

**Report on the Day  
Therapy Centre (DTC)  
Program  
data development  
field test**

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**Report on the Day  
Therapy Centre (DTC)  
Program  
data development  
field test**

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Condoblin Nursing Home  
CA Brown Nursing Home  
Eurobodalla Nursing Home

## **Victoria**

Violet Town Memorial Bush Nursing Home  
Trewint Day Therapy Centre  
Moorfields Community Rehabilitation Services  
Lumeah Day Therapy Centre

## **Queensland**

Wynnum Allied Health Service  
Wahroonga Day Therapy Centre  
Epworth Nursing Home  
Hopetoun Day Therapy Centre

## **South Australia**

Resthaven Southern Therapy Services  
Aged Care and Housing Group  
Southern Region Day Therapy  
Health Focus  
Helping Hand, Healthy Lifestyles

## **Western Australia**

Cunningham Nursing Home  
Carinya Day Therapy Centre  
The Howard Solomon Nursing Home  
Braille Nursing Home

# 1 Purpose

## 1.1 Introduction

The Day Therapy Centre (DTC) Program provides a wide range of therapies such as physiotherapy, occupational therapy, speech therapy and podiatry to frail and older people living in the community and to residents of Commonwealth-funded residential aged care facilities. These therapies are offered to individuals or groups of clients to assist them to maintain or recover a level of independence which will allow them to remain either in the community or in low level residential care.

In March 2001, the Commonwealth Department of Health and Ageing contracted the Australian Institute of Health and Welfare to undertake a project to identify information required for planning, monitoring and evaluation of the DTC Program. During the first phase of this project, work was undertaken to identify the information required to monitor the DTC Program's performance against its policy objectives. Since then, a data dictionary has been developed that includes definitions of draft performance indicators and the individual data items needed to report these indicators and to assist with planning and policy development in the DTC Program.

A Guidelines document and census forms to be used for the collection of these data items were also developed. In order to test the newly developed DTC census forms, a field test was conducted involving 13 DTC agencies from New South Wales, Victoria and South Australia. A second stage of this field test, aimed at testing the second draft of the census forms and the draft Guidelines document, was conducted with 9 DTC agencies from Queensland and Western Australia.

The national census is only one of several measures designed to assist with planning, monitoring and evaluation of the Program. However, the need to support future performance measurement and planning significantly influenced the content of the DTC national census.

## 1.2 This report

The purpose of this report is to provide feedback to Day Therapy Centres (DTCs) and the Commonwealth Department of Health and Ageing (DHA) on the data development field test for the DTC Program. Twenty-one DTCs contributed considerable time and effort to the process and the Australian Institute of Health and Welfare (AIHW) Project Team and the Commonwealth Department of Health and Ageing appreciate their contribution and are keen to provide all participating DTCs with the results of the field test.

This report includes detailed summaries of the comments and suggestions of DTCs as well as AIHW responses to those suggestions where possible.

The documents used during the field test are also included as Appendixes to this report.

The field test was conducted in two stages and the scope, collection methods, results, feedback, consultation and modifications and additions for each stage are described in Chapters 2 and 3 (Stage 1) and Chapters 5 and 6 (Stage 2).

### **1.3 The field test**

The purpose of the field test was to:

- test the practicality, clarity and utility of draft information being considered for future reporting by DTCs (i.e. are definitions clear, understandable, provide comprehensive coding options etc.);
- test the quality of data reported (e.g. missing values, coding errors);
- identify any guidelines for collecting the information that need to be modified or added to ensure consistent interpretation and reporting; and
- assess the capacity of DTCs in different operational contexts (including funding level) to collect and report the data.

# 2 Field test stage 1

## 2.1 Scope

### Questions

Stage 1 of the field test included a range of questions that were identified by the Project Team and the Central Office of the DHA as potential reporting requirements that would improve the availability of information about DTCs in Australia. The questions were divided into two forms: one form for the reporting of information relating to the individual DTC (Form A: DTC data), and a second form for reporting of data on each DTC client (Form B: Client data). Refer to Appendix A for copies of the forms used.

### Day Therapy Centres

A selection of DTCs were chosen based on the following sampling criteria:

- metropolitan/non-metropolitan;
- large/small Commonwealth grant; and
- co-located with residential care facility/community-based.

Participation in the field test was voluntary. A total of 13 DTCs were included from New South Wales, Victoria and South Australia, with a reasonable range of DTCs meeting the above criteria. A list of the DTCs who participated in both stages of the field test is included under the Acknowledgments.

Participating DTCs individually determined the number of therapists to be involved in the field test and included a range of disciplines where possible.

### Sample

A sample of 4 DTC clients was requested for reporting by each DTC, 3 DTC clients who had completed a period of treatment during the previous 12 months and 1 DTC client who was ongoing (e.g. a podiatry client). DTCs were requested to select clients to include those who received different types of therapies, and where possible, those who live in different settings, i.e. living at home versus living in a residential aged care service and receiving low level care. Clients for whom the DTC fully recovers the cost of assistance were excluded from the sample, for example clients who receive high level care in a residential setting.

## 2.2 Collection methods

The collection of the field test was paper-based. Participating DTCs were sent the field test material by 30 November 2001 and were requested to complete and return the data collection forms (Forms A and B) and the feedback form by 14 December 2001. All of the forms were received by mid January 2002, however 2 DTCs who receive a small level of funding were unable to complete the forms by the due date and were followed-up to provide verbal feedback on their capacity to report the information requested on the DTC and client forms.

## 2.3 Results

Information provided on the field test forms was entered into a spreadsheet to enable some analysis of the range of responses received. A total of 11 DTC data forms and 45 client data forms were documented. Although the client data from the field test is only a small sample, the following summary of results is however consistent with what would be expected for the target group for DTCs, i.e. frail older people and provides an indication of the type of information that can be analysed at an aggregate level for the Program.

### Form A: DTC data

**Direct service delivery (Question 6):** This question requested DTCs to determine what percentage of their DTC funding is spent on direct service delivery to clients. The responses ranged from 64% to 100%. From the field test the average amount of DTC funding spent on service delivery was 85.8%.

**Fee charging regime (Question 7):** Fees charged for client attendance at DTCs vary between \$5.00 and \$10.00 per treatment/session. Fees charged per treatment/session are dependent on whether the client is receiving multiple therapies over the period of a week and whether they are provided with a meal and transport. Charges for group sessions vary between \$2.50 and \$5.25 per session. Most DTCs had an upper limit set at between \$15.00 and \$20.00 per week and had mechanisms in place for fees to be negotiated for those who are financially disadvantaged.

**Staffing profile (Question 9):** All of the disciplines included on the form were selected by the DTCs participating in the field test. The core elements of the staffing profile of the field test DTCs, are Occupational Therapists, Physiotherapists, Podiatrists, Allied Health Assistants and Nurses. The question also allowed for 'other' staff members to be identified and the responses provided included: Bus Driver, Maintenance, Handyman, Cleaner, Coffee Shop Supervisor and Assistant, Community Integration Coordinator, Health and Fitness Leaders, Activity Officer, Manager and Dietician.

**Range of assistance (Question 10):** Following is a summary (Table 1) of the range of assistance provided by the 11 DTCs who responded to the field test stage 1.

**Table 1: Number of DTCs providing a type of assistance**

Type of assistance	No. DTCs	Type of assistance	No. DTCs
Occupational therapy	9	Social work	5
Physiotherapy	10	Nursing services	6
Hydrotherapy	5	Social support	7
Speech therapy	4	Food services	6
Podiatry	11	Transport (to & from DTC)	9
Diversional therapy	5	Counselling/support, information and advocacy	10
Group activities	10	Other	5

The type of group activities varied considerably and included the following:

- outings, social activities;
- group exercises, strength training, tai chi, walking group;
- computer training, music, games, arts and crafts, gardening, cooking, reading, discussions, devotions;
- educational classes, e.g. memory improvement, confidence and self-esteem, stress management, self management
- dementia specific, low vision group, aphasia support group, falls prevention; and
- groups targeted at people who have had a stroke, have Parkinson's, chronic conditions.

The 'other' types of assistance reported included:

- pastoral care
- aromatherapy
- Community Integration – relinking people to community activities and building of social/support networks
- massage therapy
- health and fitness classes
- continence clinics

## **Form B: Client data**

### **Date of birth (Question 4) & Indigenous status (Question5)**

Table 2 shows that of the field test sample, 91% were older DTC clients. Older DTC clients includes persons aged 70 and over or 50 and over for people of Aboriginal and/or Torres Strait Islander origin.

**Table 2: Number of DTC clients, Indigenous and non-Indigenous, by age**

Age group	Indigenous	Non-Indigenous
50–54	0	0
55–59	1	0
60–64	0	1
65–69	0	3
70+	0	40
<b>Total</b>	<b>1</b>	<b>44</b>

**Government pension/benefit status (Question 7):** 93% of DTC clients in the field test sample were in receipt of a government pension or benefit and of those the majority were in receipt of an aged pension.

**Carer availability (Question 9), Co-residency status (Question 10) and Relationship of carer to care recipient (Question 11)**

Table 3 shows that of the field test sample (45 clients) 62% of DTC clients had a carer. Of those clients with a carer 75% lived with the person for whom they cared and 48% of those carers were the wife or female partner.

**Table 3: Number of clients with a carer and their relationship**

Relationship of carer to the person	Co-resident carer	Non-resident carer
Wife/female partner	10	0
Husband/male partner	3	0
Daughter	6	3
Son	2	1
Other relative—female	0	1
Other relative—male	0	1
Friend/neighbour—female	0	1
<b>Total</b>	<b>21</b>	<b>7</b>

**Health condition (Question 14):** 80% of DTC clients had 0–5 health conditions reported in the field test. Table 4 is a list of the conditions that were identified as the health condition most likely related to the client’s main reason for referral. Two DTC clients had no health condition reported.

**Table 4: Health conditions reported as the client’s main reason for referral**

<b>Health condition</b>	<b>No. reported</b>	<b>Health condition</b>	<b>No. reported</b>
Cerebrovascular disease	12	Chronic lower respiratory diseases	1
Other arthritis & related disorders	7	Deafness/hearing loss	1
Other disease of the circulatory system	3	Disorders of the thyroid gland	1
Paralysis—non-traumatic	3	Heart disease	1
Blindness	2	Injuries to the head	1
Dementia in Alzheimer’s disease	2	Multiple sclerosis	1
Fracture of femur	2	Other diseases of the nervous system nos or nec	1
Other dementia nos or nec	2	Parkinson’s disease	1
Back problems—dorsopathies	1	Psychoses & depression/ Mood affective disorders	1

## **2.4 Summary of feedback**

The AIHW developed a Feedback Form for completion by each DTC participating in the field test. A copy of this form can be found in Appendix B.

A total of 12 Feedback Forms were received from the 11 participating DTCs. The following tables summarise comments made on these forms and includes Project Team responses where appropriate.

Table 5 summarises comments on Form A relating to DTC data.

Table 6 summarise comments on Form B relating to Client data.

**Table 5: Field test stage 1. Summary of feedback on Form A – DTC data**

Question	Difficulty in reporting the information	Project Team response
<i>Question 6: Direct service delivery</i>	<p>Accounting cost centres allocate funds to client care, administration, utilities, training etc.</p> <p>It is difficult to gauge how much time is spent on administrative tasks compared to direct service delivery. I would see time spent on administrative tasks (e.g. completing case notes, liaising with referral sources etc.) as being part of the service delivery package to clients. I therefore calculated wages as a whole, not as a percentage of.</p> <p>Figures established by reviewing monthly profit and loss to estimate the percentage of direct service delivery.</p> <p>This could be very difficult to answer if no breakdown for expenditure was available. It would be very time consuming to extract exact figures.</p> <p>Conferred with the finance manager to ensure accuracy.</p> <p>As our central office and business manager look after this area it is not something I was able to answer and therefore directed the question to them.</p>	<p>The Guidelines now further define this item, including details on what administrative tasks are considered to be direct service delivery and what administrative tasks are not.</p> <p>The re-drafted form asks for a percentage range to be reported, rather than an exact figure.</p>
<i>Other questions</i>	<p>Question 9: Feel that 'administration' does not adequately explain the range of work conducted. There is 'client contact' management i.e. receiving referrals/inquiries, conducting review meetings and service planning and there is 'non-contact client administration' which covers accounts, statistics, data entry, typing letters and general administration.</p> <p>Question 9: Difficult to estimate as staff often work back to finish paperwork and sometimes paperwork is done whilst activities are running, i.e. may be 2 staff running activities and the other member doing some paperwork between attending to clients' personal care. Not enough boxes as most DTCs would have bus drivers, food services plus a cleaner.</p> <p>Question 9: As no one in the department works full-time I was only able to answer approximately. It would have been easier to show how many hours per week each person worked.</p> <p>Question 5: The areas are too numerous to mention as groups are conducted across the Northern/Northwestern metro region in response to need/demand and capacity to respond. Home visits for successful Ageing and Community Integration are conducted on the same premise.</p>	<p>Q9 (Staffing profile): Re-drafted form has been changed. The option 'Administrative staff' has been replaced by two options: 'Coordinator' and 'Other administrative staff'. The term 'coordinator' has been clearly defined in the Guidelines.</p> <p>Q9: On the re-drafted form, FTE has been replaced by average number of hours worked each week over the twelve months preceding the survey. As many DTC agencies do not employ bus drivers etc., extra boxes were not added. The 'Other' box is to be used for these positions.</p> <p>Q5 (Catchment area): The Guidelines now more precisely define this item, by asking for postcodes or Local Government Areas, and by providing instructions on how to determine what area is included.</p>

*(continued)*

**Table 5 (continued): Field test stage 1. Summary of feedback on Form A – DTC data**

<b>Question</b>	<b>Difficulty in reporting the information</b>
<i>General comments</i>	<p>Question 8: Some of our documentation (e.g. for educational groups) is quite creative in that it captures pertinent information in a non-traditional and more valued format (e.g. a course enrolment form is used rather than a referral form, a course evaluation form is completed to document outcomes).</p>
Question 10:	<p>Because we provide transport to most of our clients (our bus does two trips each way a day) we then try and provide as much as we can while we have our clients here. This is why we are able to take a more holistic approach to these people who might otherwise have very little stimulation in a week. From a therapeutic approach we feel this is very important.</p>

**Table 6: Field test stage 1. Summary of feedback on Form B – Client data**

<b>Question</b>	<b>Difficulty understanding the question or instructions, and related comments</b>	<b>Difficulty in reporting this for all clients, and related comments</b>	<b>Project Team response</b>
Question 1: DTC client ID	<ul style="list-style-type: none"> <li>• Is this a Dept. no.? I am not aware of any such number.</li> <li>• Left it blank.</li> <li>• We currently have no identification other than name.</li> <li>• Do not have one.</li> <li>• We created a number for the purpose of this study. Clients do not normally have a number.</li> </ul>	<ul style="list-style-type: none"> <li>• We allocate letters and numbers that uniquely identify our clients.</li> <li>• Currently a client ID system has not been implemented to date, as we are not yet using an appropriate database that would enable this information to be easily recorded.</li> <li>• Left it blank.</li> <li>• We currently have no identification other than name.</li> <li>• Do not have one.</li> <li>• Clients do not normally have a number.</li> </ul>	Guidelines now explain that this code may be a DTC agency code that already exists, or a code assigned to the client record specifically for the DTC survey. Also allows for variation in structure of ID according to State/Territory or DTC, and that it may be alphanumeric.
Question 2: Letters of person's name	<ul style="list-style-type: none"> <li>• Clients who have only four or less letters to their name.</li> </ul>	<ul style="list-style-type: none"> <li>• Need to recognise that not everyone has five letters in their surname (e.g. Mr Ng).</li> <li>• Time consuming</li> <li>• The privacy act: when people do not wish to pass on information.</li> </ul>	Form provided instructions for this, but these instructions are now in the Guidelines document, including an example of how to record, with an explanation of this item's relevance and reference to confidentiality issues.
Question 4: Date of birth	<ul style="list-style-type: none"> <li>• Time consuming</li> </ul>	<ul style="list-style-type: none"> <li>• Time consuming</li> </ul>	The comment 'Time consuming' by one of the field test DTCs mostly referred to the fact that they felt that the full survey would be time consuming if it had to be completed for all clients.
Question 5: Indigenous status	<ul style="list-style-type: none"> <li>• It is not a question that we ask clients on assessment.</li> <li>• It is not a question that we ask clients on assessment.</li> </ul>	<ul style="list-style-type: none"> <li>• We do not collect this data for all clients.</li> <li>• It is not a question that we ask clients on assessment.</li> </ul>	The revised form has an 'Unknown' option.

*(continued)*

**Table 6 (continued): Field test stage 1. Summary of feedback on Form B – Client data**

<b>Question</b>	<b>Difficulty understanding the question or instructions, and related comments</b>	<b>Difficulty in reporting this for all clients, and related comments</b>	<b>Project Team response</b>
Question 6: Country of birth	<ul style="list-style-type: none"> <li>No Holland, have put Netherlands.</li> </ul>	<ul style="list-style-type: none"> <li>Not a standard assessment question.</li> <li>Do not routinely collect country of origin, only language spoken.</li> <li>Yes</li> <li>Yes</li> </ul>	The revised form has an 'Unknown' option.
Question 7: Government pension/benefit status	<ul style="list-style-type: none"> <li>Note spelling error in question.</li> </ul>	<ul style="list-style-type: none"> <li>There are indirect benefits such as government assistance for subsidised services.</li> <li>Sometimes hard to ascertain as clients are unsure.</li> <li>Not a standard assessment question.</li> <li>Yes</li> <li>No way of confirming status. Most people are pensioners and say so. Sometimes I think if they were not pensioners they might say they are. I have a few on super &amp; the odd self funded.</li> </ul>	<p>The Guidelines now state that this question relates to income only, not other subsidies.</p> <p>The revised form has an 'Unknown' option.</p> <p>The Guidelines explain clearly that this question should be coded 'no' if a person is a self-funded retiree. However, if the person has stated that they are on a government pension, the code should be 'yes' (as there is no way of knowing if it is true, as is the case with other self-reported questions e.g. Indigenous status).</p>

(continued)

**Table 6 (continued): Field test stage 1. Summary of feedback on Form B – Client data**

Question	Difficulty understanding the question or instructions, and related comments	Difficulty in reporting this for all clients, and related comments	Project Team response
Question 8a, b & c: Suburb, postcode & accommodation setting	<ul style="list-style-type: none"> <li>c: one client lived at home for half the year and moved into low residential care but still attends DTC here—ticked both home &amp; residential care.</li> </ul>	<ul style="list-style-type: none"> <li>Time consuming</li> <li>c: We do not normally ask our clients whether they own or rent their home.</li> <li>Yes</li> <li>With the changes to the names of aged care facilities it will be hard to know whether people are low or high level care. We will need to add question to assessment and inform facility to advise us if the client is low or high level.</li> </ul>	<p>The question stated 'at the time of first assessment for this referral'. However, on the revised form this question now relates to the time of the survey instead.</p> <p>On the revised form the tick boxes have been changed to allow for people to code 'private residence', if tenure is not known.</p> <p>The accommodation question on the revised form now also has two 'Unknown' options built into it.</p>
Question 9: Carer availability	<ul style="list-style-type: none"> <li>Again client home alone and then into hostel with carers.</li> <li>Not applicable for residential clients.</li> <li>Wasn't sure whether someone in permanent care had a carer or not. After phone discussion changed this for one client to no.</li> </ul>	<ul style="list-style-type: none"> <li>What do you put if in low care residential—do you tick carer?</li> <li>Time consuming</li> <li>Yes, we do not always know this e.g. if a person comes for a specific reason, e.g. counselling or short term group.</li> <li>Sometimes we don't know who cares and how much. There can be different stories from different family members.</li> </ul>	<p>The carer questions are not applicable to clients who are permanent residents of residential aged care service. Instructions to skip these questions are now incorporated in the revised form.</p> <p>The revised form has an 'Unknown' option.</p>
Question 10: Carer co-residency status	<ul style="list-style-type: none"> <li>What do you tick if client from low care facility?</li> <li>Yes</li> <li>Again not applicable to accommodation types e.g. hostel.</li> <li>Usually you are told who lives with the client. Sometimes if more than husband or wife cannot always tell who is main carer.</li> </ul>	<ul style="list-style-type: none"> <li>Client may live with someone who assists but is not classed as carer.</li> <li>Time consuming</li> <li>Yes</li> <li>Yes</li> </ul>	<p>The carer questions are not applicable to clients who are permanent residents of residential aged care service. Instructions to skip these questions are now incorporated in the revised form.</p> <p>The revised form has an 'Unknown' option.</p> <p>The Guidelines include a definition of a carer and how to determine whether the level and type of assistance provided by another person is sufficient of identify them as a carer.</p>

*(continued)*

**Table 6 (continued): Field test stage 1. Summary of feedback on Form B – Client data**

Question	Difficulty understanding the question or instructions, and related comments	Difficulty in reporting this for all clients, and related comments	Project Team response
Question 11: Relationship of carer to care recipient	<ul style="list-style-type: none"> <li>• What do you tick if client from low care facility?</li> <li>• Not applicable to residential clients.</li> <li>• Felt there could be a 'not applicable' area here to cover those in permanent care or 'other' so we could explain care.</li> </ul>	<ul style="list-style-type: none"> <li>• Who does a client live with regardless of carer status.</li> <li>• Sometimes hard to define how much time is given by each carer if client has dementia.</li> <li>• Time consuming</li> <li>• Yes</li> </ul>	<p>The carer questions are not applicable to clients who are permanent residents of residential aged care service. Instructions to skip these questions are now incorporated in the revised form.</p> <p>The revised form has an 'Unknown' option.</p>
Question 12: Date of initial assessment	<ul style="list-style-type: none"> <li>• All clients that accept our service are given an assessment regardless of whether they have a carer.</li> <li>• Time consuming</li> </ul>	<ul style="list-style-type: none"> <li>• All clients that accept our service are given an assessment regardless of whether they have a carer.</li> <li>• Time consuming</li> </ul>	<p>Sequencing error on form. This has been corrected.</p>
Question 13: Care plan status	<ul style="list-style-type: none"> <li>• As above, every client receives assessment and care planning.</li> <li>• Most of the planning is done with the client and not always the carer. Goals and time limits are difficult and also discharge contact. Most clients are now asked to contact us approximately one month after discharge if necessary. If we contact them they usually say they need to come back, they miss us.</li> </ul>	<ul style="list-style-type: none"> <li>• As above, every client receives assessment and care planning.</li> <li>• Most of the planning is done with the client and not always the carer. Goals and time limits are difficult and also discharge contact. Most clients are now asked to contact us approximately one month after discharge if necessary. If we contact them they usually say they need to come back, they miss us.</li> </ul>	<p>Sequencing error on form. This has been corrected.</p> <p>The definition of 'care plan' now states that the client should be consulted in the development of the care plan, but that that client's family/carer may be consulted.</p>

*(continued)*

**Table 6 (continued): Field test stage 1. Summary of feedback on Form B – Client data**

Question	Difficulty understanding the question or instructions, and related comments	Difficulty in reporting this for all clients, and related comments	Project Team response
Question 14: Health condition	<ul style="list-style-type: none"> <li>• 0550 &amp; 0560 very 'involved' disorders. Perhaps depression &amp; anxiety could have been single problems?</li> <li>• The list of health conditions is not appropriate for podiatry diagnoses (considering a significant portion of DTC resources are used in this area).</li> <li>• Time consuming to list all health conditions and correlate to a code.</li> <li>• No, except I did not read that this asked at first assessment.</li> </ul>	<ul style="list-style-type: none"> <li>• Clients often have multiple health conditions and it isn't always easy to put them in order.</li> <li>• Time consuming.</li> <li>• Medical history from the referring doctor is not always complete.</li> <li>• Some referrals do not cover all medical past history. Some clients seeing different doctors and specialists do not report adequately change in medical status.</li> </ul>	<p>On the revised form, this question has been changed into two separate questions, more relevant to the DTC Program. One question seeks information about reason for referral, the other about health conditions treated by the DTC. This way DTCs do not need to report health conditions that are not relevant to their work with the client. Also, where the DTC is not aware of all the conditions a person may have, it avoids the reporting of incomplete information.</p>
	<i>Difficulty with code list</i>		<p>Some podiatry-related conditions have been added into the code list, e.g. bunion, ingrowing nail, ulcer treatment.</p>
	<ul style="list-style-type: none"> <li>• More time consuming. Codes based on medical knowledge and in some situations required investigation to clarify.</li> </ul>		<p>The revised form now has a box for open text, so that conditions not on the code list can be reported. The Guidelines give instructions on how to report these, e.g. if the person is being treated for a hip replacement or a surgical amputation.</p>
	<ul style="list-style-type: none"> <li>• Not in this case, but I would have had difficulty categorising a person with a neck problem. Also I cannot see any category for orthopaedic surgery, e.g. hip and knee replacement.</li> </ul>		<p>Guidelines now state that it is not important in what order conditions are reported.</p>
	<ul style="list-style-type: none"> <li>• No code for surgical interventions like total knee replacement or hip replacement which would impact significantly on some people's mobility.</li> </ul>		
	<ul style="list-style-type: none"> <li>• One area that did not seem to be covered was cerebellar stroke where changes are different to those of heart disease and other CVA's.</li> </ul>		<p>It would have to be coded to the grouping 'Cerebrovascular disease' (0910). The code list is consistent with the 3-digit level of ICD-10-AM. Recording this level of detail was not thought necessary or appropriate for this survey.</p>

(continued)

**Table 6 (continued): Field test stage 1. Summary of feedback on Form B – Client data**

Question	Difficulty understanding the question or instructions, and related comments	Difficulty in reporting this for all clients, & related comments	Project Team response
Question 15: Activity limitations	<ul style="list-style-type: none"> <li>Sections could have been broken down into level of assistance required.</li> <li>Choice to limiting as this client could dress herself but not shower, could walk but not carry anything. Could communicate sometimes.</li> <li>Limited.</li> <li>Some clients only have one restriction in a category e.g. bathing.</li> </ul>	<ul style="list-style-type: none"> <li>The questions are very insensitive to higher level function problems (i.e. does not consider a person who has problems cooking, cleaning etc.).</li> <li>Communication problems have 2 components—people with pathology and people who have problems with language.</li> <li>Possibly on self-care initially until client has attended the DTC on several occasions to be able to fully assess.</li> <li>Time consuming.</li> <li>Yes</li> </ul>	<p>The Guidelines document explains the reason for this question, i.e. to determine whether the person has a severe or profound activity limitation. The definition of this is that anyone who at least sometimes needs assistance with any of these activities has a severe or profound activity limitation. It has been decided that other questions about the person's activity level, e.g. domestic tasks, are not to be included in this survey.</p> <p>The revised form has an 'Unknown' option.</p> <p>The Guidelines now further define each option.</p> <p>The question has been changed to relate to 'at the time of the survey' instead of 'at the time of first assessment'. This means that the DTC has enough time to ascertain the answer, at least for most clients.</p>
Question 16: 16a & 16b: Type of assistance received	<ul style="list-style-type: none"> <li>16a: Found it difficult to know whether formal counselling/support, information &amp; advocacy. This can be time spent informally advising of ACAS assessment/respite care/advise to carers/family regarding a broad range of topics and referring them to different areas. Nursing services is also very broad, not just dressings and blood pressure.</li> </ul>		<p>The Guidelines now clearly define the option 'advocacy'. 'Nursing services' has now also been defined in the Guidelines.</p>
Question 17: DTC-funded services ceased		<ul style="list-style-type: none"> <li>Sorting through archive material.</li> </ul>	<p>If a survey were to cover only clients attending the DTC agency during a two- or four-week period, answering this question should not require sorting through archive material.</p>

*(continued)*

**Table 6 (continued): Field test stage 1. Summary of feedback on Form B – Client data**

Question	Difficulty understanding the question or instructions, and related comments	Difficulty in reporting this for all clients, & related comments	Project Team response
Question 18: Accommodation setting after cessation of DTC services	<ul style="list-style-type: none"> <li>• Client went from living at home to low care hostel, but still attends DTC. Had trouble determining how to report this.</li> <li>• Yes</li> <li>• I suppose 'Other' can be death, hospital.</li> </ul>	<ul style="list-style-type: none"> <li>• Not routinely collected but could easily be included as part of service completion plan.</li> <li>• Sorting through archive material.</li> <li>• We do not normally ask our clients whether they own or rent their home.</li> <li>• The person I put forward did live with her family, I had no idea if it was owned or rented etc.</li> <li>• Yes</li> </ul>	<p>This question has now been removed from the form.</p> <p>Another question has been added, which asks for the reason why the client has ceased to receive therapy from the DTC agency.</p>
Question 19: Functional status	<ul style="list-style-type: none"> <li>• The question asks about secondary reason for referral, but this has not been stated earlier in the questionnaire, therefore the information seems disjointed.</li> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• Question does not allow for initial improvement then ongoing maintenance so that client remains at optimum independence choices, current living environment.</li> <li>• This does not cater for non referral related events e.g. acute episode, death of client or partner. After commencing and due to frailty of some clients a variety of things can change the therapy provided.</li> </ul>	<p>This question has been removed from the form based on comments received during the field test process and further research.</p>

*(continued)*

**Table 6 (continued): Field test stage 1. Summary of feedback on Form B – Client data**

Question	Difficulty understanding the question or instructions, and related comments	Difficulty in reporting this for all clients, & related comments	Project Team response
Further comments provided on Question 19 (Functional status).	<ul style="list-style-type: none"> <li>• This may occur (your example given) but if assessment, care planning and review reflect client and team goals and realistic achievements, then improvements will occur and/or be maintained so that client can remain as independent as possible.</li> <li>• Client suffering from motor neurone disease who attended and participated in most activities until she was admitted to hospital and sadly passed away. Younger client with Huntington’s disease, as she deteriorated, family began to use home care services.</li> <li>• In addition to the example above, some clients may have conditions that are not easily measurable. Therefore it could also be good to clarify whether the client feels their condition has improved, as opposed to the therapist’s view.</li> <li>• Some medical conditions are hard to factualise, i.e. dementia. Other medical conditions naturally worsen (i.e. Parkinson’s disease) and it is therefore hard to determine success of interventions.</li> <li>• Many clients have long-term debilitating illness and although we have been able to maintain them over a period of time, they are eventually discharged in a worse condition due to progression of disease. Many other clients have multiple problems, difficult to isolate which one is causing deterioration.</li> <li>• ‘Function’ is multi-factorial, e.g. possible to have improvement in balance and mobility, but reduced upper limb function.</li> <li>• Many of our clients are very long term and have multiple problems. Some of these exist on admission and due to length of stay other problems occur during the program. On occasions it is difficult to isolate which problem is impacting on functional ability.</li> <li>• The frailty of clients at times does make this difficult at times. Clients with Parkinson’s disease are variable in the short and long term. Clients with long term disabilities often develop other ailments and therapy reasons along the way. It would be difficult to write in a single word without explanation.</li> </ul>	This question has been removed from the form.	
Comments on whether the information needed about each client to complete the field test form was readily available.	<ul style="list-style-type: none"> <li>• Apart from the client ID number we don’t always have the level of detail in relation to health conditions for referrals made to the Successful Ageing and Community Integration programs.</li> <li>• Yes and no. For the recent clients who had a care plan the information was easy to access. For one client who had a CVA 10 years ago, his minimal function was maintained and he slowly deteriorated over the years. the physio provided treatment, although not on a care plan and the group occupational therapy work contributed to him being able to stay at home with his wife until he died. He was wheelchair bound and not suitable for a socialisation group or transport.</li> </ul>		

## Summary of additional comments provided by DTCs

- Look forward to further discussions.
- Due to the lack of community resources within our area, it is the belief of this agency that the withdrawal of therapy from long-term maintenance clients would result in dramatically reduced levels of independence, and possible result in the need for institutional care. Discharge from maintenance therapy programs will not be a priority for this client group.
- I would very much like the opportunity for follow-up discussion (by phone or face-to-face) in January as our service is already collecting a lot of client data and has developed many proformas which may be of interest; and our service is a 'new style' innovative model which is not easily 'boxed' so it would be good to be able to discuss 'user-friendly' ways to capture relevant data.
- If this process was to be considered for all clients it would be a very costly activity and would need to be justified regarding information collected versus usefulness of same in developing future programs and funding. Not all diagnosis were included due to time and relevance.
- Expand questions on overcoming social isolation and personal development.
- Some of the problems we have: when it comes to discharge some clients are very reluctant to go. If they come in on our bus they also stay for a meal. They develop friends and don't wish to be referred to another socialisation group or are too frail to do so. The waiting lists for our local community health centre is very long, 70-170 on waiting list.

# 3 Consultation: stage 1

Following stage 1 of the field testing the AIHW visited and contacted most of the DTCs who participated to discuss the process and issues that arose.

Below is a summary of the issues identified and discussed during these visits and contacts.

## Form A: DTC data

- **Operating (catchment) area (Question 5):** If this question requested postcodes could you supply this information? If there is no specific catchment area, could an area be determined using postcodes, based on all clients who attend the DTC?
- **Direct service delivery (Question 6):** Is it difficult to determine whether a client is a DTC-funded client? Is it difficult to separate funding sources in relation to this question about different programs? Was it difficult to determine what should be included? What about administration, is there a grey area between 'patient administration' (e.g. writing patient notes) and 'centre administration' (e.g. administering wages, organising meetings etc.), or is this clear cut? Would it be helpful if this item was more clearly defined?
- **Staffing profile (Question 9):** Would the inclusion of 'coordinator' and 'other administrative staff' categories make this question easier to answer? Would this question be easier if it asked for reporting hours instead of FTE?
- **Source of referral:** Possibility of including a question relating to the sources of referral for DTCs.

## Form B: Client data

- Opportunity for general feedback from the DTC on the field test process, any general issues that need to be discussed, any questions about the project, or any suggestions on improving the form.
- For some clients one of the reasons for attending the DTC is that they get social contact/support, stimulation and pleasure from it. In the context of the DTC Program, does your DTC consider this a valid reason for clients to continue attendance ('socialisation') and does this contribute to their ability to be independent and remain living in the community?
- How should a DTC client be defined?
- Is the information requested on this form routinely collected and documented by your DTC? If yes, was it easily accessible when completing the forms?
- **Accommodation setting (Question 8c):** It was reported that with the changing names of residential aged care services, it could be hard to know whether a client is in receipt of low or high level care. Is this question asked at the time of assessment? Isn't this

information needed by the DTC for funding purposes? Does your DTC recover the cost for high level care clients?

- **Care plan status (Question 13):** The Program Guidelines state that a care plan should be developed for each client. Are there any circumstances where it is not feasible to develop a care plan for a client? Would you call a treatment plan that relates specifically to a therapist's discipline also a 'care plan'?
- **Health condition (Question 14):** Consideration of this question being replaced by two separate questions, which could be less time consuming and will relate specifically to the reason(s) for treatment. The two separate questions being considered are: 1. Identification of the main reason for referral – is it always possible to determine the main reason? 2. Other health conditions for which the person receives treatment at the DTC – propose five boxes and another box allowing for a condition that is not included in the code list, i.e. a box for 'open text' to allow for the recording of procedures such as hip and knee replacements and podiatry conditions that cannot be coded. Will this be a more relevant and user-friendly question?
- **Activity limitations (Question 15):** The inclusion of this question in the survey is to enable the identification of the number of clients with a severe or profound core activity restriction which allows comparisons to be made with other datasets (e.g. the Aged Care Assessment Program Minimum Data Set Version 2.0) and population data (e.g. the Australian Bureau of Statistics Survey of Disability, Ageing and Carers).  
Consideration of making this question related to the time of the survey (instead of on the basis of the first assessment). Would this make the information more readily available, as well as relevant to the client's current needs, given that a client's first assessment may have been some time ago?
- **Functional status (Question 19):** This question will be removed from the form based on comments received from DTCs on the Feedback form and further research.

## Meeting with stakeholders

In addition to these visits and contacts made with DTCs a meeting of stakeholders was conducted in February (refer to Appendix C for a list of those who attended). The purpose of this meeting was to:

- discuss the issues that arose from the field test stage 1 and subsequent follow-up consultations;
- formulate modifications and additions to the forms in response to the issues raised for the field test stage 2;
- review the scenarios drafted by the Project Team to be used in stage 2 of the field test; and
- review and provide feedback on the Guidelines document to be trialed in stage 2 of the field test.

# 4 Modifications and additions

Following is a summary of modifications and additions to the DTC collection that were made as a result of the field test stage 1 experience. These revisions were discussed at the meeting of stakeholders in February 2002.

## Form A: DTC data

<b>Question</b>	<b>Modifications and additions required</b>
Q2 Street address of DTC	Remove this question.
Q5 Operating area	It is preferable that the area be identified using postcodes, however if this is not possible or appropriate then local government areas (LGAs) may be provided.
Q6 Direct service delivery	Percentage ranges with tick boxes for responses. Clarity the definition further in the Guidelines document.
Q9 Staffing profile	Further define 'administration' (client contact and non-client contact)  Include an option to report Coordinator and Other administrative staff separately.  Report details of average weekly hours worked by DTC funded staff.
Q10 Range of assistance	Remove 'Social support' from the list.
New question	Include a new question to identify the suburb or town in which the DTC agency is located and whether or not it is co-located with a residential aged care service. This question will allow for reporting of multiple locations (3) if DTCs provide services from more than one location.
New question	Include a new question that identifies where clients live if the DTC is co-located with a residential aged care service.
New question	Include a new question to identify the three main sources from which the DTC receives referrals.

## Form B: Client data

<b>Question</b>	<b>Modifications and additions required</b>
Various questions	Include an 'Unknown' coding option where relevant and appropriate on the form.
Q1 Client ID	DTC to allocate a number for each client specifically for the purpose of the survey.
Q2 Letters of name	Include instructions for this question in the Guidelines document rather than on the form and explain this item's relevance, also explain issue of confidentiality.
Q7 Government pension/benefit status	Correct spelling error. Split this question into two parts: one part to identify if the person is in receipt of a government pension or benefit and the second part to identify the type of pension or benefit. If a person is not in receipt of a government pension or benefit then they can sequence past the second part of the question.
Q8 Suburb/town/locality Postcode Accommodation setting	Change the tense for these questions to be recorded at the time of the survey, i.e. in which suburb, town or locality does the person live?
Q9, 10 & 11 Carer questions	Sequence past these questions for those clients in residential aged care services and other institutional care as recorded in Accommodation setting question immediately prior to these questions.
Q 13 Care plan	Change Guidelines to say the care plan process may include family and/or carer (but not compulsory).
Q14 Health condition	Include more detailed instructions on the code list in the Guidelines document and include an alphabetic list of health conditions as an alternative code list. Split this question into two questions: one to identify the 'main reason for referral' and a second question to identify the health conditions (up to five) for which the client is currently receiving therapy at the DTC. Include open text boxes to enable the recording of procedures and other conditions that cannot be identified in the code list, e.g. hip and knee replacements and podiatry.

	Include podiatry conditions in the code list where possible and also provide an alphabetic code list.
Q15 Activity limitations	Define further in the Guidelines document. Change the tense so the question is recorded 'now', i.e. at the time of the survey.
Q16a Type of assistance	Split this question into two parts: one question to identify which types of therapy were provided to the person and whether they were provided in a group or individually; and another question to identify where the therapy were provided, i.e. centre-based (at DTC), centre-based (other than a DTC) or at the person's home.
Q18 Accommodation setting after cessation of services	Remove this question.
Q19 Functional status	Remove this question.
New question	Include a new question to identify whether the person has been formally diagnosed with dementia.
New question	Include a new question to identify why a person has ceased to receive therapy.

# 5 Field test stage 2

## 5.1 Scope

### Questions

The second stage of the field test included two forms as per stage 1 of the field testing, incorporating the modifications and additions made as a result of the field test as outlined in Section 4. Refer to Appendix D for copies of the forms used. The forms were supported by the 'Draft Guidelines to the DTC Data Collection' which were developed for use in the second stage of the field test and for future use.

### Day Therapy Centres

A selection of DTCs were chosen based on the following sampling criteria:

- metropolitan/non-metropolitan;
- large/small Commonwealth grant; and
- co-located with residential care facility/community-based.

Participation in the field test was voluntary. A total of 9 DTCs were included from Queensland, Western Australia and South Australia, with a reasonable range of DTCs meeting the above criteria. The one DTC included from South Australia was also involved in stage 1 of the field test. A list of the DTCs who participated in both stages of the field test is included under the Acknowledgements.

Participating DTCs individually determined the number of therapists to be involved in the field test and included a range of disciplines where possible.

### Sample

The DTCs were requested to complete Form A (DTC data) in relation to their DTC and to complete Form B (Client data) for three hypothetical scenarios in order to test the consistency of interpretation and reporting of information based on a given situation and set of circumstances. A copy of these scenarios can be found in Appendix E.

## 5.2 Collection methods

The collection of the field test was paper-based. Participating DTCs were sent the field test material by the 22 February 2002 and were requested to complete and return the data collection forms (Forms A and B) and the feedback form by 7 March 2002. A total of eight sets

of DTC data forms and six sets of DTC client forms completed for the scenarios were returned and most of the forms were received by mid March 2002.

## 5.3 Results

### Form A: DTC data

Information provided on Form A was entered into a spreadsheet to enable some analysis of the profile of the DTCs included in the field test.

**Location of DTC (Question 4) & where DTC clients live (Question 5):** One DTC reported six suburbs where their DTC agency is located and all other participating DTCs reported only one location. Of the total of 13 locations reported 10 are co-located with a residential aged care service (RACS). Of the DTCs co-located with a RACS, 6 reported that their client group receiving therapy live both in the RACS and the community and 2 reported that their client group live only in the RACS.

**Operating area (Question 6):** This question requested DTCs to report their operating (catchment) area in which they provide assistance to clients preferably by the use of postcodes and 7 out of the 8 DTCs who responded were able to provide postcodes.

**Main sources of referral (Question 7):** DTCs were requested to identify the three main sources from which they receive referrals. The most common sources of referral for the participating DTCs were General Practitioners, residential aged care services and other health or community care services.

**Direct service delivery (Question 8):** This question requested DTCs to estimate what percentage of their DTC funding is spent on direct service delivery to clients within the ranges provided on the form. Of the participating DTCs 3 reported 70% to 79%, 2 reported 80% to 89% and 2 reported 90% to 100%. (One DTC was unable to provide this information in the limited time.)

**Staffing profile (Question 11):** With the exception of 'Nurses', all of the disciplines included on the form were selected by the DTCs participating in the field test. The core elements of the staffing profile of the field test DTCs are Occupational Therapists, Physiotherapists, Podiatrists, Allied Health Assistants and Coordinators. The question also allowed for 'other' staff members to be identified and the responses provided included: Program Manager, Bus Driver, Cleaner, Domestic and Physiotherapy Aide.

**Range of assistance (Question 12):** Following is a summary (Table 7) of the range of assistance provided by the DTCs who responded to the field test stage 2.

**Table 7: Number of DTCs providing a type of assistance**

Type of assistance	No. DTCs	Type of assistance	No. DTCs
Occupational therapy	7	Social work	1
Physiotherapy	8	Nursing services	0
Hydrotherapy	3	Food services	3
Speech therapy	3	Transport (to & from DTC)	5
Podiatry	7	Counselling/support, information and advocacy	3
Diversional therapy	2	Other	2
Group activities	5		

The type of group activities varied and included the following:

- memory improvement;
- cognitive, communication;
- physical: gross and fine motor, weights exercise program, self-help hydrotherapy, general exercise classes, walking groups;
- health education programs, stress management;
- confidence, self-esteem;
- social;
- groups targeted at people who have had a stroke, have Parkinson's;
- falls prevention, home safety

The 'other' types of assistance reported included:

- lifestyle advocacy;
- continence advisor;
- Community Integration – relinking people to community activities and building of social/support networks.

## **Form B: Client data**

The Project Team, in conjunction with those who attended the Stakeholders meeting in February 2002, completed Form B for each of three scenarios. The scenarios helped to identify areas in the Draft DTC Data Collection where variability in interpretation existed. The main purpose of using the scenarios as the basis for the second stage of the field test was to examine the extent of variability in interpretation between DTCs rather than to test for 'right' or 'wrong' answers.

Some of the key points are listed below, followed by a table summarising the results for each scenario.

## Key points

- Overall, the variations in the reporting of information for the scenarios appears to be as a result of the guidelines not being referred to either at all or in sufficient detail before and whilst completing the forms.
- It appears that some DTCs had difficulty following the guidelines for the reporting of **Letters of name**, particularly how to deal with short names.
- **Carer availability:** In scenario 1, Dorothy Sims-Jones was recorded on 2 forms as having a carer, which does not fit the definition of a carer in the guidelines.
- **Health conditions:** This question had more than 3 different answers reported for each of the scenarios which indicates that this particular question is more open to differing interpretations than other questions.

Table 8: Summary of data reported Scenarios 1, 2 and 3 (codes reported by the Project Team are in bold)

Question	Scenario 1		Scenario 2		Scenario 3	
	Answers	Freq	Answers	Freq	Answers	Freq
Letters of family name	IMJ	4	RAI	6	G22	4
	IMO	1			IN2	1
	IM2	1			G	1
Letters of first name	OR	6	IU	6	IN	5
					G2	1
Sex	Female	6	Male	6	Male	6
	07081922	6	01071924	5	28031920	6
Date of birth			1924	1		
			No (Neither Aboriginal nor Torres Strait Islander)	6	No (Neither Aboriginal nor Torres Strait Islander)	6
Indigenous status	No (Neither Aboriginal nor Torres Strait Islander)	65				
			3104 (Italy)	6	5105 (Vietnam)	6
Country of birth	1101 (Australia)	6	No	6	Yes	6
Govt. pension/benefit status	Yes	6				
Type of gov. pension/benefit	Veterans' Affairs Pension	6	Not relevant (no pension/benefit)	6	Aged Pension	5
					Blank	1
Suburb/town/locality name	Boronia	6	Northcote	6	Eastwood	6
Postcode	4707	6	3070	6	2122	6
Accommodation setting	Private residence/Private rental	4	Private residence/Owned/purchasing	6	Residential aged care service—low level care	6
Carer availability	Private rental	2				
	Has a carer	2	Has a carer	6	Has no carer	6
	Has no carer	4				

(continued)

**Table 8 (continued): Summary of data reported Scenarios 1, 2 and 3 (codes reported by the Project Team are in bold)**

Question	Scenario 1			Scenario 2			Scenario 3		
	Answers	Freq	Answers	Freq	Answers	Freq	Answers	Freq	
Carer co-residency status	Non-resident carer	2	Co-resident carer	6	Not relevant	6	Not relevant	6	
Relationship of carer to care recipient	Not relevant (no carer)	4	Wife/female partner	6	Not relevant	6	Not relevant	6	
	Daughter	2							
Date of first assessment	Not relevant (no carer)	4							
	10092001	6	18112001	5	15072000	6	15072000	6	
Main reason for referral	Fracture at wrist & hand level (1610)	5	Psychoses & depression/Mood affective disorders (0550)	4	Acute lower respiratory infections (1003)	6	Acute lower respiratory infections (1003)	6	
	Other arthritis & related disorders (1302)	1	Parkinson's disease	2					
Care plan status	Yes	6	Yes	6	Yes	6	Yes	6	
Dementia status	No	6	No	6	No	6	No	6	
Activity limitations	Self-care	1	Self-care/Mobility	5	Mobility	5	Mobility	5	
	None of the above	4	Unknown	1	Self-care/Mobility	1	Self-care/Mobility	1	
Health conditions	Unknown	1							
	Fracture at wrist & hand level/Other arthritis & related disorders	1	Psychoses & depression, Mood affective disorders/ Parkinson's disease/ Back problems	1	Left lower leg amputation (1899)	1	Left lower leg amputation (1899)	1	
Fracture at wrist & hand level/Other arthritis & related disorders/ Diabetes mellitus—Type 2	Fracture at wrist & hand level/Pain	1	Psychoses & depression, Mood affective disorders/ Parkinson's disease/ Abnormalities of gait & mobility	1	Acute lower respiratory infections/ Abnormalities of gait & mobility	2	Acute lower respiratory infections/ Abnormalities of gait & mobility	2	
	Fracture at wrist & hand level/Pain	1	Psychoses & depression, Mood affective disorders/ Parkinson's disease	1	Abnormalities of gait & mobility	1	Abnormalities of gait & mobility	1	

(continued)

**Table 8 (continued): Summary of data reported Scenarios 1, 2 and 3 (codes reported by the Project Team are in bold)**

Question	Scenario 1			Scenario 2			Scenario 3		
	Answers	Freq	Answers	Freq	Answers	Freq	Answers	Freq	
Fracture at wrist & hand level/ Other arthritis & related disorders/ Diabetes mellitus—Type 2/Pain		1	Parkinson's disease/ Psychoses & depression, Mood affective disorders/Abnormalities of gait & mobility/Low self-esteem (1899)	1	Diabetes mellitus—Type 1/ Abnormalities of gait & mobility/ Disorientation/ Amputation of toe/ankle/foot/lower leg (1899)	1		1	
	Other arthritis & related disorders/ Diabetes mellitus—Type 2	1	Psychoses & depression, Mood affective disorders/ Abnormalities of gait & mobility/Parkinson's disease/ Other neurotic, stress related & somatoform disorders	1	Acute lower respiratory infections/ Amputation of toe/ankle/foot/leg/ Diabetes mellitus—Type 1	1		1	
Type of therapy/services— individual	Physio/Hydro/Podiatry	1	Psychoses & depression, Mood affective disorders/ Parkinson's disease/ Back problems/Malaise & fatigue	1					
	<b>Physio/Podiatry</b>	5	Parkinson's disease/ Psychoses & depression, Mood affective disorders/Chronic lower respiratory diseases/Back problems	1			<b>Podiatry</b>	6	
Type of therapy/services—group	OT	1	<b>Counselling/support, information &amp; advocacy</b>	3			<b>Physio/Hydro</b>	6	
	<b>OT/Hydro</b>	5	Other (Self-esteem/confidence & relaxation classes OT OT/Groups in self-esteem, confidence & relaxation	1					

(continued)

**Table 8 (continued): Summary of data reported Scenarios 1, 2 and 3 (codes reported by the Project Team are in bold)**

Question	Scenario 1		Scenario 2		Scenario 3	
	Answers	Freq	Answers	Freq	Answers	Freq
Service delivery setting	Centre-based (at DTC)	6	Centre-based (at DTC)/Centre-based (other than a DTC)/At the person's home	6	Centre-based (at DTC)	6
Type of additional service	Meals/transport	6	Transport	5	None	5
Cessation of service episode status	No	6	Meals/transport	1	Meals/transport (w/c)	1
			No	6	No	5
Date of exit	Not relevant	6	Not relevant	6	Yes	1
					Not relevant	5
Reason for exit	Not relevant	6	Not relevant	6	Blank	1
					Not relevant	5
					Blank	1

## **5.4 Summary of feedback**

The AIHW developed a Feedback Form for completion by each DTC participating in the field test. A copy of this form can be found in Appendix F.

A total of 8 Feedback Forms were received from the participating DTCs. The following tables summarise comments made on these forms and includes Project Team responses where appropriate.

Table 9 summarises comments on Form A relating to DTC data.

Table 10 summarise comments on Form B relating to Client data.

**Table 9: Field test stage 2. Summary of feedback on Form A – DTC data**

Question	Comments	Project Team response
Question 6: DTC operating area	<ul style="list-style-type: none"> <li>With the proviso that we are not area confined, in the sense that older people can access our services (and do) from outside of our region if: they are unable to access other services closer to them; they are able to get to and from our service without our assistance; and we have the service capacity to respond to the referral.</li> <li>Difficult to describe area. We accept anyone who is able to access the Therapy Centre from all surrounding areas.</li> </ul>	<p>There is no intention of confining DTCs to particular areas. The information reported for this question will facilitate the analysis of service provision in relation to demographic and other characteristics of the population of a geographic area.</p>
Question 8: Direct service delivery	<ul style="list-style-type: none"> <li>Quite difficult to calculate and very time consuming.</li> <li>Far too time consuming, the rest of the form was easy to follow.</li> </ul>	<p>This is acknowledged and stage 2 of the field test included the percentage range for responses to alleviate some of the collection burden, i.e. an approximation within a range is acceptable. This information is seen as important by the Commonwealth Department of Health and Ageing and supports the measurement of the efficiency of the DTC Program.</p>
Other questions	<ul style="list-style-type: none"> <li>Q4: we have a stand alone building and are co-located with five aged care facilities.</li> <li>Q11: Staffing profile: very difficult to split staff time between direct service and coordination duties, given that several staff members (Coordinators, Assistant Coordinators &amp; Senior Therapists) have split duties.</li> <li>Q10 needs more space.</li> </ul>	<p>This is acknowledged, however the Commonwealth Department of Health and Ageing is interested to obtain this information in conjunction with the range of assistance provided by DTCs to provide a profile of the DTC Program. This will be adjusted on the form.</p>
General comments	<ul style="list-style-type: none"> <li>The term 'care plan' is a very medical term, usually associated with ongoing care and not reflective of the intent of rehabilitation. An alternate term for 'care planning process' would be 'assessment/planning/review process' or 'action plan' instead of 'care plan'.</li> <li>Q9: No person is to miss out on treatment because of inability to pay.</li> </ul>	<p>The term 'care plan' is generally understood in the Program and has been defined for the purposes of the census in a way that is consistent with the DTC Program Guidelines. Any changes to the terminology would need to occur in the Program Guidelines initially.</p>

**Table 10: Field test stage 2. Summary of feedback on Form B – Client data**

Question	Difficulty understanding question or guidelines & related comments	Project Team response
Question 2: Letters of person's name	<ul style="list-style-type: none"> <li>Found this a bit confusing initially and easy to make errors. Please note typo in question—reference is pages 16–18 in the Guidelines, not page 15.</li> <li>Difficulty in Scenario 3. I think it's a matter of getting used to model, won't be difficult with practice.</li> <li>Needed possible clarification in Scenario 3. Clients of Asian extraction sometimes have Family name transposed with First given name. Doubt with Family name.</li> </ul>	<p>More guidelines will be included on the form and the typo is noted.</p> <p>The Guidelines document did include instructions on what to do in cases where there are cultural issues, these will be included on the form.</p>
Question 7a: Government pension/benefit status	<ul style="list-style-type: none"> <li>Scenario 2 was listed as 'superannuation pension' which was confusing. It was unclear to me from the Guidelines and question as to whether superannuation is recorded as a pension benefit or not. It would be helpful to spell this out in the Guidelines. i.e. this does not include superannuation benefits.</li> </ul>	<p>This exclusion of superannuation benefits will be made clearer.</p>
Question 7b: Type of pension/benefit	<ul style="list-style-type: none"> <li>Scenario 2 did not stipulate if private superannuation or government superannuation. I think I should have ticked the 'unknown' box.</li> </ul>	
Question 8, 9 & 10: Suburb, postcode & accommodation setting	<ul style="list-style-type: none"> <li>Residential high care not mentioned. We do have these clients attend service.</li> </ul>	<p>The therapy provided to these clients should be fully cost recovered through the RACS so are not included in the scope of the survey as per the Program Guidelines.</p>
Question 11: Carer availability	<ul style="list-style-type: none"> <li>This was ambiguous—had great difficulty deciding whether daughter in Scenario 1 was a carer.</li> </ul>	<p>Under normal circumstances i.e. 'real' clients it is expected that this information would be easier to ascertain.</p>
Question 15: Main reason for referral	<ul style="list-style-type: none"> <li>In Draft Guidelines '... This item also gives an understanding of how often clients continue to be treated for the condition for which they were referred'. I found this statement difficult to understand because in my experience both as a therapist and manager of a DTC. A client is sometimes referred for one condition but in fact have a myriad of other conditions/symptoms that DTC staff can address. Sometimes the cause of initial referral is treated early with good results but the client continues to attend for other problems which assist them to remain independent in their own home.</li> </ul>	<p>This will be acknowledged also in the section 'Why is this information important?' for both this question and the conditions the person has received therapy for (Q19).</p>
Question 16: Care plan status	<ul style="list-style-type: none"> <li>Prefer the term 'action plan' to 'care plan' given that we are talking about promoting independence not dependence.</li> <li>Scenario 1 did not specify physio strategies or goals—nor for occupational therapy group.</li> </ul>	<p>The DTC Program Guidelines refer to 'care plan', so a change to the use of this term would need to be made there in the first instance.</p>

(continued)

**Table 10 (continued): Field test stage 2. Summary of feedback on Form B – Client data**

Question	Difficulty understanding question or guidelines & related comments	Project Team response
Question 18: Activity limitations	<ul style="list-style-type: none"> <li>• Scenario 3: unclear whether as a low level of care resident Mr Ng would need help with self-care (not specified, hence not recorded).</li> <li>• Self-care Scenario 1: is she referred because she can't manage tasks with fractured wrist?</li> <li>• Information provided on help needed on assessment not at time of survey—this can be different if client has received treatment from (say) an occupational therapist to improve function.</li> <li>• Scenario 3: Client was a resident of a low care facility—more information might have been required to ascertain limitations of self-care.</li> </ul>	<p>Under normal circumstances, i.e. 'real' clients, it is expected that this information would be easier to ascertain.</p> <p>This is not stated in the scenario so it could either have been coded as 'none of the above' or 'unknown'. This should not pose a problem when dealing with 'real' clients.</p> <p>Given that an assessment may have occurred some time ago, it was thought it preferable to ask this question at the time of the survey.</p> <p>Under normal circumstances, i.e. 'real' clients, it is expected that this information would be easier to ascertain.</p>
Question 19: Health condition	<ul style="list-style-type: none"> <li>• Scenario 2: No codes for low confidence/self-esteem or for stress (interventions were developed for both of these areas, which also serve as key referral reasons for counselling along with things like grief and loss, life changes, low motivation, negative thinking etc.). This was not included in the scenarios, however peripheral neuropathy is a common condition amongst people with diabetes and peripheral vascular disease and is not included on the code list.</li> <li>• Scenario 3: Unable to list a health condition for podiatry intervention—not listed in scenario.</li> <li>• Scenario 3: A bit confusing to determine. Was the condition for amputation or diabetes? I chose amputation as the need for strengthening and mobility, but difficult to determine on list.</li> <li>• Scenario 1 spoke of admission conditions but not what was being treated at survey—only what services being received.</li> <li>• This relied on assumption that therapists are treating for various conditions.</li> </ul>	<p>Scenario 2: 1 session with the social worker for depression (code 0550), group session for self-esteem/confidence &amp; relaxation could be coded using code 1899 and specifying in text box provided. The health condition code list will be expanded to allow for coding of referral reasons for counselling &amp; peripheral neuropathy.</p> <p>Scenario 3: The podiatry intervention was related to the diabetes (code 0402).</p> <p>The treatment received was in relation to the amputation, but the podiatry was in relation to the diabetes, so both could have been coded.</p> <p>Noted, this meant making assumptions on what conditions being treated. Under normal circumstances, i.e. 'real' clients, it is expected that this information would be easier to ascertain.</p>

(continued)

**Table 10 (continued): Field test stage 2. Summary of feedback on Form B – Client data**

Question	Difficulty understanding question or guidelines & related comments	Project Team response
Question 20a, b & c: Type of therapy/service(s) received & mode	<ul style="list-style-type: none"> <li>What is the differentiation between social work and counselling? (social work is counselling) It was unclear to me where to record Scenario 2's confidence and self-esteem class (placed under other). Suggestion: perhaps you could add another line for health education with boxes for individual and group, with a section for discipline (e.g. social work) and area (e.g. confidence and self-esteem). Also an 'other' box to incorporate meetings in parks, coffee shops, other people's homes etc.</li> </ul>	Counselling will be removed from the list of therapies provided. 'Other' box will be included to allow for provision of therapy in other places to be recorded.
Question 22: Reason for exit	<ul style="list-style-type: none"> <li>This question needs a 'please specify' box for 'other'. Also, 'ill-health of client' would be a useful box addition, as we have found that it is another key reason for cessation of services.</li> </ul>	A text box will be included to allow for the 'other' coding option to be specified. Coding explanations will also be included on the form & this will allow for the recording of the 'ill-health of clients'.
Feedback question 2.2: Difficulty with code lists for health conditions	<ul style="list-style-type: none"> <li>As noted above.</li> <li>It was good to have them set out both alphabetically and grouped.</li> </ul>	See Question 19: Health condition. Great to have this feedback on the code lists.
Feedback question 2.3: Difficulty identifying main reason for referral for all clients	<ul style="list-style-type: none"> <li>As already outlined key reasons for referral to social work include grief and loss (death of spouse/partner/family member, loss of pet, loss of home, relocation); low motivation/confidence/self-esteem; elder abuse. None of these are specified in the list. Also loneliness and social isolation are key issues. The list of health conditions is heavily weighted to physical conditions and underplays the importance of holistic rehabilitation and the interplay of the socio-emotional and the physical.</li> <li>No the reason is identified.</li> <li>Social considerations are not included in the code list.</li> </ul>	The health condition code list will be expanded to allow for the reporting of some of these issues.
Feedback question 2.4: Guidelines clear & ease to use	<ul style="list-style-type: none"> <li>Yes, although there are 2 sections I would like to question. Communication (p. 30)—this explanation is unclear to me, hence an eg of what is meant would be useful. Type of service (p. 32)—I'm concerned about the definition given to counselling/support, information and advocacy (i.e. 'time spent informally providing advice or counselling to the client or their carer'). Counselling is a formal activity, with its own set of ethics and accountabilities and needs to be regarded as such.</li> <li>Clear and user friendly.</li> </ul>	An example will be included. Counselling/support, information and advocacy will be removed from the list of therapy provided.

(continued)

**Table 10 (continued): Field test stage 2. Summary of feedback on Form B – Client data**

Question	Difficulty understanding question or guidelines & related comments	Project Team response
Feedback question 2.5: 'Scope of survey'	<ul style="list-style-type: none"> <li data-bbox="285 663 416 1554">• 2.2 dot point one—have clarified with the DHA the eligibility of low care residents for DTC services and had the following position endorsed. All level 8 clients are service eligible; level 5–7 residents (who do not receive RCS funding under therapy questions 19 and/or 20) are also service eligible. Those receiving RCS subsidy under questions 19 and/or 20 are not service eligible ('double dipping' issue).</li> <li data-bbox="437 663 485 1554">• Q11 on DTC data form: the hours included nursing home client hours, should I not include these?</li> <li data-bbox="560 680 663 1554">• The definitions seem to be appropriate. However, I would like to see DTC services broadened to include other disciplines such as psychology, dietetics, music therapy and massage therapy. It would also be good to provide preventive programs such as fitness programs for the elderly.</li> <li data-bbox="764 663 839 1554">• Clear Guidelines for scope. DVA eligibility is a question frequently asked. Perhaps this could be added as DVA clients often expect exemption from any contribution if they have a Gold card.</li> </ul>	<p data-bbox="285 389 309 629">This will be incorporated.</p> <p data-bbox="437 192 541 629">No these hours should not be recorded as the services provided to clients receiving high level care in a RACS should be fully cost recovered from that RACS.</p> <p data-bbox="560 192 719 629">The therapies outlined are in accordance with those in the Program Guidelines. Any changes to this list would need to be done via application to the Commonwealth Department of Health and Ageing as outlined in the DTC Program Guidelines.</p> <p data-bbox="738 192 788 629">Clarification for DVA clients will be included in the Guidelines.</p>

### **Summary of additional comments provided by DTCs**

- Happy to discuss further the responses given and would welcome the opportunity to be further involved.
- Would it be useful to include a question on the fee waiving to ascertain how many clients of the service have fees waived? I have recently been asked to supply this data to the Department.
- To be able to find this information on a database of client information would be very useful with all the questions on the computer.
- It was quite time consuming but an interesting exercise.
- Look forward to new Guidelines for DTCs and am happy to assist with any further queries or surveys.

# 6 Consultation: stage 2

Following stage 2 of the field testing the AIHW contacted stakeholders who attended the February meeting and a selection of DTCs who participated to discuss the process and issues that arose.

Below is a summary of the issues identified and discussed during these contacts.

## Form A: DTC data

- **Staffing profile (Question 11):** Some DTCs reported difficulty in splitting staff time as several staff members have split duties. Can this question be answered according to official hours, i.e. are these duties officially split in terms of hours?

## Form B: Client data

- Suggestion made by a DTC on the inclusion of questions relating to how many clients need interpreter services while attending the DTC, how many clients have private health insurance and how many are Department of Veterans' Affairs gold card holders.
- **Type of service (Question 20):** There was concern regarding the definition given to counselling/support, information and advocacy (i.e. 'time spent informally providing advice or counselling to the client or their carer'), particularly the reference to 'informal' in relation to counselling. The view was expressed that counselling is a formal activity, with its own set of ethics and accountabilities and needs to be regarded as such.
- **Cessation of service episode status (Question 21):** Some clients cease to receive therapy but do not go off the books yet. They may be on a home program and may be called 'review phase clients' or 'inactive clients'. Usually they are asked to phone in after a period of time, e.g. 6 weeks, or they are followed up by a staff member at the DTC.

## Guidelines

- **Scope of the survey:** Eligibility of clients living in a residential aged care service (RACS) needs to be expanded. Clients receiving low level care in a residential aged care service, but for whom the residential aged care service receives therapy funding under the Resident Classification Scale (RCS questions 19 and 20) are not DTC clients for the purposes of this survey, as for these clients the cost should be fully recovered from the RACS.

- Consideration of incorporating the specific guidelines for each question onto the forms and reducing the Guidelines document to contain background information.

# 7 Modifications and additions

Following is a summary of modifications and additions to the DTC collection that were made as a result of the field test stage 2 experience. These revisions will be incorporated into the final documentation for the DTC Program National Census.

## Form A: DTC data

Incorporate specific guidelines for each question onto the form.

<b>Question</b>	<b>Modifications and additions required</b>
Q12 Range of assistance	Remove 'Counselling/support, information & advocacy' from the code list.
DTC ID	Include an 'Office use only' box on the form for the allocation of a DTC ID upon receipt of the forms.

## Form B: Client data

Incorporate specific guidelines for each question onto the form.

<b>Question</b>	<b>Modifications and additions required</b>
Q7 Government pension/benefit status	Include more detailed clarification that those people whose only source of income is a superannuation benefit (i.e. self-funded retirees), including government superannuation pensions, should be coded as 'no' for this question. Include an 'Other' (please specify) coding option.
Q15 and 19 Main reason for referral/Health condition	Expand code list to allow for coding of referral reason for counselling (e.g. grief and loss, social isolation, life changes) and include peripheral neuropathy.
Q20a Type of service	Remove 'Counselling/support, information & advocacy' from the code list.
Q20b Service delivery setting	Include an 'Other' (please specify) coding option.
Q22 Reason for exit	Include a 'please specify' box for the 'Other' coding option.
DTC ID	Include an 'Office use only' box on the form for the allocation of a DTC ID upon receipt of the forms.

## **Guidelines**

- Remove the specific guidelines for each question (i.e. 'What is the range of possible answers?' and 'Which of the possible answers should I choose?' sections) from the Guidelines document and incorporate onto the forms.
- Include information about privacy and consent issues.

## 8 The National DTC Census

Based on the results, feedback and consultation undertaken during the process of the field test and with the Commonwealth Department of Health and Ageing the AIHW Project Team has developed a set of documents for a National Census of the DTC Program. These documents include:

- Census forms: Census Form A – DTC data and Census Form B – Client data;
- Instruction sheet for the census;
- Guidelines to the DTC Program National Census; and
- DTC Program Data Dictionary Version 1.0.

The documents listed above provide details on the final scope of the census and the census questions, and they contain the necessary background materials such as the final Health condition and Country of birth code lists. The Guidelines document also includes a discussion of privacy issues, and the Data Dictionary provides information on national data standards, DTC draft Performance Indicators and limitations of the DTC data collection, as well as detailed definitions of all data elements and the draft Performance Indicators.

The DTC National Census aims to provide Commonwealth DTC program managers with access to data for policy and program development, strategic planning and performance monitoring against agreed outcomes. It is also designed to assist DTC agencies to provide high quality services to their clients by facilitating improved internal management and local/regional area planning and coordinated service delivery. Another important objective of the census is to facilitate consistency and comparability of DTC data with national standards and other relevant information in the health and community services field. The final census documents provide the instruments to capture the data required to achieve these objectives.

The exact timing of the first National Census is yet to be determined by the Commonwealth Department of Health and Ageing, but it is likely that it will be conducted towards the end of 2002.



# **Appendix A: Field test stage 1 Forms A and B**

## Day Therapy Centre (DTC) Program: DTC data

This form should be completed by each Commonwealth funded DTC providing therapy services.

### Field test: Form A

#### DTC details

*The following information on DTC service providers relates to the DTC funded organisation or organisational sub-unit that is responsible for the direct provision of DTC-funded assistance to clients (regardless of the level at which an organisation is funded).*

#### 1. DTC name

#### 2. Street address of DTC

_____
_____
<i>State/Territory</i> <i>Postcode</i>

#### 3. Postal address of DTC

_____
_____
<i>State/Territory</i> <i>Postcode</i>

#### 4. Please record the contact details for a person we can contact if we have any queries about this form.

<i>Name</i> _____	
<i>Position</i> _____	
<i>Phone</i> _____	<i>Fax</i> _____
<i>e-mail</i> _____	

#### 5. Can you identify the operating (or catchment) area in which your DTC provides assistance to clients? How has this been done (e.g. based on local service networks or other DTCs in neighbouring areas)?

This is the geographic area in which your DTC provides assistance to clients. Please provide relevant postcodes, suburb names and/or a map to identify your operating area.

_____
_____
_____

#### 6. What percentage of your DTC funding do you spend on direct service delivery to clients?

Please include wages for employees involved in direct service delivery (e.g. physiotherapists, allied health assistants, etc), purchase of aids and equipment, travel to/from clients, transport of clients, meals provided to clients, cost of interpreters, etc.

Do **not** include administration (wages and other costs), staff training, computer expenses, subscriptions, overheads such as rent, insurance, electricity, telephone, etc).

%
---

*If you had any difficulty in determining this percentage, please explain this at item 1.1 on the yellow feedback form.*

**7. Please describe the fee charging regime you have in place for DTC services.**

Please include details of exemptions and upper limits for clients receiving multiple services.


**8. Please describe the care planning process you have in place for DTC clients.**

Please include details of how a care plan is developed (i.e. with the client and/or carer), what are the main elements (i.e. client's needs, goals of care, activities strategies to achieve the goals, recommendations for therapy & referrals, provision for discharge, time limits for review etc.), and whether care plans are developed for all clients.


**9. Please identify the current staffing profile of your DTC.**

Please report details of the number of full-time equivalent (FTE) staff remunerated out of DTC funding. For example, if the DTC employs three half-time physiotherapists (0.5 of a full-time load), the FTE is 1.5 physiotherapists. Similarly, if the DTC employs one full-time occupational therapist who spends 30% of his/her working hours on administration as a coordinator, the FTE is 0.7 occupational therapists and 0.3 administrative staff.

	FTE		FTE
Occupational therapist	<input style="width: 40px; height: 20px;" type="text"/>	Social worker	<input style="width: 40px; height: 20px;" type="text"/>
Physiotherapist	<input style="width: 40px; height: 20px;" type="text"/>	Nurse	<input style="width: 40px; height: 20px;" type="text"/>
Speech therapist	<input style="width: 40px; height: 20px;" type="text"/>	Administrative staff	<input style="width: 40px; height: 20px;" type="text"/>
Podiatrist	<input style="width: 40px; height: 20px;" type="text"/>	Other (please specify)	<input style="width: 40px; height: 20px;" type="text"/>
Diversional therapist	<input style="width: 40px; height: 20px;" type="text"/>		
Allied health assistant	<input style="width: 40px; height: 20px;" type="text"/>		

**10. Please identify the range of assistance your DTC provides.**

Occupational therapy	<input type="checkbox"/>	Social work	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	Nursing services	<input type="checkbox"/>
Hydrotherapy	<input type="checkbox"/>	Social support	<input type="checkbox"/>
Speech therapy	<input type="checkbox"/>	Food services	<input type="checkbox"/>
Podiatry	<input type="checkbox"/>	Transport (to & from DTC)	<input type="checkbox"/>
Diversional therapy	<input type="checkbox"/>	Counselling/support, information & advocacy	<input type="checkbox"/>
Group activities (please specify)	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

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***Thankyou for your time and help completing this form.  
Your feedback on the form would be greatly appreciated.  
Thankyou!***

## Day Therapy Centre (DTC) Program : Client data

This form should be completed for the four clients selected according to the 'Instructions for field testing'.

### Field test: Form B

#### 1. DTC client ID

This is the number assigned to uniquely identify each person within the DTC.

#### 2. Letters of person's name

If either of the person's names includes non-alpha characters e.g. hyphens, apostrophes or blank spaces, they should be ignored when counting the position of each character. If either of the person's names is not long enough to supply the requested letters, substitute the number '2' to reflect missing letters. If either of the person's names is missing altogether, record the number '9' in the spaces, not '2'. This item may be used for future analysis of program information.




2<sup>nd</sup>, 3<sup>rd</sup> & 5<sup>th</sup> letters of **Family name/Surname**



2<sup>nd</sup> & 3<sup>rd</sup> letters of **First given name**

#### 3. What is the person's sex?

Male

Female

#### 4. What is the person's date of birth?

(dd/mm/yyyy)

 /  / 

If the actual date of birth of the person is not known, an estimated date of birth for that person should be calculated in the following way. If the age of the person is known, the age of the person should be used to derive the person's year of birth. If the person's age is not known, an estimate of the person's age should be used to calculate an estimated year of birth. An actual or estimated year of birth should then be converted to an estimated date of birth according to the following convention: 01/07/ actual or estimated year of birth .

#### 5. Does the person identify themselves as being of Aboriginal or Torres Strait Islander descent?

Information about Indigenous status should be collected in sufficient detail to distinguish between people of Aboriginal and Torres Strait Islander origin. If a client is of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.

No

Yes, Aboriginal

Yes, Torres Strait Islander

#### 6. In which country was the person born?

Please select from the following list. If the country in which the person was born does not appear in this list, please refer to the pink code list and supply the appropriate code. Code 0000 when country of birth is not supplied or where insufficient information is supplied.





Australia	1101	Italy	3104	Netherlands	2308	Poland	3307
England	2102	Greece	3207	New Zealand	1201	Malta	3105
Ireland	2201	Germany	2304	China (excl. Taiwan)	6101	India	7103

#### 7. Is the person in receipt of an income support payment from the Commonwealth government in the form of a government pension or benefit?

This question does not assume that the pension or benefit is the person's main or only source of income. It is designed to reflect the receipt of either a full or part Commonwealth government pension or benefit. Persons who do not receive a Government pension or benefit should be recorded under 'No government pension or benefit'. Persons whose only source of income is a superannuation pension should be recorded as receiving no government pension or benefit.

Aged Pension

Unemployment related benefits

Veterans' Affairs Pension

Other government pension or benefit

Disability Support Pension

No government pension or benefit

Carer Payment (Pension)

**8. At the time of first assessment for this referral:**

**a. In which suburb, town or locality did the person live?**

Locality can include a large agricultural property or Aboriginal community name.

**b. What was the postcode for the address at which the person lived?**

Code 0000 if the person has no usual place of residence (e.g. prolonged period of transience).

Code 9999 if the person's postcode is not known.






**c. In what type of accommodation did the person live?**

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Private residence—owned/purchasing                         | <input type="checkbox"/> | Supported community accommodation              | <input type="checkbox"/> |
| Private residence—private rental                           | <input type="checkbox"/> | Residential aged care service - low level care | <input type="checkbox"/> |
| Private residence—public rental or community housing       | <input type="checkbox"/> | Other institutional care                       | <input type="checkbox"/> |
| Independent living within a retirement village             | <input type="checkbox"/> | Public place/temporary shelter                 | <input type="checkbox"/> |
| Boarding house/rooming house/private hotel                 | <input type="checkbox"/> | Other (please specify)                         | <input type="checkbox"/> |
| Short-term crisis, emergency or transitional accommodation | <input type="checkbox"/> |  | <input type="text"/>     |

The 'private residence' codes include private residences of a wide range of dwelling types, such as houses, flats, units, caravans, mobile homes, boats, marinas, etc. These codes distinguish between different types of tenure associated with private residences. Where the person's tenure over the residence is not clear (e.g. living rent free with friends or family), the code used should reflect the type of tenure primarily associated with the dwelling.

**Private residence—owned/purchasing** includes private residences which are owned or being purchased either by the person or another member of their household or family (including a non-resident relative).

**Independent living unit** within a retirement village includes persons living in self-care or independent-living units within a retirement village, irrespective of the type of tenure the person holds over the residence.

**Short-term, crisis, emergency or transitional accommodation** includes temporary or short-term accommodation provided in response to crisis or emergency situations (e.g. night shelters, hostels for the homeless), or to facilitate a transition between institutional-type settings and independent community living (e.g. halfway houses).

**Supported community accommodation** includes community living settings or accommodation facilities in which residents are provided with support in some way by staff or volunteers. This category includes domestic-scale living facilities (such as group homes for people with disabilities, cluster apartments where a support worker lives on site, community residential apartments, congregate care arrangements, etc.) which may or may not have 24-hour supervision and care. It also includes larger-scale supported accommodation facilities providing 24-hour supervision and support services by rostered care workers (such as hostels for people with disabilities and government-regulated Supported Residential Services/Facilities (Victoria and South Australia only)).

**Residential aged care service - low level care** includes permanent residents receiving low level care in a residential aged care service (formerly nursing homes and aged care hostels) and multi purpose services or multi purpose centres and includes Indigenous Flexible Pilots. Excludes high level care in a residential aged care service.

**Other institutional care** includes other institutional settings which provide care and accommodation services such as hospitals, hospices and long-stay residential psychiatric institutions.

**Other** includes all other types of settings.

**9. Does the person have a carer?**

A carer is someone, such as a family member, friend or neighbour, that provides regular and sustained care and assistance to the care recipient without payment other than a pension or benefit. If in doubt about whether the level and type of assistance provided by another person is sufficient to identify them as a carer, if the removal of that assistance would significantly compromise the care available to the person to their detriment, record the person as having a carer.

Has a carer  Has no carer (go to Question 14)

**10. Does their carer live with them?**

If a client has both a co-resident (e.g. a spouse) and a non-resident carer (e.g. a daughter or son), the coding response to this question should be related to the carer who provides the most significant care and assistance related to the care recipient's capacity to remain living in their home.

Co-resident carer  Non-resident carer

A **Co-resident carer** is a person who provides care and assistance on a regular and sustained basis to a person who lives in the same household. A **Non-resident carer** (or visiting carer) is a person who provides care and assistance on a regular and sustained basis to a person who lives in a different household.

**11. What is the relationship of the carer to the person?**

Please record the relationship of the carer to the person for whom they care. If the care recipient has more than one carer (e.g. a spouse and a son), the coding response should relate to the carer who provides the most significant care and assistance related to the person's capacity to remain at home or in a low level residential aged care service.

- |                      |                          |                         |                          |
|----------------------|--------------------------|-------------------------|--------------------------|
| Wife/female partner  | <input type="checkbox"/> | Daughter-in-law         | <input type="checkbox"/> |
| Husband/male partner | <input type="checkbox"/> | Son-in-law              | <input type="checkbox"/> |
| Mother               | <input type="checkbox"/> | Other female relative   | <input type="checkbox"/> |
| Father               | <input type="checkbox"/> | Other male relative     | <input type="checkbox"/> |
| Daughter             | <input type="checkbox"/> | Friend/neighbour—female | <input type="checkbox"/> |
| Son                  | <input type="checkbox"/> | Friend/neighbour—male   | <input type="checkbox"/> |

**Wife/female partner** , **Husband/male partner** includes defacto and same sex partnerships.

**Other female relative** should be used if the carer is the grandmother, sister, niece, female cousin, etc. of the care recipient.

**Other male relative** should be used if the carer is the grandfather, brother, nephew, male cousin etc. of the care recipient.

**12. What was the date on which the person had their first assessment in relation to their current referral for therapy services?**

This date records the initial assessment of a client in order to determine their care needs in relation to their most recent referral for DTC services.

(dd/mm/yyyy)

**13. Was a care plan developed for the client?**

A care plan is defined as a personal plan that includes a statement of the client's strengths and needs, goals of care and activities/strategies to achieve the goals, recommendations for therapy and referrals to other service providers, the provision for discharge where appropriate and time limits with the provision for review and renewal. The plan should be developed between the client and their family and/or carer(s) as a result of an assessment process.

- Yes  No

**14. At the time of first assessment, did the person have any diagnosed diseases or disorders that had an impact on the person's functional ability?**

Please specify using gold coloured code list. Record those health conditions that are related to the person's functional ability. Up to 10 health conditions may be reported. The disease or disorder listed first should be the health condition that is most closely related to the main reason for referral.

Code 0000 when the person has no diseases or disorders diagnosed as a health concern.

Code 0098 when the person's health condition is of concern but there is insufficient information to report a formal diagnosis or identified sign or symptom.

- 1  Identify the health condition that is most closely related to the main reason for referral.
- |   |   |  |
|---|---|--|
| 2 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | 5 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | 8 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  |
| 3 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | 6 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | 9 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>  |
| 4 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | 7 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | 10 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> |

**15. At the time of first assessment, in which of the following activities did the person sometimes or always need help or supervision from another person?**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Self-care</b><br>(e.g. bathing, dressing, toileting, eating and drinking)               | <input type="checkbox"/> <b>Communication</b><br>(e.g. understanding others and making oneself understood)  |
| <input type="checkbox"/> <b>Mobility</b><br>(e.g. getting in or out of a chair, walking, carrying a glass of water) | <input type="checkbox"/> <b>None of the above</b><br>(the person did not need help or supervision from another person with any of these three categories) |

**16a. What type of DTC funded assistance was provided to the person during their service episode?**

Please indicate whether the assistance was provided individually or in a group and where the assistance was provided. Multiple boxes may be ticked.

	Individual	Group	At the DTC	At the person's residence
Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Podiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversional therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling/support, information & advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**16b. In addition, did your centre provide the person with one or both of the following services?**

Meals  Transport to and from the DTC

**17. Has the person ceased to receive DTC funded services?**

Note that for the purposes of this form, a client who moves into a high level care residential setting ceases to receive DTC services, because the cost of this assistance is fully covered by the residential aged care service.

Yes  No

*If no, please go to question 19*

**If yes, what was the date on which the person last received assistance from the DTC?**

(dd/mm/yyyy)

**18. In what type of accommodation did the person reside immediately after they ceased to attend the DTC?**

For a definition of each category, please see question 8c. For a definition of Residential aged care service - high level care, please see below.

Private residence—owned/purchasing	<input type="checkbox"/>	Supported community accommodation	<input type="checkbox"/>
Private residence—private rental	<input type="checkbox"/>	Residential aged care service - low level care	<input type="checkbox"/>
Private residence—public rental or community housing	<input type="checkbox"/>	Residential aged care service - high level care	<input type="checkbox"/>
Independent living within a retirement village	<input type="checkbox"/>	Other institutional care	<input type="checkbox"/>
Boarding house/rooming house/private hotel	<input type="checkbox"/>	Public place/temporary shelter	<input type="checkbox"/>
Short-term crisis, emergency or transitional accommodation	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Residential aged care service - high level care** includes permanent residents receiving high level care in a residential aged care service (formerly nursing homes and aged care hostels) and multi purpose services or multi purpose centres and includes Indigenous Flexible Pilots.

**19. Please indicate whether the person's functional ability has been maintained, improved or worsened since their first assessment for the current referral in relation to:**

the main reason for referral  Improved  Same  Worse

the secondary reason for referral (if applicable)  Improved  Same  Worse

***Thank you for your time and help completing this form.  
Your feedback on the form would be greatly appreciated.***



# **Appendix B: Field test stage 1 Feedback Form**

# **Day Therapy Centre Program Data Development Field Test**

## **DTC FEEDBACK FORM**

**This form is to provide feedback on the DTC field test.**

**To be returned by 14 December 2001 to:  
Melinda Petrie  
Community Care & Community Health Unit  
Australian Institute of Health and Welfare  
GPO Box 570  
Canberra ACT 2601  
Fax: 02 6244 1166**

<b>DTC NAME:</b>	
------------------	--

**1. FIELD TEST QUESTIONS: FORM A—DTC DATA**

1.1 Please state whether you had difficulty reporting the information requested on Form A. If the answer is yes, please provide comments.

*If insufficient space provided, please attach additional comments.*

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**Did you have any difficulty reporting this information?**

---

**YES/NO** .....

.....

Question 6

.....

.....

**Direct service  
delivery**

.....

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**YES/NO** .....

.....

**Other questions  
on form A**

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1.2 Please add any further comments you'd like to make which reflect your experience in completing field test form A.

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.....

.....

.....

.....

## 2. FIELD TEST QUESTIONS: FORM B—CLIENT DATA

2.1 The following table lists the questions in the field test, and asks whether you had difficulties understanding the question & guidelines, and whether or not you would have difficulty reporting this information for all clients. If the answer is yes to either question, please provide comments.

*If insufficient space provided, please attach additional comments.*

	Did you have difficulty understanding the question or guidelines?	Would you have any difficulty reporting this information for all clients?
Question 1	YES/NO .....	YES/NO .....
	.....	.....
<b>DTC client ID</b>	.....	.....
Question 2	YES/NO .....	YES/NO .....
	.....	.....
<b>Letters of person's name</b>	.....	.....
Question 3	YES/NO .....	YES/NO .....
	.....	.....
<b>Sex</b>	.....	.....
Question 4	YES/NO .....	YES/NO .....
	.....	.....
<b>Date of birth</b>	.....	.....
Question 5	YES/NO .....	YES/NO .....
	.....	.....
<b>Indigenous status</b>	.....	.....

	Did you have difficulty understanding the question or guidelines?	Would you have any difficulty reporting this information for all clients?
Question 6	YES/NO .....	YES/NO .....
<b>Country of birth</b>	.....	.....
Question 7	YES/NO .....	YES/NO .....
<b>Government pension/benefit status</b>	.....	.....
Question 8a, b and c	YES/NO .....	YES/NO .....
<b>Suburb, postcode and accommodation setting</b>	.....	.....
Question 9	YES/NO .....	YES/NO .....
<b>Carer availability</b>	.....	.....
Question 10	YES/NO .....	YES/NO .....
<b>Carer co-residency status</b>	.....	.....
Question 11	YES/NO .....	YES/NO .....
<b>Relationship of carer to care recipient</b>	.....	.....

	Did you have difficulty understanding the question or guidelines?	Would you have any difficulty reporting this information for all clients?
Question 12	YES/NO .....	YES/NO .....
<b>Date of initial assessment</b>	.....	.....
Question 13	YES/NO .....	YES/NO .....
<b>Care plan status</b>	.....	.....
Question 14	YES/NO .....	YES/NO .....
<b>Health condition</b>	.....	.....
Question 15	YES/NO .....	YES/NO .....
<b>Activity limitations</b>	.....	.....
Question 16a & b	YES/NO .....	YES/NO .....
<b>Type of assistance received</b>	.....	.....
Question 17	YES/NO .....	YES/NO .....
<b>DTC funded services ceased</b>	.....	.....

	Did you have difficulty understanding the question or guidelines?	Would you have any difficulty reporting this information for all clients?
Question 18	YES/NO .....	YES/NO .....
	.....	.....
<b>Accommodation setting after cessation of DTC services</b>	.....	.....
	.....	.....

Question 19	YES/NO .....	YES/NO .....
	.....	.....
<b>Functional status</b>	.....	.....
	.....	.....

2.2 Did you have any difficulty using the code list for health conditions (Question 14)?

**YES / NO**

*If yes, please outline the difficulties you encountered.*

.....

.....

.....

.....

.....

2.3 Does your DTC ever treat any clients for whom you would not be able to determine whether the person's functional ability had improved, worsened or been maintained (question 19)? For example, clients who have been referred for several reasons and who have improved in some areas but deteriorated in others.

**YES / NO**

*If yes, please explain further.*

.....

.....

.....

.....

.....

.....

2.4 Was the information needed about each client to complete the field test form readily available?

**YES / NO**

*If no, please outline the reasons why.*

.....

.....

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.....

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.....

1.5 Please add any further comments you'd like to make which reflect your experience in completing the field test form.

.....

.....

.....

.....

.....

.....

1.6 Please indicate your availability for follow up discussion during January 2002.

*(We hope to contact all participating DTCs to ask further questions and to discuss your comments where necessary, either by telephone and/or during face-to-face visits.)*

Please tick the dates on which a representative from your DTC will be available.

	Mon	Tues	Wed	Thurs	Fri
Jan 14 to 19					
Jan 21 to 25					
Jan 28 to Feb 1					

**Thank you for participating in the field test and providing feedback.**

# Appendix C: Stakeholders meeting attendees

## **Commonwealth Department of Health and Ageing (Central Office)**

John Liddall  
Rick Donnelly  
Fiona Herndl

## **Commonwealth Department of Health and Ageing (South Australia)**

Lynn Bushby

## **Moorfields Community Rehabilitation Services**

Hugh Stern

## **Resthaven Southern Therapy Services**

Penny Loughhead

## **McQuoin Park Nursing Home Day Therapy Centre**

Anne Bruce

## **Australian Institute of Health and Welfare**

Trish Ryan  
Mieke Van Doeland  
Melinda Petrie



# **Appendix D: Field test stage 2 Forms A and B**

## Day Therapy Centre (DTC) Program

### Field test: Form A - DTC data

This form should be completed by each Commonwealth funded DTC agency providing therapy services.  
Please refer to the Guidelines for further information in relation to each question.

**1. DTC agency name**

**2. Postal address of DTC agency**

<i>State/Territory</i>
<i>Postcode</i>

**3. Please record the contact details for a person we can contact if we have any queries about the survey forms.**

<i>Name</i>	<i>Position</i>
<i>Phone</i>	<i>Fax</i>
<i>e-mail</i>	

**4. Please specify the suburb or town in which your DTC agency is located.**

If you provide services from more than 1 location, please provide the suburb or town for each location. If more than 3 locations please attach a list.

	Co-located with residential aged care service	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**5. If your DTC agency is co-located with a residential aged care service, do your DTC clients live:**

at that residential aged care service       in the community       both

**6. Please identify the operating (or catchment) area in which your DTC agency provides assistance to clients.**

Please refer to page 11 in the Guidelines. If more space is required, please attach a list.

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**7. Please indicate the three main sources from which your DTC agency receives referrals.**

Please list the three main sources in order of priority, with '1' being the most common source.

GP <input type="checkbox"/>	Other health or community care service <input type="checkbox"/>
Residential Aged Care Service <input type="checkbox"/>	Family/friend <input type="checkbox"/>
ACAT <input type="checkbox"/>	Self-referral <input type="checkbox"/>
Hospital <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>

**8. What percentage of your DTC funding do you spend on direct service delivery to clients?**

Please refer to page 12 in the Guidelines. Please tick one box only.

<60%  60-69%  70-79%  80-89%  90-100%

**9. Please describe the fee charging regime you have in place for DTC services.**

Please refer to page 13 of the Guidelines.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Please describe the care planning process you have in place for DTC clients.**

Please refer to page 13 in the Guidelines.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Please identify the current staffing profile of your DTC agency.**

Please refer to page 13 in the Guidelines.

	Hours		Hours
Occupational therapist(s)	<input type="checkbox"/>	Social worker(s)	<input type="checkbox"/>
Physiotherapist(s)	<input type="checkbox"/>	Nurse(s)	<input type="checkbox"/>
Speech therapist(s)	<input type="checkbox"/>	Coordinator	<input type="checkbox"/>
Podiatrist(s)	<input type="checkbox"/>	Other administrative staff	<input type="checkbox"/>
Diversional therapist(s)	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Allied health assistant(s)	<input type="checkbox"/>		

\_\_\_\_\_

**12. Please tick the range of assistance your DTC agency currently provides.**

Occupational therapy	<input type="checkbox"/>	Social work	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	Nursing services	<input type="checkbox"/>
Hydrotherapy	<input type="checkbox"/>	Food services	<input type="checkbox"/>
Speech therapy	<input type="checkbox"/>	Transport (to & from DTC)	<input type="checkbox"/>
Podiatry	<input type="checkbox"/>	Counselling/support, information & advocacy	<input type="checkbox"/>
Diversional therapy	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Group activities (please specify)	<input type="checkbox"/>		

\_\_\_\_\_

\_\_\_\_\_

*Thank you for your time and help completing this form.  
Your feedback on the form & guidelines would be greatly appreciated.  
Thankyou!*

## Day Therapy Centre (DTC) Program

### Field test: Form B - Client data

This form should be completed for the three clients described in the scenarios.  
Please refer to the Guidelines for further information in relation to each question.

**DTC Name**

**1. DTC client ID**

**2. Letters of person's name**

If the person's name includes non-alpha characters or their name is not long enough to supply the requested letters, please refer to page 16 in the Guidelines for further instructions.




2<sup>nd</sup>, 3<sup>rd</sup> & 5<sup>th</sup> letters of **Family name/Surname**



2<sup>nd</sup> & 3<sup>rd</sup> letters of **First given name**

**3. What is the person's sex?**

Please tick one box only.

Male

Female

**4. What is the person's date of birth?**

<i>d</i>	<i>d</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>

**5. Does the person identify themselves as being of Aboriginal or Torres Strait Islander descent?**

If a person is of both Aboriginal and Torres Strait Islander origin please tick both 'Yes' boxes.

No

Yes, Aboriginal

Yes, Torres Strait Islander

Unknown

**6. In which country was the person born?**

Please select from the following list. If the country in which the person was born does not appear in this list, please refer to the code list on page 36 in the Guidelines and supply the appropriate code. Code 0000 when country of birth is unknown.





Australia 1101	Italy 3104	Netherlands 2308	Poland 3307
England 2102	Greece 3207	New Zealand 1201	Malta 3105
Ireland 2201	Germany 2304	China (excl. Taiwan) 6101	India 7103

**7a. Is the person in receipt of an income support payment from the Commonwealth government in the form of a government pension or benefit?**

Please refer to page 20 in the Guidelines for further details.

Yes

No

Unknown

} **Go to question 8**

**7b. If yes, please specify the type of government pension or benefit the person is receiving.**

Please tick one box only.

Aged Pension

Unemployment related benefits

Veterans' Affairs Pension

Other government pension or benefit

Disability Support Pension

Unknown

Carer Payment (Pension)

**8. In which suburb, town or locality does the person live?**

**9. What is the postcode for the address at which the person lives?**

**10. In what type of accommodation does the person live?**

Please refer to page 23 in the Guidelines for definitions of each category. Tick relevant box(es).

Private residence

Please specify tenure: ←

Owned/purchasing

Private rental

Public rental or community housing

Unknown

Independent living within a retirement village

Boarding house/rooming house/private hotel

Short-term crisis, emergency or transitional accommodation

Supported community accommodation

Residential aged care service - low level care

Other institutional care

Public place/temporary shelter

Other (please specify)

Unknown

Go to Question 14

**11. Does the person have a carer?**

Please refer to page 24 in the Guidelines for the definition of a carer. Tick one box only.

Has a carer

Has no carer

Unknown

Go to Question 14

**12. Does their carer live with them?**

Please refer to page 25 in the Guidelines for instructions on how to identify the most significant carer. Tick one box only.

Co-resident carer

Non-resident carer

Unknown

**13. What is the relationship of the carer to the person?**

Please tick one box only.

Wife/female partner

Husband/male partner

Mother

Father

Daughter

Son

Daughter-in-law

Son-in-law

Other female relative

Other male relative

Friend/neighbour—female

Friend/neighbour—male

Unknown

**14. What was the date on which the person had their first assessment in relation to their current referral for therapy/services?**

<i>d</i>	<i>d</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>

**15. What was the main reason for referral?**

Please refer to the instructions and code list in the Guidelines, pages 27 and 43.

--	--	--	--

If code is 1899, please specify the condition:

--

**16. Was a care plan developed for the person?**

Please refer to page 28 in the Guidelines for a definition of a care plan. Tick one box only.

Yes

No

**17. Has the person been formally diagnosed with dementia by a medical practitioner?**

Please refer to page 29 in the Guidelines. Tick one box only.

Yes

No

**18. At the time of this survey, in which of the following activities does the person sometimes or always need help or supervision from another person?**

Please refer to page 29 in the Guidelines for definitions of each category.

- |                   |                          |   |
|-------------------|--------------------------|---|
| Self-care         | <input type="checkbox"/> | } More than one of these boxes may be ticked. |
| Mobility          | <input type="checkbox"/> |   |
| Communication     | <input type="checkbox"/> |   |
| None of the above | <input type="checkbox"/> |   |
| Unknown           | <input type="checkbox"/> |   |

**19. Please identify the condition(s) for which the person has received therapy/services during the most recent two weeks.**

Please refer to the instructions and code list in the Guidelines, pages 30 and 43. If code 1899 is used, please specify the condition(s) in the box.

1 

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2 

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3 

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4 

--	--	--	--

5 

--	--	--	--

--

**20a. What type of DTC funded therapy/service(s) was provided to the person during the past two weeks?**

Please indicate whether the assistance was provided individually or in a group. Please refer to page 31 in the Guidelines for further instructions. Multiple boxes may be ticked.

	Individual	Group
Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Hydrotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Speech therapy	<input type="checkbox"/>	<input type="checkbox"/>
Podiatry	<input type="checkbox"/>	<input type="checkbox"/>
Diversional therapy	<input type="checkbox"/>	<input type="checkbox"/>
Social work	<input type="checkbox"/>	<input type="checkbox"/>
Counselling/support, information & advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Nursing services	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

**20b. Where was the therapy/service(s) provided?**

Please refer to page 32 in the Guidelines for definitions of the categories. Multiple boxes may be ticked.

Centre-based (at DTC)                       At the person's home

Centre-based (other than a DTC)

**20c. In addition, did your DTC agency provide the person with one or both of the following services?**

Meals                       Transport to and from the DTC

**21a. Has the person ceased to receive DTC funded therapy/services?**

Please refer to page 33 in the Guidelines. Tick one box only.

Yes     No                       *If no, there are no more questions to be answered*

**21b. If yes, what was the date on which the person last received therapy/services from the DTC agency?**

<i>d</i>	<i>d</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>

**22. What was the main reason that the person ceased to receive therapy/services from the DTC agency?**

Please tick one box only.

Client no longer needs assistance from the DTC

Client referred or moved to other agency

Client moved out of area

Client died

Client terminated service

Other

**Thank you for your time and help completing this form. ←**  
**Your feedback on the form & guidelines would be greatly appreciated.**



# Appendix E: Scenarios

## Scenario 1

Dorothy Sims-Jones (known as Dot to her family and friends) lives at 8 Russell Street, Boronia, 4707, Queensland. Boronia is a small rural town near Rockhampton, with a population of less than 10,000.

Dot is now 79 years old, and was born on 7 August 1922, in Brisbane. She is Australian-born, of British descent. She was married to Peter Jones, a war veteran, for 42 years until he passed away 10 years ago. Dot lives alone with her dog, Emma, in a small house in Boronia. She rents privately and receives a service pension from DVA.

Dot has one daughter named Meg who lives in Rockhampton and visits Dot most months, and phones weekly. Dot has Type II diabetes, and takes regular medication in the form of pills three times a day. She also has osteoarthritis in the hips, which causes her pain and stiffness. However, she still walks well and was able to do the housework and her own shopping until she tripped on a step near the shopping centre and broke her wrist. After returning home from hospital Dot's GP refers her to the DTC for treatment of her arm and wrist, and also with the aim of achieving some relief from the pain in her hips, especially the right one.

Dot attends the DTC for the first time on 10 September 2001. She is assessed and a personal care plan is developed within a couple of days, in conjunction with Dot, her daughter Meg and Dot's GP. The care plan includes:

- Individual physiotherapy at the DTC initially 3x/week, reducing to twice a week after 4 weeks
- Group occupational therapy at the DTC 2x/week
- Individual podiatry at the DTC once every 3 months to protect against the development of diabetes-related problems.

After 4 weeks the care plan is reviewed, and group hydrotherapy at the DTC is added to Dot's program at 1x/week for 6 months.

The DTC bus picks her up on the days when she attends for treatment, and drops her back afterwards. On those days she also joins in for a meal at the DTC.

When the DTC survey is held Dot has been attending the DTC for approximately 8 weeks. During the 2 week period of the survey Dot attended the DTC for:

- 4 individual physiotherapy sessions
- 4 group occupational therapy sessions
- 2 group hydrotherapy sessions
- 1 individual podiatry session

## Scenario 2

Giuseppe Grasigli and his wife, Anna, live at 21 Waterloo Street, Northcote, Melbourne 3070. They are members of a large Italian community in the area.

Giuseppe arrived in Australia from Italy where he was born, in 1952 at the age of 28 (he is not sure of his exact date of birth, but was born in the year 1924). Anna joined him the following year. Giuseppe and Anna purchased their home in Northcote in 1960. Their source of income is Giuseppe's superannuation pension. Their four adult children have regular contact with them and visit when they are able to.

Giuseppe has several health conditions, including Parkinson's disease, emphysema and back problems. He also suffers from heartburn and has poor vision. Giuseppe's health has declined in the last 6 months due to the progression of his Parkinson's disease. He has been getting quite depressed lately, and has a lot of trouble coming to terms with his physical deterioration. He requires Anna's assistance and a walking frame to move around the house, and is largely confined indoors. He also requires assistance with toileting and getting in and out of bed and chairs.

Giuseppe was referred to the DTC by his GP, Dr Jean Thomson, on 15 November 2001. Dr Thomson felt that he might benefit from seeing a social worker in relation to his depression, and that, due to his advancing Parkinson's disease, assessment of his home environment by an occupational therapist would be desirable. The DTC assesses Giuseppe on 18 November and, together with Anna and his GP, the following care plan is developed:

- The social worker is to visit Giuseppe and Anna at their home, with probable follow-up counselling sessions for his depression, initially at home but later individual sessions with Giuseppe at the DTC.
- Assessment of the home situation to be carried out by the occupational therapist, followed by likely home modifications.
- A course of individual physiotherapy 1x/week at the DTC for 16 weeks to help with strengthening, mobility and coordination.
- Attendance of 1x/week group sessions which deal with self-esteem/confidence and relaxation, run by the DTC at the local community health centre.
- Transport to and from the DTC will also be provided.

When the DTC survey is held Giuseppe has been attending the DTC for 2 weeks. During the 2 week period of the survey Giuseppe had:

- 1 session with the social worker at home.
- 2 individual physiotherapy sessions at the DTC.
- 1 group session addressing self-esteem/confidence and relaxation at the community health centre.

## Scenario 3

Lin Ng and his wife Kim live in Southhaven Lodge which is a residential aged care facility in Eastwood, Sydney 2122. They are aged pensioners and moved into Southhaven Lodge five years ago. They both receive low level care. Lin is 81 years old and was born in Vietnam on 28 March 1920. He had a left lower leg amputation due to insulin dependent diabetes six years ago. He walks with a prosthesis, but uses a wheelchair some of the time. His wife is able to push the wheelchair within the lodge, but for trips outside the building staff or other family is needed.

Lin first attended the DTC, which is next door to Southhaven Lodge, on 15 July 2000 when he was referred by his GP for chest physiotherapy for acute bronchitis. During his initial assessment he was assessed and a personal care plan developed. The care plan included:

- Chest physiotherapy 3x/week until the bronchitis is resolved.
- Medium to long term treatment aimed at strengthening balance and mobility.

When the DTC survey is held Lin has been attending the DTC for approximately one and a half years. During the two weeks prior to the survey Lin attended the DTC for:

- 2 group hydrotherapy sessions
- 4 group physiotherapy exercise sessions
- 1 individual podiatry session

As a result of attending the exercise sessions over the course of slightly more than a year, Lin's balance has improved and he is more confident when getting around. However, he has become very forgetful and at times confused. The DTC staff think that Lin is suffering from dementia. They have discussed this with Lin's wife and are planning to contact his GP about it.



# **Appendix F: Field test stage 2 Feedback Form**

# **Day Therapy Centre Program Data Development Field Test Stage 2**

## **DTC FEEDBACK FORM**

**This form is to provide feedback on the DTC Field Test Stage 2**

**To be returned by 7 March 2002 to:  
Melinda Petrie  
Community Care & Community Health Unit  
Australian Institute of Health and Welfare  
GPO Box 570  
Canberra ACT 2601  
Fax: 02 6244 1166**

<b>DTC NAME:</b>	
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**1. FIELD TEST QUESTIONS: FORM A—DTC DATA**

1.1. Please state whether you had difficulty reporting the information requested on Form A. If the answer is yes, please provide comments.

*If insufficient space provided, please attach additional comments.*

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**Did you have any difficulty reporting this information and/or understanding the guidelines?**

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Question 6	<b>YES/NO</b> ..... ..... .....
<b>DTC operating area</b>	..... .....

Question 8	<b>YES/NO</b> ..... ..... .....
<b>Direct service delivery</b>	..... .....

<b>Other questions on form A</b>	<b>YES/NO</b> ..... ..... ..... .....
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1.2 Please add any further comments you'd like to make which reflect your experience in completing field test form A.

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## 2. FIELD TEST QUESTIONS: FORM B—CLIENT DATA

2.1 The following table lists the questions in the field test, and asks whether you had difficulties understanding the question and/or the guidelines. If the answer is yes, please provide comments.

*If insufficient space provided, please attach additional comments.*

Did you have difficulty understanding the question or guidelines?	
Question 1	YES/NO .....
	.....
<b>DTC client ID</b>	
Question 2	YES/NO .....
	.....
<b>Letters of person's name</b>	.....
	.....
Question 3	YES/NO .....
	.....
<b>Sex</b>	.....
	.....
Question 4	YES/NO .....
	.....
<b>Date of birth</b>	.....
	.....
Question 5	YES/NO .....
	.....
<b>Indigenous status</b>	.....
	.....
Question 6	YES/NO .....
	.....
<b>Country of birth</b>	.....
	.....

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**Did you have difficulty understanding the question or guidelines?**

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Question 7a            **YES/NO** .....

**Government pension/benefit status** .....

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Question 7b            **YES/NO** .....

**Type of pension/benefit** .....

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Question 8, 9 & 10    **YES/NO** .....

**Suburb, postcode and accommodation setting** .....

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Question 11            **YES/NO** .....

**Carer availability** .....

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Question 12            **YES/NO** .....

**Carer co-residency status** .....

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Question 13            **YES/NO** .....

**Relationship of carer to care recipient** .....

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Question 14            **YES/NO** .....

**Date of initial assessment** .....

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Question 15            **YES/NO** .....

**Main reason for referral** .....

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**Did you have difficulty understanding the question or guidelines?**

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Question 16      **YES/NO** .....

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**Care plan status** .....

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Question 17      **YES/NO** .....

.....

**Dementia status** .....

.....

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Question 18      **YES/NO** .....

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**Activity limitations** .....

.....

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Question 19      **YES/NO** .....

.....

**Health conditions** .....

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Question 20a, b & c      **YES/NO** .....

**Type of therapy/ service(s) received & mode** .....

.....

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Question 21a & b      **YES/NO** .....

**DTC funded services ceased** .....

.....

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Question 22      **YES/NO** .....

**Reason for exit** .....

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2.2 Did you have any difficulty using the code lists for health conditions (Questions 15 & 19)?

**YES / NO**

*If yes, please outline the difficulties you encountered.*

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.....  
.....  
.....  
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2.3 Would you have any difficulty identifying a main reason for referral (Question 15) for all clients?

**YES / NO**

*If yes, please explain further.*

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2.4 Did you find the Guidelines clear and easy to use?

**YES / NO**

*If no, please outline the reasons why.*

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2.5 The 'scope of the survey' is outlined on page 7 of the Guidelines. Please comment on the definitions used for DTC agencies, DTC clients and DTC services.

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