-2 or less	high	1.Clinical management should be discussed with a senior clinician as soon as possible, with clarification if potential contributing factors have been identified. 2. Has an active review occurred regarding medical, family, young person, or clinical management factors that may be contributing to deterioration?	
6. Physical illness/ disability	2 or more	low	1.Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement in hospital and after discharge?	Nil
Key other scales: Prompt Set D HoNOSCA items 8,11,14,15 CGAS,	1,0,-1	Moderate	1 Include this when discussing clinical management with senior clinician, or immediately if this represents a decline in function 2. Have the implications of this been considered in clinical	

HoNOSCA item	HoNOSCA item scores	Review change score Alert: Prompt set C	Clinical Prompt Set E and F	Exceptions
			management and discharge planning?	
	-2 or less	high	1. Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium or other urgent medical conditions has been excluded. 2. Has an active review occurred regarding medical, other young person, or clinical management factors that may be leading to deterioration?	
7 Hallucination/ delusions	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
Key other scales: Prompt Set D HoNOSCA items 1,3,10,14 SDQ, CGAS	1,0,-1	Moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding young person or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. Has a psychiatrist been involved in assessment and clinical management planning? 2. Have you considered the full range of conditions that could cause these problems?	
8 Somatic symptoms	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical	Nil

HoNOSCA item	HoNOSCA item scores	Review change score Alert: Prompt set C	Clinical Prompt Set E and F	Exceptions
			management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	
Key other scales: Prompt Set D HoNOSCA items 6,9,12 SDQ, CGAS	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Have you considered the breadth of psychosocial and organic disorders that may be present?	
	-2 or less	high	1.Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium or other urgent medical conditions has been excluded. 2. Has an active review occurred including consideration of the breadth of psychosocial and organic disorders that could be contributing?	
9 Emotional symptoms	2 or more	low	1.Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	
Key other scales: Prompt Set D SDQ. FIHS HoNOSCA items 3,4,7,10	1,0,-1	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Has an active review occurred regarding the young person or clinical management factors that may be hindering improvement or post discharge clinical management?	
	-2 or less	high	1.Clinical management should be discussed with a senior clinician as soon as possible	

HoNOSCA item	HoNOSCA item scores	Review change score Alert: Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Has an active review occurred regarding the young person or clinical management factors that may be hindering improvement or post discharge clinical management?	
10 Peer relationships	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
Key other scale HoNOSCA items 1,3,7,9 SDQ	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding young person or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. What specific clinical management and discharge plans have you made to improve these issues or adapt interventions to accommodate for them?	
11 Self care	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil

HoNOSCA item	HoNOSCA item scores	Review change score Alert: Prompt set C	Clinical Prompt Set E and F	Exceptions
Key other scales: Prompt Set D HoNOSCA items 6,7,9,15 CGAS, FIHS	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding young person or clinical management factors that may be hindering improvement and the availability of suitable supports?	
	-2 or less	high	1.Contributing factors and effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding medical, other young person or clinical management factors that may be contributing to deterioration and the availability of suitable supports?	
12 Family life	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
Key other scales: Prompt Set D HoNOSCA items 2,7,9,10 CGAS, SDQ	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care; include this when discussing assessment and clinical management with senior clinician and consider if any mandatory child protection reporting is required. 2. Have active interventions commenced to improve these	

HoNOSCA item	HoNOSCA item scores	Review change score Alert: Prompt set C	Clinical Prompt Set E and F	Exceptions
			issues?	
	-2 or less	high	1.The effect upon clinical management, discharge and child protection reporting requirements should be discussed with a senior clinician as soon as possible 2. Have you reviewed family assessments and interventions specific to these increasing problems?	
13 School attendance Key other guidelines	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
Other key scales HONOSCA items 1,5 7,9 CGAS	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Have you considered the range of mental health , developmental and social issues that may be associated with this; and communicated with school staff?	
	-2 or less	high	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Have you considered the range of mental health , developmental and social issues that may be associated with this; and communicated with school staff?	
14 Information regarding condition	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical	Nil

HoNOSCA item	HoNOSCA item scores	Review change score Alert: Prompt set C	Clinical Prompt Set E and F	Exceptions
			management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	
Key other scales: Prompt Set D HoNOSCA items 12,15 SDQ, CGAS, FIH	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Have you considered the range of issues that may be associated with this; and provided specific information?	
	-2 or less	high	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Have you considered the range of issues that may be associated with this deterioration; and provided specific information consistent with local protocols.	
15 Information regarding services/clinical management	2 or more	low	1. This represents improvement; may check local protocols and/or discuss with senior clinician if concerned about your communication with others. 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
Key other scales: Prompt Set D HoNOSCA items 12,14 SDQ, CGAS, FIH	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2.Has the care plan been provided and discussed with appropriate individuals, in a manner consistent with local protocols?	

HoNOSCA item	HoNOSCA item scores	Review change score Alert: Prompt set C	Clinical Prompt Set E and F	Exceptions
	-2 or less	high	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Have you considered the range of issues that may be associated with this deterioration; and provided specific information staff in a manner consistent with local protocols?	
Total Score				
	>8	Low	1. This is likely to represent a significant improvement during admission to date. Discuss with a senior clinician if you have any concerns regarding care or discharge care to sustain this improvement 2. Clarify which individual items have scores of 2 or above to assist discharge planning	Nil
Key other scales: Prompt Set D SDQ,CGAS, FIH	1-8	Moderate	1. A change of score in this range represents possible mild improvement during admission to date. Include when discussing management and care planning with a senior clinician. 2. Clarify which individual items have scores of 2 or above to assist review and care planning	Nil
	<1	High	1. Have you discussed this with a senior clinician? A change of score in this range represents likely deterioration or failure to improve during the admission to date. 2. Clarify which individual items have scores of 2 or above to assist review and care planning	Nil

Table 13: Child and adolescent inpatient discharge HoNOSCA prompt set

HoNOSCA item	HoNOSCA item scores	Discharge Alert : Prompt Set C	Clinical Prompt Set E and F	Exceptions
1 Disruptive/ aggressive		Low 0	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence?	Nil
Key other scales: Prompt Set D HoNOSCA item 2,4,9,10 SDQ, FIHS		Moderate- Nil		
		High 2	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented relapse prevention and crisis plan?	
2 Over activity		Low 0	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence?	Nil
Key other scales: Prompt Set D HoNOSCA item 2,4,9,10		Moderate 2	1. Include this when discussing discharge with a senior clinician. 2. Is there a clearly documented relapse prevention and crisis	

HoNOSCA item	HoNOSCA item scores	Discharge Alert :Prompt Set C	Clinical Prompt Set E and F	Exceptions
SDQ, FIHS			plan that has been discussed with the young person and other relevant people?	
		High 3	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented relapse prevention and crisis plan that has been discussed with the young person and other relevant people?	
3Self injury		Low 0	1.Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence?	Nil
Key other scales: Prompt Set D The young person self report, HoNOSCA items 4,7,9,14 SDQ, FIHS		Moderate 1	1 Include this when discussing discharge with senior clinician. 2. Ensure discharge plans consider potential for increased risk in post discharge period.	
		High 3	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the young person and other relevant people to minimise ongoing acute and/or chronic risks?	

HoNOSCA item	HoNOSCA item scores	Discharge Alert : Prompt Set C	Clinical Prompt Set E and F	Exceptions
4 Substance abuse		Low 0	1. Discuss with senior clinician if concerned about your assessment or discharge plan 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence and assist recovery?	Nil
Key other scales: Prompt Set D The young person self report, HONOSCA items 1,3,7,9 SDQ, CGAS		Moderate 2	1 Include this when discussing discharge issues with senior clinician 2. Is there a clearly documented plan that has been communicated to the young person and other relevant people to continue managing these problems?	
		High 3	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the young person and other relevant people to minimise ongoing risks?	
5 Scholastic performance		Low 0	1. Discuss with senior clinician if concerned about your assessment or discharge plan 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence and assist recovery?	Nil
Key other scales: Prompt Set D: HoNOSCA items 7,9,10,13 CGAS, SDQ		Moderate 2	1 Include this when discussing discharge issues with senior clinician 2. Do discharge plans account for increased risks if available supports are insufficient for needs?	
		High Nil		
6. Physical illness/ disability		Low 0	1. Discuss with senior clinician if concerned about your assessment or clinical management	Nil

HoNOSCA item	HoNOSCA item scores	Discharge Alert :Prompt Set C	Clinical Prompt Set E and F	Exceptions
			2. If this represents improvement, have appropriate plans been made to support sustained improvement?	
Key other scales: Prompt Set D HoNOSCA items 8,11,14,15 CGAS,		Moderate 2,	1 Include this when discussing discharge issues with senior clinician 2. Have appropriate post discharge supports been discussed and confirmed with the GP or other professionals; and young person and/or their carer ?	
		High Nil		
7 Hallucination/ delusions		Low 0	1. Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, have appropriate plans to maintain this been communicated to the young person and other relevant people?	Mood disorders Low 0,1 Nil moderate High 2,3,4
Key other scales: Prompt Set D HoNOSCA items 1,3,10,14 SDQ, CGAS		Moderate 1	1 Include this when discussing discharge issues with senior clinician 2. Is there an assertive plan that has been communicated to the young person and other relevant people to minimise ongoing risks and assist ongoing recovery?	Exception text: Increased caution is required if these symptoms occur in mood disorders
		High 2	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there an assertive plan that has been communicated to the young person and other relevant people to minimise ongoing risks and assist ongoing recovery?	
8 Somatic symptoms		Low 0	1. Discuss with senior clinician if concerned about your assessment or discharge planning	Psychosis Low 0,1

HoNOSCA item	HoNOSCA item scores	Discharge Alert : Prompt Set C	Clinical Prompt Set E and F	Exceptions
			2. If this represents improvement, has follow up been arranged, and appropriate communication occurred with the young person, family and providers?	Nil moderate 2,3,4 high
Key other scales: Prompt Set D HoNOSCA items 6,9,12 SDQ, CGAS		Moderate 2	1 Include this when discussing discharge issues with senior clinician 2. Has there been clear communication of an agreed clinical management plan with the young person and other relevant people?	Exception text: Increased caution is required if these symptoms occur in psychotic disorders
		High 4	1.Were plans discussed with a senior clinician prior to discharge? 2. Is there a clearly documented plan that has been communicated to relevant people to min the young person and other minimise ongoing risks and support this level of disability?	
9 Emotional symptoms		Low 0	1.Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, have appropriate plans to maintain this been communicated to the young person and other relevant people?	Nil
Key other scales: Prompt Set D SDQ. FIHS HoNOSCA items 3,4,7,10		Moderate 2	1 Include this when discussing discharge issues with senior clinician 2. Has a well documented plan been communicated to the young person and other relevant people?	
		High 4	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Has a well documented plan, informed by a pre-discharge risk assessment and recovery plan, been communicated to the	

HoNOSCA item	HoNOSCA item scores	Discharge Alert :Prompt Set C	Clinical Prompt Set E and F	Exceptions
			young person and other relevant people?	
10 Peer relationships		Low 0	1. Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions with the young person and/or carer are required to sustain improvement?	Nil
Key other scale HoNOSCA items 1,3,7,9 SDQ		Moderate 2	1 Include this when discussing discharge issues with senior clinician 2. Do follow up plans include actions to accommodate for, or improve, these issues?	
		High 4	1. Were plans discussed with a senior clinician prior to discharge? 2. Do follow up plans include actions to accommodate for, or improve, these issues?	
11 Self care		Low 0	1. Discuss with senior clinician if concerned about your discharge plans 2. If this represents improvement, what follow up actions are required to sustain improvement?	Nil
Key other scales: Prompt Set D HoNOSCA items 6,7,9,15 CGAS, FIHS		Moderate 2	1 Include this when discussing discharge issues with senior clinician 2. Have ongoing co-ordinated carer and professional supports been confirmed?	
		High Nil		
12 Family life		Low 0	1. Discuss with senior clinician if concerned about your assessment or potential risks to living conditions. 2. Are any follow up actions required to maintain this status?	Nil

HoNOSCA item	HoNOSCA item scores	Discharge Alert :Prompt Set C	Clinical Prompt Set E and F	Exceptions
Key other scales: Prompt Set D HoNOSCA items 2,7,9,10 CGAS, SDQ		Moderate 2	1 Include this when discussing discharge issues with senior clinician 2. Is there coordinated follow up by relevant agencies to continue addressing these issues?	
		High 4	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there coordinated follow up of this potentially high risk discharge by relevant agencies?	
13 School attendance Key other guidelines		Low 0	1.Discuss with senior clinician if concerned about your assessment or discharge plan 2. Is age appropriate educational or vocational follow up required to maintain this status?	Nil
Other key scales HONOSCA items 1,5 7,9 CGAS		Moderate 2	1.Include this when discussing discharge issues with senior clinician 2. Has age appropriate educational or vocational follow up been actively sought?	
		High 4	1.Were plans discussed with a senior clinician prior to discharge? 2. Has age appropriate educational or vocational follow up been actively sought?	
14 Information regarding condition		Low 0	1.Discuss with senior clinician if concerned about your assessment or discharge plans 2. Are any follow up actions required to maintain this status?	Nil

HoNOSCA item	HoNOSCA item scores	Discharge Alert :Prompt Set C	Clinical Prompt Set E and F	Exceptions
Key other scales: Prompt Set D HoNOSCA items 12,15 SDQ, CGAS, FIH		Moderate 2	1 Include this when discussing discharge issues with senior clinician 2. Have you had clear communication with follow up providers to allow potential ongoing improvement?	
		High 4	1.Were plans discussed with a senior clinician prior to discharge? 2. Have you had clear communication with follow up providers to allow potential ongoing improvement?	
15 Information regarding services/clinical management		Low 0	1. Check local protocols and/or discuss with senior clinician if concerned about your assessment or discharge plans 2. Have you ensured you have taken all appropriate actions to communicate follow up plan?	
Key other scales: Prompt Set D HoNOSCA items 12,14 SDQ, CGAS, FIH		Moderate 2	1 Include this when discussing discharge issues with senior clinician 2. Have you ensured you have taken all appropriate actions consistent with local protocols to communicate follow up plan?	
		High 4	1.Were plans discussed with a senior clinician prior to discharge? 2. Have you ensured you have taken all appropriate actions consistent with local protocols to communicate follow up plan?	
Total Score				
	10 th Centile national scores Currently 0-	Re-evaluate	1. There are few younger people discharged from inpatient care with this score. 2. Has the assessment considered all corroborative information?	Nil

HoNOSCA item	HoNOSCA item scores	Discharge Alert :Prompt Set C	Clinical Prompt Set E and F	Exceptions
	4			
	10 to 25 th Centile national scores Currently 5-7	Low	<ol style="list-style-type: none"> 1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower range of scores at discharge and may represent a consumer with a less complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist discharge planning 	Nil
Key Other Scales: Prompt Set D SDQ, CGAS,FIH	25 th to 75 th Centile national scores Currently 8-16	Moderate	<ol style="list-style-type: none"> 1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at discharge and may represent a consumer with a moderately complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist discharge planning 	Nil
	25 th to 75 th Centile national scores Currently >16	High	<ol style="list-style-type: none"> 1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at discharge and may represent a consumer with a more complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist discharge planning 	Nil

Table 14: Child and adolescent inpatient discharge HoNOSCA change score prompt set

These may be used for admission to discharge or review to discharge

HoNOSCA item	HoNOSCA item change scores	Discharge change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Disruptive/ aggressive	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about follow up or clinical risk management issues. 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
Key other scales: Prompt Set D HoNOSCA item 2,4,9,10 SDQ, FIHS	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan to minimise ongoing risks that has been communicated to people involved in follow up or who may be at specific risk?	

HoNOSCA item	HoNOSCA item change scores	Discharge change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
2 Over activity	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about follow up or clinical risk management issues. 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
Key other scales: Prompt Set D HoNOSCA item 2,4,9,10 SDQ, FIHS	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. Is there a clearly documented relapse prevention and crisis plan that has been discussed with the young person and other relevant people?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented relapse prevention and crisis plan that has been discussed with the young person and other relevant people?	
3Self injury	2 or more	Moderate	1. This probably represents improvement, but rapid apparent improvement may be due to concealment of increased suicidal intent: discuss with senior clinician if concerned about	Nil

HoNOSCA item	HoNOSCA item change scores	Discharge change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			your assessment or follow up plan 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence?	
Key other scales: Prompt Set D The young person self report, HoNOSCA items 4,7,9,14 SDQ, FIHS	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been confirmed and communicated to the young person and other relevant people to minimise these ongoing significant risks?	
4 Substance abuse	2 or more	Moderate	1.This represent improvement but with potential for high risk or loss of relapse post discharge: discuss with senior clinician if concerned about follow up or clinical risk management issues 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence and assist recovery?	Nil

HoNOSCA item	HoNOSCA item change scores	Discharge change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
Key other scales: Prompt Set D The young person self report, HONOSCA items 1,3,7,9 SDQ, CGAS	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clearly documented and communicated plans to attempt minimise the ongoing risks associated with these problems?	
5 Scholastic performance		Negative change of 2 or more	1.Discuss with senior clinician if concerned about your assessment or discharge plan 2. Has information on scholastic performance and plans to sustain improvement been included in discharge documentation?	Nil
Key other scales: Prompt Set D: HoNOSCA items 7,9,10,13 CGAS, SDQ		-1 to +1	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to account for increased risks if available supports are	

HoNOSCA item	HoNOSCA item change scores	Discharge change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			insufficient for needs?	
	2 or more	low	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Considering this recently increasing disability, do follow up plans include appropriate interventions and people to ensure reversible factors are addressed in a timely manner (potentially urgent)?	
6. Physical illness/ disability	1,0,-1	Moderate	1.Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, have appropriate plans been made to support sustained improvement?	Nil
Key other scales: Prompt Set D HoNOSCA items 8,11,14,15 CGAS,	-2 or less	high	1 Include this when discussing discharge issues with senior clinician 2. Have appropriate post discharge supports been discussed and confirmed with the GP or other professionals; and young person and/or their carer ?	
	2 or more	low	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Considering this recently increasing disability, do follow up plans include appropriate interventions and people to ensure reversible factors are addressed in a timely	

HoNOSCA item	HoNOSCA item change scores	Discharge change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			manner (potentially urgent)?	
7 Hallucination/ delusions	2 or more	low	1. Discuss with senior clinician if concerned about your assessment or discharge planning 2. Has assertive follow up been arranged, and appropriate communication occurred?	Nil
Key other scales: Prompt Set D HoNOSCA items 1,3,10,14 SDQ, CGAS	1,0,-1	Moderate	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the young person and other relevant people to minimise ongoing risks and support this level of disability, and promote recovery?	
8 Somatic symptoms	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about follow up or clinical risk management issues. 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil

HoNOSCA item	HoNOSCA item change scores	Discharge change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
Key other scales: Prompt Set D HoNOSCA items 6,9,12 SDQ, CGAS	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Considering this recent deterioration, do follow up plans include appropriate interventions and people to ensure reversible medical and psychological factors are addressed in a timely manner (potentially urgent)?	
9 Emotional symptoms	2 or more	low	1.Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, have appropriate plans to maintain this been communicated to the young person and other relevant people?	Nil
Key other scales: Prompt Set D SDQ. FIHS HoNOSCA items 3,4,7,10	1,0,-1	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Has a well documented plan been communicated to the young person and other relevant people?	

HoNOSCA item	HoNOSCA item change scores	Discharge change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Has a well documented plan, informed by a pre-discharge risk assessment and recovery plan, been communicated to the young person and other relevant people?	
10 Peer relationships	2 or more	low	1.Discuss with senior clinician if concerned about follow up or clinical risk management issues of recurrence? 2. Have those with close relationships been involved in discharge and relapse prevention planning?	Nil
Key other scale HoNOSCA items 1,3,7,9 SDQ	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clear plans to support the young person despite these problems that increase the risks of relapse or post discharge decline?	

HoNOSCA item	HoNOSCA item change scores	Discharge change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
11 Self care	2 or more	low	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	Nil
Key other scales: Prompt Set D HoNOSCA items 6,7,9,15 CGAS, FIHS	1,0,-1	Moderate	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks and maximise the availability of ongoing co-ordinated carer and professional supports.	
	-2 or less	high	1. Were plans and cause of deterioration discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Have ongoing co-ordinated carer and professional discharge supports been confirmed that can appropriately support this level of disability and promote recovery in function in a timely manner ?	
12 Family life	2 or more	low	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of	Nil

HoNOSCA item	HoNOSCA item change scores	Discharge change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			recurrence?	
Key other scales: Prompt Set D HoNOSCA items 2,7,9,10 CGAS, SDQ	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include e issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to continue addressing these issues?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there coordinated follow up of this potentially high risk discharge by relevant agencies?	
13 School attendance Key other guidelines	2 or more	low	1.Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is age appropriate educational or vocational follow up required to maintain this improvement?	Nil
Other key scales HoNOSCA items 1,5 7,9 CGAS	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a	

HoNOSCA item	HoNOSCA item change scores	Discharge change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			clearly documented plan to engage appropriate educational or vocational follow up?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clear plans engaging educational and/or vocational services to support the young person despite these problems that increase the risks of relapse or post discharge decline?	
14 Information regarding condition	2 or more	low	1. Check local protocols and/or discuss with senior clinician if concerned about communication of your assessment or discharge plans 2.Have you had clear communication with follow up providers to support ongoing improvement?	Nil
Key other scales: Prompt Set D HoNOSCA items 12,15 SDQ, CGAS, FIH	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2.Have you had clear communication with follow up providers to allow potential ongoing improvement?	

HoNOSCA item	HoNOSCA item change scores	Discharge change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Have you considered this in your discharge risk assessment and had clear communication with follow up providers consistent with local protocols too allow potential ongoing improvement?	
15 Information regarding services/clinical management	2 or more	low	1. Check local protocols and/or discuss with senior clinician if concerned about your assessment or discharge plans 2. Have you ensured you have taken all appropriate actions to communicate follow up plan?	Nil
Key other scales: Prompt Set D HoNOSCA items 12,14 SDQ, CGAS, FIH	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, if this has been a concern, include this issue when discussing discharge plans with a senior clinician. 2.Have you had clear communication with follow up providers to allow potential ongoing improvement?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Have you considered this in your discharge risk assessment and had clear communication	

HoNOSCA item	HoNOSCA item change scores	Discharge change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			with follow up providers consistent with local protocols too allow potential ongoing improvement?	
Total Score				
	>8	Low	<ol style="list-style-type: none"> 1. This is likely to represent a significant improvement during admission. Discuss with a senior clinician if you have any concerns regarding planning post discharge care to sustain this improvement 2. Clarify which individual items have scores of 2 or above to assist discharge planning 	Nil
Key Other Scales: Prompt Set D SDQ, CGAS,FIH	1-8	Moderate	<ol style="list-style-type: none"> 1. A change of score in this range represents possible mild improvement during admission. Include when discussing discharge planning with a senior clinician. 2. Clarify which individual items have scores of 2 or above to assist discharge planning 	Nil
	<1	High	<ol style="list-style-type: none"> 1. Have you discussed this with a senior clinician? A change of score in this range represents likely deterioration or failure to improve during admission. 2. Clarify which individual items have scores of 2 or above to assist review and discharge planning 	Nil

2.4 Ambulatory and community residential clinical setting – HoNOSCA prompts

Table 15: Child and adolescent ambulatory common care planning issue prompts- Prompt Set G

These are the same for all scores on items, but linked to specific items and the collection occasion.

HoNOSCA item	Admission	Review	Discharge	Exceptions
1 Disruptive/ aggressive	<ol style="list-style-type: none"> 1. Ensure documentation and communication of aggression prevention and de-escalation plans consistent with local policy. 2. Ensure a clear plan is documented in case of behavioural emergencies, 	<ol style="list-style-type: none"> 1. Ensure documented aggression prevention and de-escalation plans are still appropriate? 2. Ensure management plans for potential behavioural emergencies are still appropriate. 	<ol style="list-style-type: none"> 1. Ensure appropriate communication with relevant individuals, regarding prevention and de-escalation strategies 2. Ensure appropriate communication and other actions consistent with local protocols has occurred if known individuals may be at risk. 	Nil
2 Over activity	<ol style="list-style-type: none"> 1. Ensure documentation and communication of aggression prevention and de-escalation plans consistent with local policy. 2. Ensure a clear plan is documented in case of behavioural emergencies, 	<ol style="list-style-type: none"> 1. Ensure documented aggression prevention and de-escalation plans are still appropriate? 2. Ensure management plans for potential behavioural emergencies are still appropriate. 	<ol style="list-style-type: none"> 1. Ensure appropriate communication with relevant individuals, regarding prevention and de-escalation strategies 2. Ensure appropriate communication and other actions consistent with local protocols has occurred if 	Nil

HoNOSCA item	Admission	Review	Discharge	Exceptions
			known individuals may be at risk.	
3 Self injury	<ol style="list-style-type: none"> 1. Ensure any physical health consequences of self harm been safely managed 2. Ensure necessary physical treatments is offered, even if the person doesn't want psychosocial or psychiatric assessment. 3. Increased caution is required in assessment if there are still active effects of drugs or alcohol. 4. Have the following factors been considered in the assessment? 5. social, psychological and motivational factors specific to the act of self-harm 6. current intent 7. hopelessness 8. mental health and social needs assessment 9. Have specific programs been considered if the young person has a history or recurrent self harm? 	<ol style="list-style-type: none"> 1. Have the following factors been considered in the assessment? <ul style="list-style-type: none"> • social, psychological and motivational factors specific to the act of self-harm • current intent • hopelessness • mental health and social needs assessment 2. Has the need for specific programs or therapies, been considered ? 3. Has the management plan considered the need for increased caution in younger consumers. 	<ol style="list-style-type: none"> 1. Ensure follow up meets local policy requirements in this situation. 4. Are follow up arrangements be based upon a combined assessment of needs and risk, not just current presence of mental illness or reduced acute risk? 2. If there is a history of repeated self harm, is there a clearly documented, communicated, plan to reduce the likelihood of, and risks associated with, future episodes? 	Nil
4 Substance abuse	<ol style="list-style-type: none"> 1. Consider brief specific interventions that may 	<ol style="list-style-type: none"> 1. Consider brief specific interventions that may 	<ol style="list-style-type: none"> 1. Consider if discharge planning need to include 	Nil

HoNOSCA item	Admission	Review	Discharge	Exceptions
	<p>assist.</p> <ol style="list-style-type: none"> 2. Consider the potential benefits of, and access to, specialist D&A service involvement. 3. Are specific interventions required for intoxication or withdrawal? 	<p>assist.</p> <ol style="list-style-type: none"> 2. Are specific interventions required for intoxication or withdrawal? 3. Consider the potential benefits of, and access to, specialist D&A service involvement. 	<p>specific coordinated follow up for these issues.</p>	
5 Scholastic performance	<ol style="list-style-type: none"> 1. Identification of cause is essential (mental illness, organic illness, and congenital factors must all be considered) 2. Consider the need for involvement of a paediatrician or young person's GP been considered, if concerned about physical illness. 3. Has there been documentation of baseline cognitive functioning with a standard instrument? 4. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge 5. Has Liaison with the school 	<ol style="list-style-type: none"> 1. Ensure appropriate investigations have been conducted. 2. Consider the need for involvement of a paediatrician or young person's GP been considered, if concerned about physical illness? 3. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge. 4. Is there a need for specialist assessment (eg neuropsychology)? 5. Are specialist interventions required? 	<ol style="list-style-type: none"> 1. Ensure requirements for any ongoing specialist interventions (including educational) been communicated to the young person, family /carer and appropriate professionals? 2. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs? 	Nil

HoNOSCA item	Admission	Review	Discharge	Exceptions
	<p>/school counsellor occurred?</p> <p>6. Consider what inputs person has previously received (eg Special education / remedial assistance)</p> <p>7. Is there a need for specialist assessment (eg neuropsychology)?</p>			
6. Physical illness/ disability	<p>1. Ensure appropriate investigations have been conducted and physical observations are of appropriate frequency.</p> <p>2. Consider the need for involvement of a paediatrician or consumer's GP.</p> <p>3. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital.</p> <p>4. Is specific nursing or environmental adaptation required due to the degree of impairment?</p> <p>5. Is there a need for specialist assessment?</p>	<p>1. Ensure appropriate investigations have been conducted and physical observations are of appropriate frequency.</p> <p>2. Consider the need for involvement of a paediatrician or consumer's.</p> <p>3. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge</p> <p>4. Is specific nursing or environmental adaptation required due to the degree of impairment?</p> <p>5. Is there a need for specialist assessment?</p> <p>6. Ensure there has been appropriate assessment of</p>	<p>1. Ensure requirements for any ongoing specialist interventions (including medications) been communicated to the young person, family/ and professionals.</p> <p>2. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs.</p>	Nil

HoNOSCA item	Admission	Review	Discharge	Exceptions
		physical health issues that are particularly related to serious mental illness and their treatments?		
7 Hallucination/delusions	<ol style="list-style-type: none"> 1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also mood symptoms present 2. Ensure the possibility of delirium or other organic illness has been considered 3. Ensure appropriate investigations have been conducted. 4. Specialist interventions required during early phase of psychotic illnesses 	<ol style="list-style-type: none"> 1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also mood symptoms present 2. Ensure the possibility of delirium or other organic illness been considered 3. Ensure appropriate investigations have been conducted. 4. Clarify adequacy of dose and duration of past treatments 5. consider both pharmacological and non-pharmacological interventions 6. Specialist interventions required during early phase of psychotic illnesses 	<ol style="list-style-type: none"> 1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also mood symptoms present 2. Ensure requirements for any ongoing specialist interventions (including medications) been communicated to the young person, family/carer and professionals. 3. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs? 	Nil
8 Somatic symptoms	<ol style="list-style-type: none"> 1. Increased caution in risk assessment is required for first presentations with these 	<ol style="list-style-type: none"> 1. Increased caution in risk assessment is required for first presentations with 	<ol style="list-style-type: none"> 1. Increased caution in risk assessment is required for first presentations with these 	Nil

HoNOSCA item	Admission	Review	Discharge	Exceptions
	<p>problems, or if there are also significant mood symptoms present</p> <ol style="list-style-type: none"> 2. Ensure the possibility of delirium or other organic illness has been considered 3. Ensure appropriate investigations have been conducted and a paediatrician appropriately involved. 4. Consider if there is a specific psychiatric syndrome requiring treatment 	<p>these problems, or if there are also significant mood symptoms present</p> <ol style="list-style-type: none"> 2. Ensure the possibility of delirium or other organic illness has been considered 3. Ensure appropriate investigations have been conducted and a paediatrician appropriately involved. 4. Consider if there is a specific psychiatric syndrome requiring treatment 	<p>problems, or if there are also mood symptoms present</p> <ol style="list-style-type: none"> 2. Ensure requirements for any ongoing specialist interventions been communicated to the young person, family/carer and professionals. 3. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs? 	
9 Emotional symptoms	<ol style="list-style-type: none"> 1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also psychotic symptoms present 2. Ensure the possibility of delirium or other organic illness been considered 3. Ensure appropriate investigations have been conducted 4. More severe illness or the presence of severe safety issues, may necessitate 	<ol style="list-style-type: none"> 1. Consider if delirium or other organic illness may be present 2. Ensure appropriate investigations have been conducted 3. Clarify adequacy of dose and duration of past treatments 4. consider both non-pharmacological and pharmacological and interventions 5. Consider need for social 	<ol style="list-style-type: none"> 1. Ensure clearly discussed and documented plans to maintenance therapy for adequate period 2. Ensure requirements for any ongoing specialist interventions (including medications) have been communicated to the young person, family/carer and professionals 3. Ensure plans consider how this will impact upon daily functioning, ability to comply 	Nil

HoNOSCA item	Admission	Review	Discharge	Exceptions
	more assertive management.	worker interventions 6. More severe illness or the presence of severe safety issues, may necessitate more assertive management.	with interventions, and support needs.	
10 Peer relationships	<ol style="list-style-type: none"> 1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both? 2. Consider the need for specialist assessment and/or interventions 3. Ensure the potential impacts on treatment and follow up plans been considered 	<ol style="list-style-type: none"> 1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both? 2. Consider the need for specialist assessment and/or interventions 3. Ensure the potential impacts on treatment and follow up plans been considered 	<ol style="list-style-type: none"> 1. Ensure requirements for any ongoing specialist interventions (including medications) been communicated to the consumer and professionals 2. Ensure plans consider how this will impact upon functioning, ability to comply with interventions, and support needs 	Nil
11 Self care	<ol style="list-style-type: none"> 1. Ensure appropriate investigations have been conducted and physical observations are of appropriate frequency. 2. Consider the need for involvement of a paediatrician or consumer's GP been considered, if concerned about physical illness. 3. Consider the impact upon 	<ol style="list-style-type: none"> 1. Ensure appropriate investigations have been conducted and physical observations are of appropriate frequency. 2. Consider the need for involvement of a paediatrician or consumer's GP been considered, if concerned about physical illness. 3. Consider the impact upon 	<ol style="list-style-type: none"> 1. Ensure requirements for any ongoing specialist interventions have been communicated to the young person, family/carer and professionals 2. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs 	Nil

HoNOSCA item	Admission	Review	Discharge	Exceptions
	<p>daily functioning, ability to comply with interventions, and support needs within hospital and after discharge</p> <p>4. Is specific nursing or environmental adaptation required due to the degree of impairment?</p> <p>5. Is there a need for specialist assessment(eg Occupational therapy)?</p>	<p>daily functioning, ability to comply with interventions, and support needs within hospital and after discharge</p> <p>4. Is specific nursing or environmental adaptation required due to the degree of impairment?</p> <p>5. Is there a need for specialist assessment(eg Occupational therapy)?</p>		
12 Family life	<p>1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both?.</p> <p>2. Consider the need for specialist assessment</p> <p>3. Consider the impact on treatment and discharge planning .</p>	<p>1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both?.</p> <p>2. Consider the need for specialist assessment</p> <p>3. Consider the impact on treatment and discharge planning .</p>	<p>1. Ensure follow up plans are consistent with functioning in this domain ,and co-ordinated with any partner agencies</p>	Nil
13 School attendance Key other guidelines	<p>1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both?.</p> <p>2. Consider the need for specialist assessment</p> <p>3. Consider the impact on</p>	<p>1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both?.</p> <p>2. Consider the need for specialist assessment</p> <p>3. Consider the impact on</p>	<p>1. Ensure follow up plans are consistent with functioning in this domain ,and co-ordinated with educational and other partner agencies</p>	Nil

HoNOSCA item	Admission	Review	Discharge	Exceptions
	treatment and discharge planning .	treatment and discharge planning .		
14 Information regarding condition	1. Nil	1. Nil	1. Nil	Nil
15 Information regarding services/clinical management	1. Nil	1. Nil	1. Nil	Nil
Total Score	Nil	Nil	Nil	Nil

The following Tables contain Prompt Sets B, C,D,E and F that are linked to the HoNOSCA. It can be seen that the prompt Set D,E and F are linked to collection occasion, HoNOSCA item, and the scores on the HoNOSCA individual items. Prompt Sets B and C are only linked to the item number.

Table 16: Child and adolescent ambulatory admission HoNOSCA score prompts

HoNOSCA item	HoNOSCA item change scores	Admission change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/ aggression	0,1	Low	1. Discuss with senior clinician if concerned about your assessment 2 Relationship or environmental factors and lack of corroborative history increase the risk of unexpected problems in this area	<10yo Low 0 Moderate 1,2 High 3,4 Conduct disorder
Key other scales: Prompt Set D HoNOSCA item 3,4,6,9	2,3	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Is this due to other issues requiring further assessment or clinical management?	re-evaluate 0,1 Moderate 2,3 High 4
	4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Is there a documented, communicated plan to assess contributory factors and reduce these risks?	Text for exceptions - Greater caution should be used If the client less than 10 years old - Low scores for consumer's with Conduct Disorder may require re-evaluation to ensure

HoNOSCA item	HoNOSCA item change scores	Admission change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
				all factors have been included and appropriate corroborative history obtained
2 Over activity	0,1	Low	1.Discuss with senior clinician if concerned about your assessment	Nil
Key other scales: Prompt Set D: HoNOSCA items 1,4,7	2,3	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Have you considered the range of situations in which attention, concentration or activity can be altered?	
	4	High	1.Assessment and clinical management should be discussed with a senior clinician as soon as possible. 2. Have you considered the range of situations in which attention, concentration or activity can be altered?	
3 Self injury	0	Low	1.Discuss with senior clinician if concerned about your assessment 2.alcohol, drugs, relationship or environmental factors, lack of corroborative history increase the risk of unexpected problems in this area	Nil
Key other scales: Prompt Set D SDQ	1	Moderate	1 Ensure risk assessment has included assessment of ideation and this is discussed during assessment and	

HoNOSCA item	HoNOSCA item change scores	Admission change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
HoNOSCA items 4,7,9			clinical management discussion with senior clinician 2. Is there a plan for scheduled review and accessing urgent review if risks increase?	
	2,3,4	High	1.Assessment of risk (including ideation, acuity vs chronicity) and clinical management should be discussed with a senior clinician as soon as possible 2. Is there a documented, communicated plan with adequate coordinated supports to manage this risk out of hospital?	
4 Substance abuse	0	re-evaluate	1. Covert problems in this area are common in this situation. 2. Have specific probe or screening questions been used?	<10 yo- low 0 (no re-evaluate) 1 moderate 2,3,4 high
Key other scales: Prompt Set D The young person self report, HoNOSCA items 1,2,6,7	1	moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Has there been clear assessment of quantities of substances consumed?	Exception text - It is uncommon to have significant substance abuse problems under 10 y.o; but this can occur
	2,3,4	high	1.Clinical management and implications for managing other conditions should be discussed with a senior clinician as soon as possible 2. Do clinical management plans specifically address these issues?	
5 Scholastic performance	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management plan 2. Do you have adequate corroborative history?	Nil

HoNOSCA item	HoNOSCA item change scores	Admission change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
Key other scales: Prompt Set D: HoNOSCA items 7,8,10	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. What further assessment will be required to confirm reasons for this?	
	3,4	High	1.Clinical management and implications for managing other conditions should be discussed with a senior clinician as soon as possible 2. What further assessment will be required to confirm reasons for this?	
6 Physical illness disability	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management plan	Nil
Key other scales: Prompt Set D: HoNOSCA items 8,9,11	Nil	Moderate		
	2,3,4	High	1.Unless this is a clearly understood, established problem, clinical management should be discussed with a senior clinician as soon as possible 2. Have you included psychosocial and physical implications of this in the clinical management plan?	
7. Hallucination/ delusions	0	Low	1.Discuss with senior clinician if concerned about your assessment.	Psychotic disorders re-evaluate 0/1 High 2,3,4 0,1 re-evaluate:

HoNOSCA item	HoNOSCA item change scores	Admission change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
Key other scales: Prompt Set D: SDQ, HoNOSCA items 1,3,9,10	Nil	Moderate		Exception text: Psychotic disorders- A score of 0 or 1 at admission would be uncommon and re-assessment may be required.
	2,3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Have you considered the full range of conditions that could cause these problems?	
8 Somatic symptoms	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management plan .	Nil
Key other scales: Prompt Set D: SDQ, HoNOSCA items 3,5, 9,10	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Have organic causes been excluded, including appropriate medical assessment?	
	3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Have organic causes been excluded, including appropriate medical assessment?	
9 Emotional symptoms	0,1	Low	1. Problems in this area are common in this situation; have you specifically asked the patient about their mood? 2. Have you ensured a comprehensive assessment regarding self harm risk has occurred?	0/1 re-evaluate for mood disorders: Exception text: Mood disorders- A score of 0 or 1 at

HoNOSCA item	HoNOSCA item change scores	Admission change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
Key other scales: Prompt Set D: SDQ, HoNOSCA items 3,5, 9,10	2,3	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Have you ensured a comprehensive assessment regarding self harm risk has occurred?	admission would be uncommon and re-assessment may be required.
	4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Have you ensured a comprehensive assessment regarding self harm risk has occurred?	
10 Peer relationships	0,1	Low	1.Discuss with senior clinician if concerned about your assessment 2. Have you obtained information from family or other appropriate source?	
	2,3	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Do you feel confident you understand the reason for these and how they relates to other mental health issues?	
Key other scale SDQ, HoNOSCA item 1,3,7,9	4	High	1.The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Do you feel confident you understand the reason for these and how they relates to other mental health issues?	
11 Self care	0,1	Low	1.Discuss with senior clinician if concerned about your assessment	Nil
Key other scales: Prompt Set D	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician, or as soon as	

HoNOSCA item	HoNOSCA item change scores	Admission change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
HoNOSCA items 8,9,11			possible if this represents a recent deterioration. 2. Has your assessment identified all contributing physical and psychosocial factors?	
	3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Has your assessment identified all contributing physical and psychosocial factors?	
12 Family life	0	Re-evaluate	Problems in this area are common in this situation and not always initially apparent; is any re-assessment required ?	
	1	Low	1.Discuss with senior clinician if concerned about your assessment . 2. Has this been confirmed through corroborative sources?	Nil
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician and consider if any mandatory child protection reporting is required. 2. Have you ensured any safety issues have been identified and clinical management commenced?	
Key other scales: Prompt Set D SDQ HoNOSCA items 1,2,3 7,9 items	3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible and consider if any mandatory child protection reporting is required. 2. Have you ensured any safety issues have been identified and clinical management commenced?	

HoNOSCA item	HoNOSCA item change scores	Admission change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
13 School attendance	0	Re-evaluate	1. Have you specifically asked about this? 2. Is corroborative history required?	Nil
Key other scales: Prompt Set D SDQ HoNOSCA items 1,2,3 7,9 items	1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. Is corroborative history required?	
	2,3	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Have you considered the range of mental health , developmental and social issues that may be associated with this; and communicated with school staff?	
	4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Have you considered the range of mental health , developmental and social issues that may be associated with this; and communicated with school staff?	
14 Information regarding condition	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. Have you specifically assessed this?	Nil
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Have you commenced actions to improve their knowledge?	

HoNOSCA item	HoNOSCA item change scores	Admission change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
Key other scales: Prompt Set D SDQ	3	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Have you commenced actions to improve their knowledge?	
15 Information regarding services/management	0,1	Low	1. Check local protocols and/or discuss with senior clinician if concerned about your assessment or clinical management plan 2. Have you specifically assessed this?	Nil
Key other scales: Prompt Set D SDQ	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Have you considered local protocols and commenced actions to clarify the young persons service needs and communicate this HoNOSCA items effectively?	
	3,4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Have you commenced actions to clarify the young persons service needs and communicate this effectively and consistent with local protocols?	
Total Score				
	10 th Centile national	Re-evaluate	1. There are few younger people admitted to ambulatory care with this score.	Nil

HoNOSCA item	HoNOSCA item change scores	Admission change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	scores Currently 0-6		2. Has the assessment considered all corroborative information?	
Key Other Scales SDQ,CGAS,FIHS	10 to 25 th Centile national scores Currently 7-9	Low	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower range of scores at admission to ambulatory and may represent a consumer with a less complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning	Nil
	25 th to 75 th Centile national scores Currently 10-18	Moderate	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at admission to ambulatory care and may represent a consumer with a moderately complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning	Nil
	25 th to 75 th Centile national scores Currently >18	High	1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at admission to ambulatory care and may represent a consumer with a more complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning	Nil

Table 17: Child and adolescent ambulatory review HoNOSCA prompt set (a)

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/ aggression	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	<10 yo Low 0,1 Moderate 2 High 3,4
	2,3	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Do other issues requiring further assessment or refinements to clinical management?	Text for exceptions - Greater caution should be used if the client less than 10 years old
	4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding the young person or clinical management factors that may be preventing improvement?	
2 Over activity	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2,3	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Have you considered the range of situations in which attention, concentration or activity can be altered?	

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Have you considered the range of situations in which attention, concentration or activity can be altered?	
3 Self injury	0	Low	1. Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	1	Moderate	1. Ensure risk assessment has included assessment of ideation and this is discussed during assessment and clinical management discussion with senior clinician 2. Is there a plan for scheduled review and accessing urgent review if risks increase?	
	2,3,4	High	1. Clinical management, assessment (including ideation; acuity vs chronicity) and lack of progress should be discussed with a senior clinician as soon as possible 2. Is there a documented, communicated plan with coordinated supports to manage this risk out of hospital?	
4 Substance abuse	0	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
Key other scales: Prompt Set D The young person self report, HoNOSCA items 1,2,6,7	1	Moderate	1. Include this when discussing assessment and clinical management with senior clinician, or earlier if an emerging problem. 2. Do clinical management plans specifically address	

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			these issues?	
	2,3,4	High	1.Clinical management and implications of lack of progress should be discussed with a senior clinician as soon as possible 2. Is a review involving relevant parties required of recent and previous substance use and relevant interventions?	
5 Scholastic performance	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician, or earlier if an emerging problem. 2. Has this been discussed appropriately with parents and school?	
	3,4	High	1.Clinical management and implications of lack of progress should be discussed with a senior clinician as soon as possible 2. Has this been discussed appropriately with parents and school?	
6 Physical illness disability	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	Nil	Moderate		
	2,3,4	High	1.Unless this is a clearly understood, established problem, clinical management should be discussed with a senior clinician as soon as possible 2. Have you included psychosocial and physical implications of this in the clinical management plan?	
7. Hallucination/ delusions	0,1	Low	1.Discuss with senior clinician if concerned about your assessment. or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	Nil	moderate		
	2,3,4	High	1. Has a psychiatrist been involved in assessment and clinical management planning? 2. Have you considered the full range of conditions that could cause these problems?	
8 Somatic symptoms	0,1	Low	1.Discuss with senior clinician if concerned about your assessment. or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician, or earlier if an emerging problem.	

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Have you considered the breadth of psychosocial and organic disorders that may be present?	
	3,4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred including consideration of the breadth of psychosocial and organic disorders that could be contributing?	
9 Emotional symptoms	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2,3	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Have specific interventions been commenced and reviewed?	
	4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Have specific interventions been commenced and reviewed?	
10 Peer relationships	0,1	Low	1. Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions with the young person or carer are required to sustain improvement?	Nil

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	2,3	Moderate	1 Include this when discussing clinical management with senior clinician 2. Have specific interventions for these issues commenced?	
	4	High	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. 2. Have specific interventions for these issues commenced?	
11 Self care	0,1	Low	1. Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician, or as soon as possible if this represents a deterioration 2. Are there adequate, coordinated carer and professional supports?	
	3,4	High	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Are there adequate, coordinated carer and professional supports?	
12 Family life	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan. 2. If this represents improvement, what actions are required to sustain improvement?	Nil

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician and consider if any mandatory child protection reporting is required. 2. Have active interventions commenced to improve this?	
	3,4	High	1.The effect upon clinical management, discharge and child protection reporting requirements should be discussed with a senior clinician as soon as possible 2. Is there a clear plan involving the young person and partner agencies to address these issues and maintain safety?	
13 School attendance	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2,3	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Have you considered the range of mental health , developmental and social issues that may be associated with this; and communicated with school staff?	
	4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Have you considered the range of mental health , developmental and social issues that may be associated with this; and communicated with school staff?	

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
14 Information regarding condition	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Has specific information been provided and discussed?	
	3,4	High	1. The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2. Has specific information been provided and discussed?	
15 Information regarding services/management	0,1	Low	1. Check local protocols and/or discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Has the care plan been provided and discussed with appropriate individuals, in a manner consistent with local protocols?	
	3,4	High	1. The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2 Has the care plan been provided and discussed with	

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			appropriate individuals in a manner consistent with local protocols?	
Total Score				
	10 th Centile national scores Currently 0-4	Re-evaluate	1. There are few younger people reviewed in ambulatory care with this score. 2. Has the assessment considered all corroborative information?	Nil
	10 to 25 th Centile national scores Currently 5-7	Low	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower range of scores at ambulatory review and may represent a consumer with a less complex range of problems or approaching discharge 2. Clarify which individual items have scores of 2 or above to assist care planning	Nil
Key other scales: Prompt Set D SDQ, FIHS	25 th to 75 th Centile national scores Currently 8-16	Moderate	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at ambulatory review and may represent a consumer with a moderately complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning	Nil
	25 th to 75 th Centile	High	1. Clinical management should be discussed with a senior clinician as soon as possible as this score is	Nil

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	national scores Currently >16		in the high range of scores at ambulatory review and may represent a consumer with a more complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning	

(a) See Table 16 for other key scales

Table 18: Child and adolescent ambulatory review HoNOSCA change score prompt set (a)

These prompts can be used for admission to review and review to review

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/ aggression	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding the young person or clinical management factors that may be hindering improvement?	
	-2 or less	high	1.Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding young person or clinical management factors that may be preventing improvement?	
2 Over activity	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	1,0,-1	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Have you considered the range of situations in which attention, concentration or activity can be altered?	
	-2 or less	high	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Have you considered the range of situations in which attention, concentration or activity can be altered?	
3 Self injury	2 or more	Moderate	1. This probably represents improvement, but rapid apparent improvement may be due to concealment of increased suicidal intent: discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management and risk assessment with a senior clinician. 2. If this represents an active issue, is there a plan for scheduled review and accessing urgent review if risks increase?	
	-2 or less	high	1.Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding young person or clinical management factors that may be contributing to deterioration; and the ability to continue community	

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			management? Is there a documented, communicated plan with coordinated supports to manage this risk out of hospital?	
4 Substance abuse	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has a review occurred, involving relevant parties, of recent and previous substance use and relevant interventions?	
	-2 or less	high	1.Clinical management and risk should be discussed with a senior clinician as soon as possible 2. Has a review occurred, involving relevant parties, of recent and previous substance use and relevant interventions?	
5 Scholastic performance	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has this been discussed appropriately with parents and school?	
	-2 or less	high	1.Clinical management should be discussed with a senior clinician as soon as possible, with clarification if potential contributing factors have been identified. 2. Has an active review occurred regarding medical, family, young person, or clinical management factors that may be contributing to deterioration?	
6 Physical illness disability	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding young person or clinical management factors that may be hindering improvement?	
	-2 or less	high	1.Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium or other urgent medical conditions has been excluded.	

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Has an active review occurred regarding medical, other young person, or clinical management factors that may be leading to deterioration?	
7. Hallucination/ delusions	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding young person or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. Has a psychiatrist been involved in assessment and clinical management planning? 2. Have you considered the full range of conditions that could cause these problems?	
8 Somatic symptoms	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician.	

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Have you considered the breadth of psychosocial and organic disorders that may be present?	
	-2 or less	high	1. Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium or other urgent medical conditions has been excluded. 2. Has an active review occurred including consideration of the breadth of psychosocial and organic disorders that could be contributing?	
9 Emotional symptoms	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	1,0,-1	Moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding young person or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding young person or clinical management factors that may be hindering improvement or post discharge clinical management?	

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
10 Peer relationships	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding young person or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. What specific clinical management and discharge plans have you made to improve these issues or adapt interventions to accommodate for them?	
11 Self care	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding young person or clinical management factors that may be hindering	

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			improvement and the availability of suitable supports?	
	-2 or less	high	1. Contributing factors and effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding medical, other young person or clinical management factors that may be contributing to deterioration and the availability of suitable supports?	
12 Family life	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	1,0,-1	Moderate	1. This suggests little or minor change. If this has been a focus of care; include this when discussing assessment and clinical management with senior clinician and consider if any mandatory child protection reporting is required. 2. Have active interventions commenced to improve these issues?	
	-2 or less	high	1. The effect upon clinical management, discharge and child protection reporting requirements should be discussed with a senior clinician as soon as possible 2. Have you reviewed family assessments and interventions specific to these increasing problems?	

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
13 School attendance	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Have you considered the range of mental health , developmental and social issues that may be associated with this; and communicated with school staff?	
	-2 or less	high	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Have you considered the range of mental health , developmental and social issues that may be associated with this; and communicated with school staff?	
14 Information regarding condition	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Have you considered the range issues that may be associated with this; and provided specific information?	

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	-2 or less	high	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Have you considered the range of issues that may be associated with this deterioration; and provided specific information consistent with local protocols.	
15 Information regarding services/management	2 or more	low	1. This represents improvement; may check local protocols and/or discuss with senior clinician if concerned about your communication with others. 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2.Has the care plan been provided and discussed with appropriate individuals, in a manner consistent with local protocols?	
	-2 or less	high	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Have you considered the range of issues that may be associated with this deterioration; and provided specific information staff in a manner consistent with local protocols?	
Total Score				

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	>8	Low	<ol style="list-style-type: none"> 1. This is likely to represent a significant improvement during ambulatory care to date. Discuss with a senior clinician if you have any concerns regarding care or discharge care to sustain this improvement 2. Clarify which individual items have scores of 2 or above to assist care and/or discharge planning 	Nil
Key other scales: Prompt Set D SDQ, CGAS, FIH	1-8	Moderate	<ol style="list-style-type: none"> 1. A change of score in this range represents possible mild improvement during ambulatory care to date. Include when discussing management and care planning with a senior clinician. 2. Clarify which individual items have scores of 2 or above to assist review and care planning 	Nil
	<1	High	<ol style="list-style-type: none"> 1. Have you discussed this with a senior clinician? A change of score in this range represents likely deterioration or failure to improve during ambulatory care to date. 2. Clarify which individual items have scores of 2 or above to assist review and care planning 	Nil

(a) See Table 16 for other key scales

Table 19: Child and adolescent ambulatory discharge HoNOSCA score prompt set (a)

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/ aggression	0,	Low	1. Discuss with senior clinician if concerned about appropriate follow up or clinical risk management issues 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence following discharge from community care	Nil
	1	Moderate	1 Include this when discussing assessment and clinical management and discharge plans with senior clinician 2. Is there a communicated plan to reduce risk of increased or recurrent problems following discharge from community care?	
	2,3,4	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan to minimise ongoing risks that has been communicated to the young person and other people involved in follow up or who may be at specific risk?	
2 Over activity	0,1	Low	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Have post discharge supports been arranged that are likely to meet the young person's needs?	Nil

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	2	Moderate	1.Include this when discussing discharge with a senior clinician. 2. Have post discharge supports been arranged that are likely to meet the young person's needs?	
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? 2. Have post discharge supports been arranged that are likely to meet the young person's needs?	
3 Self injury	0	Low	1.Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence and assist recovery?	Nil
	1	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Is there a plan for review and/or re-accessing service if risks increase?	
	2,3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the young person and other people involved in follow up to minimise the ongoing risks?	

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
4 Substance abuse	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or discharge plan 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence and assist recovery?	Nil
	2	moderate	1 Include this when discussing discharge issues with senior clinician 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence and assist recovery?	
Scale Guidelines: Prompt Set B	3,4	high	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clearly communicated plans, involving relevant agencies, to attempt minimise the ongoing risks associated with these problems?	
5 Scholastic performance	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or discharge plan 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence and assist recovery?	Nil
	2,3	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Do discharge plans account for increased risks if available supports are insufficient for needs?	

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	4	High	1.Were plans discussed with a senior clinician prior to discharge? 2. Do discharge plans account for increased risks if available supports are insufficient for needs?	
6 Physical illness disability		Low 0	1.Discuss with senior clinician if concerned about your assessment or discharge plan 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence and assist recovery?	Nil
		moderate 2	1 Include this when discussing discharge issues with senior clinician 2. Do discharge plans account for increased risks if available supports are insufficient for needs?	
		High: Nil		
7. Hallucination/ delusions	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, has assertive follow up been arranged, and appropriate communication occurred?	Nil
		Moderate Nil		
	2,3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there an assertive plan that has been	

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			communicated to the young person and other relevant people to minimise ongoing risks and assist ongoing recovery?	
8 Somatic symptoms	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, has follow up been arranged, and appropriate communication occurred with the young person, family and providers?	Nil
	2,3	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Has there been clear communication of an agreed clinical management plan with the young person and other relevant people?	
	4	High	1. Were plans discussed with a senior clinician prior to discharge? 2. Is there a clearly documented plan that has been communicated to the young person and other relevant people to minimise ongoing risks and support this level of disability?	
9 Emotional symptoms	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, have appropriate plans to maintain this been communicated to the young person and other relevant people?	Nil
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Has a well documented plan been communicated to	

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			the young person and other relevant people?	
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Has a well documented plan , informed by a pre-discharge risk assessment and recovery plan, been communicated to the young person and other relevant people?	
10 Peer relationships	0,1	Low	1.Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions with the young person or carer are required to sustain improvement?	Nil
	2,3	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Do follow up plans include actions to accommodate for, or improve, these issues?	
	4	High	1.Were plans discussed with a senior clinician prior to discharge? 2. Do follow up plans include actions to accommodate for, or improve, these issues?	
11 Self care	0,1	Low	1.Discuss with senior clinician if concerned about your discharge plans 2. If this represents improvement, what follow up actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Have ongoing co-ordinated carer and professional	

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			supports been confirmed?	
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? 2. Have ongoing co-ordinated carer and professional supports been confirmed?	
12 Family life				Nil
	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or potential risks to living conditions. 2. Are any follow up actions required to maintain this status?	
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Is there coordinated follow up by relevant agencies to continue addressing these issues?	
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there coordinated follow up by relevant agencies to continue addressing these issues?	
13 School attendance				Nil
	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or discharge plan 2. Is age appropriate educational or vocational follow up required to maintain this status?	

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	2,3	Moderate	1.Include this when discussing discharge issues with senior clinician 2. Has age appropriate educational or vocational follow up been actively sought?	
	4	High	1.Were plans discussed with a senior clinician prior to discharge? 2. Has age appropriate educational or vocational follow up been actively sought?	
14 Information regarding condition	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or discharge plans 2. Are any follow up actions required to maintain this status?	Nil
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Have you had clear communication with follow up providers to allow potential ongoing improvement?	
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? 2. Have you had clear communication with follow up providers to allow potential ongoing improvement?	
15 Information regarding services/management	0,1	Low	1. Check local protocols and/or discuss with senior clinician if concerned about your assessment or discharge plans 2. Have you ensured you have taken all appropriate actions to communicate follow up plan?	Nil
	2	Moderate	1 Include this when discussing discharge issues with senior clinician	

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Have you ensured you have taken all appropriate actions consistent with local protocols to communicate follow up plan?	
	3,4	High	1. Were plans discussed with a senior clinician prior to discharge? 2. Have you ensured you have taken all appropriate actions consistent with local protocols to communicate follow up plan?	
Total Score				
	10 th Centile national scores Currently 0-1	Re-evaluate	1. There are few younger people discharged from ambulatory care with this score. 2. Has the assessment considered all corroborative information?	Nil
	10 to 25 th Centile national scores Currently 2-3	Low	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower range of scores at discharge from ambulatory care and may represent a consumer with a less complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist discharge planning	Nil
Key Other Scales: Prompt Set D SDQ, CGAS,FIH	25 th to 75 th Centile national scores Currently 4-	Moderate	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at discharge from ambulatory care and may represent a consumer with a moderately	Nil

HoNOSCA item	HoNOSCA item change scores	Review score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	12		<p>complex range of problems.</p> <p>2. Clarify which individual items have scores of 2 or above to assist discharge planning</p>	
	25 th to 75 th Centile national scores Currently >12	High	<p>1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at discharge from ambulatory care and may represent a consumer with a more complex range of problems.</p> <p>2. Clarify which individual items have scores of 2 or above to assist discharge planning</p>	Nil

(a) See Table 16 for other key scales

Table 20: Child and adolescent ambulatory discharge HoNOSCA change score prompt set (a)

These prompts can be used for admission to discharge and review to discharge.

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/ aggression	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about follow up or clinical risk management issues. 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan to minimise ongoing risks that has been communicated to people involved in follow up or who may be at specific risk?	
2 Over activity	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about follow up or clinical risk management issues. 2. Consider what is likely to have resulted in	Nil

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			improvement and actions required to sustain improvement.	
	1,0,-1	Moderate	1.Include this when discussing discharge with a senior clinician. 2. Have post discharge supports been arranged that are likely to meet the young person's needs?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? 2. Have post discharge supports been arranged that are likely to meet the young person's needs?	
3 Self injury	2 or more	Moderate	1. This probably represents improvement, but rapid apparent improvement may be due to concealment of increased suicidal intent: discuss with senior clinician if concerned about your assessment or follow up plan 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence?	Nil
	1,0,-1	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Is there a plan for review and/or re-accessing service if risks increase?	

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been confirmed and communicated to the young person and other relevant people to minimise these ongoing significant risks?	
4 Substance abuse	2 or more	low	1.Discuss with senior clinician if concerned about your assessment or discharge plan 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence and assist recovery?	Nil
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clearly documented and communicated plans to attempt minimise the ongoing risks associated with these problems?	

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
5 Scholastic performance	2 or more	low	1. Discuss with senior clinician if concerned about your assessment or discharge plan 2. Has information on scholastic performance and plans to sustain improvement been included in discharge documentation?	Nil
	1,0,-1	Moderate	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to account for increased risks if available supports are insufficient for needs?	
	-2 or less	high	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Considering this recently increasing disability, do follow up plans include appropriate interventions and people to ensure reversible factors are addressed in a timely manner (potentially urgent)?	
6 Physical illness disability	2 or more	low	1. Discuss with senior clinician if concerned about your assessment 2. Has there been appropriate planning for the ongoing clinical management of physical health issues particularly related to serious mental illness and their treatment?	

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Considering this recently increasing disability, do follow up plans include appropriate interventions and people to ensure reversible factors are addressed in a timely manner (potentially urgent)?	
7. Hallucination/ delusions	2 or more	low	1.Discuss with senior clinician if concerned about your assessment or discharge planning 2.Has assertive follow up been arranged, and appropriate communication occurred?	Nil
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the young person and other relevant people to minimise ongoing risks and support this level	

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
			of disability, and promote recovery?	
8 Somatic symptoms	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about follow up or clinical risk management issues. 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Considering this recent deterioration, do follow up plans include appropriate interventions and people to ensure reversible medical and psychological factors are addressed in a timely manner (potentially urgent)?	
9 Emotional symptoms	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about follow up or clinical risk management issues. 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the young person and other relevant people to minimise ongoing risks and support recovery?	
10 Peer relationships	2 or more	low	1.Discuss with senior clinician if concerned about follow up or clinical risk management issues of recurrence? 2. Have those with close relationships been involved in discharge and relapse prevention planning?	Nil
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clear plans to support the young person despite these problems that increase the risks of relapse or post discharge decline?	
11 Self care	2 or more	low	1.Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	Nil
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks and maximise the availability of ongoing co-ordinated carer and professional supports.	
	-2 or less	high	1.Were plans and cause of deterioration discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Have ongoing co-ordinated carer and professional discharge supports been confirmed that can appropriately support this level of disability and promote recovery in function in a timely manner ?	

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
12 Family life				
	2 or more	low	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	Nil
	1,0,-1	Moderate	1. This suggests little or minor change. If this has been a focus of care, include these issues when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to continue addressing these issues?	
	-2 or less	high	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there coordinated follow up of this potentially high risk discharge by relevant agencies?	
13 School attendance				
	2 or more	low	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is age appropriate educational or vocational follow up required to maintain this improvement?	Nil

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to engage appropriate educational or vocational follow up?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clear plans engaging educational and/or vocational services to support the young person despite these problems that increase the risks of relapse or post discharge decline?	
14 Information regarding condition	2 or more	low	1. Check local protocols and/or discuss with senior clinician if concerned about communication of your assessment or discharge plans 2.Have you had clear communication with follow up providers to support ongoing improvement?	Nil
	1,0,-1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2.Have you had clear communication with follow up providers to allow potential ongoing improvement?	

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
	-2 or less	high	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Have you considered this in your discharge risk assessment and had clear communication with follow up providers consistent with local protocols too allow potential ongoing improvement?	
15 Information regarding services/management	2 or more	low	1. Check local protocols and/or discuss with senior clinician if concerned about your assessment or discharge plans 2. Have you ensured you have taken all appropriate actions to communicate follow up plan?	Nil
	1,0,-1	Moderate	1. This suggests little or minor change. If this has been a focus of care, if this has been a concern, include this issue when discussing discharge plans with a senior clinician. 2. Have you had clear communication with follow up providers to allow potential ongoing improvement?	
	-2 or less	high	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Have you considered this in your discharge risk assessment and had clear communication with follow up providers consistent with local protocols too allow potential ongoing improvement?	

HoNOSCA item	HoNOSCA item change scores	Review change score alerts Prompt set C	Clinical Prompt Set E and F	Exceptions
Total Scores				
	>8	Low	<ol style="list-style-type: none"> 1. This is likely to represent a significant improvement during ambulatory care. Discuss with a senior clinician if you have any concerns regarding planning post discharge care to sustain this improvement 2. Clarify which individual items have scores of 2 or above to assist discharge planning 	Nil
	1-8	Moderate	<ol style="list-style-type: none"> 1. A change of score in this range represents possible mild improvement during ambulatory care. Include when discussing discharge planning with a senior clinician. 2. Clarify which individual items have scores of 2 or above to assist discharge planning 	Nil
	<1	High	<ol style="list-style-type: none"> 1. Have you discussed this with a senior clinician? A change of score in this range represents likely deterioration or failure to improve during ambulatory care. 2. Clarify which individual items have scores of 2 or above to assist review and discharge planning 	Nil

(a) See Table 16 for other key scales

2.5 Self report and other outcome measures

2.5.1 Child and adolescent consumer self report measures

Following is the approach to clinical prompts related to Consumer/Carer Self report measures.

With regards to the prompt set related to the Consumer self report instruments, the agreed individual prompts sets and their linked factors are listed below.

Table 21: Child and adolescent consumer self report prompt logic

Community/Community residential prompt set	Linked to
Prompt Set A	Same all measures (consumer and clinician rated)
Prompt Set B:	Same for all scores of consumer rated measures and for all settings
Prompt Set C (a) Likely clinical significance (Reported Problem/ No reported_ problem	Score on measure
Prompt Set C (b) 'Reported improvement/ deterioration' prompt	Change in score in measures from two points in care
Prompt Set C (c) 'Most commonly found in ... prompt '	Total score compared with relevant populations
Prompt Set D – other relevant scales/ scale items	Item number
Prompt Set E	Linked to 'Prompt Set C category', and collection occasion

Community/Community residential prompt set	Linked to
<p>Prompt Set F</p> <ul style="list-style-type: none"> - 'Have you checked the last rating for this consumer and discussed with the consumer why they gave these ratings? -'Does this match your clinical impression in this area, or other available (clinician, young person, parent or teacher) ratings? If not, discuss with your supervisor , the young person and/ or family/carer' 	<p>Same for all scores and settings</p>
<p>Prompt Set G (a) How does this relate to their total self reported score?</p>	<p>Same for all individual item scores and settings</p>
<p>Prompt Set G (b) - Have you looked at which items scored as significant?</p>	<p>Same for all total scores and subscales scores</p>
<p>Prompt Set H</p>	<p>Same all scores on all measures, linked to collection occasion</p>

2.5.2 Strengths and Difficulties Questionnaire (SDQ)

Same approach is to be taken for all versions of the SDQ.

Same prompts for inpatient, community and community residential settings, except for Prompt Set H

Table 22: SDQ specific clinical prompts (excluding impact score) (a)

Prompt set		Linked to
Prompt Set C – Likely clinical significance prompt		Total Difficulties score and Subscales, and prosocial behaviour score
Key Prompt D – other key scales		Organised by subscale, but prompt to be available for all scores on that subscale and all scores on individual items within the subscale
Subscale	Relevant items	Other relevant scales and items
Emotional symptoms	3,8,13,16,24	HoNOSCA items 3,8,9; FIHS;CGAS
conduct problem	5,7,12,18,22	HoNOSCA items 1,2,4,13; FIHS;CGAS
hyperactivity	2,10,15,21,25	HoNOSCA items 1,2,4,14; FIHS;CGAS
peer problems	6,11,14,19,23	HoNOSCA items 9,10,12 ; FIHS;CGAS
Prosocial	1,4,9,17,20	HoNOSCA items 9,10,12; FIHS,CGAS

Prompt set	Linked to
Prompt Set G (a) “ – How does this relate to their total self reported score and sub-scale scores?”	Same for all individual item scores and settings
Prompt Set G(b) - “Have you looked at which items scored as significant, and the total difficulties and prosocial scores?”	Same for all subscales
Prompt Set G (c) – “Have you looked at which items scored as significant, and the subscale scores?”	Same for Total score
Prompt Set H	Linked to collection occasion and Setting

(a) Any prompt sets that are the same as Table 20 are not included in this table.

Table 23: SDQ impact score

SDQ Impact score to be approached as below, as the direction of change considered the most important issue	
Prompt Set C – Likely clinical significance prompt	The wording of these prompts, and the cut off scores for the subscale should be the same as recommended in the training materials for using the SDQ. Individual item displays should have the words from the glossary displayed (eg 'Not at all' 'a little') rather than just the number
Prompt Set E How does this relate to their total reported impact score?	All scores and settings
Prompt Set F “Does the current score, and//or changes from previous scores match your clinical impression, other assessment and the Total Difficulties Score. If not discuss with your supervisor and the consumer and/or their carer”	All scores and settings
Prompt Set G - Is there any specific intervention required regarding this area of functioning?	Same for all individual item scores and settings
Prompt Set H	Linked to collection occasion and Setting

Table 24: SDQ cut offs - Prompt Set C (a)

Note that there are different cut offs for the parent and self completed versions.

SDQ Version and scale	Prompt	Score		
		Clinically significant problems in this area are unlikely with this score	This score may reflect clinically significant problems	There is a substantial risk of clinically significant problems
Parent				
	Total difficulties	0-13	14-16	17-40
	Emotional symptoms	0-3	4	5-10
	Cognitive problems	0-2	3	4-10
	Hyperactivity	0-5	6	7-10
	Peer problems	0-2	3	4-10
	Prosocial behaviour	6-10	5	0-4
Self completed				
	Total difficulties	0-15	16-19	20-40
	Emotional symptoms	0-5	6	7-10
	Cognitive problems	0-3	4	5-10
	Hyperactivity	0-5	6	7-10
	Peer problems	0-3	4-5	6-10
	Prosocial behaviour	6-10	5	0-4

(a) Adapted from material adapted for training in Australia [1] from material within www.sdqinfo.com

2.5.3 Other measures (CGAS and FIHS)

Table 25: Childrens' Global Assessment Scale (CGAS) prompts (ambulatory clinical setting only)

Ambulatory prompt set	Linked to
Prompt Set A	Same all measures (consumer and clinician rated)
Prompt Set B:	Nil prompts
Prompt Set C 'Most commonly found in ... population prompt' Same all stages of care	Score on CGAS Score ranges: 'Primary Care' CGAS>70; 'Ambulatory Mental Health Care' 30-69; 'Inpatient Mental health Care' <30
Prompt Set C (b) 'Reported improvement/ deterioration' prompt	Change in score in CGAS from two points in care
Prompt Set D – 'Do you understand how this relates to information rated on the HoNOSCA, FIHS and SDQ?'	Same all scores
Prompt Set E ' Does this match expected improvement in function? If not, discuss with a senior clinician	At review and discharge if zero or positive score change
Prompt Set E (a) ' This represents a deterioration in function. Discuss with a senior clinician unless this was clearly expected.'	At review and discharge if negative score change

Ambulatory prompt set	Linked to
Prompt Set F - 'Are you confident you are aware of all contributing factors, including non- mental health factors?' - 'Are appropriate other services involved given this degree of impaired function?'	Same for all scores GAS <=60
Prompt Set G (a) How does this relate to their total self reported score?	Same for all individual item scores and settings
Prompt Set G (b) - Have you looked at which items scored as significant?	Same for all total scores and subscales scores
Prompt Set H	Same all scores on all measures, linked to collection occasion

Table 26: Factors Influencing Health Status (FIHS) prompt set

FIHS is only collected at review and discharge. Same prompts for all settings.

Prompt set	Linked to
Prompt Set B	Nil
Prompt Set C (a) Have you considered how this relates to other FIHS items and issues rated on other rating scales?	All Individual items
Prompt Set C(b) Do you understand how this relates to information rated on the HoNOSCA, CGAS and SDQ?	Summary score review and discharge
Prompt Set F (a) Have there been obstacles to assessment preventing identification of relevant issues?	Summary score zero
Prompt Set F(b) - Have you considered all these factors in your management plan? - Are there other agencies or assessments required for successful management?	Summary score review
Prompt Set F (c) - Have you considered all these factors in your discharge plan? - Are there other agencies or assessments required for successful follow up and ongoing care?	Summary score discharge

Prompt set	Linked to
Prompt Set G	Nil
Prompt Set H	Nil

3 Adult prompt set

3.1 Evidence base – Prompt Set A

The primary evidence based linkages for all scores on all items are:

- RANZCP Guidelines <http://www.ranzcp.org/publicarea/cpg.asp>
- National Institute for Clinical Excellence Mental Health Index
http://www.nice.org.uk/search/guidancesearchresults.jsp?keywords=mental%20health&searchType=guidance_finder&healthTopic=13
- The University of Adelaide Library Treatment Guidelines for Mental Health
<http://www.adelaide.edu.au/library/guide/med/menthealth/guidelines.html>

The evidence base links for individual items of scales are included in the relevant tables

Table 27: Adult individual outcome item evidence based linkages- Prompt Set B

Item	Domain	EBM Guideline
HoNOS		
1	Overactive, aggressive, disruptive or agitated behaviour	Violence. The short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments. Clinical Practice Guideline National Institute for Clinical Excellence (NICE), UK. www.nice.org.uk/guidance/index.jsp?action=byID&o=10964
2	Non-accidental self injury	Self-harm: The short-term physical and psychological management and secondary prevention of self harm in primary and secondary care. Clinical Practice Guideline, NICE www.nice.org.uk/guidance/index.jsp?action=byID&o=10946
3	Problem drinking or drug taking	Australian Government Alcohol Guidelines www.alcoholguidelines.gov.au NSW Health Clinical Guidelines for the Assessment and Management of Psychostimulant Users http://www.health.nsw.gov.au/policies/gl/2006/pdf/GL2006_001.pdf
4	Cognitive problems	Delirium Guidelines (Australian Government) http://www.health.gov.au/internet/wcms/publishing.nsf/content/2DADBEA8ED725854CA257283008294C8/\$File/delirium.pdf Australian Clinical Practice Guidelines for the Management of Delirium in Older People http://www.health.vic.gov.au/acute-agedcare/delirium-cpg.pdf Behavioural Health Recovery Management (BHRM): Mental Health Guidelines http://www.bhrm.org/guidelines/mhguidelines.htm

Item	Domain	EBM Guideline
HoNOS		
5	Physical illness or disability	NSW Health Physical Health/Mental Health Guidelines and Physical Health Guidelines (Weblink pending)
6	Problems with hallucinations and delusions	Nil
7	Problems with depressed mood	Nil
8	Other mental and behavioural problems	Behavioural Health Recovery Management (BHRM): Mental Health Guidelines http://www.bhrm.org/guidelines/mhguidelines.htm
9	Problems with relationships	Behavioural Health Recovery Management (BHRM): Mental Health Guidelines http://www.bhrm.org/guidelines/mhguidelines.htm
10	Problems with Activities of Daily Living	Behavioural Health Recovery Management (BHRM): Mental Health Guidelines http://www.bhrm.org/guidelines/mhguidelines.htm
11	Problems with living conditions	Behavioural Health Recovery Management (BHRM): Mental Health Guidelines http://www.bhrm.org/guidelines/mhguidelines.htm
12	Problems with Occupational and recreational activities	Behavioural Health Recovery Management (BHRM): Mental Health Guidelines http://www.bhrm.org/guidelines/mhguidelines.htm
TOTAL SCORE		Nil
Generic Care Planning Guidelines	all scores and settings	American Psychiatric Association :Practice Guideline for the Psychiatrc Evaluation of Adults http://www.psychiatryonline.com/pracGuide/loadGuidelinePdf.aspx?file=PsychEval2ePG_04-28-06

Item	Domain	EBM Guideline
HoNOS		
LSP-16	all scales, subscales and total score	Behavioural Health Recovery Management (BHRM): Mental Health Guidelines http://www.bhrm.org/guidelines/mhguidelines.htm

3.2 Linking NOCC measures to care planning – Prompt Set H

These prompt sets are used for scores on all measures unless specifically excluded. They are linked to location of care and collection occasion.

Table 28: Adult inpatient general principles linking NOCC measures to care planning care - Prompt Set H

Care Planning Options	Admission	Review	Discharge	Exceptions
Generic	<ol style="list-style-type: none"> 1. If there are significant scores on HoNOS items 1,2,4,5; or Consumer self report self harm items; ensure management includes actions to maximize immediate safety whilst addressing underlying issues 2. Ensure the need for specific actions is considered regarding all HoNOS or LSP items scoring 2 or more 3. Consider the need for specific actions regarding issues reported by consumer self report 4. Consider the implications of agreement and/or 	<ol style="list-style-type: none"> 1. If there are significant scores on HoNOS items 1,2,4,5; or Consumer self report self harm items; ensure clinical management includes actions to maximize immediate safety whilst addressing underlying issues 2. Review the changes in ratings on measures and implications for clinical management plans; especially for any rating scale scores that have increased since last scored, and consider if any of these may represent side effects of treatment 3. Review the goals of 	<ol style="list-style-type: none"> 1. Review changes in the clinical measures, and consider their implications regarding the achievements during the admission and key follow up issues. 2. If there are significant scores on HoNOS items 1,2,4,5; or Consumer self report self harm items; ensure follow up includes actions to maximize immediate safety whilst addressing underlying issues 3. Consider the implications of agreement and/or conflict between ratings of similar issues on different scales (esp. clinician vs consumer rated). 4. Consider the impact of interactions between items scoring as significant (eg a score of 4 on HoNOS item 3 may increase concerns regarding a 	Nil

Care Planning Options	Admission	Review	Discharge	Exceptions
	<p>conflict between ratings of similar issues on different scales (esp. clinician vs consumer rated).</p> <p>5. Consider the impact of interactions between items scoring as significant (eg a score of 4 on HoNOS item 3 (D&A) may increase concerns regarding a score of 3 on item 2 (self harm))</p> <p>6. Discuss the goals of admission, criteria for discharge, and how these will be monitored; both within the treating team and with the consumer and/or carer</p> <p>7. Ensure the consumer and, where appropriate, carers or other involved parties, are appropriately involved in assessment and care planning</p> <p>8. Consider the need for discussion with the GP or other involved professionals about consumer's history and management plan.</p>	<p>admission, criteria for discharge, and measures used to monitor these; both within the treating team and with the consumer and/or carer.</p> <p>4. Ensure the need for changes in clinical management is considered regarding all HoNOS or LSP items scoring 2 or more</p> <p>5. Ensure the need for specific actions is considered regarding issues reported by consumer self report</p> <p>6. Consider the implications of agreement and/or conflict between ratings of similar issues on different scales (esp. clinician vs consumer rated).</p> <p>7. Consider the impact of interactions between items scoring as significant (eg a score of 4 on HoNOS item 3 may increase concerns regarding a score of 3 on item 2)</p> <p>8. Ensure the consumer and, where appropriate, carers or</p>	<p>score of 3 on item 2)</p> <p>5. Ensure follow up and discharge documentation specifically addresses any issues with rating scale scores that have increased since last scored.</p> <p>6. Ensure the need for specific follow up actions is considered for all HoNOS or LSP items scoring 2 or more</p> <p>7. Ensure the need for specific follow up actions is considered regarding issues reported by consumer self report</p> <p>8. Consider if appropriate communication and planning has occurred to allow coordinated collaborative care with mental health and other agencies</p> <p>9. Consider implications of consumer insight and engagement for follow up plans</p> <p>10. Ensure the consumer and, where appropriate, carers or other involved parties, have received appropriate psychoeducation and are appropriately involved in discharge planning</p> <p>11. Consider the need for discussion with the GP or other involved</p>	

Care Planning Options	Admission	Review	Discharge	Exceptions
	<p>9. Consider and manage the impact of any difficulty in forming a treatment alliance with the consumer</p> <p>10. Identify potential impediments to successful discharge and commence planning to address these</p>	<p>other involved parties, have received appropriate psychoeducation and are appropriately involved in the review, care and discharge planning</p> <p>9. Consider the need for discussion with the GP or other involved professionals about consumer's progress and management plan.</p> <p>10. Consider the impact of any difficulty in forming a treatment alliance with the consumer upon management and the most appropriate location of care.</p> <p>11. Consider the benefits of a second opinion, especially if progress has not been as good as expected or high risks have been identified</p> <p>12. Consider the need for other modalities of treatment.</p> <p>13. Review potential impediments to successful discharge and commence planning to address these</p>	<p>professionals about consumer's discharge plan and the need for effective interventions to continue for an appropriate time and intensity.</p>	

Table 29: Adult ambulatory and community residential general principles linking NOCC measures to care planning – Prompt Set H

Care Planning Options	Admission	Review	Discharge	Exceptions
Generic	<ol style="list-style-type: none"> 1. If there are significant scores on HoNOS items 1,2,4,5;12 or Consumer self report self harm items; ensure management includes actions to maximize immediate safety whilst addressing underlying issues 2. Ensure the need for specific actions is considered regarding all HoNOS or LSP items scoring 2 or more 3. Ensure the need for specific actions is considered regarding issues reported by consumer self report 4. Consider the implications of agreement and/or conflict between ratings of similar issues on different scales (esp. clinician vs consumer rated). 5. Consider the impact of 	<ol style="list-style-type: none"> 1. If there are significant scores on HoNOS items 1,2,4,5;12 or Consumer self report self harm items; ensure clinical management includes actions to maximize immediate safety whilst addressing underlying issues 2. Review the changes in ratings on measures and implications for clinical management plans; especially for any rating scale scores that have increased since last scored, and consider if any of these may represent side effects of treatment 3. Review the goals of community admission, criteria for discharge, and measures used to monitor 	<ol style="list-style-type: none"> 1. Review changes in the clinical measures, and consider their implications regarding the achievements during the admission and key follow up issues. 2. If there are significant scores on HoNOS items 1,2,4,5; or Consumer self report self harm items; ensure follow up includes actions to maximize immediate safety whilst addressing underlying issues 3. Consider the implications of agreement and/or conflict between ratings of similar issues on different scales (esp. clinician vs consumer rated). 4. Consider the impact of interactions between items scoring as significant (eg a score of 4 on HoNOS item 3 	Nil

Care Planning Options	Admission	Review	Discharge	Exceptions
	<p>interactions between items scoring as significant (eg a score of 4 on HoNOS item 3 may increase concerns regarding a score of 3 on item 2)</p> <p>6. Discuss the goals of admission to community care, criteria for discharge to alternate care providers, and how these will be monitored; both within the treating team and with the consumer and/or carer.</p> <p>7. Ensure the consumer and, where appropriate, carers or other involved parties, are appropriately involved in assessment and care planning</p> <p>8. Consider the need for discussion with the GP or other involved professionals about consumer's history and management plan.</p> <p>9. Consider and manage the impact of any difficulty in forming a treatment alliance with the consumer upon management and the most</p>	<p>these; both within the treating team and with the consumer and/or carer.</p> <p>4. Consider the implications of agreement and/or conflict between ratings of similar issues on different scales (esp. clinician vs consumer rated).</p> <p>5. Ensure the need for changes in clinical management is considered regarding all HoNOS or LSP items scoring 2 or more</p> <p>6. Ensure the need for specific actions is considered regarding issues reported by consumer self report</p> <p>7. Consider the impact of interactions between items scoring as significant (eg a score of 4 on HoNOS item 3 may increase concerns regarding a score of 3 on item 2)</p> <p>8. Ensure the consumer and, where appropriate, carers or other involved parties,</p>	<p>may increase concerns regarding a score of 3 on item 2)</p> <p>5. Ensure follow up and discharge documentation specifically addresses any issues with rating scale scores that have increased since last scored.</p> <p>6. Ensure the need for specific follow up actions and/or involvement of other services is considered for all HoNOS or LSP items scoring 2 or more</p> <p>7. Ensure the need for specific follow up actions is considered regarding issues reported by consumer self report</p> <p>8. Consider if appropriate communication and planning has occurred to allow coordinated collaborative care by other agencies</p> <p>9. Consider implications of consumer insight and engagement for follow up plans</p> <p>10. Ensure the consumer and,</p>	

Care Planning Options	Admission	Review	Discharge	Exceptions
	appropriate location of care.	<p>have had appropriate psychoeducation and are appropriately involved in the review, care and discharge planning?</p> <p>9. Consider the need for discussion with the GP or other involved professionals about consumer's progress and management plan.</p> <p>10. Review the appropriate setting for management considering consumer/carer preferences, available supports, treatment alliance, safety and likely impact upon recovery.</p> <p>11. Consider the benefits of a second opinion , especially if progress has not been as good as expected or high risks have been identified</p> <p>12. Consider the need for other modalities of treatment.</p> <p>13. Review potential impediments to successful</p>	<p>where appropriate, carers or other involved parties, have received appropriate psychoeducagtion and are appropriately involved in discharge planning</p> <p>11. Consider the need for discussion with the GP or other involved professionals about consumer's discharge plan and the need for effective interventions to continue for an appropriate time and intensity.</p>	

Care Planning Options	Admission	Review	Discharge	Exceptions
		discharge and commence planning to address these		

3.3 Inpatient clinical setting – HoNOS item prompts

These are the same for all scores on items, but linked to specific items and the collection occasion.

Table 30: Adult inpatient common care planning issue - Prompt Set G

HoNOS item	Admission	Review	Discharge	Exceptions
1 Overactivity/ aggression	<ol style="list-style-type: none"> 1. Ensure documentation and communication of aggression prevention and de-escalation plans consistent with local policy. 2. Ensure a clear plan is documented in case of behavioural emergencies, 	<ol style="list-style-type: none"> 1. Ensure documented aggression prevention and de-escalation plans are still appropriate? 2. Ensure management plans for potential behavioural emergencies are still appropriate. 	<ol style="list-style-type: none"> 1. Ensure appropriate communication with relevant individuals, regarding prevention and de-escalation strategies 2. Ensure appropriate communication and other actions consistent with local protocols has occurred if known individuals may be at risk. 	Nil
2 Non accidental self harm	<ol style="list-style-type: none"> 1. Ensure any physical health consequences of self harm been safely managed 2. Ensure necessary physical treatments is offered, even if the person doesn't want psychosocial or psychiatric assessment. 3. Increased caution is required in assessment if there are still active effects 	<ol style="list-style-type: none"> 1. Have the following factors been considered in the assessment? 2. social, psychological and motivational factors specific to the act of self-harm 3. current intent 4. hopelessness 5. mental health and social needs assessment 6. Has the need for specific 	<ol style="list-style-type: none"> 1. Ensure follow up meets local policy requirements 2. Are follow up arrangements be based upon a combined assessment of needs and risk, not just current presence of mental illness or reduced acute risk? 3. If there is a history of repeated self harm, is there a clearly documented, communicated, plan to reduce the likelihood of, and risks associated 	Nil

HoNOS item	Admission	Review	Discharge	Exceptions
	<p>of drugs or alcohol; or if this is a younger or elderly consumer</p> <p>4. Have the following factors been considered in the assessment?</p> <p>5. social, psychological and motivational factors specific to the act of self-harm</p> <p>6. current intent</p> <p>7. hopelessness</p> <p>8. mental health and social needs assessment</p> <p>9. Have specific programs been considered if the consumer has a history or recurrent self harm?</p>	<p>programs or therapies, been considered ?</p> <p>7. Has the management plan considered the need for increased caution in younger and elderly consumers?</p>	<p>with, future episodes?</p>	
3 Drug and alcohol	<p>1. Consider brief specific interventions that may assist.</p> <p>2. Consider the potential benefits of, and access to, specialist D&A service involvement.</p> <p>3. Are specific interventions required for intoxication or withdrawal?</p>	<p>1. Consider brief specific interventions that may assist.</p> <p>2. Are specific interventions required for intoxication or withdrawal?</p> <p>3. Consider the potential benefits of, and access to, specialist D&A service involvement.</p>	<p>1. Consider if discharge planning need to include specific coordinated follow up for these issues.</p>	Nil
4 Cognition	<p>1. Identification of cause is essential (mental illness, organic illness, and</p>	<p>1. Ensure appropriate investigations have been conducted.</p>	<p>1. Ensure requirements for any ongoing specialist interventions (including medications) been</p>	Nil

HoNOS item	Admission	Review	Discharge	Exceptions
	<p>congenital factors must all be considered)</p> <p>2. Ensure appropriate investigations have been conducted and physical observations are of appropriate frequency .</p> <p>3. Consider the need for involvement of a physician or consumer's GP been considered, if concerned about physical illness.</p> <p>4. Has there been documentation of baseline functioning with a standard instrument?</p> <p>5. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge</p> <p>6. Is specific nursing or environmental adaptation required due to the degree of impairment?</p> <p>7. Is there a need for specialist assessment (eg neuropsychology)?</p>	<p>2. Consider the need for involvement of a physician or consumer's GP been considered, if concerned about physical illness?</p> <p>3. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge.</p> <p>4. Is there a need for specialist assessment (eg neuropsychology)?</p> <p>5. Are specialist interventions required?</p>	<p>communicated to the consumer and professionals?</p> <p>2. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs?</p>	
5 Physical illness/	1. Ensure appropriate investigations have been	1. Ensure appropriate investigations have been	1. Ensure requirements for any ongoing specialist interventions	Nil

HoNOS item	Admission	Review	Discharge	Exceptions
disability	<p>conducted and physical observations are of appropriate frequency.</p> <p>2. Consider the need for involvement of a physician or consumer's GP been considered.</p> <p>3. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital.</p> <p>4. Is specific nursing or environmental adaptation required due to the degree of impairment?</p> <p>5. Is there a need for specialist assessment?</p>	<p>conducted and physical observations are of appropriate frequency.</p> <p>2. Consider the need for involvement of a physician or consumer's GP been considered.</p> <p>3. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge</p> <p>4. Is specific nursing or environmental adaptation required due to the degree of impairment?</p> <p>5. Is there a need for specialist assessment?</p> <p>6. Ensure there has been appropriate assessment of physical health issues that are particularly related to serious mental illness and their treatments?</p>	<p>(including medications) been communicated to the consumer and professionals.</p> <p>2. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs.</p>	
6 Hallucination/delusions	<p>1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also mood symptoms</p>	<p>1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also mood symptoms present</p>	<p>1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also mood symptoms present</p> <p>2. Ensure requirements for any ongoing</p>	Nil

HoNOS item	Admission	Review	Discharge	Exceptions
	<p>present</p> <ol style="list-style-type: none"> 2. Ensure the possibility of delirium or other organic illness has been considered 3. Ensure appropriate investigations have been conducted. 4. Specialist interventions may be required during early phase of psychotic illnesses 	<ol style="list-style-type: none"> 2. Ensure the possibility of delirium or other organic illness been considered 3. Ensure appropriate investigations have been conducted. 4. Clarify adequacy of dose and duration of past treatments 5. consider both pharmacological and non-pharmacological interventions 6. Specialist interventions may be required during early phase of psychotic illnesses 	<ol style="list-style-type: none"> 3. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs? 	
7 Depression	<ol style="list-style-type: none"> 1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also psychotic symptoms present 2. Ensure the possibility of delirium or other organic illness been considered 3. Ensure appropriate investigations have been conducted 4. More severe illness or the presence of severe safety 	<ol style="list-style-type: none"> 1. Consider if delirium or other organic illness may be present 2. Ensure appropriate investigations have been conducted 3. Clarify adequacy of dose and duration of past treatments 4. consider both pharmacological and non-pharmacological interventions 5. Consider need for social 	<ol style="list-style-type: none"> 1. Ensure clearly discussed and documented plans to maintenance therapy for adequate period 2. Ensure requirements for any ongoing specialist interventions (including medications) have been communicated to the consumer and professionals 3. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs. 	Nil

HoNOS item	Admission	Review	Discharge	Exceptions
	issues, may necessitate more assertive management.	worker interventions 6. More severe illness or the presence of severe safety issues, may necessitate more assertive management.		
8 Other	1. Nil	1. Nil	1. Nil	Nil
9 Relationships	1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both? 2. Consider the need for specialist assessment and/or interventions 3. Ensure the potential impacts on treatment and follow up plans been considered	1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both? 2. Consider the need for specialist assessment and/or interventions 3. Ensure the potential impacts on treatment and follow up plans been considered	1. Ensure requirements for any ongoing specialist interventions (including medications) been communicated to the consumer and professionals 2. Ensure plans consider how this will impact upon functioning, ability to comply with interventions, and support needs	Nil
10 ADLs	4. Ensure appropriate investigations have been conducted and physical observations are of appropriate frequency.	4. Ensure appropriate investigations have been conducted and physical observations are of appropriate frequency.	3. Ensure requirements for any ongoing specialist interventions (including medications) been communicated to the consumer and professionals	

HoNOS item	Admission	Review	Discharge	Exceptions
	<p>5. Consider the need for involvement of a physician or consumer's GP been considered, if concerned about physical illness.</p> <p>6. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge</p> <p>7. Is specific nursing or environmental adaptation required due to the degree of impairment?</p> <p>8. Has there been appropriate assessment of health issues particularly related to serious mental illness and their treatment?</p> <p>9. Is there a need for specialist assessment(eg Occupational therapy)?</p>	<p>5. Consider the need for involvement of a physician or consumer's GP been considered, if concerned about physical illness.</p> <p>6. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge</p> <p>7. Is specific nursing or environmental adaptation required due to the degree of impairment?</p> <p>8. Has there been appropriate assessment of health issues particularly related to serious mental illness and their treatment?</p> <p>9. Is there a need for specialist assessment(eg Occupational therapy)?</p>	<p>4. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs</p>	
11 Living conditions	<p>1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both?.</p> <p>2. Consider the need for specialist assessment(eg</p>	<p>1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both?.</p> <p>2. Consider the need for specialist assessment(eg</p>	<p>1. Ensure follow up plans are consistent with functioning in this domain ,and co-ordinated with any partner agencies</p>	Nil

HoNOS item	Admission	Review	Discharge	Exceptions
	Occupational therapy)? 3. Consider the impact on treatment and discharge planning .	Occupational therapy)? 3. Consider the impact on treatment and discharge planning .		
12 Occupation and activities	1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both?. 2. Consider the need for specialist assessment(eg Occupational therapy)? 3. Consider the impact on treatment and discharge planning .	1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both?. 2. Consider the need for specialist assessment(eg Occupational therapy)? 3. Consider the impact on treatment and discharge planning .	1. Ensure follow up plans are consistent with functioning in this domain ,and co-ordinated with any partner agencies	Nil
Total Score	1. Nil	1. Nil	1. Nil	Nil

Table 31: Adult inpatient admission HoNOS prompt set

HoNOS item	HoNOS item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/aggression	0	Low	1. Discuss with senior clinician if concerned about your assessment 2. History of volatility, alcohol, drugs, psychosis, environmental factors and lack of corroborative history may increase the risk of unexpected problems in this area	Re evaluate: 0/1 for mania Exception text: Manic phase Bipolar Disorder- A score of 0 or 1 at admission would be uncommon and re-assessment may be required.
Key other scales: Prompt Set D HoNOS item 3,6,7,9 Consumer self report	1,2	Moderate:	1 Include this when discussing assessment and initial clinical management with senior clinician 2. Does the clinical management plan include measures to reduce risk of escalation?	
	3,4	High:	1. Clinical management should be discussed with a senior clinician as soon as possible 2. There must be a clear, communicated clinical management plan for this issue	
2 Non accidental self harm	0,1	Low	1. Discuss with senior clinician if concerned about your assessment 2. alcohol, drugs, relationship or environmental factors, lack of corroborative history increase the risk of unexpected problems in this area	Nil
Key other scales: Prompt	2	Moderate	1 Include this when discussing assessment and initial clinical management with senior clinician, or as soon as possible if ideation of	

HoNOS item	HoNOS item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
Set D Consumer self report, HoNOS items 3,6,7,9			consumer suggests higher risk. 2. Is there clear observation levels and scheduled review?	
	3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Is there clear observation levels and scheduled review?	
3 Drug and alcohol	0,1	Re-evaluate	1. Covert problems in this area are common in this situation. 2. Have specific probe or screening questions been used?	Nil
Key other scales: Prompt Set D Consumer self report, HoNOS items 1,2,6,7	2	Moderate	1 Include this when discussing assessment and initial clinical management with senior clinician 2. Have withdrawal observations been communicated and thiamine considered?	
	3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Have withdrawal observations been communicated and thiamine considered?	
4 Cognition	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management plan 2. Use of a standard tool may assist assessment.	Re-evaluate 0/1 for dementia or developmental disability

HoNOS item	HoNOS item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
Key other scales: Prompt Set D: HoNOS items 5, 10,12 LSP	Nil	Moderate:		or schizophrenia: Exception text: dementia, developmental disability and schizophrenia: A score of 0 or 1 at admission would be uncommon and re-assessment may be required. The use of a standard tool may assist assessment.
	2,3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium has been excluded 2. The time course of impairment and pattern of results on assessment tool should assist identification of cause and assist clinical management	
5 Physical illness/ disability	0,1	Low	1.Discuss with senior clinician if concerned about your assessment 2. Has there been communication with GP and appropriate assessment of issues particularly related to serious mental illness and their treatment?	Nil
Key other scales: Prompt Set D HoNOS items 4, 10,11,12 LSP	2	Moderate	1 Include this when discussing clinical management with senior clinician 2. Has the GP been contacted and implications been considered in the clinical management plan?	
	3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Are specific action required to ensure an inpatient unit can provide appropriate supports or interventions for these issues?	
6 Hallucination/	0	Low	1.Discuss with senior clinician if concerned about your assessment.	Psychotic disorders 0/1 re-evaluate:

HoNOS item	HoNOS item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
delusions				Moderate: 2 High 4
Key other scales: Prompt Set D HoNOS items 1,2,3 Patient self report	1	Moderate	1 Include this when discussing clinical management with senior clinician. 2. Note risks increase in the first presentation of psychosis and earlier supervision should be sought	Exception text: Psychotic disorders: A score of 0 or 1 at admission would be uncommon and re-assessment may be required
	2,3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Is there an increased risk from the content/nature of the psychosis or missed delirium?	
7 Depression	0,1	Low	1.Discuss with senior clinician if concerned about your assessment. 2. Have you specifically asked the patient about their mood?	0/1 re-evaluate for mood disorders: Exception text: Mood Disorders: A score of 0 or 1 at admission would be uncommon and re-assessment may be required
Key other scales: Prompt Set D Patient self report HoNOS items 2/3/6/9	2	Moderate	1 Include this when discussing clinical management with senior clinician 2. Are you confident that your assessment has considered all factors?	
	3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Have you ensured a comprehensive assessment regarding self harm risk has occurred?	
8 Other	0,1	Low	1.Discuss with senior clinician if concerned about your assessment	Nil

HoNOS item	HoNOS item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
Key other scales: Prompt Set D Patient self report HoNOS item 6,7	2,3	Moderate	1 Include this when discussing clinical management with senior clinician 2. Are you confident that your assessment has considered all factors?	
	4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Have you ensured a comprehensive assessment has occurred?	
9 Relationships	0,1	re-evaluate	1. Problems in this area are common in this situation, is any re-assessment required? 2. Have you obtained information from a carer or other service provider?	Nil
Key other scale HoNOS item 1,2,6,7 LSP	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Do you feel confident you understand how this relates to your assessment of any mental health issues and their clinical management; especially any new decline	
	3,4	High	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. What specific clinical management plans have you made to improve these issues or adapt interventions to accommodate for them?	
10 ADLs	0,1	Low	1. Discuss with senior clinician if concerned about your assessment	Nil

HoNOS item	HoNOS item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
Key other scales: Prompt Set D LSP HoNOS item 4,5,6,7,12	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. If this represents deterioration, have you identified significant medical or mental illness factors that will often be present?.	
	3 ,4	High	1.The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Are specific action required to ensure an inpatient unit can provide appropriate supports or interventions for these issues?	
11 Living conditions	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or potential risks to living conditions. 2. Has this been confirmed through corroborative sources?	Nil
Key other scales: Prompt Set D HoNOS items 5,10,12 LSP	2,3	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Have you commenced planning to improve or adapt clinical management and discharge supports to allow for this?	
	4	High	1.The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Is there a clear plan to address these issues to allow appropriate timely and supportive discharge?	
12 Occupation and activities	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or potential risks to this supportive environment. 2. Have corroborative sources confirmed this rating given any disability	Nil

HoNOS item	HoNOS item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			requiring support?	
Key other scales: Prompt Set D LSP HoNOS items 4,5,6,7,10	2,3,4	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2.If this a new gap between service need and availability are you clear why need has increased or services withdrawn?	
	Nil	High		
Total Score				
	10 th Centile national scores Currently 0-6	Re-evaluate	1. There are few consumers admitted to inpatient care with this score. 2. Has the assessment considered all corroborative information?	
Key other scales: Prompt Set D: LSP	10 to 25 th Centile national scores Currently 7-9	Low	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower range of scores at admission and may represent a consumer with a less complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning	
	25 th to 75 th Centile national scores Currently 9-18	Moderate	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at admission and may represent a consumer with a moderately complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning	
	25 th to 75 th Centile national scores	High	1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at admission and may represent a consumer with a more complex range of problems.	

HoNOS item	HoNOS item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	Currently >19		Clarify which individual items have scores of 2 or above to assist care planning	

Table 32: Adult inpatient review HoNOS prompt set ^(a)

HoNOS item	HoNOS item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/aggression	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	Nil	Moderate		
	2,3,4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be preventing improvement?	
2 Non accidental self harm	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician, or as soon as possible if ideation of consumer suggests higher risk. 2. Has an active review occurred regarding consumer or clinical management factors that may be preventing improvement?	

HoNOS item	HoNOS item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	3,4	High	1.Clinical management, and assessment regarding the acuity or chronicity of this risk should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be preventing improvement?	
3 Drug and alcohol	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	
	3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be preventing improvement?	
4 Cognition	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2,3,4	Moderate	1 Include this when discussing assessment and clinical management with senior clinician, or immediately if this is a decline 2. Has discharge planning considered the implications of this?	
	Nil	high		

HoNOS item	HoNOS item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
5 Physical illness/ disability	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement in hospital and after discharge?	Nil
	2,3,4	Moderate	1 Include this when discussing clinical management with senior clinician, or immediately if this represents a decline in function 2. Have the implications of this been considered in clinical management and discharge planning?	
	Nil	High		
6 Hallucination/ delusions	0,1	Low	1. Discuss with senior clinician if concerned about your assessment. or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	Psychosis: Re-evaluate 0,1 moderate 2,3 High 4 Exception text: Psychotic Disorders: A score of 0 or 1 at admission would be uncommon and re-assessment may be required
	Nil	moderate		
	2,3,4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	

HoNOS item	HoNOS item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
7 Depression	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing clinical management and discharge issues with senior clinician 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	
	3,4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	
8 Other	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2,3	Moderate	1 Include this when discussing clinical management and discharge issues with senior clinician 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	
	4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	

HoNOS item	HoNOS item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
9 Relationships	0,1	Re-evaluate	1. Have you obtained information from a carer or other service provider? 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing clinical management with senior clinician 2. Is specific action required regarding these issues for effective clinical management and discharge planning	
	3,4	High	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. What specific clinical management and discharge plans have you made to improve these issues or adapt interventions to accommodate for them?	
10 ADLs	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician, or as soon as possible if this represents deterioration. 2. Have specific plans commenced to assist recovery in function in hospital and after discharge?	
	3,4	High	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	
11 Living conditions	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or potential risks to living conditions. 2. Has this been confirmed through corroborative sources?	Nil

HoNOS item	HoNOS item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	2,3	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Have you commenced planning to improve this or adapt clinical management and discharge supports to facilitate recovery despite this?	
	4	High	1.The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2. Is there a clear plan to address these issues to assist recovery and allow appropriate timely discharge?	
12 Occupation and activities	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or potential risks to this supportive environment. 2. If this represents improvement, what actions are required to sustain improvement after discharge?	Nil
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Have you commenced planning to improve supports or adapt clinical management and discharge supports to facilitate recovery despite this?	
	3,4	High	1. The effect of this issue upon clinical management should be discussed with a senior clinician as soon as possible 2. Is there a clear plan to address these issues to assist recovery and allow appropriate timely discharge?	
Total Score				
	10 th Centile national scores Currently 0-3	Re-evaluate	1. There are few consumers reviewed in inpatient care with this score. 2. Has the assessment considered all corroborative information?	Nil

HoNOS item	HoNOS item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
Key other scales: Prompt Set D LSP	10 to 25 th Centile national scores Currently 3-6	Low	<ol style="list-style-type: none"> 1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower range of scores at review and may represent a consumer with a less complex range of problems or approaching discharge 2. Clarify which individual items have scores of 2 or above to assist care planning 	Nil
	25 th to 75 th Centile national scores Currently 7-16	Moderate	<ol style="list-style-type: none"> 1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at review and may represent a consumer with a moderately complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning 	Nil
	25 th to 75 th Centile national scores Currently >16	High	<ol style="list-style-type: none"> 1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at review and may represent a consumer with a more complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning 	Nil

(a) See Table 31 for other key scales

Table 33: Adult inpatient review HoNOS change scores prompt set ^(a)

These prompts can be used for admission to review and review to review

HoNOS item	HoNOS item score change	Review score change Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/aggression	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be causing deterioration?	
2 Non accidental self harm	2 or more	Moderate	1. This probably represents improvement, but rapid apparent improvement may be due to concealment of increased suicidal intent: discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil

HoNOS item	HoNOS item score change	Review score change Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1.Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be contributing to deterioration?	
3 Drug and alcohol	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement given current environment may be a significant factor in improvement. .	Nil
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has a review occurred, involving relevant parties, of recent and previous substance use and relevant interventions?	
	-2 or less	high	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Has a review occurred, involving relevant parties, of recent and previous substance use and relevant interventions?	
4 Cognition	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care,	

HoNOS item	HoNOS item score change	Review score change Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium has been excluded. 2. Has an active review occurred regarding medical, other consumer, or clinical management factors that may be leading to deterioration?	
5 Physical illness/ disability	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium has been excluded. 2. Has an active review occurred regarding medical, other consumer, or clinical management factors that may be leading to deterioration?	
6 Hallucination/ delusions	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical	

HoNOS item	HoNOS item score change	Review score change Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			management factors that may be hindering improvement?	
	-2 or less	high	1. Clinical management and risk assessment and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be contributing to deterioration or likely to hinder post discharge clinical management?	
7 Depression	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	
8 Other	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician.	

HoNOS item	HoNOS item score change	Review score change Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	
9 Relationships	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. What specific clinical management and discharge plans have you made to improve these issues or adapt interventions to accommodate for them?	
10 ADLs	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical	

HoNOS item	HoNOS item score change	Review score change Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			management factors that may be hindering improvement?	
	-2 or less	high	1. Contributing factors and effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding medical, other consumer or clinical management factors that may be contributing to deterioration?	
11 Living conditions	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Has this been confirmed through corroborative sources?	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2. Is there a clear plan to address these issues to assist recovery and allow appropriate timely discharge?	
12 Occupation and activities	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. The effect of this issue upon clinical management should be discussed with a senior clinician as soon as possible	

HoNOS item	HoNOS item score change	Review score change Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Is there a clear plan to address these issues to assist recovery and allow appropriate timely discharge?	
Total Score				
	>8	Low	<ol style="list-style-type: none"> 1. This is likely to represent a significant improvement during admission to date. Discuss with a senior clinician if you have any concerns regarding care or discharge care to sustain this improvement 2. Clarify which individual items have scores of 2 or above to assist discharge planning 	Nil
Key other scales: Prompt Set D LSP	1-8	Moderate	<ol style="list-style-type: none"> 1. A change of score in this range represents possible mild improvement during admission to date. Include when discussing management and care planning with a senior clinician. 2. Clarify which individual items have scores of 2 or above to assist review and care planning 	Nil
	<1	High	<ol style="list-style-type: none"> 1. Have you discussed this with a senior clinician? A change of score in this range represents likely deterioration or failure to improve during the admission to date. 2. Clarify which individual items have scores of 2 or above to assist review and care planning 	Nil

(a) See Table 31 for other key scales

Table 34: Adult inpatient discharge HoNOS prompt set (a)

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/aggression	0,1	Low	1.Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence?	Nil
	Nil	Moderate-		
	2,3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan to minimise ongoing risks that has been communicated to the consumer and other people involved in follow up or who may be at specific risk?	
2 Non accidental self harm	0,1	Low	1.Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence?	Nil
	Nil	moderate		
	2,3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing acute and/or chronic risks?	
3 Drug and alcohol	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or discharge plan	Nil

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. If this represents improvement, is there a communicated plan to reduce risk of recurrence and assist recovery?	
	2,3	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to continue managing these problems?	
	4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing risks?	
4 Cognition	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or discharge plan 2. Has information on cognitive status been included in discharge documentation?	Nil
	2,3,4	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Can the discharge environment and supports adequately support this level of disability and any potential for improvement?	
	Nil	high		
5 Physical illness/ disability	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, have appropriate plans been made to support sustained improvement?	Nil
	2,3,4	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Have appropriate post discharge supports been discussed and	

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			confirmed with GP and consumer?	
	Nil	High		
6 Hallucination / delusions	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, have appropriate plans to maintain this been communicated to the consumer and other relevant people?	Mood disorders Low 0,1 Nil moderate High 2,3,4 Exception text: Increased caution is required if these symptoms occur in Mood Disorders
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to assist ongoing recovery?	
	3,4	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing risks and support this level of disability?	
7 Depression	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, have appropriate plans to maintain this been communicated to the consumer and other relevant people?	Psychosis Low 0,1 Nil moderate 2,3,4 high Exception text:

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
				Increased caution is required if these symptoms occur in Psychotic Disorders
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to assist ongoing recovery?	
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing risks and support recovery?	
8 Other	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, have appropriate plans to maintain this been communicated to the consumer and other relevant people?	Nil
	2,3	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to assist ongoing recovery?	
	4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing risks and support this level of disability?	
9 Relationship	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or discharge planning	Nil

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
s			2. Have those with close relationships been involved in discharge and relapse prevention planning?	
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Do discharge plans include actions to accommodate for, or improve, these issues?	
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clear plans to support the consumer despite these problems that increase the risks of relapse or post discharge decline?	
10 ADLs	0,1	Low	1.Discuss with senior clinician if concerned about your discharge plans	Nil
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Have discharge supports been confirmed that will assist recovery in function ?	
	3 ,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Have discharge supports been confirmed that can support this level of disability and assist recovery in function ?	
11 Living conditions	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or potential risks to living conditions. 2. Are any follow up actions required to maintain this status?	Nil
	2,3	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Do discharge plans aim to improve this or increase other supports if improvement is not possible or desired?	
	4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now.	

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Are there clearly documented and communicated plans to attempt support of this high risk discharge?	
12 Occupation and activities	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or potential risks to supports. 2. Are any follow up actions required to maintain this status?	Nil
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Do discharge plans aim to improve this or increase other supports?	
	3,4	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clearly documented and communicated plans to attempt support of this high risk discharge?	
Total Score				
	10 th Centile national scores Currently 0	Re-evaluate	1. There are few consumers discharged from inpatient care with this score. 2. Has the assessment considered all corroborative information?	Nil
	10 to 25 th Centile national scores Currently 1 - 2	Low	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower range of scores at discharge and may represent a consumer with a less complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist discharge planning	Nil
Key Other Scales: Prompt Set D LSP	25 th to 75 th Centile national scores Currently 3-	Moderate	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at discharge and may represent a consumer with a moderately complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist	Nil

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	10		discharge planning	
	25 th to 75 th Centile national scores Currently >10	High	<ol style="list-style-type: none"> 1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at discharge and may represent a consumer with a more complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist discharge planning 	Nil

(a) See Table 31 for other key scales

Table 35: Adult inpatient discharge HoNOS change scores ^(a)

These scores can be used for admission to discharge and review to discharge

HoNOS item	HoNOS item score change	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/aggression	2 or more	low	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1. Were plans discussed with a senior clinician prior to discharge? If not, strongly consider doing so now. 2. Is there a clearly documented plan to minimise ongoing risks that has been communicated to the consumer and other people involved in follow up or who may be at specific risk?	
2 Non accidental self harm	2 or more	Moderate	1. This probably represents improvement, but rapid apparent improvement may be due to concealment of increased suicidal intent: discuss with senior clinician if concerned about your assessment or follow up plan	Nil

HoNOS item	HoNOS item score change	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	High	1.Were plans discussed with a senior clinician prior to discharge? If not strongly consider doing so now. 2. Is there a clearly documented plan that has been confirmed and communicated to the consumer and other relevant people to minimise these ongoing significant risks?	
3 Drug and alcohol	2 or more	Moderate	1.This represent improvement but with potential for high risk or loss of relapse post discharge: discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	Nil
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	

HoNOS item	HoNOS item score change	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	-2 or less	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing risks?	
4 Cognition	2 or more	low	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Has information on cognitive status and plans to sustain improvement and reduce future risks of recurrence been included in discharge documentation?	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Considering this recently increasing disability, do follow up plans include appropriate interventions and people to ensure reversible factors are addressed in a timely manner (potentially urgent)?	
5 Physical illness/ disability	2 or more	low	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior	

HoNOS item	HoNOS item score change	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			<p>clinician.</p> <p>2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?</p>	
	-2 or less	high	<p>1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now.</p> <p>2. Considering this recently increasing disability, do follow up plans include appropriate interventions and people to ensure reversible factors are addressed in a timely manner (potentially urgent)?</p>	
6 Hallucination/ delusions	2 or more	low	<p>1. Discuss with senior clinician if concerned about follow up or clinical risk management issues</p> <p>2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?</p>	Nil
	-1 to +1	moderate	<p>1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician.</p> <p>2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?</p>	
	-2 or less	high	<p>1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now.</p> <p>2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to ensure safety and promote recovery?</p>	
7 Depression	2 or more	low	<p>1. Discuss with senior clinician if concerned about follow up or clinical risk management issues</p> <p>2. Is there a communicated plan to sustain improvement and reduce</p>	Nil

HoNOS item	HoNOS item score change	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			future risks of recurrence?	
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing risks and support recovery?	
8 Other	2 or more	low	1.Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	Nil
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now.	

HoNOS item	HoNOS item score change	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing risks and promote improvement?	
9 Relationships	2 or more	low	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues of recurrence? 2. Have those with close relationships been involved in discharge and relapse prevention planning?	
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clear plans to support the consumer despite these problems that increase the risks of relapse or post discharge decline?	
10 ADLs	2 or more	low	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician.	

HoNOS item	HoNOS item score change	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1. Were plans and cause of deterioration discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Have discharge supports been confirmed that can appropriately support this level of disability and promote recovery in function in a timely manner ?	
11 Living conditions	2 or more	low	1. Discuss with senior clinician if concerned about your assessment or potential risks to living conditions. 2. Are any follow up actions required to maintain this improvement?	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clearly documented and communicated plans to attempt support of this high risk discharge?	
12 Occupation and activities	2 or more	low	1. Discuss with senior clinician if concerned about your assessment or potential risks to supports. 2. Are any follow up actions required to maintain this improvement?	Nil

HoNOS item	HoNOS item score change	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clearly documented and communicated plans to attempt support of this high risk discharge?	
Total Score				
	>8	Low	1. This is likely to represent a significant improvement during admission. Discuss with a senior clinician if you have any concerns regarding planning post discharge care to sustain this improvement 2. Clarify which individual items have scores of 2 or above to assist discharge planning	Nil
Key Other Scales: Prompt Set D LSP	1-8	Moderate	1. A change of score in this range represents possible mild improvement during admission. Include when discussing discharge planning with a senior clinician. 2. Clarify which individual items have scores of 2 or above to assist discharge planning	Nil
	<1	High	1. Have you discussed this with a senior clinician? A change of score in this range represents likely deterioration or failure to improve during admission. 2. Clarify which individual items have scores of 2 or above to assist	Nil

HoNOS item	HoNOS item score change	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			review and discharge planning	

(a) See Table 31 for other key scales

3.4 Ambulatory and community residential clinical setting

3.4.1 HoNOS prompt sets

Table 36: Adult ambulatory and community residential care planning issues - Prompt Set G

HoNOS item	Admission	Review	Discharge	Exceptions
1 Overactivity/ aggression	<ol style="list-style-type: none"> 1. Document and communicate a prevention and de-escalation plan consistent with local policy. 2. Ensure home visit plans consider this potential risk 3. Ensure clear plan documented in case of behavioural emergencies 	<ol style="list-style-type: none"> 1. Review prevention and de-escalation plans, consistent with local policy. 2. Ensure home visit plans consider this potential risk 3. Review and document plan in case of behavioural emergencies 	<ol style="list-style-type: none"> 1. Communicate, with consent, to appropriate individuals, relevant prevention and de-escalation strategies 2. Ensure appropriate communication and other actions occur if known individuals may be at risk. 	Nil
2 Non accidental self harm	<ol style="list-style-type: none"> 1. Ensure any physical health consequences of self harm are safely managed 2. Always offer necessary physical treatments even if the person doesn't want psychosocial or psychiatric assessment. 3. Exhibit high caution in assessment if still active effects of drugs or alcohol 	<ol style="list-style-type: none"> 1. Include in the assessment: <ul style="list-style-type: none"> ▪ social, psychological and motivational factors specific to the act of self-harm ▪ current intent ▪ hopelessness ▪ mental health and social needs assessment 2. Consider dialectical behaviour therapy, or other 	<ol style="list-style-type: none"> 1. Ensure follow up meets local policy requirements 2. Are follow up arrangements be based upon a combined assessment of needs and risk, not just current presence of mental illness or reduced acute risk? 3. If there is a history of repeated self harm, is there a clearly documented, 	Nil

HoNOS item	Admission	Review	Discharge	Exceptions
	<p>4. Include in the assessment:</p> <ul style="list-style-type: none"> ▪ social, psychological and motivational factors specific to the act of self-harm ▪ current intent ▪ hopelessness ▪ mental health and social needs assessment <p>5. Consider dialectical behaviour therapy, or other specific programs, for people with borderline personality disorder</p> <p>6. Increased caution required in the young and elderly</p>	<p>specific programs, for people with borderline personality disorder</p> <p>3. Increased caution required in the young and elderly</p>	<p>communicated, plan to reduce the likelihood of, and risks associated with, future episodes?</p>	
3 Drug and alcohol	<p>1. Brief specific interventions may assist</p> <p>2. Consider benefits of involvement of specialist D&A services</p> <p>3. Specific interventions may be required for intoxication or withdrawal</p>	<p>1. Specific interventions may be required for intoxication or withdrawal</p> <p>2. Brief specific interventions may assist</p> <p>3. Consider coordinated specialist D&A service involvement</p>	<p>1. Discharge planning may need specific coordinated follow up for these issues</p>	Nil
4 Cognition	<p>1. Identification of cause is essential (mental illness, organic illness, and congenital factors must all be considered)</p> <p>2. Ensure appropriate</p>	<p>1. Ensure appropriate investigations have been conducted</p> <p>2. involve GP or other physician if concerned about physical illness</p>	<p>1. Ensure requirements for any ongoing specialist interventions (including medications) been communicated to the consumer and</p>	Nil

HoNOS item	Admission	Review	Discharge	Exceptions
	<p>investigations have been conducted</p> <p>3. documentation of baseline functioning with a standard instrument</p> <p>4. involve GP or other physician if concerned about physical illness</p> <p>5. consider how this will impact upon daily functioning, ability to comply with interventions, and support needs.</p> <p>6. Specialist assessment may be required</p>	<p>3. consider how this will impact upon daily functioning, ability to comply with interventions, and support needs.</p> <p>4. Specialist assessment may be required</p> <p>5. Specialist interventions may be required</p>	<p>professionals?</p> <p>2. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs?</p>	
5 Physical illness/ disability	<p>1. Ensure appropriate investigations have been conducted</p> <p>2. involve GP or other physician if concerned about physical illness</p> <p>3. consider how this will impact upon daily functioning, ability to comply with interventions, and support needs within hospital</p> <p>4. 2. Has there been appropriate assessment of issues particularly related to serious mental illness and their treatment?</p>	<p>1. Ensure appropriate investigations have been conducted</p> <p>2. involve GP or other physician if concerned about physical illness</p> <p>3. consider how this will impact upon daily functioning, ability to comply with interventions, and support needs.</p> <p>4. Has there been appropriate assessment of issues particularly related to serious mental illness and their treatment?</p>	<p>1. Ensure requirements for any ongoing specialist interventions (including medications) communicated to consumer and professionals</p> <p>2. consider how this will impact upon daily functioning, ability to comply with interventions, and support needs.</p>	Nil

HoNOS item	Admission	Review	Discharge	Exceptions
	5. Significant impairment may require specific support services 6. Specialist assessment may be required	5. Specialist assessment may be required 6. Specialist interventions may be required		
6 Hallucination/ delusions	1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also mood symptoms present 2. Consider if delirium or other organic illness may be present 3. Ensure appropriate investigations have been conducted 4. Specialist interventions may be required during early phase of psychotic illnesses 5. Clarify adequacy of dose and duration of past treatments	1. Consider if delirium or other organic illness may be present 2. Ensure appropriate investigations have been conducted 3. Specialist interventions may be required during early phase of psychotic illnesses 4. Clarify adequacy of dose and duration of treatment to date	1. Ensure requirements for any ongoing specialist interventions (including medications) communicated to consumer and professionals 2. consider how this will impact upon daily functioning, ability to comply with interventions, and support needs. 3. Ensure clearly discussed and documented plans for maintenance therapy for an adequate period, with aids to recognise early warning signs of relapse.	Nil
7 Depression	1. Consider if delirium or other organic illness may be present 2. Ensure appropriate investigations have been conducted 3. Clarify adequacy of dose and duration of past	1. Consider if delirium or other organic illness may be present 2. Ensure appropriate investigations have been conducted 3. Clarify adequacy of dose and duration of past	1. Ensure requirements for any ongoing specialist interventions (including medications) communicated to consumer and professionals 2. consider how this will impact upon daily functioning, ability	Nil

HoNOS item	Admission	Review	Discharge	Exceptions
	<p>treatments</p> <p>4. consider both pharmacological and non-pharmacological interventions</p> <p>5. structured problem solving</p>	<p>treatments</p> <p>4. consider both pharmacological and non-pharmacological interventions</p> <p>5. Consider need for social worker interventions</p> <p>6. Structured problem solving</p> <p>7. Consider assessment for ECT if treatment resistant, more severe illness or severe safety issues, or other specific indications</p>	<p>to comply with interventions, and support needs.</p> <p>3. Ensure clearly discussed and documented plans for maintenance therapy for an adequate period, with aids to recognise early warning signs of relapse.</p>	
8 Other	1. Nil	1. Nil	1. Nil	Nil
9 Relationships	<p>1. Consider if problems may be precipitants or consequences of mental health problems; or both.</p> <p>2. Consider need for specialist assessment and/or interventions</p> <p>3. Consider impact on treatment and follow up plans</p>	<p>1. Consider if problems may be precipitants or consequences of mental health problems; or both.</p> <p>2. Consider need for specialist assessment and/or interventions</p> <p>3. Consider impact on treatment and follow up plans</p>	1. Ensure follow up plans consistent with functioning in this domain	Nil
10 ADLs	<p>1. Ensure appropriate investigations have been conducted</p> <p>2. Ensure appropriate</p>	<p>1. Ensure appropriate investigations have been conducted</p> <p>2. Ensure appropriate</p>	1. Ensure requirements for any ongoing specialist interventions (including medications) communicated	Nil

HoNOS item	Admission	Review	Discharge	Exceptions
	<p>frequency of physical observations</p> <p>3. involve GP or other physician if concerned about physical illness</p> <p>4. consider how this will impact upon daily functioning, ability to comply with interventions, and support needs within hospital</p> <p>5. Has there been appropriate assessment of issues particularly related to serious mental illness and their treatment?</p> <p>6. Significant impairment may require specific nursing or environmental adaptation</p> <p>7. Specialist assessments (eg Occupational therapy) may be required</p>	<p>frequency of physical observations</p> <p>3. involve GP or other physician if concerned about physical illness</p> <p>4. consider how this will impact upon daily functioning, ability to comply with interventions, and support needs.</p> <p>5. Has there been appropriate assessment of issues particularly related to serious mental illness and their treatment?</p> <p>6. Specialist assessments (eg Occupational therapy) may be required</p> <p>7. Specialist interventions may be required</p>	<p>to consumer and professionals</p> <p>2. consider how this will impact upon daily functioning, ability to comply with interventions, and support needs.</p>	
11 Living conditions	<p>1. Consider if problems may be precipitants or consequences of mental health problems; or both.</p> <p>2. Consider need for specialist assessment and/or interventions</p> <p>3. Consider impact on ability to implement effective or safe</p>	<p>1. Consider if problems may be precipitants or consequences of mental health problems; or both.</p> <p>2. Consider need for specialist assessment and/or interventions</p> <p>3. Consider impact on treatment and discharge</p>	<p>1. Ensure follow up plans consistent with functioning in this domain</p>	Nil

HoNOS item	Admission	Review	Discharge	Exceptions
	<p>management in the current environment</p> <p>4. Consider impact on treatment and discharge planning</p>	<p>4. Consider impact on ability to implement effective or safe management in the current environment</p>		
12 Occupation and activities	<p>1. Consider if problems may be precipitants or consequences of mental health problems; or both.</p> <p>2. Consider impact on ability to implement effective or safe management in the current environment</p> <p>3.</p> <p>4. Consider need for specialist assessment and/or interventions</p> <p>5. Consider impact on treatment and discharge planning</p>	<p>1. Consider if problems may be precipitants or consequences of mental health problems; or both.</p> <p>2. Consider need for specialist assessment and/or interventions.</p> <p>3. Consider impact on ability to implement effective or safe management in the current environment</p> <p>4.</p> <p>5. Involve partner agencies in a co-ordinated manner</p> <p>6. Consider impact on treatment and discharge</p>	<p>1. Ensure follow up plans consistent with functioning in this domain and co-ordinated with any partner agencies</p>	Nil
Total Score	1. Nil	1. Nil	1. Nil	Nil

Table 37: Adult ambulatory and community residential admission HoNOS prompt set

The following Tables contain Prompt Sets B, C, D, E and F that are linked to the HoNOS total score. The prompts are linked to collection occasion, HoNOS and the scores on the HoNOS.

HoNOS item	HoNOS item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/aggression	0,1	Low	1.Discuss with senior clinician if concerned about your assessment 2 History of volatility, alcohol, drugs, relationship or environmental factors, lack of corroborative history increase the risk of unexpected problems in this area	Nil
Key other scales: Prompt Set D HoNOS item 3,6,7,9	Nil	Moderate		
	2,3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Is there a documented, communicated plan with adequate coordinated supports to manage this risk out of hospital?	
2 Non accidental self harm	0	Low	1.Discuss with senior clinician if concerned about your assessment 2.alcohol, drugs, relationship or environmental factors, lack of corroborative history increase the risk of unexpected problems in this area	Nil
Key other scales: Prompt Set D Consumer self report, HoNOS items	1,2	Moderate	1 Ensure risk assessment has included assessment of ideation and this is discussed during case discussion with senior clinician 2. Is there a plan for scheduled review and accessing urgent review if risks increase?	

HoNOS item	HoNOS item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
3,6,7,9				
	3,4	High	1.Assessment of risk (including ideation; acuity vs chronicity) and clinical management should be discussed with a senior clinician as soon as possible 2. Is there a documented, communicated plan with adequate coordinated supports to manage this risk out of hospital?	
3 Drug and alcohol	0	re-evaluate	1. Covert problems in this area are common in this situation. 2. Have specific probe or screening questions been used?	Nil
Key other scales: Prompt Set D Consumer self report, HoNOS items 1,2,6,7	1,2	moderate	1 Include this when discussing case with senior clinician 2. Has there been clear assessment of quantities of substances consumed?	
	3,4	high	1.Clinical management and implications for managing other conditions should be discussed with a senior clinician as soon as possible 2. Do clinical management plans specifically address these issues?	
4 Cognition	0,1	Re-evaluate	1. Has any baseline documentation of cognition been made? 2. Use of a standardised tool may assist assessment	Nil
Key other scales: Prompt Set D: HoNOS items 5, 10,12	Nil	Moderate		

HoNOS item	HoNOS item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
LSP				
	2,3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium has been excluded 2. Have clinical management plans included consideration of the impact of this disability, and ensured adequate supports are available to manage this?	
5 Physical illness/disability	0,1	Low	1.Discuss with senior clinician if concerned about your assessment 2. Has there been appropriate assessment of issues particularly related to serious mental illness and their treatment?	Nil
	2,3,4	Moderate	1 Include this when discussing case with senior clinician 2. Have you ensured (such as via GP) all relevant background information has been obtained and this is not an acute change?	
Key other scales: Prompt Set D LSP HoNOS item 4, 10, 11, 12	Nil	High		

HoNOS item	HoNOS item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
6 Hallucination/delusions	0	Low	1. Discuss with senior clinician if concerned about your assessment.	Psychotic disorders re-evaluate 0,1 Moderate: 2,3 High 4 Exception text: Psychotic Disorders: A score of 0 or 1 at admission would be uncommon and re-assessment may be required
	1	Moderate	1 Include this when discussing clinical management with senior clinician. 2. Note risks increase in the first presentation of psychosis and earlier supervision should be sought	
	2,3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Is there an increased risk from the content/nature of the psychosis or missed delirium?	
7 Depression	0	Low	1.Discuss with senior clinician if concerned about your assessment. 2. Have you specifically asked the patient about their mood?	0,1 re-evaluate for mood disorders: Exception text: Mood Disorders: A score of 0 or 1 at admission would be uncommon and re-assessment may be required
Key other scales: Prompt Set D Patient self report HoNOS items 2/3/6/10	1,2	Moderate	1 Include this when discussing clinical management with senior clinician 2. Are you confident that your assessment has considered all factors?	
	3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Have you ensured a comprehensive assessment regarding self harm risk has occurred?	
8 Other	0,1	Low	1.Discuss with senior clinician if concerned about your assessment	Nil
Key other scales: Patient self report, HoNOS	2,3	Moderate	1 Include this when discussing clinical management with senior clinician 2. Are you confident that your assessment has considered all	

HoNOS item	HoNOS item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
items 1,2,7			factors?	
	4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Have you ensured a comprehensive assessment has occurred?	
9 Relationships	0	Re-evaluate	1. Problems in this area are not infrequent in this situation, is any re-assessment required? 2. Have you obtained information from a carer or other service provider?	Nil
	1	Low	1.Discuss with senior clinician if concerned about your assessment 2. Have you obtained information from a carer or other service provider?	
Key other scale HoNOS item 1,2,6,7 LSP	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Do you feel confident you understand how this relates to your assessment of any mental health issues and their clinical management; especially any new decline	
	3,4	High	1.The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. What involvement of family or 'key others' has there been in the assessment?	
10 ADLs	0	Low	1.Discuss with senior clinician if concerned about your assessment	Nil
Key other scales: Prompt Set D LSP HoNOS item 4,5,6,7,12	1,2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. If this represents a deterioration, have you identified significant medical or mental illness factors that may be present?.	

HoNOS item	HoNOS item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	3,4	High	1.The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Are there adequate supports in place for safety and recovery given these issues?	
11 Living conditions	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or potential risks to living conditions. 2. Has this been confirmed through corroborative sources?	Nil
Key other scales: Prompt Set D HoNOS items 5,10,12 LSP	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Have you commenced planning to improve or adapt clinical management & supports to allow for this?	
	3,4	High	1.If there are any concerns regarding the consumer's mental health, the effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Is there a clear plan to address these issues in a manner and time-frame consistent with consumer safety and recovery?	
12 Occupation and activities	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or potential risks to this supportive environment. 2. Have corroborative sources confirmed this rating given any disability requiring support?	Nil
	2,3,4	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2.If this a new gap between service need and availability are you clear why need has increased or services withdrawn?	
Key other scales: Prompt Set D	Nil	High		

HoNOS item	HoNOS item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
LSP HoNOS items 4,5,6,7,10				
Total Score				
	10 th Centile national scores Currently 0-4	Re-evaluate	1. There are few consumers admitted to ambulatory care with this score. 2. Has the assessment considered all corroborative information?	Nil
Key Other Scales K10, LSP	10 to 25 th Centile national scores Currently 4-7	Low	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower range of scores at admission to ambulatory and may represent a consumer with a less complex range of problems or who may require only short term intervention 2. Clarify which individual items have scores of 2 or above to assist care planning	Nil
	25 th to 75 th Centile national scores Currently 7-16	Moderate	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at admission to ambulatory care and may represent a consumer with a moderately complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning	Nil
	25 th to 75 th Centile national scores Currently >16	High	1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at admission to ambulatory care and may represent a consumer with a more complex range of problems.	Nil

HoNOS item	HoNOS item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Clarify which individual items have scores of 2 or above to assist care planning	

Table 38: Adult ambulatory and community residential review HoNOS prompt set ^(a)

HoNOS item	HoNOS item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/aggression	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	Nil	Moderate		
	2,3,4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be preventing improvement?	
2 Non accidental self harm	0	Low	1. Discuss with senior clinician if concerned about your assessment or there has been a rapid apparent improvement that may sometimes represent concealment of self harm plans, 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	1,2	Moderate	1 Ensure risk assessment has included assessment of ideation and acuity vs chronicity of risk; and this is discussed during case discussion with senior clinician 2. Is there a plan for scheduled review and accessing urgent review if risks increase?	
	3,4	High	1. Clinical management, assessment (including ideation; acuity vs chronicity) and lack of progress should be discussed with a senior clinician as soon as possible 2. Is there a documented, communicated plan with coordinated	

HoNOS item	HoNOS item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			supports to manage this risk out of hospital?	
3 Drug and alcohol	0	Low	1. Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	1,2	Moderate	1 Include this when discussing case with senior clinician 2. Is a review required, involving relevant parties, of recent and previous substance use and relevant interventions?	
	3,4	High	1. Clinical management and implications of lack of progress should be discussed with a senior clinician as soon as possible 2. Is a review required, involving relevant parties, of recent and previous substance use and relevant interventions?	
4 Cognition	0,1	Re-evaluate	.1. Has any baseline documentation of cognition been made? 2. Use of a standardised tool may assist assessment	Nil
	Nil	Moderate		
	2	High	1. Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium has been excluded. 2. Have clinical management plans included consideration of the impact of this disability, and ensured adequate supports are available to manage this and assist overall recovery?	
5 Physical illness/ disability	0,1	Low	1. Discuss with senior clinician if concerned about your assessment 2. Has there been appropriate assessment and clinical	Nil

HoNOS item	HoNOS item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			management of physical health issues particularly related to serious mental illness and their treatment?	
	2,3,4	Moderate	1 Include this when discussing case with senior clinician, or as soon as possible if this is an emerging problem 2. Has there been appropriate assessment and clinical management of physical health issues particularly related to serious mental illness and their treatment?	
	Nil	high		
6 Hallucination/ delusions	0,1	Low	1. Discuss with senior clinician if concerned about your assessment. or clinical management 2. If this represents improvement, what actions are required to sustain improvement	Psychosis: Re-evaluate 0,1 moderate 2,3 High 4 Exception text- Psychotic Disorders- These problems are still often present at review, but may not be overt. Consider the need for re-evaluation if none detected
	Nil	moderate		

HoNOS item	HoNOS item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	2,3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management	
7 Depression	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing clinical management and discharge issues with senior clinician 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or involvement of other services?	
	3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
8 Other	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2,3	Moderate	1 Include this when discussing clinical management and discharge issues with senior clinician 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or involvement of other services?	
	4	High	1.Clinical management should be discussed with a senior clinician as soon as possible	

HoNOS item	HoNOS item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
9 Relationships	0	Reevaluate	1. Problems in this area are not infrequent in this situation, is any re-assessment required? 2. Have you obtained information from a carer or other service provider?	Nil
	1	Low	1. Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions are required to sustain improvement?	
	2	Moderate	1 Include this when discussing clinical management with senior clinician 2. Is specific action required regarding these issues for effective clinical management and/or carer support?	
	3,4	High	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. What carer support or relationship interventions have been made to improve these issues or adapt interventions to accommodate for them?	
10 ADLs	0,1	Low	1. Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician, or as soon as possible if this represents a deterioration 2. Are more detailed functional assessments or recovery services required?	

HoNOS item	HoNOS item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	3,4	High	1.The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Are there adequate supports in place for safety and recovery given these issues?	
11 Living conditions	0,	Low	1.Discuss with senior clinician if concerned about your assessment or potential risks to living conditions. 2. Has this been confirmed through corroborative sources?	Nil
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Have you commenced planning to improve this or adapt clinical management and supports to facilitate recovery despite this?	
	3,4	High	1.The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2. Is there a clear plan involving the consumer and partner agencies to address these issues to assist recovery and maintain safety?	
12 Occupation and activities	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or potential risks to this supportive environment. 2. If this represents improvement, what actions are required to sustain improvement after discharge?	Nil
	2,3	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Have you commenced planning with the consumer and partner agencies to improve supports or adapt clinical management and supports to facilitate recovery despite this?	

HoNOS item	HoNOS item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	4	High	1. The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2. Is there a clear plan to address these issues to assist recovery and allow appropriate timely discharge?	
Total Score				
	10 th Centile national scores Currently 0-2	Re-evaluate	1. There are few consumers reviewed in inpatient care with this score. 2. Has the assessment considered all corroborative information?	Nil
	10 to 25 th Centile national scores Currently 3-5	Low	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower range of scores at review and may represent a consumer with a less complex range of problems or approaching discharge 2. Clarify which individual items have scores of 2 or above to assist care planning	Nil
Key other scales: Prompt Set D LSP	25 th to 75 th Centile national scores Currently 6-13	Moderate	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at review and may represent a consumer with a moderately complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning	Nil
	25 th to 75 th Centile national scores	High	1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at review and may represent a consumer with a more complex range of problems.	Nil

HoNOS item	HoNOS item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	Currently >13		2. Clarify which individual items have scores of 2 or above to assist care planning	

(a) See Table 37 for other key scales

Table 39: Adult ambulatory and community residential review HoNOS change scores prompt set ^(a)

These may be used for admission to review and review to review prompts.

HoNOS item	HoNOS item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/aggression	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1.Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be preventing improvement?	
2 Non accidental self harm	2 or more	Moderate	1. This probably represents improvement, but rapid apparent improvement may be due to concealment of increased suicidal intent: discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management and risk	

HoNOS item	HoNOS item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			assessment with a senior clinician. 2. If this represents an active issue, is there a plan for scheduled review and accessing urgent review if risks increase?	
	-2 or less	high	1. Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be contributing to deterioration; and the ability to continue community management?	
3 Drug and alcohol	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has a review occurred, involving relevant parties, of recent and previous substance use and relevant interventions?	
	-2 or less	high	1. Clinical management and risk should be discussed with a senior clinician as soon as possible 2. Has a review occurred, involving relevant parties, of recent and previous substance use and relevant interventions?	
4 Cognition	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and	Nil

HoNOS item	HoNOS item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			actions required to sustain improvement.	
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1.Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium has been excluded. 2. Has an active review occurred regarding medical, other consumer, or clinical management factors that may be leading to deterioration?	
5 Physical illness/ disability	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil

HoNOS item	HoNOS item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	-1 to +1	moderate	<p>1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician.</p> <p>2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?</p>	
	-2 or less	high	<p>1.Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium or other urgent medical conditions has been excluded.</p> <p>2. Has an active review occurred regarding medical, other consumer, or clinical management factors that may be leading to deterioration?</p>	
6 Hallucination/ delusions	2 or more	low	<p>1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan</p> <p>2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.</p>	Nil
	-1 to +1	moderate	<p>1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician.</p> <p>2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?</p>	

HoNOS item	HoNOS item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	-2 or less	high	1. Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management contributing to deterioration?	
7 Depression	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. Clinical management and current risk status should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be contributing to deterioration or likely to hinder post discharge clinical management?	
8 Other	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician.	

HoNOS item	HoNOS item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	
9 Relationships	2 or more	low	1. Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. What carer support or relationship interventions have been made to improve these issues or adapt interventions to accommodate for them?	
10 ADLs	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan	Nil

HoNOS item	HoNOS item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1.Contributing factors and effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding medical, other consumer or clinical management factors that may be contributing to deterioration?	
11 Living conditions	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Has this been confirmed through corroborative sources?	Nil
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1.The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2. Is there a clear plan involving the consumer and partner agencies to address these issues to assist recovery and maintain safety?	

HoNOS item	HoNOS item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
12 Occupation and activities	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1.The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2. Is there a clear plan to address these issues to assist recovery and allow appropriate timely discharge?	
Total Score				
	>8	Low	1. This is likely to represent a significant improvement during ambulatory care to date. Discuss with a senior clinician if you have any concerns regarding care or discharge care to sustain this improvement 2. Clarify which individual items have scores of 2 or above to assist care and/or discharge planning	Nil
Key other scales: Prompt Set D K10, LSP	1-8	Moderate	1. A change of score in this range represents possible mild improvement during ambulatory care to date. Include when discussing management and care planning with a senior clinician. 2. Clarify which individual items have scores of 2 or above to	Nil

HoNOS item	HoNOS item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			assist review and care planning	
	<1	High	<ol style="list-style-type: none"> 1. Have you discussed this with a senior clinician? A change of score in this range represents likely deterioration or failure to improve during ambulatory care to date. 2. Clarify which individual items have scores of 2 or above to assist review and care planning 	Nil

(a) See Table 37 for other key scales

Table 40: Adult ambulatory and community residential discharge HoNOS prompt set

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/aggression	0,1	Low	1. Discuss with senior clinician if concerned about appropriate follow up or clinical risk management issues 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence following discharge from community care	Nil
	Nil	Moderate		
	2,3,4	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan to minimise ongoing risks that has been communicated to people involved in follow up or who may be at specific risk?	
2 Non accidental self harm	0	Low	1. Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence following discharge from community care	Nil
	1,2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Is there a plan for review and/or re-	

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			accessing service if risks increase?	
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to people involved in follow up to minimise ongoing acute and/or chronic risks?	
3 Drug and alcohol	0	Low	1.Discuss with senior clinician if concerned about your assessment or discharge plan 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence and assist recovery?	Nil
	1,2	moderate	1 Include this when discussing discharge issues with senior clinician 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence and assist recovery?	
	3,4	high	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clearly documented and communicated plans to attempt minimise the ongoing risks associated with these problems?	

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
4 Cognition	0	Low	1. Discuss with senior clinician if concerned about your assessment or discharge plan 2. Has information on cognitive status been included in discharge documentation?	Nil
	1,2	moderate	1 Include this when discussing discharge issues with senior clinician 2. Are follow up plans appropriate given these concerns?	
	3,4	high	1. Were plans discussed with a senior clinician prior to discharge? 2. Considering this disability, do follow up plans appropriately support the consumer to maintain or improve their function?	
5 Physical illness/ disability	0,1	Low	1. Discuss with senior clinician if concerned about your assessment 2. Has there been appropriate planning for the ongoing clinical management of physical health issues particularly related to serious mental illness and their treatment?	Nil

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	2,3,4	moderate	1 Include this when discussing discharge issues with senior clinician 2. Has there been appropriate planning for the ongoing clinical management of physical health issues particularly related to serious mental illness and their treatment?	
	Nil	high		
6 Hallucination/ delusions	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, have appropriate plans to maintain this been communicated to relevant people?	Psychosis Low 0,1 Moderate 2 High 3,4
	Nil	Moderate		
	2,3,4	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to relevant people to minimise ongoing risks and support this level of disability, and assist ongoing recovery?	

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
7 Depression	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, have appropriate plans to maintain this been communicated to relevant people?	Psychosis Low 0,1 Nil moderate 2,3,4high Exception text: Increase caution is required if these symptoms are present in Psychotic Disorders
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Is there a clearly documented plan that has been communicated to relevant people to assist ongoing recovery?	
	3,4	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to relevant people to minimise ongoing risks and support recovery?	
8 Other	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, have appropriate plans to maintain this been	Nil

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			communicated to relevant people?	
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Is there a clearly documented plan that has been communicated to relevant people to assist ongoing recovery?	
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing risks and support this level of disability?	
9 Relationships	0	Reevaluate	1. Problems in this area are not infrequent in this situation, is any re-assessment required? 2. Have you obtained information from a carer or other service provider?	Nil
	1	Low	1.Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions are required to sustain improvement?	
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Do follow up plans include actions to	

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			accommodate for, or improve, these issues?	
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clear plans to support consumer recovery and/or the carer despite these problems?	
10 ADLs	0,1	Low	1.Discuss with senior clinician if concerned about your discharge plans	Nil
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Have ongoing supports been confirmed that will assist recovery in function ?	
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Have ongoing supports been confirmed that can support this level of disability and assist recovery in function ?	
11 Living conditions	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or potential risks to living conditions. 2. Are any follow up actions required to	Nil

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			maintain this status?	
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Do discharge plans aim to improve this or increase other supports if improvement is not possible or desired?	
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clearly documented and communicated plans to attempt support of this high risk discharge?	
12 Occupation and activities	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or potential risks to supports. 2. Are any follow up actions required to maintain this status?	Nil
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Do discharge plans aim to improve this or increase other supports?	

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
		High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clearly documented and communicated plans to attempt support of this individual with high needs?	
Total Score				
	10 th Centile national scores Currently 0-1	Re-evaluate	1. There are few consumers discharged from ambulatory care with this score. 2. Has the assessment considered all corroborative information?	Nil
	10 to 25 th Centile national scores Currently 2-3	Low	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower range of scores at discharge from ambulatory care and may represent a consumer with a less complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist discharge planning	Nil
Key Other Scales: Prompt Set D K10, LSP	25 th to 75 th Centile national scores Currently 4-12	Moderate	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at discharge from ambulatory	Nil

HoNOS item	HoNOS item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			<p>care and may represent a consumer with a moderately complex range of problems.</p> <p>2. Clarify which individual items have scores of 2 or above to assist discharge planning</p>	
	<p>25th to 75th Centile national scores Currently >12</p>	High	<p>1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at discharge from ambulatory care and may represent a consumer with a more complex range of problems.</p> <p>Clarify which individual items have scores of 2 or above to assist discharge planning</p>	Nil

Table 41: Adult ambulatory and community residential discharge HoNOS change scores prompt set

These prompts may be used for admission to discharge and review to discharge prompt sets

HoNOS item	HoNOS item scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/ aggression	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not, strongly consider doing so now. 2. Has an active review occurred regarding consumer or clinical management factors that may be preventing improvement?	
2 Non accidental self	2 or more	Moderate	1. This probably represents improvement,	Nil

HoNOS item	HoNOS item scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
harm			but rapid apparent improvement may be due to concealment of increased suicidal intent: discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management and risk assessment with a senior clinician. 2. If this represents an active issue, is there a plan for scheduled review and accessing urgent review if risks increase?	
	-2 or less	high	1.Were plans discussed with a senior clinician prior to discharge? If not, strongly consider doing so now. 2. Has an active review occurred regarding consumer or clinical management factors that may be contributing to deterioration; and the ability to continue community management?	
3 Drug and alcohol	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to	Nil

HoNOS item	HoNOS item scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			sustain improvement.	
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has a review occurred, involving relevant parties, of recent and previous substance use and relevant interventions?	
	-2 or less	high	1.Clinical management and risk should be discussed with a senior clinician as soon as possible 2. Has a review occurred, involving relevant parties, of recent and previous substance use and relevant interventions?	
4 Cognition	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred	

HoNOS item	HoNOS item scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium has been excluded. 2. Has an active review occurred regarding medical, other consumer, or clinical management factors that may be leading to deterioration?	
5 Physical illness/ disability	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	

HoNOS item	HoNOS item scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	-2 or less	high	1. Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium or other urgent medical conditions has been excluded. 2. Has an active review occurred regarding medical, other consumer, or clinical management factors that may be leading to deterioration?	
6 Hallucination/ delusions	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical	

HoNOS item	HoNOS item scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			management contributing to deterioration?	
7 Depression	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1.Clinical management and current risk status should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be contributing to deterioration or likely to hinder post discharge clinical management?	
8 Other	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical	Nil

HoNOS item	HoNOS item scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1.Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	
9 Relationships				
	2 or more	low	1.Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions are required to sustain improvement?	Nil

HoNOS item	HoNOS item scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. What carer support or relationship interventions have been made to improve these issues or adapt interventions to accommodate for them?	
10 ADLs	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be	

HoNOS item	HoNOS item scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			hindering improvement?	
	-2 or less	high	1. Contributing factors and effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding medical, other consumer or clinical management factors that may be contributing to deterioration?	
11 Living conditions	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Has this been confirmed through corroborative sources?	Nil
	-1 to +1	moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1. The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2. Is there a clear plan involving the consumer and partner agencies to address these issues to assist recovery	

HoNOS item	HoNOS item scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			and maintain safety?	
12 Occupation and activities	2 or more	low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	high	1.The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2. Is there a clear plan to address these issues to assist recovery and allow appropriate timely discharge?	
Total Scores				
	>8	Low	1. This is likely to represent a significant improvement during ambulatory care. Discuss with a senior clinician if you	Nil

HoNOS item	HoNOS item scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			<p>have any concerns regarding planning post discharge care to sustain this improvement</p> <p>2. Clarify which individual items have scores of 2 or above to assist discharge planning</p>	
	1-8	Moderate	<p>1. A change of score in this range represents possible mild improvement during ambulatory care. Include when discussing discharge planning with a senior clinician.</p> <p>2. Clarify which individual items have scores of 2 or above to assist discharge planning</p>	Nil
	<1	High	<p>1. Have you discussed this with a senior clinician? A change of score in this range represents likely deterioration or failure to improve during ambulatory care.</p> <p>2. Clarify which individual items have scores of 2 or above to assist review and discharge planning</p>	Nil

3.4.2 Life Skills Profile (LSP) prompt sets

Table 42: Adult ambulatory and community residential review LSP prompt set

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
1. Does the person generally have any difficulty with initiating and responding to conversation?	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 2,3,8 Total LSP score HoNOS item 4,9 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to improve functioning in this area?
Key EBM links	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to promote recovery or support disability in this area?
	Nil	high		
2. Does this person generally withdraw from	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
social contact?				2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 1,3,8 Total LSP score HoNOS item 4,9 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to improve functioning in this area?
	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to promote recovery or support disability in this area?
	Nil	high		
3. Does this person generally show warmth to others?	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 1,2,,8	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
Total LSP score HoNOS item 4,9 Consumer self report				social functioning? 3. Are there other services that could be involved to improve functioning in this area?
	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to promote recovery or support disability in this area?
	Nil	high		
4. Is this person generally well groomed (eg neatly dressed, hair combed) LSP items 5,6,9,16 LSP total score HoNOS item 10 Consumer self report	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 4,6,9,16 LSP total score HoNOS item 10 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and self care? 3. Are there other services that could be involved to improve functioning in this area?
	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning self

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
				care? 3. Are there other services that could be involved to promote recovery or support disability in this area?
	Nil	high		
5. Does this person wear clean clothes generally or ensure that they are cleaned if dirty?	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 4,6,9,16 LSP total score HoNOS item 10 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and self care? 3. Are there other services that could be involved to improve functioning in this area?
	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning self care? 3. Are there other services that could be involved to promote recovery or support disability in this area?
	Nil	high		
6. Does this person generally neglect her or his	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
physical health?				2. Discuss with senior clinician if concerned about your assessment or management plan
Key other scale LSP items 4,5,9,16 LSP total score HoNOS item 5,10 Consumer self report	1	Low		1. Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist accessing appropriate physical health care and related activities? 3. Are there other services that could be involved to assist accessing appropriate physical health care and related activities?
	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist accessing appropriate physical health care and related activities? 3. Are there other services that could be involved to assist accessing appropriate physical health care and related activities?
	Nil	high		1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Are there any other physical health related assessments or interventions that may be required? 3. Has the GP and/or other appropriate agencies been engaged?
7. Is this person violent to others?	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2. Discuss with senior clinician if concerned about your assessment or management plan

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
Key other scales: Prompt Set D LSP items 12, 13, 14, 15 LSP total score HoNOS/HoNOS 65+ item 1, 2, 4 Consumer self report	1	Low		1. Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and minimise risk of violence? 3. Are there other services that could be involved to minimise risks in this area?
	2	Moderate		1. Include this when discussing case with senior clinician 2. Has an appropriate risk assessment been conducted? 3. Is there a clear management plan to minimise the risks related to violence?
	3	high		1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Has an appropriate risk assessment been conducted? 3. Is there a clear management plan to reduce the risks related to violence, and have all appropriate parties been involved in this?
8. Does this person generally make and/or keep up friendships?	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2. Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 2,3,8 Total LSP score HoNOS item 4,9 Consumer self report	1	Low		1. Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to improve functioning in this area?

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to promote recovery or support disability in this area?
	Nil	high		
9. Does this person generally maintain an adequate diet?	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 4, 5,6,16 LSP total score HoNOS item 5,10 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist maintaining healthier eating and lifestyle? 3. Are there other services that could be involved to improve functioning in this area?
	2	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist maintaining healthier diet and lifestyle? 3. Are there other services that could be involved to promote improving diet and related lifestyle issues?

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
	3	high		<p>1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks.</p> <p>2. Are there other assessments that may assist improved diet and healthy lifestyle?</p> <p>3. Are there other services, including the consumer's GP, that could be involved to improve diet and related lifestyle issues?</p>
10. Does this person generally look after and take his or her own prescribed medication when prescribed by a doctor	0	'reassess'		<p>1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2.Discuss with senior clinician if concerned about your assessment or management plan</p>
Key other scales: Prompt Set D LSP items 11,12 LSP total score HoNOS item 4,5 Consumer self report		Low 1		<p>1.Discuss with senior clinician if concerned about your assessment or management plan</p> <p>2. Has appropriate education regarding medications, mental health and compliance strategies occurred?</p> <p>3. Are there other services that could be involved to improve functioning in this area?</p>
		Moderate 2		<p>1 Include this when discussing case with senior clinician</p> <p>2. Has appropriate education regarding medications, mental health and compliance strategies occurred?</p> <p>3. Are there other services or strategies that could be involved to improve medication compliance?</p>

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
		High 3		<p>1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks.</p> <p>2. Has appropriate education regarding medications, mental health and compliance strategies occurred?</p> <p>3. Are there other services or strategies that could be involved to improve medication compliance?</p>
11. Is this person willing to take prescribed psychiatric medication when prescribed by a doctor?	0	'reassess'		<p>1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2.Discuss with senior clinician if concerned about your assessment or management plan</p>
Key other scales: Prompt Set D LSP items 10,12 LSP total score HoNOS item 4,5 Consumer self report	1	Low		<p>1.Discuss with senior clinician if concerned about your assessment or management plan</p> <p>2. Has appropriate education regarding medications, mental health and compliance strategies occurred?</p> <p>3. Are there other services that could be involved to improve functioning in this area?</p>
	2	Moderate		<p>1 Include this when discussing case with senior clinician</p> <p>2. Has appropriate education regarding medications, mental health and compliance strategies occurred?</p> <p>3. Are there other services or strategies that could be involved to improve medication compliance?</p>
	3	high		<p>1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term</p>

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
				risks. 2. Has appropriate education regarding medications, mental health and compliance strategies occurred? 3. Are there other services or strategies that could be involved to improve medication compliance?
12. Does this person cooperate with health services?	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 10,11 LSP total score HoNOS item 4,5 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Has appropriate education regarding medications, mental health and compliance strategies occurred? 3. Are there other services that could be involved to improve functioning in this area?
	2	Moderate		1 Include this when discussing case with senior clinician 2. Has appropriate education regarding medications, mental health and compliance strategies occurred? 3. Are there other services or strategies that could be involved to improve medication compliance?
	3	high		1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Has appropriate education regarding medications, mental health

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
				and compliance strategies occurred? 3. Are there other services or strategies that could be involved to improve engagement with services?
13. Does this person generally have problems (eg friction, avoidance) living with others in the house?	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 7, 12, 14, 15 LSP total score HoNOS/HoNOS 65+ item 1,2, 4 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and improve the consumer's relationships with others? 3. Are there other services that could be involved to minimise risks in this area?
	2	Moderate		1 Include this when discussing case with senior clinician 2. Has an appropriate risk assessment been conducted? 3. Is there a clear management plan to minimise the risks related to violence?
	3	high		1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Has an appropriate risk assessment been conducted? 3. Is there a clear management plan to improve the consumer's ability to form relationships and reduce risks related to disability in this area?

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
14. Does this person have offensive (including sexual) behaviour?	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 7,12, 14, 15 LSP total score HoNOS/HoNOS 65+ item 1,2, 4 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and reduce problems in this area? 3. Are there other services that could be involved to improve function in this area?
	2	Moderate		1 Include this when discussing case with senior clinician 2. Has an appropriate risk assessment been conducted? 3. Is there a clear management plan to minimise any risks related to these behaviours and reduce their occurrence?
	3	high		1. Include this when discussing case with a senior clinician; or as soon as possible if these relate to sexual behaviour or you have any concerns regarding short term risks. 2. Has an appropriate risk assessment been conducted? 3. Is there a clear management plan to minimise risks related to these behaviours and reduce their occurrence?
15. Does this person behave irresponsibly?	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
Key other scales: Prompt Set D LSP items 7,12, 13, 14 LSP total score HoNOS/HoNOS 65+ item 1,2, 4 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and reduce problems in this area? 3. Are there other services that could be involved to improve function in this area?
	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Has an appropriate risk assessment been conducted? 3. Is there a clear management plan to minimise any risks related to these behaviours and reduce their occurrence?
	Nil	high		
16. What sort of work is this person generally capable of (even if unemployed, retired or doing unpaid domestic duties)?	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 5,6,9,16 LSP total score HoNOS item 10 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and engagement in meaningful work or related duties? 3. Are there other agencies that could be involved to improve functioning in this area?
	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning and

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
				engagement in meaningful work or related duties? 3. Are there other agencies that could be involved to improve functioning in this area?
	Nil	high		
Subscale A Withdrawal	0,1	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D- LSP items 1,2,3,8 HoNOS items 4,9 Consumer self report	2	Low		1. Examine the pattern of individual scores and discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to improve functioning in this area?
	3 or greater	Moderate		1 Examine the pattern of individual scores and include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to promote recovery or support disability in this area?
	Nil	high		

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
Subscale B Self Care	0,1	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 4,5,6,9,26 HoNOS items 5,10 Consumer self report	2	Low		1. Examine the pattern of individual scores and discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and self care? 3. Are there other services that could be involved to improve functioning in this area?
	3	Moderate		1 Examine the pattern of individual scores and discuss and include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning self care? 3. Are there other services that could be involved to promote recovery or support disability in this area?
	4 or greater	High		1. Examine the pattern of individual scores and include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Are there any other assessments or interventions that may be required? 3. Has the GP and/or other appropriate agencies been engaged?
Subscale C Compliance	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
				or management plan
Other scales LSP items 10,11,12 Consumer self report	1	Low		1. Examine the pattern of individual scores and discuss with senior clinician if concerned about your assessment or management plan 2. Has appropriate education regarding medications, mental health and compliance strategies occurred? 3. Are there other services that could be involved to improve functioning in this area?
	2	Moderate		1 Examine the pattern of individual scores and include this when discussing case with senior clinician 2. Has appropriate education regarding medications, mental health and compliance strategies occurred? 3. Are there other services or strategies that could be involved to improve medication compliance?
	4 or greater	High		1. Examine the pattern of individual scores and include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Has appropriate education regarding medications, mental health and compliance strategies occurred? 3. Are there other services or strategies that could be involved to improve medication compliance?
Subscale D Antisocial	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
Other scale LSP items 7,13,14,15	1	Low		<p>1. . Examine the pattern of individual scores and discuss with senior clinician if concerned about your assessment or management plan</p> <p>2. Are there other assessments that may assist care planning and improve the consumer's relationships with others?</p> <p>3. Are there other services that could be involved to minimise risks in this area?</p>
	2	Moderate		<p>1. . Examine the pattern of individual scores and include this when discussing case with senior clinician</p> <p>2. Has an appropriate risk assessment been conducted?</p> <p>3. Is there a clear management plan to minimise the risks related to violence?</p>
	3 or greater	High		<p>1. . Examine the pattern of individual scores and include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks.</p> <p>2. Has an appropriate risk assessment been conducted?</p> <p>3. Is there a clear management plan to improve the consumer's ability to form relationships and reduce risks related to disability in this area?</p>
Total score	0,1	'reassess'		<p>1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2.Include this when discussing with a senior clinician, including the need for ongoing specialist mental health care</p> <p>3.Discuss with senior clinician if concerned about your assessment or management plan</p>

LSP Item number	LSP item scores	Alert Prompt Set C	Dementia cut off scores where different	Clinical Prompt Set E and F
	2,3	Low		<p>1. . Examine the pattern of individual scores and discuss with senior clinician if concerned about your assessment or management plan</p> <p>2. see advice for subscales or individual items that you are concerned about</p> <p>3.Include this when discussing with a senior clinician, including the need for ongoing specialist mental health care</p>
	4	Moderate		<p>1 . Examine the pattern of individual scores and include this when discussing case with senior clinician</p> <p>2. see advice for subscales or individual items that re scoring 2 or 3</p>
	5 or greater	High		<p>1. . Examine the pattern of individual scores and include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks.</p> <p>2. see advice for subscales or individual items that re scoring 2 or 3</p>

Table 43: Adult ambulatory and community residential discharge LSP prompt set

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
1. Does the person generally have any difficulty with initiating and responding to conversation?	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans.
	1	Low	1.Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to minimise disability or further improve functioning in this area? 3. Have all appropriate agencies been engaged in follow up?
	2	Moderate	1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing interventions to support disability and promote recovery in this area? 3. Have all appropriate agencies been engaged in follow up?
	Nil	high	
2. Does this person generally withdraw from social contact?		'reassess' 0	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
	1	Low	1. Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to minimise disability or further improve functioning in this area? 3. Have all appropriate agencies been engaged in follow up?
	2,3	Moderate	1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing interventions to support disability and promote recovery in this area? 3. Have all appropriate agencies been engaged in follow up?
	Nil	high	
3. Does this person generally show warmth to others?	0	'reassess'	1. Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2. Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1. Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to minimise disability or further improve functioning in this area? 3. Have all appropriate agencies been engaged in follow up?

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
	2,3	Moderate	1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing interventions to support disability and promote recovery in this area? 3. Have all appropriate agencies been engaged in follow up?
	Nil	high	
4. Is this person generally well groomed (eg neatly dressed, hair combed)	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1.Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to minimise disability or further improve functioning in this area? 3. Have all appropriate agencies been engaged in follow up?
	2,3	Moderate	1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing interventions to support disability and promote recovery in this area? 3. Have all appropriate agencies been engaged in follow up?
	Nil	high	
5. Does this person wear clean clothes generally or	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
ensure that they are cleaned if dirty?			2. Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1. Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to minimise disability or further improve functioning in this area? 3. Have all appropriate agencies been engaged in follow up?
	2,3	Moderate	1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing interventions to support disability and promote recovery in this area? 3. Have all appropriate agencies been engaged in follow up?
	Nil	high	
6. Does this person generally neglect her or his physical health?	0	'reassess'	1. Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2. Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1. Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to maximise ongoing access to appropriate physical healthcare? 3. Has the GP and any other appropriate agencies been engaged in follow up?

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
Key EBM links	2	Moderate	<p>1 Include this when discussing case with senior clinician</p> <p>2. Do follow up plans include ongoing monitoring or interventions to maximise ongoing access to appropriate physical healthcare?</p> <p>3. Has the GP and any other appropriate agencies been engaged in follow up?</p>
	3	High	<p>1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks.</p> <p>2. Are there any other physical health related assessments or interventions that need to be confirmed as part of follow up?</p> <p>3. Has the GP and/or other appropriate agencies been engaged in follow up?</p>
7. Is this person violent to others?	0	'reassess'	<p>1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2.Discuss with senior clinician if concerned about your discharge or follow up plans</p>
	1	Low	<p>1.Discuss with senior clinician if concerned about your discharge or follow up plans.</p> <p>2. Do follow up plans include ongoing monitoring or interventions to minimise future risk of violence or other harmful acts?</p> <p>3. Have appropriate agencies for minimising risks in this area been engaged in follow up?</p>

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
	2	Moderate	<p>1. Include this when discussing case with senior clinician</p> <p>2. Has an appropriate risk assessment been conducted prior to discharge?</p> <p>3. Is there a clear post discharge management plan agreed between follow up agencies to minimise the ongoing risks related to violence?</p>
	3	High	<p>1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks.</p> <p>2. Has an appropriate risk assessment been conducted prior to discharge?</p> <p>3. Is there a clear post discharge management plan agreed between follow up agencies, and other relevant parties, to reduce the ongoing risks related to violence?</p>
8. Does this person generally make and/or keep up friendships?	0	'reassess'	<p>1. Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2. Discuss with senior clinician if concerned about your discharge or follow up plans</p>
	1	Low	<p>1. Discuss with senior clinician if concerned about your discharge or follow up plans.</p> <p>2. Do follow up plans include ongoing monitoring or interventions to minimise disability or further improve functioning in this area?</p> <p>3. Have all appropriate agencies been engaged in follow up?</p>
	2,3	Moderate	<p>1. Include this when discussing case with senior clinician</p> <p>2. Do follow up plans include ongoing interventions to</p>

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
			support disability and promote recovery in this area? 3. Have all appropriate agencies been engaged in follow up?
		Nil high category	
9. Does this person generally maintain an adequate diet?	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1.Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to assist maintaining healthier eating and lifestyle? 3. Have all appropriate agencies been engaged in follow up?
	2	Moderate	1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing interventions to maintaining healthier diet and lifestyle? 3. Have all appropriate agencies been engaged in follow up?
	3	High	1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Do follow up plans include ongoing interventions to improve diet and healthy lifestyle? 3. Has the GP and other appropriate agencies been

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
			engaged in follow up?
10. Does this person generally look after and take his or her own prescribed medication when prescribed by a doctor	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1.Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to assist maintaining medication compliance? 3. Have the GP and/or other follow up agencies been engaged in these plans?
	2	Moderate	1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing monitoring or interventions to improve medication compliance? 3. Have the GP and/or other follow up agencies been engaged in these plans?
	3	High	1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Do follow up plans include ongoing interventions to improve medication compliance and manage risks from non-compliance? 3. Have the GP and/or other follow up agencies been

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
			engaged in these plans?
11. Is this person willing to take prescribed psychiatric medication when prescribed by a doctor?	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1.Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to assist maintaining medication compliance? 3. Have the GP and/or other follow up agencies been engaged in these plans?
	2	Moderate	1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing monitoring or interventions to improve medication compliance? 3. Have the GP and/or other follow up agencies been engaged in these plans?
	3	High	1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Do follow up plans include ongoing interventions to improve medication compliance and manage risks from non-compliance? 3. Have the GP and/or other follow up agencies been engaged in these plans?

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
12. Does this person co-operate with health services?	0	'reassess'	<p>1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2.Discuss with senior clinician if concerned about your discharge or follow up plans</p>
	1	Low	<p>1.Discuss with senior clinician if concerned about your discharge or follow up plans.</p> <p>2. Do follow up plans include ongoing monitoring or interventions to assist maintaining engagement with services?</p> <p>3. Have the GP and/or other follow up agencies been engaged in these plans?</p>
	2	Moderate	<p>1 Include this when discussing case with senior clinician</p> <p>2. Do follow up plans include ongoing monitoring or interventions to improve engagement and compliance with services?</p> <p>3. Have the GP and/or other follow up agencies been engaged in these plans?</p>
	3	High	<p>1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks.</p> <p>2. Do follow up plans include ongoing interventions to engagement and compliance with services, and manage risks from non-compliance?</p>

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
			3. Have the GP and/or other follow up agencies been engaged in these plans?
13. Does this person generally have problems (eg friction, avoidance) living with others in the house?	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1.Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to improve the consumers relationships with others? 3. Have appropriate agencies for minimising risks in this area been engaged in follow up?
	2	Moderate	1 Include this when discussing case with senior clinician 2. Has an appropriate risk assessment been conducted prior to discharge? 3. Is there a clear post discharge management plan agreed between follow up agencies to improve the consumer's ability to form relationships and minimise the ongoing risks related to disability in this area?
	3	High	1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Has an appropriate risk assessment been conducted prior

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
			to discharge? 3. Is there a clear post discharge management plan agreed between follow up agencies to improve the consumer's ability to form relationships and minimise the ongoing risks related to disability in this area?
14. Does this person have offensive (including sexual) behaviour?	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1.Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to improve the consumer's ability to avoid these behaviors? 3. Have appropriate agencies been engaged in follow up that could be involved to improve function in this area ?
	2	Moderate	1 Include this when discussing case with senior clinician 2. Has an appropriate risk assessment been conducted prior to discharge? 3. Is there a clear post discharge management plan agreed between follow up agencies to minimise any risks related to these behaviours and reduce their occurrence?
	3	High	1. Include this when discussing case with a senior clinician; or as soon as possible if these relate to sexual behaviours or you have any concerns regarding short term risks. 2. Has an appropriate risk assessment been conducted prior

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
			to discharge? 3. Is there a clear post discharge management plan agreed between follow up agencies to minimise any risks related to these behaviours and reduce their occurrence?
15. Does this person behave irresponsibly?	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1.Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to improve the consumer's ability to avoid these behaviours? 3. Have appropriate agencies been engaged in follow up that could be involved to improve function in this area ?
	2,3	Moderate	1 Include this when discussing case with senior clinician 2. Has an appropriate risk assessment been conducted prior to discharge? 3. Is there a clear post discharge management plan agreed between follow up agencies to minimise any risks related to these behaviours and reduce their occurrence?
		Nil high category	
16. What sort of work is this person generally capable of (even if unemployed, retired	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
or doing unpaid domestic duties)?			discharge or follow up plans
	1	Low	1. Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to further improve engagement in paid or unpaid work or related duties ? 3. Have all appropriate agencies been engaged in follow up?
	2,3	Moderate	1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing interventions to support disability and promote engagement in work or? 3. Have all appropriate agencies been engaged in follow up?
		Nil high category	
SUBSCALES			
Subscale A Withdrawal	0,1	'reassess'	1. Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2. Discuss with senior clinician if concerned about your discharge or follow up plans.
	2	Low	1. Examine the pattern of individual scores and discuss with senior clinician if concerned about your discharge or follow up plans.

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
			<p>2. Do follow up plans include ongoing monitoring or interventions to minimise disability or further improve functioning in this area?</p> <p>3. Have all appropriate agencies been engaged in follow up?</p>
	3 or greater	Moderate	<p>1 Examine the pattern of individual scores and this when discussing case with senior clinician</p> <p>2. Do follow up plans include ongoing interventions to support disability and promote recovery in this area?</p> <p>3. Have all appropriate agencies been engaged in follow up?</p>
	Nil	high	
Subscale B Self Care	0,1	'reassess'	<p>1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2.Discuss with senior clinician if concerned about your discharge or follow up plans</p>
	2	Low	<p>1. Examine the pattern of individual scores and discuss with senior clinician if concerned about your discharge or follow up plans.</p> <p>2. Do follow up plans include ongoing monitoring or interventions to minimise disability or further improve functioning in this area?</p> <p>3. Have all appropriate agencies been engaged in follow up?</p>
	3	Moderate	<p>1 Examine the pattern of individual scores and discuss and include this when discussing case with senior clinician</p>

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
			<p>2. Do follow up plans include ongoing interventions to support disability and promote recovery in this area?</p> <p>3. Have all appropriate agencies been engaged in follow up?</p>
	4 or greater	High	<p>1. Examine the pattern of individual scores and include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks.</p> <p>2. Are there any other assessments or interventions that need to be confirmed as part of follow up?</p> <p>3. Has the GP and/or other appropriate agencies been engaged in follow up?</p>
Subscale C Compliance	0	'reassess'	<p>1. Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2. Discuss with senior clinician if concerned about your discharge or follow up plans</p>
	1	Low	<p>1. Examine the pattern of individual scores and discuss with senior clinician if concerned about your discharge or follow up plans.</p> <p>2. Do follow up plans include ongoing monitoring or interventions to assist maintaining medication compliance?</p> <p>3. Have the GP and/or other follow up agencies been engaged in these plans?</p>
	2,3	Moderate	<p>1 Examine the pattern of individual scores and include this when discussing case with senior clinician</p> <p>2. Do follow up plans include ongoing monitoring or</p>

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
			interventions to improve medication compliance? 3. Have the GP and/or other follow up agencies been engaged in these plans?
	4	High	1. Examine the pattern of individual scores and include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Do follow up plans include ongoing interventions to improve medication compliance and manage risks from non-compliance? 3. Have the GP and/or other follow up agencies been engaged in these plans?
Subscale D Antisocial	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1. . Examine the pattern of individual scores and discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to improve the consumers relationships with others? 3. Have appropriate agencies for minimising risks in this area been engaged in follow up?

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
	2	Moderate	<p>1 . Examine the pattern of individual scores and include this when discussing case with senior clinician</p> <p>2. Has an appropriate risk assessment been conducted prior to discharge?</p> <p>3. Is there a clear post discharge management plan agreed between follow up agencies to improve the consumer's ability to form relationships and minimise the ongoing risks related to disability in this area?</p>
	3	High	<p>1. . Examine the pattern of individual scores and include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks.</p> <p>2. Has an appropriate risk assessment been conducted prior to discharge?</p> <p>3. Is there a clear post discharge management plan agreed between follow up agencies to improve the consumer's ability to form relationships and minimise the ongoing risks related to disability in this area?</p>
Total score	0,1	'reassess'	<p>1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2.Include this when discussing with a senior clinician, including the need for ongoing specialist mental health care</p> <p>3.Discuss with senior clinician if concerned about your discharge or follow up plans</p>
	2,3	Low	<p>1. . Examine the pattern of individual scores and discuss with senior clinician if concerned about your discharge or follow up plans.</p>

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
			<p>2. see advice for subscales or individual items that you are concerned about</p> <p>3. Include this when discussing with a senior clinician, including the need for ongoing specialist mental health care</p>
	4	Moderate	<p>1 . Examine the pattern of individual scores and include this when discussing case with senior clinician</p> <p>2. see advice for subscales or individual items that re scoring 2 or 3</p>
	5 or greater	High	<p>1. . Examine the pattern of individual scores and include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks.</p> <p>2. see advice for subscales or individual items that re scoring 2 or 3</p>
Change scores			
Same approach for all individual items, subscales and total scores			
	2 or greater	low	<p>1. This represents improvement in function. Discuss with senior clinician if you have concerns regarding how to continue improvement or other aspects of discharge planning</p>
	1 to -1	medium	<p>1. This represents limited change in function. Discuss with senior clinician if this was a focus of care or you have concerns regarding discharge planning</p>
	Less than -1	high	<p>1. This represents a deterioration in functioning that should be discussed with a senior clinician regarding its cause and actions required to prevent further deterioration following discharge.</p>

LSP Item number	LSP item scores	Alert Prompt Set C	Clinical Prompt Set E and F
			2. Are follow up providers, the consumer and/or carer aware of this deterioration and potential causes?

3.5 Self report

Adult self report instruments and measures are listed with those for older persons. See **4.5 Adult and older persons self report**.

4 Older persons prompt set

4.1 Evidence base – Prompt Set A

The primary evidence based linkages for all scores on all items are:

- RANZCP Guidelines <http://www.ranzcp.org/publicarea/cpg.asp>
- National Institute for Clinical Excellence Mental Health Index http://www.nice.org.uk/search/guidancesearchresults.jsp?keywords=mental%20health&searchType=guidance_finder&healthTopic=13
- The University of Adelaide Library Treatment Guidelines for Geriatric and Geriatric Psychiatry <http://www.adelaide.edu.au/library/guide/med/menthealth/geriatric.html>

The evidence base links for individual items of scales are included in the relevant tables.

Table 44: Older persons individual outcome item evidence based linkages- Prompt Set B

HoNOS65+		
Item	Domain	Prompt Set B
1	Overactive, aggressive, disruptive or agitated behaviour	<p>Violence. The short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments. Clinical Practice Guideline National Institute for Clinical Excellence (NICE), UK. www.nice.org.uk/guidance/index.jsp?action=byID&o=10964</p> <p>Dementia Behaviour Management Advisory Service Practice Guidelines (website pending)</p>

HoNOS65+		
Item	Domain	Prompt Set B
		Delirium Guidelines (Australian Government) http://www.health.gov.au/internet/wcms/publishing.nsf/content/2DADBEA8ED725854CA257283008294C8/\$File/delirium.pdf
2	Non-accidental self injury	Self-harm: The short-term physical and psychological management and secondary prevention of self harm in primary and secondary care. Clinical Practice Guideline, NICE www.nice.org.uk/guidance/index.jsp?action=byID&o=10946
3	Problem drinking or drug taking	Australian Government Alcohol Guidelines www.alcoholguidelines.gov.au NSW Health Clinical Guidelines for the Assessment and Management of Psychostimulant Users http://www.health.nsw.gov.au/policies/gl/2006/pdf/GL2006_001.pdf
4	Cognitive problems	Australian Clinical Practice Guidelines for the Management of Delirium in Older People http://www.health.vic.gov.au/acute-agedcare/delirium-cpg.pdf International Psychogeriatric Association Introduction to Behavioral and Psychological Symptoms of Dementia (Revised) http://www.ipa-online.org/ipaonlinev3/ipaprograms/bpsdarchives/bpsdrev/toc.asp Behavioural Health Recovery Management (BHRM): Mental Health Guidelines http://www.bhrm.org/guidelines/mhguidelines.htm
5	Physical illness or disability	NSW Health Physical Health/Mental Health Guidelines and Physical Health Guidelines (Weblink pending)
6	Problems with hallucinations and delusions	Nil
7	Problems with	Nil

HoNOS65+		
Item	Domain	Prompt Set B
	depressed mood	
8	Other mental and behavioural problems	Behavioural Health Recovery Management (BHRM): Mental Health Guidelines http://www.bhrm.org/guidelines/mhguidelines.htm
9	Problems with relationships	Behavioural Health Recovery Management (BHRM): Mental Health Guidelines http://www.bhrm.org/guidelines/mhguidelines.htm
10	Problems with Activities of Daily Living	Behavioural Health Recovery Management (BHRM): Mental Health Guidelines http://www.bhrm.org/guidelines/mhguidelines.htm
11	Problems with living conditions	Behavioural Health Recovery Management (BHRM): Mental Health Guidelines http://www.bhrm.org/guidelines/mhguidelines.htm
12	Problems with Occupational and recreational activities	Behavioural Health Recovery Management (BHRM): Mental Health Guidelines http://www.bhrm.org/guidelines/mhguidelines.htm
TOTAL score		Nil
Generic Care Planning Guidelines	all scores and settings	American Psychiatric Association :Practice Guideline for the Psychiatrc Evaluation of Adults http://www.psychiatryonline.com/pracGuide/loadGuidelinePdf.aspx?file=PsychEval2ePG_04-28-06
LSP-16	all scales, subscales and total score	Behavioural Health Recovery Management (BHRM): Mental Health Guidelines http://www.bhrm.org/guidelines/mhguidelines.htm
RUG-ADL	All items and total score	Nursing Center.com Library collection 'A New look at the old' http://www.nursingcenter.com/library/static.asp?pageid=527873

4.2 Linking NOCC measures to care planning - Prompt Set H

These prompt sets are used for scores on all measures unless specifically excluded. They are linked to location of care, and collection occasion.

Table 45: Older persons inpatient general principles linking NOCC measures to care planning – Prompt Set H

Care Planning Options	Admission	Review	Discharge	Exceptions
Generic	<ol style="list-style-type: none"> 1. If there are significant scores on HoNOS65+ items 1,2,4,5; or Consumer self report self harm items; ensure management includes actions to maximize immediate safety whilst addressing underlying issues 2. Ensure the need for specific actions is considered regarding all HoNOS65+ or LSP items scoring 2 or more 3. Consider the need for specific actions regarding issues reported by consumer self report 4. Consider the implications of agreement and/or 	<ol style="list-style-type: none"> 1. If there are significant scores on HoNOS65+ items 1,2,4,5; or Consumer self report self harm items; ensure clinical management includes actions to maximize immediate safety whilst addressing underlying issues 2. Review the changes in ratings on measures and implications for clinical management plans; especially for any rating scale scores that have increased since last scored, and consider if any of these may represent side effects of treatment 3. Review the goals of 	<ol style="list-style-type: none"> 1. Review changes in the clinical measures, and consider their implications regarding the achievements during the admission and key follow up issues. 2. If there are significant scores on HoNOS65+ items 1,2,4,5; or Consumer self report self harm items; ensure follow up includes actions to maximize immediate safety whilst addressing underlying issues 3. Consider the implications of agreement and/or conflict between ratings of similar issues on different scales (esp. clinician vs consumer rated). 4. Consider the impact of interactions between items scoring as significant (eg a score of 4 on HoNOS65+ item 	Nil

Care Planning Options	Admission	Review	Discharge	Exceptions
	<p>conflict between ratings of similar issues on different scales (esp. clinician vs consumer rated).</p> <p>5. Consider the impact of interactions between items scoring as significant (eg a score of 4 on HoNOS65+ item 3 (D&A) may increase concerns regarding a score of 3 on item 2 (self harm))</p> <p>6. Discuss the goals of admission, criteria for discharge, and how these will be monitored; both within the treating team and with the consumer and/or carer</p> <p>7. Ensure the consumer and, where appropriate, carers or other involved parties, are appropriately involved in assessment and care planning</p> <p>8. Consider the need for discussion with the GP or other involved professionals about consumer's history and management plan.</p>	<p>admission, criteria for discharge, and measures used to monitor these; both within the treating team and with the consumer and/or carer.</p> <p>4. Ensure the need for changes in clinical management is considered regarding all HoNOS65+ or LSP items scoring 2 or more</p> <p>5. Ensure the need for specific actions is considered regarding issues reported by consumer self report</p> <p>6. Consider the implications of agreement and/or conflict between ratings of similar issues on different scales (esp. clinician vs consumer rated).</p> <p>7. Consider the impact of interactions between items scoring as significant (eg a score of 4 on HoNOS65+ item 3 may increase concerns regarding a score of 3 on item 2)</p> <p>8. Ensure the consumer and,</p>	<p>3 may increase concerns regarding a score of 3 on item 2)</p> <p>5. Ensure follow up and discharge documentation specifically addresses any issues with rating scale scores that have increased since last scored.</p> <p>6. Ensure the need for specific follow up actions is considered for all HoNOS65+ or LSP items scoring 2 or more</p> <p>7. Ensure the need for specific follow up actions is considered regarding issues reported by consumer self report</p> <p>8. Consider if appropriate communication and planning has occurred to allow coordinated collaborative care with mental health and other agencies</p> <p>9. Consider implications of consumer insight and engagement for follow up plans</p> <p>10. Ensure the consumer and, where appropriate, carers or other involved parties, have received appropriate psychoeducation and are appropriately involved in discharge planning</p> <p>11. Consider the need for discussion</p>	

Care Planning Options	Admission	Review	Discharge	Exceptions
	<p>9. Consider and manage the impact of any difficulty in forming a treatment alliance with the consumer</p> <p>10. Identify potential impediments to successful discharge and commence planning to address these</p>	<p>where appropriate, carers or other involved parties, have received appropriate psychoeducation and are appropriately involved in the review, care and discharge planning</p> <p>9. Consider the need for discussion with the GP or other involved professionals about consumer's progress and management plan.</p> <p>10. Consider the impact of any difficulty in forming a treatment alliance with the consumer upon management and the most appropriate location of care.</p> <p>11. Consider the benefits of a second opinion, especially if progress has not been as good as expected or high risks have been identified</p> <p>12. Consider the need for other modalities of treatment.</p> <p>13. Review potential impediments to successful discharge and commence planning to address these</p>	<p>with the GP or other involved professionals about consumer's discharge plan and the need for effective interventions to continue for an appropriate time and intensity.</p>	

Table 46: Older persons ambulatory and community residential general principles linking NOCC measures to care planning – Prompt Set H

This prompt set is used for scores on all measures unless specifically excluded. It is linked to location of care, and collection occasion.

Care Planning Options	Admission	Review	Discharge	Exceptions
Generic	<ol style="list-style-type: none"> 1. If there are significant scores on HoNOS65+ items 1,2,4,5;12 or Consumer self report self harm items; ensure management includes actions to maximize immediate safety whilst addressing underlying issues 2. Ensure the need for specific actions is considered regarding all HoNOS65+ or LSP items scoring 2 or more 3. Ensure the need for specific actions is considered regarding issues reported by consumer self report 4. Consider the implications of agreement and/or conflict between ratings of similar issues on different scales 	<ol style="list-style-type: none"> 1. If there are significant scores on HoNOS65+ items 1,2,4,5;12 or Consumer self report self harm items; ensure clinical management includes actions to maximize immediate safety whilst addressing underlying issues 2. Review the changes in ratings on measures and implications for clinical management plans; especially for any rating scale scores that have increased since last scored, and consider if any of these may represent side effects of treatment 3. Review the goals of 	<ol style="list-style-type: none"> 1. Review changes in the clinical measures, and consider their implications regarding the achievements during the admission and key follow up issues. 2. If there are significant scores on HoNOS65+ items 1,2,4,5; or Consumer self report self harm items; ensure follow up includes actions to maximize immediate safety whilst addressing underlying issues 3. Consider the implications of agreement and/or conflict between ratings of similar issues on different scales (esp. clinician vs consumer rated). 4. Consider the impact of 	Nil

Care Planning Options	Admission	Review	Discharge	Exceptions
	<p>(esp. clinician vs consumer rated).</p> <p>5. Consider the impact of interactions between items scoring as significant (eg a score of 4 on HoNOS65+ item 3 may increase concerns regarding a score of 3 on item 2)</p> <p>6. Discuss the goals of admission to community care, criteria for discharge to alternate care providers, and how these will be monitored; both within the treating team and with the consumer and/or carer.</p> <p>7. Ensure the consumer and, where appropriate, carers or other involved parties, are appropriately involved in assessment and care planning</p> <p>8. Consider the need for discussion with the GP or other involved professionals about consumer's history and management plan.</p> <p>9. Consider and manage the impact of any difficulty in</p>	<p>community admission, criteria for discharge, and measures used to monitor these; both within the treating team and with the consumer and/or carer.</p> <p>4. Consider the implications of agreement and/or conflict between ratings of similar issues on different scales (esp. clinician vs consumer rated).</p> <p>5. Ensure the need for changes in clinical management is considered regarding all HoNOS65+ or LSP items scoring 2 or more</p> <p>6. Ensure the need for specific actions is considered regarding issues reported by consumer self report</p> <p>7. Consider the impact of interactions between items scoring as significant (eg a score of 4 on HoNOS65+ item 3 may increase concerns regarding a score of 3 on item 2)</p>	<p>interactions between items scoring as significant (eg a score of 4 on HoNOS65+ item 3 may increase concerns regarding a score of 3 on item 2)</p> <p>5. Ensure follow up and discharge documentation specifically addresses any issues with rating scale scores that have increased since last scored.</p> <p>6. Ensure the need for specific follow up actions and/or involvement of other services is considered for all HoNOS or LSP items scoring 2 or more</p> <p>7. Ensure the need for specific follow up actions is considered regarding issues reported by consumer self report</p> <p>8. Consider if appropriate communication and planning has occurred to allow coordinated collaborative care by other agencies</p> <p>9. Consider implications of consumer insight and</p>	

Care Planning Options	Admission	Review	Discharge	Exceptions
	<p>forming a treatment alliance with the consumer upon management and the most appropriate location of care.</p>	<p>8. Ensure the consumer and, where appropriate, carers or other involved parties, have had appropriate psychoeducation and are appropriately involved in the review, care and discharge planning?</p> <p>9. Consider the need for discussion with the GP or other involved professionals about consumer's progress and management plan.</p> <p>10. Review the appropriate setting for management considering consumer/carer preferences, available supports, treatment alliance, safety and likely impact upon recovery.</p> <p>11. Consider the benefits of a second opinion , especially if progress has not been as good as expected or high risks have been identified</p> <p>12. Consider the need for other modalities of</p>	<p>engagement for follow up plans</p> <p>10. Ensure the consumer and, where appropriate, carers or other involved parties, have received appropriate psychoeducation and are appropriately involved in discharge planning</p> <p>11. Consider the need for discussion with the GP or other involved professionals about consumer's discharge plan and the need for effective interventions to continue for an appropriate time and intensity.</p>	

Care Planning Options	Admission	Review	Discharge	Exceptions
		treatment. 13. Review potential impediments to successful discharge and commence planning to address these		

4.3 Inpatient clinical setting

4.3.1 HoNOS65+ item prompts

Table 47: Older persons inpatient care planning issues – Prompt Set G

HoNOS65+ item	Admission	Review	Discharge	Exceptions
HoNOS65+ item 1 overactivity/ aggression	<ol style="list-style-type: none"> 1. Ensure documentation and communication of aggression prevention and de-escalation plans consistent with local policy. 2. Ensure a clear plan is documented in case of behavioural emergencies, 	<ol style="list-style-type: none"> 1. Ensure documented aggression prevention and de-escalation plans are still appropriate? 2. Ensure management plans for potential behavioural emergencies are still appropriate. 	<ol style="list-style-type: none"> 1. Ensure appropriate communication with relevant individuals, regarding prevention and de-escalation strategies 2. Ensure appropriate communication and other actions consistent with local protocols has occurred if known individuals may be at risk. 	Nil
HoNOS65+ item 2 non accidental self harm	<ol style="list-style-type: none"> 1. Ensure any physical health consequences of self harm been safely managed 2. Ensure necessary physical treatments is offered, even if the person doesn't want psychosocial or psychiatric assessment. 3. Increased caution is required in assessment if there are still active effects of drugs or alcohol; or if this is a younger or elderly consumer 	<ol style="list-style-type: none"> 1. Have the following factors been considered in the assessment? <ul style="list-style-type: none"> • social, psychological and motivational factors specific to the act of self-harm • current intent • hopelessness • mental health and social needs assessment 2. Has the need for specific programs or therapies, been considered ? 	<ol style="list-style-type: none"> 1. Ensure follow up meets local policy requirements 2. Are follow up arrangements be based upon a combined assessment of needs and risk, not just current presence of mental illness or reduced acute risk? 3. If there is a history of repeated self harm, is there a clearly documented, communicated, plan to reduce the likelihood of, and risks associated with, future episodes? 	Nil

HoNOS65+ item	Admission	Review	Discharge	Exceptions
	<ol style="list-style-type: none"> 4. Have the following factors been considered in the assessment? 5. social, psychological and motivational factors specific to the act of self-harm 6. current intent 7. hopelessness 8. mental health and social needs assessment 9. Have specific programs been considered if the consumer has a history or recurrent self harm? 	<ol style="list-style-type: none"> 3. Has the management plan considered the need for increased caution in younger and elderly consumers? 		
HoNOS65+ item 3 drug and alcohol	<ol style="list-style-type: none"> 1. Consider brief specific interventions that may assist. 2. Consider the potential benefits of, and access to, specialist D&A service involvement. 3. Are specific interventions required for intoxication or withdrawal? 4. Consider the implications of any cognitive impairment 	<ol style="list-style-type: none"> 1. Consider brief specific interventions that may assist. 2. Are specific interventions required for intoxication or withdrawal? 3. Consider the potential benefits of, and access to, specialist D&A service involvement. 4. Consider the implications of any cognitive impairment 	<ol style="list-style-type: none"> 1. Consider if discharge planning need to include specific coordinated follow up for these issues. 2. Consider the implications of any cognitive impairment 	Nil
HoNOS65+ item 4 cognition	<ol style="list-style-type: none"> 1. Identification of cause is essential (mental illness, organic illness, and 	<ol style="list-style-type: none"> 1. Ensure appropriate investigations have been conducted. 	<ol style="list-style-type: none"> 1. Ensure requirements for any ongoing specialist interventions (including medications) been 	Nil

HoNOS65+ item	Admission	Review	Discharge	Exceptions
	<p>congenital factors must all be considered)</p> <p>2. Ensure appropriate investigations have been conducted and physical observations are of appropriate frequency .</p> <p>3. Consider the need for involvement of a physician or consumer's GP been considered, if concerned about physical illness.</p> <p>4. Has there been documentation of baseline functioning with a standard instrument?</p> <p>5. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge</p> <p>6. Is specific nursing or environmental adaptation required due to the degree of impairment?</p> <p>7. Is there a need for specialist assessment (eg neuropsychology)?</p>	<p>2. Consider the need for involvement of a physician or consumer's GP been considered, if concerned about physical illness?</p> <p>3. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge.</p> <p>4. Is there a need for specialist assessment (eg neuropsychology)?</p> <p>5. Are specialist interventions required?</p>	<p>communicated to the consumer and professionals?</p> <p>2. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs?</p>	
HoNOS65+ item	1. Ensure appropriate	1. Ensure appropriate	1. Ensure requirements for any	Nil

HoNOS65+ item	Admission	Review	Discharge	Exceptions
5 physical illness/ disability	<p>investigations have been conducted and physical observations are of appropriate frequency.</p> <p>2. Consider the need for involvement of a physician or consumer's GP been considered.</p> <p>3. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital.</p> <p>4. Is specific nursing or environmental adaptation required due to the degree of impairment?</p> <p>5. Is there a need for specialist assessment?</p>	<p>investigations have been conducted and physical observations are of appropriate frequency.</p> <p>2. Consider the need for involvement of a physician or consumer's GP been considered.</p> <p>3. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge</p> <p>4. Is specific nursing or environmental adaptation required due to the degree of impairment?</p> <p>5. Is there a need for specialist assessment?</p> <p>6. Ensure there has been appropriate assessment of physical health issues that are particularly related to serious mental illness and their treatments?</p>	<p>ongoing specialist interventions (including medications) been communicated to the consumer and professionals.</p> <p>2. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs.</p>	
HoNOS65+ item 6 hallucination/ delusions	<p>1. Increased caution in risk assessment is required for first presentations with these problems, or if there</p>	<p>1. Increased caution in risk assessment is required for first presentations with these problems, or if there</p>	<p>1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also mood symptoms</p>	Nil

HoNOS65+ item	Admission	Review	Discharge	Exceptions
	<p>are also mood symptoms present</p> <ol style="list-style-type: none"> 2. Ensure the possibility of delirium or other organic illness has been considered 3. Ensure appropriate investigations have been conducted. 4. Specialist interventions may be required during early phase of psychotic illnesses 	<p>are also mood symptoms present</p> <ol style="list-style-type: none"> 2. Ensure the possibility of delirium or other organic illness been considered 3. Ensure appropriate investigations have been conducted. 4. Clarify adequacy of dose and duration of past treatments 5. consider both pharmacological and non-pharmacological interventions 6. Specialist interventions may be required during early phase of psychotic illnesses 	<p>present</p> <ol style="list-style-type: none"> 2. Ensure requirements for any ongoing specialist interventions (including medications) been communicated to the consumer and professionals. 3. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs? 	
HoNOS65+ item 7 depression	<ol style="list-style-type: none"> 1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also psychotic symptoms present 2. Ensure the possibility of delirium or other organic illness been considered 3. Ensure appropriate investigations have been conducted 	<ol style="list-style-type: none"> 1. Consider if delirium or other organic illness may be present 2. Ensure appropriate investigations have been conducted 3. Clarify adequacy of dose and duration of past treatments 4. consider both pharmacological and non-pharmacological 	<ol style="list-style-type: none"> 1. Ensure clearly discussed and documented plans to maintenance therapy for adequate period 2. Ensure requirements for any ongoing specialist interventions (including medications) have been communicated to the consumer and professionals 3. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs. 	Nil

HoNOS65+ item	Admission	Review	Discharge	Exceptions
	4. More severe illness or the presence of severe safety issues, may necessitate more assertive management.	5. Consider need for social worker interventions 6. More severe illness or the presence of severe safety issues, may necessitate more assertive management.		
HoNOS65+ item 8 Other	Nil	Nil	Nil	Nil
HoNOS65+ item 9 relationships	1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both? 2. Consider the need for specialist assessment and/or interventions 3. Ensure the potential impacts on treatment and follow up plans been considered	1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both? 2. Consider the need for specialist assessment and/or interventions 3. Ensure the potential impacts on treatment and follow up plans been considered	1. Ensure requirements for any ongoing specialist interventions (including medications) been communicated to the consumer and professionals 2. Ensure plans consider how this will impact upon functioning, ability to comply with interventions, and support needs	Nil
HoNOS65+ item 10 ADLs	1. Ensure appropriate investigations have been conducted and physical observations are of appropriate frequency. 2. Consider the need for involvement of a physician or consumer's GP been	1. Ensure appropriate investigations have been conducted and physical observations are of appropriate frequency. 2. Consider the need for involvement of a physician or consumer's GP been	1. Ensure requirements for any ongoing specialist interventions (including medications) been communicated to the consumer and professionals 2. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions,	Nil

HoNOS65+ item	Admission	Review	Discharge	Exceptions
	<p>considered, if concerned about physical illness.</p> <p>3. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge</p> <p>4. Is specific nursing or environmental adaptation required due to the degree of impairment?</p> <p>5. Has there been appropriate assessment of health issues particularly related to serious mental illness and their treatment?</p> <p>6. Is there a need for specialist assessment(eg Occupational therapy)?</p>	<p>considered, if concerned about physical illness.</p> <p>3. Consider the impact upon daily functioning, ability to comply with interventions, and support needs within hospital and after discharge</p> <p>4. Is specific nursing or environmental adaptation required due to the degree of impairment?</p> <p>5. Has there been appropriate assessment of health issues particularly related to serious mental illness and their treatment?</p> <p>6. Is there a need for specialist assessment(eg Occupational therapy)?</p>	<p>and support needs</p>	
<p>HoNOS65+ item 11 Living conditions</p>	<p>1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both?.</p> <p>2. Consider the need for specialist assessment(eg Occupational therapy)?</p> <p>3. Consider the impact on treatment and discharge</p>	<p>1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both?.</p> <p>2. Consider the need for specialist assessment(eg Occupational therapy)?</p> <p>3. Consider the impact on treatment and discharge</p>	<p>1. Ensure follow up plans are consistent with functioning in this domain ,and co-ordinated with any partner agencies</p>	<p>Nil</p>

HoNOS65+ item	Admission	Review	Discharge	Exceptions
	planning .	planning .		
HoNOS65+ item 12 Occupation and activities	1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both?. 2. Consider the need for specialist assessment(eg Occupational therapy)? 3. Consider the impact on treatment and discharge planning .	1. Has it been considered that these problems may be precipitants or consequences of mental health problems; or both?. 2. Consider the need for specialist assessment(eg Occupational therapy)? 3. Consider the impact on treatment and discharge planning .	1. Ensure follow up plans are consistent with functioning in this domain ,and co-ordinated with any partner agencies	Nil
Total Score	2. Nil	2. Nil	2. Nil	Nil

Table 48: Older persons inpatient admission HoNOS 65+ prompt set

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/ aggression	0	Low	1.Discuss with senior clinician if concerned about your assessment 2.Infections, pain, alcohol, drugs, some care practices, relationship or environmental factors, lack of corroborative history increase the risk of unexpected problems in this area	Re evaluate: 0,1 for mania Exception text: Manic phase Bipolar Disorder- A score of 0 or 1 at admission would be uncommon and re-assessment may be required.
Key other scales: Prompt Set D HoNOS65+ item 4,5, 6,7,9 Consumer self report	1	Moderate:	1 Include this when discussing assessment and initial clinical management with senior clinician 2. Does the clinical management plan include measures to reduce risk of escalation?	
	2,3,4	High	1.Assessment and clinical management should be discussed with a senior clinician as soon as possible, including exclusion of delirium. 2. There must be a clear, communicated assessment and clinical management plan for this issue	
2 Non accidental self harm	0	Low	1.Discuss with senior clinician if concerned about your assessment 2.alcohol, drugs, relationship or environmental factors, lack of corroborative history increase the risk of unexpected problems in this area	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
Key other scales: Prompt Set D Consumer self report, HoNOS65+ items 3,6,7,9	1,3	Moderate	1 Include this when discussing assessment and initial clinical management with senior clinician, 2. Is there clear observation levels and scheduled review?	
	3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Is there clear observation levels and scheduled review?	
3 Drug and alcohol	0	Re-evaluate	1. Covert problems in this area are common in this situation. 2. Have specific probe or screening questions been used?	Nil
Key other scales: Prompt Set D Consumer self report, HoNOS65+ items 1,2,4,7	1,2	Moderate	1 Include this when discussing assessment and initial clinical management with senior clinician and consider if intake may be higher than described. 2. Are withdrawal observations and/ or thiamine required?	
	3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Have withdrawal observations been communicated and thiamine considered?	
4 Cognition	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management plan 2. Use of a standard tool may assist assessment.	Re-evaluate 0/1 for dementia or developmental disability

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
Key other scales: Prompt Set D: HoNOS65+ items 3, 5, 7, 10,12 LSP	Nil	Moderate		or schizophrenia: Exception text: dementia, developmental disability and schizophrenia: A score of 0 or 1 at admission would be uncommon and re- assessment may be required. The use of a standard tool may assist assessment..
	2,3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium , depression or other reversible causes of impairment have been excluded 2. The time course of impairment and pattern of results on assessment tool should assist identification of cause and assist clinical management	
5 Physical illness/ disability	0,1	Low	1.Discuss with senior clinician if concerned about your assessment 2. Has there been communication with GP and appropriate assessment of issues particularly related to serious mental illness and their treatment?	Nil
Key other scales: Prompt Set D HoNOS65+ items 4, 10,11,12 LSP	2	Moderate	1 Include this when discussing clinical management with senior clinician 2. Has the GP been contacted and implications been considered in the clinical management plan?	
	3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Are specific action required to ensure an inpatient unit can provide appropriate supports or	

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			interventions for these issues?	
6 Hallucination/ delusions	0,1	Low	1.Discuss with senior clinician if concerned about your assessment.	Psychotic disorders 0/1 re-evaluate: Exception text: Psychotic disorders: A score of 0 or 1 at admission would be uncommon and re-assessment may be required
Key other scales: Prompt Set D HoNOS65+ items 1,2,4 Patient self report	Nil	Moderate		
	2,3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Is there an increased risk from the content/nature of the psychosis, or of missed delirium?	
7 Depression	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or the minimisation of mood symptoms that may occur on the elderly. 2. Has you specifically asked the patient about their mood or anhedonia?	mood disorders 0/1/2 re-evaluate moderate 3 high 4: Exception text: Mood Disorders: A score of 0 to 2 at admission would be uncommon and re-assessment may be required
Key other scales: Prompt Set D Patient self report HoNOS65+ items 2/4/5/9	Nil	Moderate		
	2,3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Have you ensured a comprehensive assessment regarding self harm risk has occurred?	

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
8 Other	0,1	Low	1. Discuss with senior clinician if concerned about your assessment	Nil
Key other scales: Prompt Set D Patient self report HoNOS65+ item 6,7	2,3	Moderate	1 Include this when discussing clinical management with senior clinician 2. Are you confident that your assessment has considered all factors?	
	4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Have you ensured a comprehensive assessment has occurred?	
9 Relationships	0	re-evaluate	1. Problems in this area are common in this situation, is any re-assessment required? 2. Have you obtained information from a carer or other service provider?	Nil
Key other scale: Prompt Set D HoNOS65+ item 1,2,6,7 LSP	1	Low	1. Discuss with senior clinician if concerned about your assessment. 2. Have you obtained information from a carer or other service provider?	
	2,3,4	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Will these factors require specific clinical management planning and/or early social worker involvement?	
	Nil	High		
10 ADLs	0,1	Low	1. Discuss with senior clinician if concerned about your assessment	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Is further specialised assessment of functional status or potential significant medical or mental illness contributory factors required?	
Key other scales: Prompt Set D LSP HoNOS65+ item 4,5,6,7,12	3 ,4	High	1.The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Are specific action required to ensure clinical management plans can be implemented within nursing workload capacities?	
11 Living conditions	0	Re-evaluate	1. Some problems in this area are common in this situation, is any re-assessment required? 2. Have you obtained information from a carer or other service provider?	Nil
	1	Low	1.Discuss with senior clinician if concerned about your assessment or potential risks to living conditions. 2. Has this been confirmed through corroborative sources?	
Key other scales: Prompt Set D HoNOS65+ items 5,10,12 LSP	2,3,4	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Have you commenced planning to improve this, or adapt clinical management and discharge supports to allow for this?	
	Nil	High		

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
12 Occupation and activities	0	Re-evaluate	1. Some problems in this area are common in this situation, is any re-assessment required? 2. Have you obtained information from a carer or other service provider?	Nil
	1	Low	1. Discuss with senior clinician if concerned about your assessment or potential risks to this supportive environment. 2. Have corroborative sources confirmed this rating given any disability requiring support?	
Key other scales: Prompt Set D LSP HoNOS65+ items 4,5,6,7,10	2,3,4	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2.If this a new gap between service need and availability are you clear why need has increased or services withdrawn?	
	Nil	High		
Total Score				
	10 th Centile national scores Currently 0-7	Re-evaluate	1. There are few younger people admitted to inpatient care with this score. 2. Has the assessment considered all corroborative information?	Nil
Other Key Scales- Prompt Set D LSP, RUG-ADL	10 to 25 th Centile national scores Currently 7-10	Low	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			<p>range of scores at admission and may represent a consumer with a less complex range of problems.</p> <p>2. Clarify which individual items have scores of 2 or above to assist care planning</p>	
	<p>25th to 75th Centile national scores Currently 11-20</p>	Moderate	<p>1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at admission and may represent a consumer with a moderately complex range of problems.</p> <p>2. Clarify which individual items have scores of 2 or above to assist care planning</p>	Nil
	<p>25th to 75th Centile national scores Currently >20</p>	High	<p>1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at admission and may represent a consumer with a more complex range of problems.</p> <p>2. Clarify which individual items have scores of 2 or above to assist care planning</p>	Nil

Table 49: Older persons inpatient review HoNOS65+ prompt set ^(a)

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/ aggression	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be preventing improvement?	
	3,4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be preventing improvement or exacerbating condition?	
2 Non accidental self harm	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	2	Moderate	1 Include this when discussing assessment and initial clinical management with senior clinician 2. Has an active review occurred regarding consumer or clinical management factors that may be preventing improvement?	
	3,4	High	1.Clinical management, and assessment regarding the acuity or chronicity of this risk should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be preventing improvement?	
3 Drug and alcohol	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing assessment and initial clinical management with senior clinician 2. Are these issues being specifically addressed in clinical management and discharge planning?	
	3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be preventing improvement?	
4 Cognition	0,1	Low	1.Discuss with senior clinician if concerned about	

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	
	2,3,4	Moderate	1 Include this when discussing assessment and initial clinical management with senior clinician, or immediately if this is a decline 2. Has discharge planning considered the implications of this?	
	Nil	High		
5 Physical illness/ disability	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement in hospital and after discharge?	Nil
	2,3	Moderate	1 Include this when discussing clinical management with senior clinician, or immediately if this represents a decline in function 2. Have the implications of this been considered in clinical management and discharge planning?	
	4	High	1. Clinical management should be discussed with a senior clinician as soon as possible. 2. Has an active review occurred regarding factors that may be preventing improvement or need action to assist discharge plans?	
6 Hallucination/ delusions	0,1	Low	1. Discuss with senior clinician if concerned about your assessment. or clinical management	Mood disorders Low 0

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. If this represents improvement, what actions are required to sustain improvement?	Moderate 1 High 2 Exception text: Disorders: n is recommended if these symptoms are present in the context of a mood disorder
	2	moderate	1. Include this issue when discussing assessment and initial clinical management with a senior clinician, or earlier if this represents a deterioration 2. If this represents improvement, what actions are required to sustain improvement?	
	3,4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management	
7 Depression	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing clinical management and discharge issues with senior clinician	

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	
	3,4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	
8 Other	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2,3	Moderate	1 Include this when discussing clinical management and discharge issues with senior clinician 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	
	4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
9 Relationships	0,1	Re-evaluate	1. Have you obtained information from a carer or other service provider? 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing clinical management with senior clinician 2. Is specific action required regarding these issues for effective clinical management and discharge planning	
	3,4	High	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. What specific clinical management and discharge plans have you made to improve these issues or adapt interventions to accommodate for them?	
10 ADLs	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	Nil
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician, or as soon as possible if this represents deterioration. 2. Have specific plans commenced to assist recovery in function in hospital and after discharge?	
	3 ,4	High	1. The effect upon clinical management should	

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			be discussed with a senior clinician as soon as possible 2. Have you ensured appropriate assessments have occurred and been incorporated into discharge planning?	
11 Living conditions				Nil
	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or potential risks to living conditions. 2. Has this been confirmed through corroborative sources?	
	2,3,4	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Is there an acceptable discharge location?	
	Nil	High		
12 Occupation and activities	0	Re-evaluate	1. Some problems in this area are common in this situation, is any re-assessment required? 2. Have you obtained information from a carer or other service provider?	Nil
	1	Low	1. Discuss with senior clinician if concerned about your assessment or potential risks to this supportive environment. 2. If this represents improvement, what actions are required to sustain improvement after discharge?	

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Have you commenced planning to improve supports or adapt clinical management and discharge supports to facilitate recovery despite this?	
	3	High	1.The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2. Is there a clear plan to address these issues to assist recovery and allow appropriate timely discharge?	
Total Score				
	10 th Centile national scores Currently 0-5	Re-evaluate	1. There are few consumers reviewed in inpatient care with this score. 2. Has the assessment considered all corroborative information?	Nil
Other Key Scales- Prompt Set D: LSP, RUG-ADL	10 to 25 th Centile national scores Currently 6-8	Low	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower range of scores at review and may represent a consumer with a less complex range of problems or approaching discharge 2. Clarify which individual items have scores of 2 or above to assist care planning	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	25 th to 75 th Centile national scores Currently 7-18	Moderate	<ol style="list-style-type: none"> 1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at review and may represent a consumer with a moderately complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning 	Nil
	25 th to 75 th Centile national scores Currently >18	High	<ol style="list-style-type: none"> 1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at review and may represent a consumer with a more complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning 	Nil

(a) See Table 48 for other key scales

Table 50: Older persons inpatient review HoNOS65+ change scores prompt set ^(a)

HoNOS 65+ item	HoNOS 65+ item scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/ aggression	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1.Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be causing deterioration?	
2 Non accidental self harm	2 or more	Moderate	1. This probably represents improvement, but rapid apparent improvement may be due to concealment of increased suicidal intent: discuss	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1.Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be contributing to deterioration?	
3 Drug and alcohol	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement given current environment may be a significant factor in improvement.	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has a review occurred, involving relevant parties, of recent and previous substance use and relevant interventions?	
	-2 or less	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Has a review occurred, involving relevant parties, of recent and previous substance use and relevant interventions?	
4 Cognition	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1.Clinical management should be discussed with a senior clinician as soon as possible, with	

HoNOS 65+ item	HoNOS 65+ item scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			clarification if delirium has been excluded. 2. Has an active review occurred regarding medical, other consumer, or clinical management factors that may be leading to deterioration?	
5 Physical illness/ disability	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1.Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium or other urgent medical conditions has been excluded. 2. Has an active review occurred regarding medical, other consumer, or clinical management factors that may be leading to deterioration?	
6 Hallucination/ delusions	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1.Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management contributing to deterioration?	
7 Depression	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician.	

HoNOS 65+ item	HoNOS 65+ item scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1. Clinical management and current risk status should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be contributing to deterioration or likely to hinder post discharge clinical management?	
8 Other	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	Moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1. Clinical management and risk assessment should be discussed with a senior clinician as soon as possible	

HoNOS 65+ item	HoNOS 65+ item scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	
9 Relationships	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. What specific clinical management and discharge plans have you made to improve these issues or adapt interventions to accommodate for them?	
10 ADLs	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1.Contributing factors and effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding medical, other consumer or clinical management factors that may be contributing to deterioration?	
11 Living conditions	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Has this been confirmed through corroborative sources?	Nil
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding	

HoNOS 65+ item	HoNOS 65+ item scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1. The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2. Is there a clear plan to address these issues to assist recovery and allow appropriate timely discharge?	
12 Occupation and activities	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Nil
	-1 to +1	Moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1. The effect of this issue upon clinical management should be discussed with a senior clinician as soon as possible 2. Is there a clear plan to address these issues to assist recovery and allow appropriate timely	

HoNOS 65+ item	HoNOS 65+ item scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			discharge?	
Total Score				
	>8	Low	<p>3. This is likely to represent a significant improvement during admission to date. Discuss with a senior clinician if you have any concerns regarding care or discharge care to sustain this improvement</p> <p>4. Clarify which individual items have scores of 2 or above to assist discharge planning</p>	Nil
	1-8	Moderate	<p>3. A change of score in this range represents possible mild improvement during admission to date. Include when discussing management and care planning with a senior clinician.</p> <p>4. Clarify which individual items have scores of 2 or above to assist review and care planning</p>	Nil
	<1	High	<p>3. Have you discussed this with a senior clinician? A change of score in this range represents likely deterioration or failure to improve during the admission to date.</p> <p>4. Clarify which individual items have scores of 2 or above to assist review and care planning</p>	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions

(a) See Table 48 for other key scales

Table 51: Older persons inpatient discharge HoNOS65+ prompt set ^(a)

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/ aggression	0,1	Low	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence?	Nil
	Nil	Moderate		
	2,3,4	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan to minimise ongoing risks that has been communicated to the consumer and people involved in follow up or who may be at specific risk?	
2 Non accidental self harm	0,1	Low	1. Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence?	Nil
	Nil	moderate		

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	2,3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing acute and/or chronic risks?	
3 Drug and alcohol	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or discharge plan 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence and assist recovery?	Nil
	2,3	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to continue managing these problems?	
	4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing risks?	
4 Cognition	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or discharge plan 2. Has information on cognitive status been	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			included in discharge documentation?	
	2,3,4	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Can the discharge environment and supports adequately support this level of disability and any potential for improvement?	
	Nil	High		
5 Physical illness/ disability	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, have appropriate plans been made to support sustained improvement?	Nil
	2,3	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Have appropriate post discharge supports been discussed and confirmed with the GP and consumer?	
	4	High	1.Were plans discussed with a senior clinician prior to discharge? 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to ensure there are appropriate supports for these needs?	

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
6 Hallucination/ delusions	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, have appropriate plans to maintain this been communicated to the consumer and other relevant people?	Mood disorders Low 0,1 Nil moderate High 2 Exception Text: Mood Disorders: Increased caution is recommended if these symptoms occur in the context of a mood disorder.
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to assist ongoing recovery?	
	3,4	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing risks, promote recovery and support ongoing disability?	
7 Depression	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, have	Psychosis Low 0,1 Nil moderate

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			appropriate plans to maintain this been communicated to the consumer and other relevant people?	2,3,4 Exception Text: Psychotic Disorders: Increased caution is recommended if these symptoms occur in the context of a psychotic disorder.
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Is there a clearly documented plan, informed by a pre-discharge risk assessment, that has been communicated to the consumer and other relevant people to assist ongoing recovery?	
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Has a well documented plan , informed by a pre-discharge risk assessment and recovery plan, been communicated to the consumer and other relevant people?	
8 Other	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or discharge planning	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. If this represents improvement, have appropriate plans to maintain this been communicated to the consumer and other relevant people?	
	2,3	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to assist ongoing recovery?	
	4	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing risks and support this level of disability?	
9 Relationships	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or discharge planning 2. Have those with close relationships been involved in discharge and relapse prevention planning?	Nil
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Do discharge plans include actions to accommodate for, or improve, these issues?	

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clear plans to support the consumer despite these problems that increase the risks of relapse or post discharge decline?	
10 ADLs	0,1	Low	1.Discuss with senior clinician if concerned about your discharge plans	Nil
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Were all appropriate assessments completed to inform discharge planning or is further community assessment required ?	
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? 2. Have discharge supports been confirmed that can support the assessed needs and assist any potential recovery in function ?	
11 Living conditions				
	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or potential risks to living conditions. 2. Are any follow up actions required to maintain	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			this status?	
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Do discharge plans aim to improve this or increase other supports if improvement is not possible or desired?	
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clearly documented and communicated plans to attempt support of this high risk discharge?	
12 Occupation and activities	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or potential risks to supports. 2. Are any follow up actions required to maintain this status?	Nil
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Do discharge plans aim to improve this or increase other supports?	
	3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clearly documented and	

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			communicated plans to attempt support of this high risk discharge?	
Total Score				
	10 th Centile national scores Currently 0,1	Re-evaluate	1. There are few consumers discharged from inpatient care with this score. 2. Has the assessment considered all corroborative information?	
	10 to 25 th Centile national scores Currently 2-4	Low	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower range of scores at discharge and may represent a consumer with a less complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist discharge planning	
	25 th to 75 th Centile national scores Currently 4-13	Moderate	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at discharge and may represent a consumer with a moderately complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist discharge planning	
	25 th to 75 th Centile national scores Currently >13	High	1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at discharge and may represent a consumer with a more complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist	

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			discharge planning	

(a) See Table 48 for other key scales

Table 52: Older persons inpatient discharge HoNOS65+ change scores prompt set

These prompts can be used for admission to discharge and review to discharge

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity/ aggression	2 or more	Low	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	Nil
	-1 to +1	Moderate	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	High	1. Were plans discussed with a senior clinician prior to discharge? If not strongly consider doing so now. 2. Is there a clearly documented plan to minimise ongoing risks that has been communicated to the consumer and other people involved in follow up or who may	

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			be at specific risk?	
2 Non accidental self harm	2 or more	Moderate	<p>1. This probably represents improvement, but rapid apparent improvement may be due to concealment of increased suicidal intent: discuss with senior clinician if concerned about your assessment or follow up plan</p> <p>2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?</p>	Nil
	-1 to +1	Moderate	<p>1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician.</p> <p>2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?</p>	
	-2 or less	High	<p>1. Were plans discussed with a senior clinician prior to discharge? If not strongly consider doing so now.</p> <p>2. Is there a clearly documented plan that has been confirmed and communicated to the consumer and other relevant people to minimise these ongoing significant risks?</p>	

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
3 Drug and alcohol	2 or more	Moderate	1.This represent improvement but with potential for high risk or loss of relapse post discharge: discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	Nil
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing risks?	
4 Cognition	2 or more	Low	1.Discuss with senior clinician if concerned about follow up or clinical risk management issues	Nil

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Has information on cognitive status and plans to sustain improvement and reduce future risks of recurrence been included in discharge documentation?	
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Considering this recently increasing disability, do follow up plans include appropriate interventions and people to ensure reversible factors are addressed in a timely manner (potentially urgent)?	
5 Physical illness/ disability	2 or more	Low	1.Discuss with senior clinician if concerned about your assessment 2. Has there been appropriate planning for the ongoing clinical management of physical health issues particularly related to serious mental illness and their	Nil

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			treatment?	
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Considering this recently increasing disability, do follow up plans include appropriate interventions and people to ensure reversible factors are addressed in a timely manner (potentially urgent)?	
6 Hallucination/ delusions	2 or more	Low	1.Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	Nil
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans	

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to relevant people to minimise ongoing risks and support this level of disability, and promote recovery?	
7 Depression	2 or more	Low	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	Nil
	-1 to +1	Moderate	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	-2 or less	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to ensure safety and promote recovery?	
8 Other	2 or more	Low	1.Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	Nil
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise	

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			ongoing risks and promote improvement?	
9 Relationships	2 or more	Low	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Have those with close relationships been involved in discharge and relapse prevention planning?	Nil
	-1 to +1	Moderate	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clear plans to support the consumer despite these problems that increase the risks of relapse or post discharge decline?	
10 ADLs	2 or more	Low	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues	Nil

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Is there a communicated plan to sustain improvement and reduce future risks of deterioration?	
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	High	1.Were plans and cause of deterioration discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Have discharge supports been confirmed that can appropriately support this level of disability and promote recovery in function in a timely manner ?	
11 Living conditions	2 or more	Low	1.Discuss with senior clinician if concerned about your assessment or potential risks to living conditions. 2. Are any follow up actions required to maintain this status?	Nil
	-1 to +1	Moderate	1.This suggests little or minor change. If	

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			<p>this has been a focus of care, include this issue when discussing discharge plans with a senior clinician.</p> <p>2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?</p>	
	-2 or less	High	<p>1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now.</p> <p>2. Are there clearly documented and communicated plans to attempt support of this high risk discharge?</p>	
12 Occupation and activities	2 or more	Low	<p>1. Discuss with senior clinician if concerned about your assessment or potential risks to supports.</p> <p>2. Are any follow up actions required to maintain this status?</p>	Nil
	-1 to +1	Moderate	<p>1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician.</p> <p>2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?</p>	

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	-2 or less	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clearly documented and communicated plans to attempt support of this high risk discharge?	
Total Scores				
	>8	Low	1. This is likely to represent a significant improvement during ambulatory care. Discuss with a senior clinician if you have any concerns regarding planning post discharge care to sustain this improvement 2. Clarify which individual items have scores of 2 or above to assist discharge planning	Nil
	1-8	Moderate	1. A change of score in this range represents possible mild improvement during ambulatory care. Include when discussing discharge planning with a senior clinician. 2. Clarify which individual items have scores of 2 or above to assist discharge planning	Nil

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	<1	High	<ol style="list-style-type: none"> 1. Have you discussed this with a senior clinician? A change of score in this range represents likely deterioration or failure to improve during ambulatory care. 2. Clarify which individual items have scores of 2 or above to assist review and discharge planning 	Nil

4.3.2 Resource Utilisation Groups – Activities of Daily Living (RUG-ADL) prompt set

Table 53: Older persons inpatient review RUG-ADL prompt set

Inpatient / community residential prompt set	Linked to
Prompt Set C - Alert	At an individual item level; same both settings, Individual item scores 1= low 2 and above = moderate risk Total scores 4= low 5= moderate
Prompt Set D – other relevant scales/ scale items	Nil
Prompt E related to nursing care plan and resources	Same all items and diagnoses 'low'= 'Have you conducted a full assessment?' 'moderate'= 'Has this been addressed in the nursing care plan?' AND 'Are there appropriate resources in place to enact the care plan?'
CHANGE SCORE PROMPTS	
Prompt Set C - Alert	At an individual item level; same both settings, Individual and total item scores <0 = low 0= moderate risk >0 = high
Prompt E related to nursing care plan and resources	Same all items and diagnoses

Inpatient / community residential prompt set	Linked to
	<p>'low' = 'Do care plans require review to continue or sustain improvement?'</p> <p>'moderate' = 'If improvement was a goal, does the nursing care plan require review?' AND</p> <p>' Are there appropriate resources in place to enact the care plan?'</p> <p>'high' = The consumer and care plan should be reviewed to identify issues that may contribute to declining function and to support current functional needs.</p>
Prompt Set F	Nil
Prompt Set G	Nil
Prompt Set H	Nil

4.4 Ambulatory and residential clinical setting

4.4.1 HoNOS65+ prompt sets

Table 54: Older persons ambulatory and community residential HoNOS65+ care planning issues - Prompt Set G

HoNOS 65+ item	Admission	Review	Discharge	Exceptions
HoNOS65+ item 1 overactivity/ aggression	<ol style="list-style-type: none"> 1. Document and communicate a prevention and de-escalation plan consistent with local policy. 2. Ensure home visit plans consider this potential risk 3. Ensure clear plan documented in case of behavioural emergencies 	<ol style="list-style-type: none"> 1. Review prevention and de-escalation plans, consistent with local policy. 2. Ensure home visit plans consider this potential risk 3. Review and document plan in case of behavioural emergencies 	<ol style="list-style-type: none"> 1. Communicate, with consent, to appropriate individuals, relevant prevention and de-escalation strategies 2. Ensure appropriate communication and other actions occur if known individuals may be at risk. 	Nil
HoNOS65+ 65+ item 2 non accidental self harm	<ol style="list-style-type: none"> 1. Ensure any physical health consequences of self harm are safely managed 2. Always offer necessary physical treatments even if the person doesn't want psychosocial or psychiatric assessment. 3. Exhibit high caution in assessment if still active 	<ol style="list-style-type: none"> 1. .Include in the assessment: <ul style="list-style-type: none"> • social, psychological and motivational factors specific to the act of self-harm • current intent • hopelessness • mental health and social needs 	<ol style="list-style-type: none"> 1. Ensure follow up meets local policy requirements 2. Are follow up arrangements be based upon a combined assessment of needs and risk, not just current presence of mental illness or reduced acute risk? 3. If there is a history of repeated self harm, is there 	Nil

HoNOS 65+ item	Admission	Review	Discharge	Exceptions
	<p>effects of drugs or alcohol</p> <ol style="list-style-type: none"> 4. Include in the assessment: 5. social, psychological and motivational factors specific to the act of self-harm 6. current intent 7. hopelessness 8. mental health and social needs assessment 9. Consider dialectical behaviour therapy, or other specific programs, for people with borderline personality disorder 10. Increased caution required in the young and elderly 	<p>assessment</p> <ol style="list-style-type: none"> 2. Consider dialectical behaviour therapy, or other specific programs, for people with borderline personality disorder 3. Increased caution required in the young and elderly 	<p>a clearly documented, communicated, plan to reduce the likelihood of, and risks associated with, future episodes?</p>	
HoNOS 65+ item 3 drug and alcohol	<ol style="list-style-type: none"> 1. Brief specific interventions may assist 2. Consider benefits of involvement of specialist D&A services 3. Specific interventions may be required for intoxication or withdrawal 4. Consider the implications of any cognitive impairment 	<ol style="list-style-type: none"> 1. Specific interventions may be required for intoxication or withdrawal 2. Brief specific interventions may assist 3. Consider coordinated specialist D&A service involvement 4. Consider the implications of any cognitive impairment 	<ol style="list-style-type: none"> 1. Discharge planning may need specific coordinated follow up for these issues 2. Consider the implications of any cognitive impairment 	Nil
HoNOS 65+ item 4 cognition	<ol style="list-style-type: none"> 1. Identification of cause is essential (mental illness, organic illness, and congenital factors must all 	<ol style="list-style-type: none"> 1. Ensure appropriate investigations have been conducted 2. involve GP or other 	<ol style="list-style-type: none"> 1. Ensure requirements for any ongoing specialist interventions (including medications) been 	Nil

HoNOS 65+ item	Admission	Review	Discharge	Exceptions
	<p>be considered)</p> <ol style="list-style-type: none"> 2. Ensure appropriate investigations have been conducted 3. documentation of baseline functioning with a standard instrument 4. involve GP or other physician if concerned about physical illness 5. consider how this will impact upon daily functioning, ability to comply with interventions, and support needs. 6. Specialist assessment may be required 	<ol style="list-style-type: none"> 3. physician if concerned about physical illness consider how this will impact upon daily functioning, ability to comply with interventions, and support needs. 4. Specialist assessment may be required 5. Specialist interventions may be required 		
HoNOS 65+ item 5 physical illness/ disability	<ol style="list-style-type: none"> 1. Ensure appropriate investigations have been conducted 2. involve GP or other physician if concerned about physical illness 3. consider how this will impact upon daily functioning, ability to comply with interventions, and support needs within hospital 4. Has there been appropriate assessment of issues particularly related to serious 	<ol style="list-style-type: none"> 1. Ensure appropriate investigations have been conducted 2. involve GP or other physician if concerned about physical illness 3. consider how this will impact upon daily functioning, ability to comply with interventions, and support needs. 4. Has there been appropriate assessment of issues particularly related to 	<ol style="list-style-type: none"> 1. Ensure requirements for any ongoing specialist interventions (including medications) communicated to consumer and professionals 2. consider how this will impact upon daily functioning, ability to comply with interventions, and support needs. 	Nil

HoNOS 65+ item	Admission	Review	Discharge	Exceptions
	<p>mental illness and their treatment?</p> <p>5. Significant impairment may require specific support services</p> <p>6. Specialist assessment may be required</p>	<p>serious mental illness and their treatment?</p> <p>5. Specialist assessment may be required</p> <p>6. Specialist interventions may be required</p>		
HoNOS 65+ item 6 hallucination/delusions	<p>1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also mood symptoms present</p> <p>2. Consider if delirium or other organic illness may be present</p> <p>3. Ensure appropriate investigations have been conducted</p> <p>4. Specialist interventions may be required during early phase of psychotic illnesses</p> <p>5. Clarify adequacy of dose and duration of past treatments</p>	<p>1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also mood symptoms present</p> <p>2. Ensure the possibility of delirium or other organic illness been considered</p> <p>3. Ensure appropriate investigations have been conducted.</p> <p>4. Clarify adequacy of dose and duration of past treatments</p> <p>5. consider both pharmacological and non-pharmacological interventions</p> <p>6. Specialist interventions may be required during early phase of psychotic illnesses</p>	<p>1. Increased caution in risk assessment is required for first presentations with these problems, or if there are also mood symptoms present</p> <p>2. Ensure requirements for any ongoing specialist interventions (including medications) been communicated to the consumer and professionals.</p> <p>3. Ensure plans consider how this will impact upon daily functioning, ability to comply with interventions, and support needs?</p>	Nil

HoNOS 65+ item	Admission	Review	Discharge	Exceptions
HoNOS 65+ item 7 depression	<ol style="list-style-type: none"> 1. Consider if delirium or other organic illness may be present 2. Ensure appropriate investigations have been conducted 3. Clarify adequacy of dose and duration of past treatments 4. consider both pharmacological and non-pharmacological interventions 5. structured problem solving 	<ol style="list-style-type: none"> 1. Consider if delirium or other organic illness may be present 2. Ensure appropriate investigations have been conducted 3. Clarify adequacy of dose and duration of past treatments 4. consider both pharmacological and non-pharmacological interventions 5. Consider need for social worker interventions 6. Structured problem solving 7. Consider assessment for ECT if treatment resistant, more severe illness or severe safety issues, or other specific indications 	<ol style="list-style-type: none"> 1. Ensure clearly discussed and documented plans to maintenance therapy for adequate period 	Nil
HoNOS 65+ item 8 Other	Nil	Nil	Nil	Nil
HoNOS 65+ item 9 relationships	<ol style="list-style-type: none"> 1. Consider if problems may be precipitants or consequences of mental health problems; or both. 2. Consider need for specialist assessment and/or interventions 	<ol style="list-style-type: none"> 1. Consider if problems may be precipitants or consequences of mental health problems; or both. 2. Consider need for specialist assessment and/or interventions 	<ol style="list-style-type: none"> 1. Ensure follow up plans consistent with functioning in this domain 	Nil

HoNOS 65+ item	Admission	Review	Discharge	Exceptions
	3. Consider impact on treatment and follow up plans	3. Consider impact on treatment and follow up plans		
HoNOS 65+ item 10 ADLs	1. Ensure appropriate investigations have been conducted 2. Ensure appropriate frequency of physical observations 3. involve GP or other physician if concerned about physical illness 4. consider how this will impact upon daily functioning, ability to comply with interventions, and support needs within hospital 5. Has there been appropriate assessment of issues particularly related to serious mental illness and their treatment? 6. Significant impairment may require specific nursing or environmental adaptation 7. Specialist assessments (eg Occupational therapy) may be required	1. Ensure appropriate investigations have been conducted 2. Ensure appropriate frequency of physical observations 3. involve GP or other physician if concerned about physical illness 4. consider how this will impact upon daily functioning, ability to comply with interventions, and support needs. 5. Has there been appropriate assessment of issues particularly related to serious mental illness and their treatment? 6. Specialist assessments (eg Occupational therapy) may be required 7. Specialist interventions may be required	1. Ensure requirements for any ongoing specialist interventions (including medications) communicated to consumer and professionals 2. consider how this will impact upon daily functioning, ability to comply with interventions, and support needs.	Nil
HoNOS 65+ item 11 Living conditions	1. Consider if problems may be precipitants or	1. Consider if problems may be precipitants or	1. Ensure follow up plans consistent with functioning in	Nil

HoNOS 65+ item	Admission	Review	Discharge	Exceptions
	<p>consequences of mental health problems; or both.</p> <p>2. Consider need for specialist assessment and/or interventions</p> <p>3. Consider impact on ability to implement effective or safe management in the current environment</p> <p>4. Consider impact on treatment and discharge planning</p>	<p>consequences of mental health problems; or both.</p> <p>2. Consider need for specialist assessment and/or interventions</p> <p>3. Consider impact on treatment and discharge</p> <p>4. Consider impact on ability to implement effective or safe management in the current environment</p>	<p>this domain</p>	
HoNOS 65+ item 12 Occupation and activities	<p>1. Consider if problems may be precipitants or consequences of mental health problems; or both.</p> <p>2. Consider impact on ability to implement effective or safe management in the current environment</p> <p>3.</p> <p>4. Consider need for specialist assessment and/or interventions</p> <p>5. Consider impact on treatment and discharge planning</p>	<p>1. Consider if problems may be precipitants or consequences of mental health problems; or both.</p> <p>2. Consider need for specialist assessment and/or interventions.</p> <p>3. Consider impact on ability to implement effective or safe management in the current environment</p> <p>4.</p> <p>5. Involve partner agencies in a co-ordinated manner</p> <p>6. Consider impact on treatment and discharge</p>	<p>1. Ensure follow up plans consistent with functioning in this domain and co-ordinated with any partner agencies</p>	<p>Nil</p>
Total Score	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>

Table 55: Older persons ambulatory and community residential admission HoNOS65+ prompt set

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity / aggression	0,1	Low	1. Discuss with senior clinician if concerned about your assessment 2. Infections, pain, alcohol, drugs, some care practices, relationship or environmental factors, lack of corroborative history increase the risk of unexpected problems in this area	Organic Low 0,1 Moderate 2 (Prompts: 1 Include this when discussing assessment and initial clinical management with senior clinician 2 Has an initial clinical management plan been provided or is a more detailed behavioural assessment required?) High 3 Exception text Nil
Key other scales: Prompt Set D HoNOS 65+ item 4,5,6,7,9	Nil	Moderate		
	2,3,4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Is there a documented, communicated plan with adequate coordinated supports to manage this risk out of hospital?	
2 Non accidental self harm	0	Low	1. Discuss with senior clinician if concerned about your assessment 2. alcohol, drugs, relationship or environmental factors, lack of corroborative history increase the risk of unexpected problems in this area	Nil
Key other scales: Prompt Set D Consumer self report, HoNOS 65+ items 3,6,7,9	1	Moderate	1 Ensure risk assessment has included assessment of ideation and this is discussed during assessment and initial	

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			clinical management discussion with senior clinician 2. Is there a plan for scheduled review and accessing urgent review if risks increase?	
	2,3,4	High	1. Assessment of risk (including ideation; acuity vs chronicity) and clinical management should be discussed with a senior clinician as soon as possible 2. Is there a documented, communicated plan with adequate coordinated supports to manage this risk out of hospital?	
3 Drug and alcohol	0	re-evaluate	1. Covert problems in this area are common in this situation. 2. Have specific probe or screening questions been used?	Nil
Key other scales: Prompt Set D Consumer self report, HoNOS 65+ items 1,2,6,7	1,2	moderate	1 Include this when discussing assessment and initial clinical management with senior clinician 2. Has there been clear assessment of quantities of substances consumed?	
	3	high	1. Clinical management and implications for managing other conditions should be discussed with a senior clinician as soon as possible 2. Do clinical management plans specifically address these issues?	

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
4 Cognition	0,1	Low	1. Discuss with senior clinician if concerned about your assessment, or earlier if any recent decline. 2. Has any baseline documentation of cognition with a standardised tool been made?	organic disorders re-evaluate 0,1 1. Problems in this area are common in this situation, is any re-assessment required? 2. Has any baseline documentation of cognition with a standardised tool been made? moderate 2,3,4 1 Include this when discussing assessment and initial clinical management with senior clinician, or earlier if an increasing problem. 2. Are further actions required to assess the cause and impact of this disability, and ensure adequate supports are available for safe clinical management?
Key other scales: Prompt Set D: HoNOS 65+ items 3, 5, 7, 10,12 LSP	Nil	Moderate		
	2,3,4	High	1. Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium depression, or other reversible causes of impairment have been excluded 2. Are further actions required to assess the cause and impact of this disability, and ensure adequate supports are available for safe clinical management ?	

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
				Exception Text: Dementia: The urgency of seeking supervision for cognitive impairment in dementia is dependant on the nature of any recent changes in cognition, or other complicating factors
5 Physical illness/ disability	0,1	Low	1. Discuss with senior clinician if concerned about your assessment 2. Has there been appropriate assessment of issues particularly related to serious mental illness and their treatment?	Nil
	2	Moderate	1 Include this when discussing assessment and initial clinical management with senior clinician 2. Have you ensured (such as via GP) all relevant background information has been obtained, this is not an acute change, and adequate supports exist?	
Key other scales: Prompt Set D LSP HoNOS 65+ item 4, 10, 11, 12	3,4	High	1. Unless this is a well understood, established problem, clinical management should be discussed with a senior clinician as soon as possible 2. Have you ensured (such as via GP) all relevant background information has been obtained, this is not an acute change, and adequate supports exist?	

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
6 Hallucination/ delusions	0,1	Low	1. Discuss with senior clinician if concerned about your assessment.	Psychotic disorders re-evaluate 0/1 High 2 0/1 re-evaluate: Problems in this area are common in this situation, is any re-assessment required? Exception text:
	Nil	Moderate		
	2,3,4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Is there an increased risk from the content/nature of the psychosis or missed delirium?	
7 Depression	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or the minimisation of mood symptoms that can occur in the elderly . 2. Has you specifically asked the patient about their mood or anhedonia?	0/1 re-evaluate for mood disorders: Problems in this area are common in this situation, as in minimisation of symptoms: is any re-assessment required? Moderate 2 1 Include this when discussing clinical management with senior clinician 2. Are you confident that your assessment has considered all factors? High 4
Key other scales: Prompt Set D Patient self report HoNOS 65+ items 2/3/6/10	Nil	Moderate		
	2,3,4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Have you ensured a comprehensive assessment regarding self harm risk has occurred?	

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
				1. Clinical management should be discussed with a senior clinician as soon as possible 2. Have you ensured a comprehensive assessment regarding self harm risk has occurred?
8 Other	0,1	Low	1. Discuss with senior clinician if concerned about your assessment	Nil
	2,3	Moderate	1 Include this when discussing clinical management with senior clinician 2. Are you confident that your assessment has considered all factors?	
	4,	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Have you ensured a comprehensive assessment has occurred?	
9 Relationships	0	Re-evaluate	1. Problems in this area are not infrequent in this situation, is any re-assessment required? 2. Have you obtained information from a carer or other service provider?	Nil
	1	Low	1. Discuss with senior clinician if concerned about your assessment 2. Have you obtained information from a carer or other service provider?	

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
Key other scale HoNOS 65+ item 1,2,6,7 LSP	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Do you feel confident you understand how this relates to your assessment of any mental health issues and the ability to safely clinical management in the community?	
	3,4	High	1.The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. How will this impact on the ability to safely manage issues in the community?	
10 ADLs	0,1	Low	1.Discuss with senior clinician if concerned about your assessment	Nil
	2,3,4	Moderate	1 Include this when discussing assessment and clinical management with senior clinician, or as soon as possible if this represents a recent deterioration. 2. Are there adequate supports in place for current safety and timely exclusion of significant medical or mental illness factors?	
Key other scales: Prompt Set D LSP HoNOS 65+ item 4,5,6,7,12	Nil	High		
11 Living conditions		Low 0,1	1.Discuss with senior clinician if concerned about your assessment or potential risks to living conditions.	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Has this been confirmed through corroborative sources?	
Key other guidelines TBA	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Have you commenced planning to improve or adapt clinical management and supports to allow for this?	
Key other scales: Prompt Set D HoNOS 65+ items 5,10,12 LSP	3,4	High	1.If there are any concerns regarding the consumer's mental health, the effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Is there a clear plan to address these issues in a manner and time-frame consistent with consumer safety and recovery?	
12 Occupation and activities	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or potential risks to this supportive environment. 2. Have corroborative sources confirmed this rating given any disability requiring support?	Nil
	2,3,4	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2.If this a new gap between service need and availability are you clear why need has	

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			increased or services withdrawn?	
Key other scales: Prompt Set D LSP HoNOS 65+ items 4,5,6,7,10	Nil	High		
Total Score				
	10 th Centile national scores Currently 0-5	Re-evaluate	1. There are few consumers admitted to ambulatory care with this score. 2. Has the assessment considered all corroborative information?	Nil
Key Other Scales K10, LSP	10 to 25 th Centile national scores Currently 6-8	Low	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower range of scores at admission to ambulatory and may represent a consumer with a less complex range of problems or who may require only short term intervention 2. Clarify which individual items have scores of 2 or above to assist care planning	Nil
	25 th to 75 th Centile national scores Currently 9-17	Moderate	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at admission to ambulatory care and may represent a	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Admission Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			<p>consumer with a moderately complex range of problems.</p> <p>2. Clarify which individual items have scores of 2 or above to assist care planning</p>	
	<p>25th to 75th Centile national scores Currently >17</p>	High	<p>1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at admission to ambulatory care and may represent a consumer with a more complex range of problems.</p> <p>2. Clarify which individual items have scores of 2 or above to assist care planning</p>	Nil

Table 56: Older persons ambulatory and community residential review HoNOS65+ prompt set ^(a)

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity / aggression	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or clinical management plan 2. If this represents improvement, what actions are required to sustain improvement?	
	Nil	Moderate		
	2,3,4	High	1. Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be preventing improvement?	
2 Non accidental self harm	0	Low	1. Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions are required to sustain improvement?	
	1	Moderate	1 Ensure risk assessment has included assessment of ideation and acuity vs chronicity of risk; and this is discussed	

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			during case discussion with senior clinician 2. Is there a plan for scheduled review and accessing urgent review if risks increase?	
	2,3,4	High	1.Clinical management, assessment (including ideation; acuity vs chronicity) and lack of progress should be discussed with a senior clinician as soon as possible 2. Is there a documented, communicated plan with coordinated supports to manage this risk out of hospital? of hospital?	
3 Drug and alcohol	0	Re-evaluate	1. Covert problems in this area are common in this situation. 2. Have specific probe or screening questions been used?	
	1,2	Moderate	1 Include this when discussing assessment and initial clinical management with senior clinician, or earlier if an emerging problem. 2. Do clinical management plans specifically address these issues?	
	3	High	1.Clinical management and implications of lack of progress should be discussed with a senior clinician as soon as possible 2. Is a review involving relevant parties required of recent and previous substance use and relevant interventions?	
4 Cognition	0,1	Low	1.Discuss with senior clinician if concerned about your assessment, or earlier if any recent decline.	organic disorders re-evaluate 0/1 1. Problems in this area

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Has any baseline documentation of cognition with a standardised tool been made?	<p>are common in this situation, is any re-assessment required?</p> <p>2. If this represents improvement, what actions are required to maintain this?</p> <p>moderate 2</p> <p>1. Include this when discussing assessment and initial clinical management with senior clinician, or as soon as possible if this is a deterioration.</p> <p>2. If this represents improvement, what actions are required to maintain this?</p> <p>high Nil</p>
	2,3,4	Moderate	<p>1. Include this when discussing assessment and initial clinical management with senior clinician, or as soon as possible if this is a deterioration.</p> <p>2. Have clinical management plans included consideration of the impact of this disability,</p>	

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			and ensured adequate supports are available to manage this and assist overall recovery?	
	Nil	High		
5 Physical illness/ disability	0,1	Low	1. Discuss with senior clinician if concerned about your assessment 2. Has there been appropriate assessment and clinical management of physical health issues particularly related to serious mental illness and their treatment?	
	2	Moderate	1 Include this when discussing assessment and initial clinical management with senior clinician, or as soon as possible if this is an emerging problem 2. Has there been appropriate assessment and clinical management of physical health issues particularly related to serious mental illness and their treatment?	
	3,4	high	1. Unless this is a well understood, established problem, clinical management should be discussed with a senior clinician as soon as possible 2. Have you ensured (such as via GP) that this is not an acute change, and adequate supports exist?	

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
6 Hallucination/ delusions	0,1	Low	<p>1. Discuss with senior clinician if concerned about your assessment. or clinical management</p> <p>2. If this represents improvement, what actions are required to sustain improvement?</p>	<p>Mood disorders Low 0 1. Discuss with senior clinician if concerned about your assessment. Moderate 1 1 Include this when discussing assessment and initial clinical management with senior clinician, or as soon as possible if this is an emerging problem 2. If this represents improvement, what actions are required to sustain improvement?. High 2 1. Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management?</p>
	Nil	moderate		

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	2,3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management	
7 Depression	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	Mood disorders Low 0 Moderate 2 1 Include this when discussing clinical management and discharge issues with senior clinician, or as soon as possible if an increasing problem 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or involvement of other services? High 3 1.Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
				occurred regarding consumer or clinical management factors that may be hindering improvement?
	Nil	Moderate		
	2,3,4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
8 Other	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or clinical management 2. If this represents improvement, what actions are required to sustain improvement?	
	2,3	Moderate	1 Include this when discussing clinical management and discharge issues with senior clinician 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or involvement of other services?	
	4	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding	

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			consumer or clinical management factors that may be hindering improvement?	
9 Relationships	0	Reevaluate	1. Problems in this area are not infrequent in this situation, is any re-assessment required? 2. Have you obtained information from a carer or other service provider?	
	1	Low	1. Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions with the consumer or carer are required to sustain improvement?	
	2	Moderate	1 Include this when discussing clinical management with senior clinician 2. Is specific action required regarding these issues for effective clinical management and/or carer support?	
	3,4	High	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. What carer support or relationship interventions have been made to improve these issues or adapt interventions to accommodate for them?	
10 ADLs	0,1	Low	1. Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what	

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			actions are required to sustain improvement?	
	2,3,4	Moderate	1 Include this when discussing assessment and clinical management with senior clinician, or as soon as possible if this represents a deterioration 2. Are there adequate supports in place for safety and recovery given these issues?	
	Nil	High		
11 Living conditions	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or potential risks to living conditions. 2. Has this been confirmed through corroborative sources?	
	2	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Have you commenced planning to improve this or adapt clinical management and supports to facilitate recovery despite this?	
	3,4	High	1. The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2. Is there a clear plan involving the consumer and partner agencies to address	

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			these issues to assist recovery and maintain safety?	
12 Occupation and activities	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or potential risks to this supportive environment. 2. If this represents improvement, what actions are required to sustain improvement after discharge?	
	2,3	Moderate	1 Include this when discussing assessment and clinical management with senior clinician. 2. Have you commenced planning with the consumer and partner agencies to improve supports or adapt clinical management and supports to facilitate recovery despite this?	
	4	High	1. The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2. Is there a clear plan to address these issues to assist recovery and allow appropriate timely discharge?	
Total Score				
	10 th Centile national scores Currently 0-3	Re-evaluate	1. There are few consumers reviewed in inpatient care with this score. 2. Has the assessment considered all	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			corroborative information?	
	10 to 25 th Centile national scores Currently 4-5	Low	<ol style="list-style-type: none"> 1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower range of scores at review and may represent a consumer with a less complex range of problems or approaching discharge 2. Clarify which individual items have scores of 2 or above to assist care planning 	Nil
Key other scales: Prompt Set D:K10, LSP	25 th to 75 th Centile national scores Currently 6-14	Moderate	<ol style="list-style-type: none"> 1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at review and may represent a consumer with a moderately complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning 	Nil
	25 th to 75 th Centile national scores Currently >14	High	<ol style="list-style-type: none"> 1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at review and may represent a consumer with a more 	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Review Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist care planning	

(a) See Table 55 for other key scales

Table 57: Older persons ambulatory and community residential review HoNOS65+ change scores prompt set ^(a)

HoNOS 65+ item	HoNOS 65+ item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity / aggression	2 or more	Low	<p>1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan</p> <p>2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.</p>	
	-1 to +1	Moderate	<p>1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician.</p> <p>2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?</p>	
	-2 or less	High	<p>1.Clinical management and risk assessment should be discussed with a senior clinician as soon as possible</p> <p>2. Has an active review occurred regarding consumer or clinical management factors that may be causing deterioration?</p>	
2 Non accidental self harm	2 or more	Moderate	<p>1. This probably represents improvement, but rapid apparent improvement may be due to concealment of increased suicidal intent:</p>	

HoNOS 65+ item	HoNOS 65+ item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			<p>discuss with senior clinician if concerned about your assessment or clinical management plan</p> <p>2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.</p>	
	-1 to +1	Moderate	<p>1.This suggests little or minor change. If this has been a focus of care, include when discussing management and risk assessment with a senior clinician.</p> <p>2. If this represents an active issue, is there a plan for scheduled review and accessing urgent review if risks increase?</p>	
	-2 or less	High	<p>1.Clinical management and risk assessment should be discussed with a senior clinician as soon as possible</p> <p>2. Has an active review occurred regarding consumer or clinical management factors that may be contributing to deterioration; and the ability to continue community management?</p>	
3 Drug and alcohol	2 or more	Low	<p>1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan</p> <p>2. Consider what is likely to have resulted in improvement and actions required to sustain</p>	

HoNOS 65+ item	HoNOS 65+ item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			improvement.	
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has a review occurred, involving relevant parties, of recent and previous substance use and relevant interventions?	
	-2 or less	High	1.Clinical management should be discussed with a senior clinician as soon as possible 2. Has a review occurred, involving relevant parties, of recent and previous substance use and relevant interventions?	
4 Cognition	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding	

HoNOS 65+ item	HoNOS 65+ item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1. Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium has been excluded. 2. Has an active review occurred regarding medical, other consumer, or clinical management factors that may be leading to deterioration?	
5 Physical illness/ disability	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	
	-1 to +1	Moderate	1. This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1. Clinical management should be discussed with a senior clinician as soon as possible, with clarification if delirium or other urgent	

HoNOS 65+ item	HoNOS 65+ item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			medical conditions has been excluded. 2. Has an active review occurred regarding medical, other consumer, or clinical management factors that may be leading to deterioration?	
6 Hallucination/ delusions	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	Psychosis: Re-evaluate 0/1 Problems in this area are common in this situation, is any re-assessment required? moderate 2
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	High 4
	-2 or less	High	1.Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management contributing to deterioration?	
7 Depression	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned	

HoNOS 65+ item	HoNOS 65+ item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1.Clinical management and current risk status should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be contributing to deterioration or likely to hinder post discharge clinical management?	
8 Other	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	

HoNOS 65+ item	HoNOS 65+ item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1.Clinical management and risk assessment should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement or post discharge clinical management?	
9 Relationships				
	2 or more	Low	1.Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions are required to sustain improvement?	
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors	

HoNOS 65+ item	HoNOS 65+ item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			that may be hindering improvement?	
	-2 or less	High	1. The effect upon clinical management should be discussed with a senior clinician as soon as possible 2. What carer support or relationship interventions have been made to improve these issues or adapt interventions to accommodate for them?	
10 ADLs	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in improvement and actions required to sustain improvement.	
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1.Contributing factors and effect upon clinical management should be discussed with a senior clinician as soon as possible 2. Has an active review occurred regarding medical, other consumer or clinical	

HoNOS 65+ item	HoNOS 65+ item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			management factors that may be contributing to deterioration?	
11 Living conditions	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Has this been confirmed through corroborative sources?	
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1.The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2. Is there a clear plan involving the consumer and partner agencies to address these issues to assist recovery and maintain safety?	
12 Occupation and activities Prompt re have	2 or more	Low	1. This represents improvement; may discuss with senior clinician if concerned about your assessment or clinical management plan 2. Consider what is likely to have resulted in	

HoNOS 65+ item	HoNOS 65+ item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			improvement and actions required to sustain improvement.	
	-1 to +1	Moderate	1.This suggests little or minor change. If this has been a focus of care, include when discussing management with a senior clinician. 2. Has an active review occurred regarding consumer or clinical management factors that may be hindering improvement?	
	-2 or less	High	1.The effect upon clinical management and discharge should be discussed with a senior clinician as soon as possible 2. Is there a clear plan to address these issues to assist recovery and allow appropriate timely discharge?	
Total Score				
	>8	Low	1. This is likely to represent a significant improvement during ambulatory care to date. Discuss with a senior clinician if you have any concerns regarding care or discharge care to sustain this improvement 2. Clarify which individual items have scores of 2 or above to assist care and/or discharge planning	Nil

HoNOS 65+ item	HoNOS 65+ item change scores	Review change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	1-8	Moderate	<ol style="list-style-type: none"> 1. A change of score in this range represents possible mild improvement during ambulatory care to date. Include when discussing management and care planning with a senior clinician. 2. Clarify which individual items have scores of 2 or above to assist review and care planning 	Nil
	<1	High	<ol style="list-style-type: none"> 1. Have you discussed this with a senior clinician? A change of score in this range represents likely deterioration or failure to improve during ambulatory care to date. 2. Clarify which individual items have scores of 2 or above to assist review and care planning 	Nil

(a) See Table 55 for other key scales

Table 58: Older persons ambulatory and community residential discharge HoNOS65+ prompt set ^(a)

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity / aggression	0,1	Low	1. Discuss with senior clinician if concerned about appropriate follow up or clinical risk management issues 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence following discharge from community care	Nil
	Nil	Moderate		
	2,3,4	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan to minimise ongoing risks that has been communicated to the consumer and other people	

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			involved in follow up or who may be at specific risk?	
2 Non accidental self harm	0	Low	1. Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence following discharge from community care	Nil
	1	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Is there a plan for review and/or re-accessing service if risks increase?	
	2,3,4	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to people	

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			involved in follow up to minimise ongoing acute and/or chronic risks?	
3 Drug and alcohol	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or discharge plan 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence and assist recovery?	Nil
	2	moderate	1 Include this when discussing discharge issues with senior clinician 2. If this represents improvement, is there a communicated plan to reduce risk of recurrence and assist recovery?	
	3,4	high	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clearly documented and communicated plans, involving the consumer and other relevant agencies, to	

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			attempt minimise the ongoing risks associated with these problems?	
4 Cognition	0,1	Low	<p>1. Discuss with senior clinician if concerned about your assessment or discharge plan</p> <p>2. Has information on cognitive status been included in discharge documentation?</p>	<p>organic disorders re-evaluate 0,1</p> <p>1. Problems in this area are common in this situation, is any re-assessment required?</p> <p>2. If this represents improvement, do discharge plans support this, including assisting access to cholinesterase prescriptions if required?</p> <p>moderate 2</p> <p>1 Include this when discussing discharge issues with senior clinician</p> <p>2. Considering this disability, do follow up plans appropriately support the consumer, including assisting access to cholinesterase prescriptions if required?</p> <p>high Nil</p> <p>Exception general text: If the consumer has dementia, its stage and the longitudinal history of these problems are important to consider in</p>

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
				decisions regarding seeking supervision
	2,3,4	moderate	1 Include this when discussing discharge issues with senior clinician 2. Considering this disability, do follow up plans appropriately support the consumer to maintain or improve their function?	
	Nil	high		
5 Physical illness/ disability	0,1	Low	1.Discuss with senior clinician if concerned about your assessment 2. Has there been appropriate planning for the ongoing clinical management of physical health issues particularly related to serious mental illness and their treatment?	Nil
	2,3,4	moderate	1 Include this when discussing discharge issues with senior clinician 2. Has there been appropriate	

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			planning for the ongoing clinical management of physical health issues particularly related to serious mental illness and their treatment?	
	Nil	high		
6 Hallucination/ delusions	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, have appropriate plans to maintain this been communicated to relevant people?	Mood disorders Low 0, Moderate 1, High 2,3,4 Exception text: Mood Disorders: Increased caution is recommended if these symptoms occur in the context of a mood disorder
	Nil	Moderate		
	2,3,4	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing	

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			risks and support this level of disability, and assist ongoing recovery?	
7 Depression	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, have appropriate plans to maintain this been communicated to the consumer and other	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			relevant people?	
	Nil	Moderate		
	2,3,4	High	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Has a well documented plan , informed by a pre-discharge risk assessment and recovery plan, been communicated to the consumer and other relevant people?	
8 Other	0,1	Low	1.Discuss with senior clinician if concerned about your assessment or discharge planning 2. If this represents improvement, have appropriate plans to maintain this been communicated to the consumer and other relevant people?	Nil
	2	Moderate	1 Include this when discussing discharge issues with senior	

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			clinician 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to assist ongoing recovery?	
	3,4	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing risks and support this level of disability?	
9 Relationships	0	Reevaluate	1. Problems in this area are not infrequent in this situation, is any re-assessment required? 2. Have you obtained information from a carer or other service provider?	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	1	Low	1. Discuss with senior clinician if concerned about your assessment 2. If this represents improvement, what actions with the consumer or carer are required to sustain improvement?	
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Do follow up plans include actions to accommodate for, or improve, these issues?	
	3,4	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clear plans to support consumer recovery and/or the carer despite these problems?	
10 ADLs	0,1	Low	1. Discuss with senior clinician if concerned about your discharge plans	Nil

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	2,3,4	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Have ongoing supports been confirmed that will support this level of disability and assist recovery?	
	Nil	High		
11 Living conditions	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or potential risks to living conditions. 2. Are any follow up actions required to maintain this status?	Nil
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Do discharge plans aim to improve this or increase other supports if improvement is not possible or desired?	
	3,4	High	1. Were plans discussed with a senior clinician prior to	

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			discharge? If not consider doing so now. 2. Are there clearly documented and communicated plans to attempt support of this high risk discharge?	
12 Occupation and activities	0,1	Low	1. Discuss with senior clinician if concerned about your assessment or potential risks to supports. 2. Are any follow up actions required to maintain this status?	Nil
	2	Moderate	1 Include this when discussing discharge issues with senior clinician 2. Do discharge plans aim to improve this or increase other supports?	
	3,4	High	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now.	

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Are there clearly documented and communicated plans to attempt support of this individual with high needs?	
Total Score				
	10 th Centile national scores Currently 0-2	Re-evaluate	1. There are few consumers discharged from inpatient care with this score. 2. Has the assessment considered all corroborative information?	
	10 to 25 th Centile national scores Currently 2-4	Low	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the lower range of scores at discharge and may represent a consumer with a less complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist discharge planning	
	25 th to 75 th Centile national scores Currently 5-13	Moderate	1. Include this information when discussing assessment and clinical management with a senior clinician as this score is in the mid range of scores at discharge and may represent a consumer with a moderately complex range of problems. 2. Clarify which individual items have scores of 2 or above to assist discharge planning	
	25 th to 75 th Centile national scores Currently >13	High	1. Clinical management should be discussed with a senior clinician as soon as possible as this score is in the high range of scores at discharge and may represent a consumer with a more complex range of problems.	

HoNOS 65+ item	HoNOS 65+ item scores	Discharge Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Clarify which individual items have scores of 2 or above to assist discharge planning	

(a) See Table 55 for other key scales

Table 59: Older persons ambulatory and community residential discharge HoNOS65+ change scores prompt set ^(a)

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
1 Overactivity / aggression	2 or more	Negative change of 2 or more	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	Nil
	-1 to +1	-1 to +1	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	Positive change of 2 or more	1. Were plans discussed with a senior clinician prior to discharge? If not strongly consider doing so now. 2. Is there a clearly documented plan to minimise	

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			ongoing risks that has been communicated to the consumer and other people involved in follow up or who may be at specific risk?	
2 Non accidental self harm	2 or more	Negative change of 2 or more-moderate alert	1. This probably represents improvement, but rapid apparent improvement may be due to concealment of increased suicidal intent: discuss with senior clinician if concerned about your assessment or follow up plan 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	Nil
	-1 to +1	-1 to +1	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise	

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			ongoing risks?	
	-2 or less	Positive change of 2 or more	1.Were plans discussed with a senior clinician prior to discharge? If not strongly consider doing so now. 2. Is there a clearly documented plan that has been confirmed and communicated to the consumer and other relevant people to minimise these ongoing significant risks?	
3 Drug and alcohol	2 or more	Negative change of 2 or more	1.Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	Nil
	-1 to +1	-1 to +1	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of	

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	Positive change of 2 or more	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing risks?	
4 Cognition	2 or more	Negative change of 2 or more	1.Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Has information on cognitive status and plans to sustain improvement and reduce future risks of recurrence been included in discharge documentation?	Nil
	-1 to +1	-1 to +1	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with	

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	Positive change of 2 or more	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Considering this recently increasing disability, do follow up plans include appropriate interventions and people to ensure reversible factors are addressed in a timely manner (potentially urgent)?	
5 Physical illness/ disability	2 or more	Negative change of 2 or more	1.Discuss with senior clinician if concerned about your assessment 2. Has there been appropriate planning for the ongoing clinical management of physical health issues particularly related to serious mental illness and their treatment?	Nil

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
	-1 to +1	-1 to +1	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	Positive change of 2 or more	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Considering this recently increasing disability, do follow up plans include appropriate interventions and people to ensure reversible factors are addressed in a timely manner (potentially urgent)?	
6 Hallucination/ delusions	2 or more	Negative change of 2 or more	1.Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of	Nil

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			recurrence?	
	-1 to +1	-1 to +1	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	Positive change of 2 or more	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to relevant people to minimise ongoing risks and support this level of disability, and promote recovery?	
7 Depression	2 or more	Negative change of 2 or more	1.Discuss with senior clinician if concerned about follow up or clinical risk management issues	Nil

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	
	-1 to +1	-1 to +1	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	Positive change of 2 or more	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to ensure safety and promote recovery?	
8 Other	2 or more	Negative change of 2	1. Discuss with senior clinician if concerned about follow up or	Nil

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
		or more	clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of recurrence?	
	-1 to +1	-1 to +1	1.This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	Positive change of 2 or more	1.Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Is there a clearly documented plan that has been communicated to the consumer and other relevant people to minimise ongoing risks and promote improvement?	

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
9 Relationships				
	2 or more	Negative change of 2 or more	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Have those with close relationships been involved in discharge and relapse prevention planning?	Nil
	-1 to +1	-1 to +1	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	Positive change of 2 or more	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clear plans to support consumer recovery and/or the carer despite these	

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			problems?	
10 ADLs	2 or more	Negative change of 2 or more	1. Discuss with senior clinician if concerned about follow up or clinical risk management issues 2. Is there a communicated plan to sustain improvement and reduce future risks of deterioration?	Nil
	-1 to +1	-1 to +1	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	Positive change of 2 or more	1. Were plans and cause of deterioration discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Have discharge supports been confirmed that can	

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			appropriately support this level of disability and promote recovery in function in a timely manner ?	
11 Living conditions	2 or more	Negative change of 2 or more	1. Discuss with senior clinician if concerned about your assessment or potential risks to living conditions. 2. Are any follow up actions required to maintain this status?	Nil
	-1 to +1	-1 to +1	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	Positive change of 2 or more	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now.	

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Are there clearly documented and communicated plans to attempt support of this high risk discharge?	
12 Occupation and activities Prompt re have	2 or more	Negative change of 2 or more	1. Discuss with senior clinician if concerned about your assessment or potential risks to supports. 2. Are any follow up actions required to maintain this status?	Nil
	-1 to +1	-1 to +1	1. This suggests little or minor change. If this has been a focus of care, include this issue when discussing discharge plans with a senior clinician. 2. If this has been a focus of care; is there a clearly documented plan to minimise ongoing risks?	
	-2 or less	Positive change of 2 or more	1. Were plans discussed with a senior clinician prior to discharge? If not consider doing so now. 2. Are there clearly documented	

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			and communicated plans to attempt support of this individual with high needs?	
Total Scores				
	>8	Low	<ol style="list-style-type: none"> 1. This is likely to represent a significant improvement during ambulatory care. Discuss with a senior clinician if you have any concerns regarding planning post discharge care to sustain this improvement 2. Clarify which individual items have scores of 2 or above to assist discharge planning 	Nil
	1-8	Moderate	<ol style="list-style-type: none"> 1. A change of score in this range represents possible mild improvement during ambulatory care. Include when discussing discharge planning with a senior clinician. 	Nil

HoNOS 65+ item	HoNOS 65+ item change scores	Discharge change score Alert Prompt set C	Clinical Prompt Set E and F	Exceptions
			2. Clarify which individual items have scores of 2 or above to assist discharge planning	
	<1	High	1. Have you discussed this with a senior clinician? A change of score in this range represents likely deterioration or failure to improve during ambulatory care. 2. Clarify which individual items have scores of 2 or above to assist review and discharge planning	Nil

(a) See Table 55 for other key scales

4.4.2 Life Skills Profile (LSP) prompt sets

Table 60: Older persons ambulatory and community residential review LSP prompt set

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
1. Does the person generally have any difficulty with initiating and responding to conversation?	0	'reassess'	Nil	1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 2,3,8 Total LSP score HoNOS 65+ item 4,9 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to improve functioning in this area?
	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to promote recovery or support disability in this area?

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
	Nil	high		
2. Does this person generally withdraw from social contact?	0	'reassess'	Nil	1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 1,3,8 Total LSP score HoNOS 65+ item 4,9 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to improve functioning in this area?
	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to promote recovery or support disability in this area?
	Nil	high		

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
3. Does this person generally show warmth to others?	0	'reassess'	Nil	1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 1,2,,8 Total LSP score HoNOS 65+ item 4,9 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to improve functioning in this area?
	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to promote recovery or support disability in this area?
	Nil	high		
4. Is this person generally well groomed (eg neatly dressed, hair combed)	0	'reassess'	Nil	1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
Key other scales: Prompt Set D LSP items 5,6,9,16 LSP total score HoNOS 65+ item 10 Consumer self report	1	Low		1. Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and self care? 3. Are there other services that could be involved to improve functioning in this area?
	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning self care? 3. Are there other services that could be involved to promote recovery or support disability in this area?
	Nil	High		
5. Does this person wear clean clothes generally or ensure that they are cleaned if dirty?	0	'reassess'	Nil	1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2. Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 4,6,9,16 LSP total score	1	Low		1. Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
HoNOS 65+ item 10 Consumer self report				care planning and self care? 3. Are there other services that could be involved to improve functioning in this area?
	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning self care? 3. Are there other services that could be involved to promote recovery or support disability in this area?
	Nil	High		
6. Does this person generally neglect her or his physical health?	0	'reassess'	Nil	1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scale LSP items 4,5,9,16 LSP total score HoNOS 65+ item 5,10 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist accessing appropriate physical health care and related activities? 3. Are there other services that could be involved to assist accessing appropriate physical health care and related activities?

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
	2	Moderate		<p>1 Include this when discussing case with senior clinician</p> <p>2. Are there other assessments that may assist accessing appropriate physical health care and related activities?</p> <p>3. Are there other services that could be involved to assist accessing appropriate physical health care and related activities?</p>
	3	High		<p>1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks.</p> <p>2. Are there any other physical health related assessments or interventions that may be required?</p> <p>3. Has the GP and/or other appropriate agencies been engaged?</p>
7. Is this person violent to others?	0	'reassess'	Nil	<p>1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2.Discuss with senior clinician if concerned about your assessment or management plan</p>
Key other scales: Prompt Set D LSP items 12, 13, 14, 15 LSP total score HoNOS/HoNOS 65+ item 1 ,2, 4	1	Low		<p>1.Discuss with senior clinician if concerned about your assessment or management plan</p> <p>2. Are there other assessments that may assist care planning and minimise risk of violence?</p>

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
Consumer self report				3. Are there other services that could be involved to minimise risks in this area?
	2	Moderate		1 Include this when discussing case with senior clinician 2. Has an appropriate risk assessment been conducted? 3. Is there a clear management plan to minimise the risks related to violence?
	3	High		1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Has an appropriate risk assessment been conducted? 3. Is there a clear management plan to reduce the risks related to violence, and have all appropriate parties been involved in this?
8. Does this person generally make and/or keep up friendships?	0	'reassess'	Nil	1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 2,3,8 Total LSP score HoNOS 65+ item 4,9 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
				involved to improve functioning in this area?
	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to promote recovery or support disability in this area?
	Nil	High		
9. Does this person generally maintain an adequate diet?	0	'reassess'	0 reassess 1 low 2,3 moderate Exception text: If the consumer has dementia, its stage and the longitudinal history of these problems are important to consider in decisions regarding seeking supervision	1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 4, 5,6,16 LSP total score HoNOS 65+ item 5,10	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist maintaining healthier eating and lifestyle?

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
Consumer self report				3. Are there other services that could be involved to improve functioning in this area?
	2	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist maintaining healthier diet and lifestyle? 3. Are there other services that could be involved to promote improving diet and related lifestyle issues?
	3	High		1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Are there other assessments that may assist improved diet and healthy lifestyle? 3. Are there other services, including the consumer's GP, that could be involved to improve diet and related lifestyle issues?
10. Does this person generally look after and take his or her own prescribed medication when prescribed by a doctor	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 11,12	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
LSP total score HoNOS 65+ item 4,5 Consumer self report				2. Has appropriate education regarding medications, mental health and compliance strategies occurred? 3. Are there other services that could be involved to improve functioning in this area?
	2	Moderate		1 Include this when discussing case with senior clinician 2. Has appropriate education regarding medications, mental health and compliance strategies occurred? 3. Are there other services or strategies that could be involved to improve medication compliance?
	3	High		1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Has appropriate education regarding medications, mental health and compliance strategies occurred? 3. Are there other services or strategies that could be involved to improve medication compliance?
11. Is this person willing to take prescribed psychiatric medication when prescribed by a doctor?	0	'reassess'	0 reassess 1 low 2,3 moderate	1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
			Exception text: If the consumer has dementia, its stage and the longitudinal history of these problems are important to consider in decisions regarding seeking supervision	2. Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 10,12 LSP total score HoNOS 65+ item 4,5 Consumer self report	1	Low		1. Discuss with senior clinician if concerned about your assessment or management plan 2. Has appropriate education regarding medications, mental health and compliance strategies occurred? 3. Are there other services that could be involved to improve functioning in this area?
	2	Moderate		1 Include this when discussing case with senior clinician 2. Has appropriate education regarding medications, mental health and compliance strategies occurred? 3. Are there other services or strategies that could be involved to improve medication compliance?

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
	3	High		<p>1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks.</p> <p>2. Has appropriate education regarding medications, mental health and compliance strategies occurred?</p> <p>3. Are there other services or strategies that could be involved to improve medication compliance?</p>
12. Does this person co-operate with health services?	0	'reassess'	<p>0 reassess</p> <p>1 low</p> <p>2,3 moderate</p> <p>Exception text: If the consumer has dementia, its stage and the longitudinal history of these problems are important to consider in decisions regarding seeking supervision</p>	<p>1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2.Discuss with senior clinician if concerned about your assessment or management plan</p>
<p>Key other scales: Prompt Set D</p> <p>LSP items 10,11</p> <p>LSP total score</p> <p>HoNOS 65+ item 4,5</p> <p>Consumer self report</p>	1	Low		<p>1.Discuss with senior clinician if concerned about your assessment or management plan</p> <p>2. Has appropriate education regarding medications, mental health and compliance strategies occurred?</p> <p>3. Are there other services that could be</p>

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
				involved to improve functioning in this area?
	2	Moderate		1 Include this when discussing case with senior clinician 2. Has appropriate education regarding medications, mental health and compliance strategies occurred? 3. Are there other services or strategies that could be involved to improve medication compliance?
	3	High		1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Has appropriate education regarding medications, mental health and compliance strategies occurred? 3. Are there other services or strategies that could be involved to improve engagement with services?
13. Does this person generally have problems (eg friction, avoidance) living with others in the house?	0	'reassess'	0 reassess 1 low 2,3 moderate Exception text: If the consumer has dementia, its stage	1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
			and the longitudinal history of these problems are important to consider in decisions regarding seeking supervision	
Key other scales: Prompt Set D LSP items 7, 12, 14, 15 LSP total score HoNOS/HoNOS 65+ item 1 ,2, 4 Consumer self report	1	Low		1. Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and improve the consumer's relationships with others? 3. Are there other services that could be involved to minimise risks in this area?
	2	Moderate		1 Include this when discussing case with senior clinician 2. Has an appropriate risk assessment been conducted? 3. Is there a clear management plan to minimise the risks related to violence?
	3	High		1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Has an appropriate risk assessment been conducted? 3. Is there a clear management plan to improve the consumer's ability to form relationships and reduce risks related to disability in this area?

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
14. Does this person have offensive (including sexual) behaviour?	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 7,12, 14, 15 LSP total score HoNOS/HoNOS 65+ item 1 ,2, 4 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and reduce problems in this area? 3. Are there other services that could be involved to improve function in this area?
	2	Moderate		1 Include this when discussing case with senior clinician 2. Has an appropriate risk assessment been conducted? 3. Is there a clear management plan to minimise any risks related to these behaviours and reduce their occurrence?
	3	High		1. Include this when discussing case with a senior clinician; or as soon as possible if these relate to sexual behaviour or you have any concerns regarding short term risks. 2. Has an appropriate risk assessment been conducted? 3. Is there a clear management plan to minimise

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
				risks related to these behaviours and reduce their occurrence?
15. Does this person behave irresponsibly?	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 7,12, 13, 14 LSP total score HoNOS/HoNOS 65+ item 1 ,2, 4 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and reduce problems in this area? 3. Are there other services that could be involved to improve function in this area?
	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Has an appropriate risk assessment been conducted? 3. Is there a clear management plan to minimise any risks related to these behaviours and reduce their occurrence?
	Nil	High		
16. What sort of work is this person generally capable of (even if unemployed, retired or doing	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
unpaid domestic duties)?				2.Discuss with senior clinician if concerned about your assessment or management plan
Key other scales: Prompt Set D LSP items 5,6,9,16 LSP total score HoNOS 65+ item 10 Consumer self report	1	Low		1.Discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and engagement in meaningful work or related duties? 3. Are there other agencies that could be involved to improve functioning in this area?
	2,3	Moderate		1 Include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning and engagement in meaningful work or related duties? 3. Are there other agencies that could be involved to improve functioning in this area?
	Nil	High		
Subscale A Withdrawal	0,1	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
Key other scales: Prompt Set D- LSP items 1,2,3,8 HoNOS65+ tems 4,9 Consumer self report	2	Low		1. Examine the pattern of individual scores and discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to improve functioning in this area?
	3 or greater	Moderate		1 Examine the pattern of individual scores and include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning and social functioning? 3. Are there other services that could be involved to promote recovery or support disability in this area?
	Nil	high		
Subscale B Self Care	0,1	'reassess'	0 ,1reassess 2 or above moderate Exception text: If the consumer has dementia, its stage and the longitudinal	1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
			history of these problems are important to consider in decisions regarding seeking supervision	
Key other scales: Prompt Set D LSP items 4,5,6,9,26 HoNOS 65+ items 5,10 Consumer self report	2	Low		<ol style="list-style-type: none"> 1. Examine the pattern of individual scores and discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and self care? 3. Are there other services that could be involved to improve functioning in this area?
	3	Moderate		<ol style="list-style-type: none"> 1 Examine the pattern of individual scores and discuss and include this when discussing case with senior clinician 2. Are there other assessments that may assist care planning self care? 3. Are there other services that could be involved to promote recovery or support disability in this area?
	4 or more	High		<ol style="list-style-type: none"> 1. Examine the pattern of individual scores and include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Are there any other assessments or interventions that may be required?

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
				3. Has the GP and/or other appropriate agencies been engaged?
Subscale C Compliance	0	'reassess'	0 ,1reassess 2 or above moderate Exception text: If the consumer has dementia, its stage and the longitudinal history of these problems are important to consider in decisions regarding seeking supervision	1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Other scales LSP items 10,11,12 Consumer self report	1	Low		1. Examine the pattern of individual scores and discuss with senior clinician if concerned about your assessment or management plan 2. Has appropriate education regarding medications, mental health and compliance strategies occurred? 3. Are there other services that could be involved to improve functioning in this area?
	2,3	Moderate		1 Examine the pattern of individual scores and include this when discussing case with senior clinician 2. Has appropriate education regarding medications, mental health and compliance

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
				strategies occurred? 3. Are there other services or strategies that could be involved to improve medication compliance?
	4 or more	High		1. Examine the pattern of individual scores and include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Has appropriate education regarding medications, mental health and compliance strategies occurred? 3. Are there other services or strategies that could be involved to improve medication compliance?
Subscale D Antisocial	0	'reassess'		1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your assessment or management plan
Other scale LSP items 7,13,14,15	1	Low		1. . Examine the pattern of individual scores and discuss with senior clinician if concerned about your assessment or management plan 2. Are there other assessments that may assist care planning and improve the consumer's relationships with others?

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
				3. Are there other services that could be involved to minimise risks in this area?
	2	Moderate		1 . Examine the pattern of individual scores and include this when discussing case with senior clinician 2. Has an appropriate risk assessment been conducted? 3. Is there a clear management plan to minimise the risks related to violence?
	3 or more	High		1. . Examine the pattern of individual scores and include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Has an appropriate risk assessment been conducted? 3. Is there a clear management plan to improve the consumer's ability to form relationships and reduce risks related to disability in this area?
Total score	0,1	'reassess'	0 ,1 assess 2 or above moderate Exception text: If the consumer has dementia, its stage and the longitudinal history of these problems are	1..Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Include this when discussing with a senior clinician, including the need for ongoing specialist mental health care 3.Discuss with senior clinician if concerned about your assessment or management plan

LSP Item number	LSP Item scores	Alert prompt Set C	Dementia cut off scores where different	Review Prompt Set E and F
			important to consider in decisions regarding seeking supervision	
	2,3	Low		<p>1. . Examine the pattern of individual scores and discuss with senior clinician if concerned about your assessment or management plan</p> <p>2. see advice for subscales or individual items that you are concerned about</p> <p>3. Include this when discussing with a senior clinician, including the need for ongoing specialist mental health care</p>
	4	Moderate		<p>1. . Examine the pattern of individual scores and include this when discussing case with senior clinician</p> <p>2. see advice for subscales or individual items that re scoring 2 or 3</p>
	5 or greater	High		<p>1. . Examine the pattern of individual scores and include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks.</p> <p>2. see advice for subscales or individual items that re scoring 2 or 3</p>

Table 61: Older persons ambulatory and community residential review LSP prompt set ^(a)

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
1. Does the person generally have any difficulty with initiating and responding to conversation?	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans.
	1	Low	1.Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to minimise disability or further improve functioning in this area? 3. Have all appropriate agencies been engaged in follow up?
	2,3	Moderate	1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing interventions to support disability and promote recovery in this area? 3. Have all appropriate agencies been engaged in follow up?
	Nil	High	
2. Does this person generally withdraw from social contact?	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1.Discuss with senior clinician if concerned about your discharge or follow up plans.

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
			<p>2. Do follow up plans include ongoing monitoring or interventions to minimise disability or further improve functioning in this area?</p> <p>3. Have all appropriate agencies been engaged in follow up?</p>
	2,3	Moderate	<p>1 Include this when discussing case with senior clinician</p> <p>2. Do follow up plans include ongoing interventions to support disability and promote recovery in this area?</p> <p>3. Have all appropriate agencies been engaged in follow up?</p>
	Nil	High	
3. Does this person generally show warmth to others?	0	'reassess'	<p>1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2.Discuss with senior clinician if concerned about your discharge or follow up plans</p>
	1	Low	<p>1.Discuss with senior clinician if concerned about your discharge or follow up plans.</p> <p>2. Do follow up plans include ongoing monitoring or interventions to minimise disability or further improve functioning in this area?</p> <p>3. Have all appropriate agencies been engaged in follow up?</p>
	2,3	Moderate	<p>1 Include this when discussing case with senior clinician</p> <p>2. Do follow up plans include ongoing interventions to support disability and promote recovery in this area?</p> <p>3. Have all appropriate agencies been engaged in follow up?</p>

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
	Nil	High	
4. Is this person generally well groomed (eg neatly dressed, hair combed)	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1.Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to minimise disability or further improve functioning in this area? 3. Have all appropriate agencies been engaged in follow up?
	2,3	Moderate	1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing interventions to support disability and promote recovery in this area? 3. Have all appropriate agencies been engaged in follow up?
	Nil	High	
5. Does this person wear clean clothes generally or ensure that they are cleaned if dirty?	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
	1	Low	1. Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to minimise disability or further improve functioning in this area? 3. Have all appropriate agencies been engaged in follow up?
	2,3	Moderate	1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing interventions to support disability and promote recovery in this area? 3. Have all appropriate agencies been engaged in follow up?
	Nil	High	
6. Does this person generally neglect her or his physical health?	0	'reassess'	1. Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2. Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1. Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to maximise ongoing access to appropriate physical healthcare? 3. Has the GP and any other appropriate agencies been engaged in follow up?
	2	Moderate	1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing monitoring or interventions to maximise ongoing access to appropriate physical healthcare?

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
			3. Has the GP and any other appropriate agencies been engaged in follow up?
	3	High	1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Are there any other physical health related assessments or interventions that need to be confirmed as part of follow up? 3. Has the GP and/or other appropriate agencies been engaged in follow up?
7. Is this person violent to others?	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1.Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to minimise future risk of violence or other harmful acts? 3. Have appropriate agencies for minimising risks in this area been engaged in follow up?
	2	Moderate	1 Include this when discussing case with senior clinician 2. Has an appropriate risk assessment been conducted prior to discharge? 3. Is there a clear post discharge management plan agreed between follow up agencies to minimise the ongoing risks related to violence?
	3	High	1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks.

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
			2. Has an appropriate risk assessment been conducted prior to discharge? 3. Is there a clear post discharge management plan agreed between follow up agencies, and other relevant parties, to reduce the ongoing risks related to violence?
8. Does this person generally make and/or keep up friendships?	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1.Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to minimise disability or further improve functioning in this area? 3. Have all appropriate agencies been engaged in follow up?
	2,3	Moderate	1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing interventions to support disability and promote recovery in this area? 3. Have all appropriate agencies been engaged in follow up?
	Nil	High	
9. Does this person generally maintain an adequate diet?	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
	1	Low	<ul style="list-style-type: none"> 1. Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to assist maintaining healthier eating and lifestyle? 3. Have all appropriate agencies been engaged in follow up?
	2	Moderate	<ul style="list-style-type: none"> 1. Include this when discussing case with senior clinician 2. Do follow up plans include ongoing interventions to maintaining healthier diet and lifestyle? 3. Have all appropriate agencies been engaged in follow up?
	3	High	<ul style="list-style-type: none"> 1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Do follow up plans include ongoing interventions to improve diet and healthy lifestyle? 3. Has the GP and other appropriate agencies been engaged in follow up?
10. Does this person generally look after and take his or her own prescribed medication when prescribed by a doctor	0	'reassess'	<ul style="list-style-type: none"> 1. Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2. Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	<ul style="list-style-type: none"> 1. Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to assist maintaining medication compliance? 3. Have the GP and/or other follow up agencies been engaged in these

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
			plans?
	2	Moderate	1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing monitoring or interventions to improve medication compliance? 3. Have the GP and/or other follow up agencies been engaged in these plans?
	3	High	1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Do follow up plans include ongoing interventions to improve medication compliance and manage risks from non-compliance? 3. Have the GP and/or other follow up agencies been engaged in these plans?
11. Is this person willing to take prescribed psychiatric medication when prescribed by a doctor?	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1.Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to assist maintaining medication compliance? 3. Have the GP and/or other follow up agencies been engaged in these plans?

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
	2	Moderate	<ul style="list-style-type: none"> 1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing monitoring or interventions to improve medication compliance? 3. Have the GP and/or other follow up agencies been engaged in these plans?
	3	High	<ul style="list-style-type: none"> 1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Do follow up plans include ongoing interventions to improve medication compliance and manage risks from non-compliance? 3. Have the GP and/or other follow up agencies been engaged in these plans?
12. Does this person co-operate with health services?	0	'reassess'	<ul style="list-style-type: none"> 1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	<ul style="list-style-type: none"> 1.Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to assist maintaining engagement with services? 3. Have the GP and/or other follow up agencies been engaged in these plans?
	2	Moderate	<ul style="list-style-type: none"> 1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing monitoring or interventions to improve engagement and compliance with services?

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
			3. Have the GP and/or other follow up agencies been engaged in these plans?
	3	High	1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Do follow up plans include ongoing interventions to engagement and compliance with services, and manage risks from non-compliance? 3. Have the GP and/or other follow up agencies been engaged in these plans?
13. Does this person generally have problems (eg friction, avoidance) living with others in the house?	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1.Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to improve the consumers relationships with others? 3. Have appropriate agencies for minimising risks in this area been engaged in follow up?
	2	Moderate	1 Include this when discussing case with senior clinician 2. Has an appropriate risk assessment been conducted prior to discharge? 3. Is there a clear post discharge management plan agreed between follow up agencies to improve the consumer's ability to form relationships and minimise the ongoing risks related to disability in this

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
			area?
	3	High	<p>1. Include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks.</p> <p>2. Has an appropriate risk assessment been conducted prior to discharge?</p> <p>3. Is there a clear post discharge management plan agreed between follow up agencies to improve the consumer's ability to form relationships and minimise the ongoing risks related to disability in this area?</p>
14. Does this person have offensive (including sexual) behaviour?	0	'reassess'	<p>1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2.Discuss with senior clinician if concerned about your discharge or follow up plans</p>
	1	Low	<p>1.Discuss with senior clinician if concerned about your discharge or follow up plans.</p> <p>2. Do follow up plans include ongoing monitoring or interventions to improve the consumer's ability to avoid these behaviors?</p> <p>3. Have appropriate agencies been engaged in follow up that could be involved to improve function in this area ?</p>
	2	Moderate	<p>1 Include this when discussing case with senior clinician</p> <p>2. Has an appropriate risk assessment been conducted prior to discharge?</p> <p>3. Is there a clear post discharge management plan agreed between follow up agencies to minimise any risks related to these behaviours and reduce their occurrence?</p>

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
	3	High	<p>1. Include this when discussing case with a senior clinician; or as soon as possible if these relate to sexual behaviours or you have any concerns regarding short term risks.</p> <p>2. Has an appropriate risk assessment been conducted prior to discharge?</p> <p>3. Is there a clear post discharge management plan agreed between follow up agencies to minimise any risks related to these behaviours and reduce their occurrence?</p>
15. Does this person behave irresponsibly?	0	'reassess'	<p>1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2.Discuss with senior clinician if concerned about your discharge or follow up plans</p>
	1	Low	<p>1.Discuss with senior clinician if concerned about your discharge or follow up plans.</p> <p>2. Do follow up plans include ongoing monitoring or interventions to improve the consumer's ability to avoid these behaviours?</p> <p>3. Have appropriate agencies been engaged in follow up that could be involved to improve function in this area ?</p>
	2,3	Moderate	<p>1 Include this when discussing case with senior clinician</p> <p>2. Has an appropriate risk assessment been conducted prior to discharge?</p> <p>3. Is there a clear post discharge management plan agreed between follow up agencies to minimise any risks related to these behaviours and reduce their occurrence?</p>
	Nil	High	

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
16. What sort of work is this person generally capable of (even if unemployed, retired or doing unpaid domestic duties)?	0	'reassess'	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	1.Discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to further improve engagement in paid or unpaid work or related duties ? 3. Have all appropriate agencies been engaged in follow up?
	2,3	Moderate	1 Include this when discussing case with senior clinician 2. Do follow up plans include ongoing interventions to support disability and promote engagement in work or? 3. Have all appropriate agencies been engaged in follow up?
	Nil	High	
Subscale A Withdrawal		'reassess' 0	1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans.
	2	Low	1. Examine the pattern of individual scores and discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
			<p>minimise disability or further improve functioning in this area?</p> <p>3. Have all appropriate agencies been engaged in follow up?</p>
	3	Moderate	<p>1 Examine the pattern of individual scores and this when discussing case with senior clinician</p> <p>2. Do follow up plans include ongoing interventions to support disability and promote recovery in this area?</p> <p>3. Have all appropriate agencies been engaged in follow up?</p>
	Nil	High	
Subscale B Self Care	0,1	'reassess'	<p>1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2.Discuss with senior clinician if concerned about your discharge or follow up plans</p>
	2	Low	<p>1. Examine the pattern of individual scores and discuss with senior clinician if concerned about your discharge or follow up plans.</p> <p>2. Do follow up plans include ongoing monitoring or interventions to minimise disability or further improve functioning in this area?</p> <p>3. Have all appropriate agencies been engaged in follow up?</p>
	3	Moderate	<p>1 Examine the pattern of individual scores and discuss and include this when discussing case with senior clinician</p> <p>2. Do follow up plans include ongoing interventions to support disability and promote recovery in this area?</p> <p>3. Have all appropriate agencies been engaged in follow up?</p>

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
	4 or greater	High	<ol style="list-style-type: none"> 1. Examine the pattern of individual scores and include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks. 2. Are there any other assessments or interventions that need to be confirmed as part of follow up? 3. Has the GP and/or other appropriate agencies been engaged in follow up?
Subscale C Compliance	0	reassess'	<ol style="list-style-type: none"> 1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention? 2.Discuss with senior clinician if concerned about your discharge or follow up plans
	1	Low	<ol style="list-style-type: none"> 1. Examine the pattern of individual scores and discuss with senior clinician if concerned about your discharge or follow up plans. 2. Do follow up plans include ongoing monitoring or interventions to assist maintaining medication compliance? 3. Have the GP and/or other follow up agencies been engaged in these plans?
	2	Moderate	<ol style="list-style-type: none"> 1 Examine the pattern of individual scores and include this when discussing case with senior clinician 2. Do follow up plans include ongoing monitoring or interventions to improve medication compliance? 3. Have the GP and/or other follow up agencies been engaged in these plans?
	4 or greater	High	<ol style="list-style-type: none"> 1. Examine the pattern of individual scores and include this when discussing case with a senior clinician; or as soon as possible if you

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
			<p>have any concerns regarding short term risks.</p> <p>2. Do follow up plans include ongoing interventions to improve medication compliance and manage risks from non-compliance?</p> <p>3. Have the GP and/or other follow up agencies been engaged in these plans?</p>
Subscale D Antisocial	0	'reassess'	<p>1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2.Discuss with senior clinician if concerned about your discharge or follow up plans</p>
	1	Low	<p>1. . Examine the pattern of individual scores and discuss with senior clinician if concerned about your discharge or follow up plans.</p> <p>2. Do follow up plans include ongoing monitoring or interventions to improve the consumers relationships with others?</p> <p>3. Have appropriate agencies for minimising risks in this area been engaged in follow up?</p>
	2	Moderate	<p>1 . Examine the pattern of individual scores and include this when discussing case with senior clinician</p> <p>2. Has an appropriate risk assessment been conducted prior to discharge?</p> <p>3. Is there a clear post discharge management plan agreed between follow up agencies to improve the consumer's ability to form relationships and minimise the ongoing risks related to disability in this area?</p>
	3 or greater	High	<p>1. . Examine the pattern of individual scores and include this when discussing case with a senior clinician; or as soon as possible if you</p>

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
			<p>have any concerns regarding short term risks.</p> <p>2. Has an appropriate risk assessment been conducted prior to discharge?</p> <p>3. Is there a clear post discharge management plan agreed between follow up agencies to improve the consumer's ability to form relationships and minimise the ongoing risks related to disability in this area?</p>
Total score	0,1	'reassess'	<p>1.Does this rating reflect the consumer's general functioning <i>without</i> any assistance or intervention?</p> <p>2.Include this when discussing with a senior clinician, including the need for ongoing specialist mental health care</p> <p>3.Discuss with senior clinician if concerned about your discharge or follow up plans</p>
	2,3	Low	<p>1. . Examine the pattern of individual scores and discuss with senior clinician if concerned about your discharge or follow up plans.</p> <p>2. see advice for subscales or individual items that you are concerned about</p> <p>3.Include this when discussing with a senior clinician, including the need for ongoing specialist mental health care</p>
	4	Moderate	<p>1 . Examine the pattern of individual scores and include this when discussing case with senior clinician</p> <p>2. see advice for subscales or individual items that re scoring 2 or 3</p>
	5 or greater	High	<p>1. . Examine the pattern of individual scores and include this when discussing case with a senior clinician; or as soon as possible if you have any concerns regarding short term risks.</p> <p>2. see advice for subscales or individual items that re scoring 2 or 3</p>

LSP Item number	LSP item scores	Alert Prompt Set C	Discharge Prompt Set E and F
Change scores Same approach for all individual items, subscales and total scores			
	2 or greater	low	2. This represents improvement in function. Discuss with senior clinician if you have concerns regarding how to continue improvement or other aspects of discharge planning
	1 to -1	medium	2. This represents limited change in function. Discuss with senior clinician if this was a focus of care or you have concerns regarding discharge planning
	Less than -1	high	3. This represents a deterioration in functioning that should be discussed with a senior clinician regarding its cause and actions required to prevent further deterioration following discharge. 4. Are follow up providers, the consumer and/or carer aware of this deterioration and potential causes?

(a) See Table 60 for other key scales

4.5 Adult and older persons self report

With regards to the prompt set related to the consumer self report instruments , the agreed individual prompts sets and their linked factors are listed below. It was decided that a prompt set would only be developed for the community population, and this also used in the community residential setting. This was based upon the principle of linking the prompts to measures used within the NOCC protocol, and with available representative national NOCC data available.

Table 62: Adult and older persons ambulatory and community residential self report prompt set logic

Prompt set	Linked to
EBM guidelines	Major diagnostic groups- same library as for other measures
Prompt Set B	Linkage Additional guidelines on the use of consumer self report measures Currently: www.mhnocc.org/amhocn/Whose_Outcome_Brochure.pdf
Prompt Set C (a) – Reported Problem/ No reported problem prompt	At an individual item collection occasion level <ul style="list-style-type: none"> For Kessler 10 and BASIS-32 the lower two response categories to have a 'No significant reported problem' prompt; and higher responses to have a 'reported problem' prompt. For the MHI a draft set of cut offs to be generated
Prompt Set C (b) – 'Reported improvement/ deterioration' prompt	At individual item change scores <ul style="list-style-type: none"> Reported improvement for 1 score increase in Kessler 10, BASIS 32 item and 'standard' MHI items ; or 1 tem decrease in reverse scored MHI items Reported deterioration for 1 score decrease in Kessler 10, BASIS

Prompt set	Linked to
	<p>32 item and 'standard' MHI items ; or 1 score increase in reverse scored MHI items</p> <ul style="list-style-type: none"> • No prompt if '0' change • Reverse scored MHI items 1,4,5,6,7,10,12,17,23,26,31,34,37 <p>At total score level 'Reported improvement' if increase in total score</p>
Prompt Set C (c)	<p>At total score level</p> <p>'Most commonly found in ... prompt</p> <ul style="list-style-type: none"> • 'non-clinical population' – cut off based upon known population data for instruments* • 'population in mental health treatment'- cut off based upon current DST data- mean plus 1 standard deviation • ' Higher Range of scores for population in mental health treatment' <p>*as population data is not as yet sufficient to give appropriate cut off's it is recommended this prompt be altered to 'Lower range of population in mental health treatment' until such data is available. Current cut offs provided based upon 25th and 75th Centiles of adult DST ambulatory data</p>
Key Prompt D – other key scales	Organised by Item number of scales
Key Prompt E	Nil
Key Prompt F -'Have you checked the last rating for this consumer and	Same for all scores and settings

Prompt set	Linked to
<p>discussed with the consumer why they gave these ratings?</p> <p>-‘Does this match your clinical impression in this area, or other available clinician, ratings? If not, discuss with your supervisor , the consumer and/or family/carer’</p>	
<p>Prompt Set G (a) “How does this relate to their total self reported score?”</p>	<p>Same for all individual item scores and settings</p>
<p>Prompt Set G(b) - “Have you looked at which items scored as significant?”</p>	<p>Same for all total scores and subscales</p>
<p>Prompt Set G (c) – “Have you looked at which items scored as significant, and the subscale scores?”</p>	<p>Same for Total score</p>
<p>Prompt Set H</p>	<p>Linked to collection occasion and Setting</p>

Table 63: Adult and older persons ambulatory and community residential self report recommended total score ranges - Prompt Set C

These cut offs may be used in ambulatory and community residential settings. They are based upon current DST data and should be updated as further consumer and other population data becomes available.

Instrument	Collection Occasion	In the lower range of scores of population in mental health treatment	Most commonly found in consumers of mental health services	In the higher range of population in mental health treatment
MHI	Admission	Less than 88	88-139	140 and above
('Mental Health Index' score)	Review	Less than 122	122-176	177 and above
	Discharge	Less than 131	131-187	187 and above
	BASIS 32	Admission	Less than 0.3	0.3-1.9
	Review	Less than 0.1	0.1-1.3	1.4 and above
	Discharge	Less than 0.1	0.1- 0.9	1.0 and above
Kessler 10	Admission	Less than 20	20-36	37 and above
	Review	Less than 14	14-27	28 and above
	Discharge	Less than 12	12-21	22 and above

Table 64: Adult and older persons ambulatory and community residential Mental Health Inventory 'Reported Problem' cut offs and key other rating scales - Prompt Sets C and D

MHI Item	'No reported significant Problem' range	'Reported possible Problem' range	Other key ratings/scales	Exception
1. How happy, satisfied	1-3	4-6	HoNOS/HoNOS65+ items 7,8,9 LSP total score	Nil
2. How much of the time have you felt lonely	5-6	1-4	HoNOS/HoNOS65+ items 7,8,9 LSP items 2, 8.13.14	Nil
3. How often did you feel nervous or jumpy	4-6	1-3	HoNOS/HoNOS65+ items 2, 3, 6, 7, 8	Nil
4. Future hopeful and promising	1-3	4-6	HoNOS/HoNOS65+ item 6,7,8 LSP total score,	Nil
5. Life full of things that are interesting	1-3	4-6	HoNOS/HoNOS65+ item 6,7,8 LSP total score,	Nil
6. Relaxed and free of tension	1-3	4-6	HoNOS/HoNOS65+ items 1,6,7,8 LSP total score	Nil
7. Generally enjoyed the things you do	1-4	5-6	HoNOS/HoNOS65+ items 6,7,8 LSP total core	Nil
8. Wonder if you were losing your mind	1-3	4-6	HoNOS/HoNOS65+ items 2,3,6,7,8	Nil

MHI Item	'No reported significant Problem' range	'Reported possible Problem' range	Other key ratings/scales	Exception
9. Depressed	1-3	4-5	HoNOS/HoNOS65+ items 2,3,7,8 LSP total score	Nil
10. Felt loved and wanted	1-3	4-6	HoNOS/HoNOS65+ items 7,8,9 LSP items 2, 8.13.14	Nil
11. Been a very nervous person	5-6	1-4	HoNOS/HoNOS65+ item 2,3,7,8	Nil
12. Expect to have an interesting day	1-4	5-6	LSP total score HoNOS/HoNOS65+ item 7,8,11,12	Nil
13. Felt tense or 'high strung'	4-6	1-3	HoNOS/HoNOS65+ items 1,2,6,7,8 LSP items 13 and total score	Nil
14. In firm control of your behaviour, thoughts	1-2	4-6	HoNOS/HoNOS65+ total score and items 6,7,8	Nil
15. Hands shake as you tried to do something	5-6	1-4	HoNOS/HoNOS65+ items 3,5,7,8, LSP 11,12,13	Nil
16. Had nothing to look forward to	5-6	1-4	HoNOS/HoNOS65+ items 2,6,7,8, LSP total score	Nil
17. Felt calm and peaceful	1-3	4-6	LSP total score HoNOS/HoNOS65+ total score	Nil

MHI Item	'No reported significant Problem' range	'Reported possible Problem' range	Other key ratings/scales	Exception
18. Emotionally stable	1-3	4-6	LSP total score HoNOS/HoNOS65+ total score	Nil
19. Downhearted and blue	4-6	1-3	HoNOS/HoNOS65+ items 2,3,7,8 LSP total score	Nil
20. Felt like crying	4-6	1-3	HoNOS/HoNOS65+ items 3,7,8 LSP total score	Nil
21. Would be better off if you were dead	5-6	1-4	HoNOS/HoNOS65+ item 2,3,6,7 LSP total score	Nil
22. Able to relax without difficulty	1-3	4-6	HoNOS/HoNOS65+ items 1,3,6,7,8 LSP items 1,2,3, total score	Nil
23. Your love relationships.....were full and complete	1-3	4-6	HoNOS/HoNOS65+ items 7,8,9 LSP items 2, 8.13.14	Nil
24. Felt that nothing had turned out the way you wanted it to	4-6	1-3	HoNOS/HoNOS65+ items 3,6,7 LSP total score	Nil
25. Bothered by nervousness or nerves	5-6	1-4	HoNOS/HoNOS65+ items 6,7,8 LSP total score	Nil
26. Has living been a wonderful adventure	1-3	3-6	HoNOS/HoNOS65+ total score LSP total score	Nil

MHI Item	'No reported significant Problem' range	'Reported possible Problem' range	Other key ratings/scales	Exception
27. Down in the dumps	5-6	1-4	HoNOS/HoNOS65+ items 2,3,7,8 LSP total score	Nil
28. Think about taking your own life	5	1-4	HoNOS/HoNOS65+ items 2,3,6,7 LSP total score	Nil
29. Restless, fidgety or impatient	4-6	1-3	HoNOS/HoNOS65+ items 1,2,3,7,8 LSP total score	Nil
30. Moody or brooded about things	4-6	1-3	HoNOS/HoNOS65+ items 2,3,7,8	Nil
31. Cheerful and lighthearted	1-3	4-6	HoNOS/HoNOS65+ items 3,7,8 HoNOS/HoNOS65+ total score	Nil
32. Get rattled, upset or flustered	4-6	1-3	HoNOS/HoNOS65+ items 2,6,7,8 LSP total score	Nil
33. Anxious or worried	5-6	1-4	HoNOS/HoNOS65+ items 2,6,7,8	Nil
34. A happy person	1-4	5-6	HoNOS/HoNOS65+ items 3,6,7,8 LSP total score	Nil
35. Find yourself trying to calm down	4-6	1-3	HoNOS/HoNOS65+ items 1,2,3,6,7,8	Nil

MHI Item	'No reported significant Problem' range	'Reported possible Problem' range	Other key ratings/scales	Exception
36. Low or in very low spirits	5-6	1-4	HoNOS/HoNOS65+ items 2,3,6,7,8] LSP total score	Nil
37. Waking up feeling fresh and rested	1-3	4-6	HoNOS/HoNOS65+ items 7,8 LSP total score	Nil
38. Under any strain, stress or pressure	4-6	1-3	HoNOS/HoNOS65+ items 1 ,3,7,8 LSP items 7,8,,13	Nil

Table 65: BASIS 32 Prompt Set D (other key rating scales)

BASIS 32 Item	Other key ratings/scales	Exception
1. Managing day to day life	HoNOS/HoNOS65+ items 2,10,12; LSP	Nil
2. Household responsibilities	HoNOS/HoNOS65+ items 4,5,10,11;LSP	Nil
3. Work	HoNOS/HoNOS65+ items 4,5,10,12;LSP	Nil
4. School	HoNOS/HoNOS65+ items 4,10,12;LSP	Nil
5. Leisure time	HoNOS/HoNOS65+ items 5,10,11,12;LSP	Nil
6. Adjusting to major life stresses	HoNOS/HoNOS65+ items 1,2,7,8,9;LSP	Nil
7. Relationships in family	HoNOS/HoNOS65+ items 1,9,11;LSP	Nil
8. Getting along..outside of family	HoNOS/HoNOS65+ items 1,9,11;LSP	Nil
9. Isolation / loneliness	HoNOS/HoNOS65+ items 2, 9, 11,12;LSP	Nil
10. Feel close to others	HoNOS/HoNOS65+ item 7,9;LSP	Nil

BASIS 32 Item	Other key ratings/scales	Exception
11. Realistic about self/others	HoNOS/HoNOS65+ items 7,8;LSP	Nil
12. Recognising and expressing emotions appropriately	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil
13. Developing independence	HoNOS/HoNOS65+ items 2,7,8,9;LSP	Nil
14. Goals or direction in life	HoNOS/HoNOS65+ items 2,7,8,12;LSP	Nil
15. Lack of self confidence	HoNOS/HoNOS65+ items 2,7,8,9;LSP	Nil
16. Apathy	HoNOS/HoNOS65+ items 2,7,8,10;LSP	Nil
17. Depression, hopelessness	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil
18. Suicidal feeling or behaviour	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil
19. Physical symptoms	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil
20. Fear, anxiety, panic	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil
21. Confusion, concentration, memory	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil

BASIS 32 Item	Other key ratings/scales	Exception
22. Able to relax without difficulty	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil
23. Disturbing or unreal thoughts	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil
24. Manic, bizarre behaviour	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil
25. Mood swings	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil
26. Uncontrollable, compulsive behaviour	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil
27. Sexual activity or preoccupation	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil
28. Alcohol	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil
29. Illegal drugs	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil
30. Controlling temper/violence	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil
31. Impulsive/ illegal behaviour	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil
32. Satisfaction with life	HoNOS/HoNOS65+ items 7,8,9;LSP	Nil

Table 66: Adult and older persons ambulatory and community residential Kessler 10 other key rating scales - Prompt Set D

Kessler 10 Item	Other key ratings/scales
1. Tired out for no good reason	HoNOS/HoNOS65+ items 2, 5,7, 8 LSP total score
2. Nervous	HoNOS/HoNOS65+ items 6,7,8 LSP total score
3. Nervous and unable to calm down	HoNOS/HoNOS65+ items 3, 6,7,8 LSP total score
4. Hopeless	HoNOS/HoNOS65+ items 3, 6,7,8 LSP total score
5. Restless or fidgety	HoNOS/HoNOS65+ items 1,2,6,7,8
6. Restless and unable to sit still	HoNOS/HoNOS65+ items 1,2,, 5,6,7,8
7. Depressed	HoNOS/HoNOS65+ item 3,6,7,8 LSP total score
8. Everything an effort	HoNOS/HoNOS65+ item 3,5,7,8,10 LSP total score

Kessler 10 Item	Other key ratings/scales
9. Sad and unable to be cheered up	HoNOS/HoNOS65+ items 3,6,7,8
10. Worthless	HoNOS/HoNOS65+ items 3,6,7,8,9