

Business Objective

The Deteriorating Resident Index (DRI) project aims to enhance clinical decision-making in Residential Aged Care Facilities (RACFs) by integrating a predictive algorithm and dashboard into Telstra Health's Clinical Manager software. This integration will enable early detection of resident deterioration, improving care outcomes and operational efficiency. The objectives are to:

- **Improve Resident Outcomes:** Enable early intervention by identifying residents at risk of deterioration.
- **Enhance Staff Efficiency:** Provide actionable insights to RACF staff through embedded dashboards.
- **Data-Driven Decision Making:** Leverage clinical data to generate predictive scores and trends.
- **Seamless Integration:** Ensure the DRI solution is embedded within existing workflows in Clinical Manager.

Project Scope

In Scope

- Ingestion of clinical data from Clinical Manager into Snowflake.
- Data cleansing and preprocessing.
- Optimisation of the performance of current DRI script.
- Bulk execution of the DRI algorithm.
- Daily execution of the DRI algorithm.
- Storage of DRI outputs in Snowflake.
- Visualisation of DRI outputs via Power BI dashboards.

Out of Scope

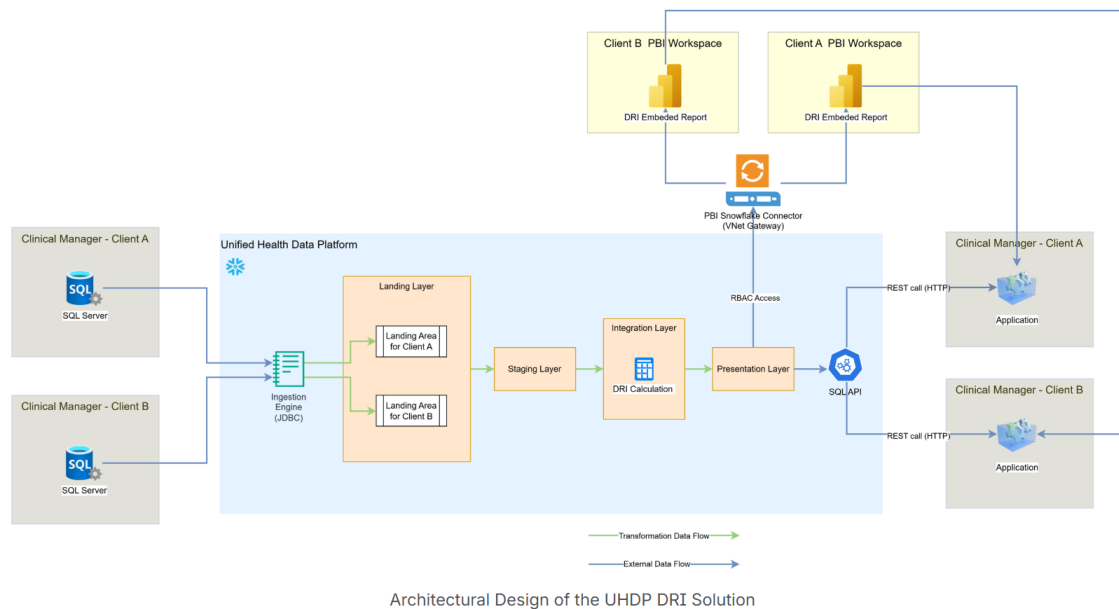
This includes work to be done by other teams:

- Embedding dashboards within Clinical Manager.
- Alerting functionality based on DRI score changes in Clinical Manager.

Solution Architecture

This section outlines the overall architecture of the end-to-end solution. A clear and detailed architectural diagram is crucial here.

Architectural Overview



Data Ingestion

Please refer to DRI Data Ingestion Network for the data ingestion network infrastructure.

Snowflake Data Cloud

Snowflake serves as the central data platform for DRI, enabling scalable, secure, and performant data operations across aged care facilities. It supports both historical bulk processing and daily incremental updates, while accommodating client-specific business rules and explainability requirements.

Database & Schema Structure

Database: A dedicated database will house all data and logic related to the execution of the DRI model.

Schema:

- raw: Stores ingested source data from Clinical Manager, including progress notes, assessments, special needs diagnosis and observations.
- staging: Intermediate layer for cleaning, standardising and enriching raw data.
- analytics: Contains final DRI outputs such as scores, flagged deficits, explainability metadata and resident-level aggregates.
- config: Stores client-specific business rules in JSON format, used to drive dynamic logic in the model.
- audit: Tracks model runs, rule applications, data lineage, etc.

This structure will allow us to support multi-client onboarding, data traceability and modular development.

Elastic compute resources will be provisioned to support different workloads efficiently. A medium or large warehouse will handle bulk processing during onboarding, while a small warehouse will manage daily delta tasks—scanning new data, applying business rules, and updating resident scores. Auto-suspend/resume will be enabled to optimize costs by ensuring compute is only active when needed.

Snowflake features will be leveraged to streamline data operations. Snowpipe enables continuous data ingestion, while Streams and Tasks support incremental logic and automated transformations. Time Travel ensures auditability and data recovery, supporting clinical governance. Snowpark Python will be used for complex logic like regex matching and temporal rules, with configuration-driven rule application per client. RBAC will secure access to sensitive resident data.

Governance and Scalability

- Version controlled config files will allow client-specific rules to be updates without code changes
- Audit tables to track rule applications, scoring decisions, and explainability metadata
- Scalable architecture/design supports onboarding of new facilities with minimal rework

Data Transformation

The transformation pipeline for DRI is designed to convert raw clinical data into structured, explainable outputs that support frailty scoring, deficit flagging, and clinical decision making. The approach will balance flexibility (to accommodate client-specific rules) with performance and governance (to support scalable, auditable operations).

Transformation Objectives

- Convert raw, multi-source clinical data into a resident-level frailty score.
- Identify and flag frailty deficits using configurable business rules.
- Capture explainability metadata for each flagged deficit (matched keyword, source, timestamp).
- Support both bulk historical runs and daily delta updates.
- Ensure outputs are governed, traceable and consumable by downstream systems.

Tools & Technologies

- Preprocessing and preparation of data with Snowflake dynamic tables
 - Used for SQL-based transformations, modular modeling, and dependency management
 - Supports:
 - Cleaning and standardising raw data
 - Incremental models for daily updates
 - Documentation and testing of transformation logic
 - Outcome:
 - Structured Snowflake tables ready for modelling
- Modelling & Scoring with Snowpark (Python)
 - Used for more complex logic that cannot be easily expressed in SQL.
 - **Feature Extraction Logic:**
 - Regex/Keyword Matching: e.g., "heart attack" → cardiac deficit

- Specific Text Values: e.g., "The resident is malnourished"--> weight loss deficit
- Aggregation Rules: e.g., Medication count > 5 → polypharmacy deficit

Clinical business rules ([DRI \(Pilot\) - Clinical Rules](#)) are defined in a JSON config file per client, allowing flexible onboarding.

- **Deficit Detection:**
 - Apply regex/keyword/aggregation rules to scan source tables.
 - Track occurrences and timestamps for temporal logic.
 - **Temporal Logic:**
 - **Persistent Deficits:** e.g., cardiac events → never expire.
 - **Fluctuating Deficits:** e.g., depression → expire after x days unless re-triggered as defined in the business rules.
 - **Threshold-Based Deficits:** e.g., pain → triggered after 3 mentions in 60 days.
 - **Scoring:**
 - Severity bands will be defined based on score thresholds.
- Output Tables:

Table	Purpose
DRI_RULE_STATE	Tracks the current and historical state of each rule per resident. Enables efficient daily updates without reprocessing all historical data. Supports expiry logic and trend tracking.
DRI_DEFICIT_DETAIL	Provides traceability for each flagged deficit by linking it to the exact source, keyword, timestamp, and author. Supports clinical validation and auditability.
DRI_DEFICIT_STATUS	Simplified binary view of which deficits are flagged for each resident on a given day. Useful for downstream systems or dashboards needing a quick snapshot.
DRI_DEFICIT_SUMMARY	Resident-level summary table aggregating frailty scores, severity bands, and change status. Primary output for dashboards and clinical decision support.

Key Features

Productionisation Pathway

To ensure the DRI model is scalable, maintainable, and clinically safe across multiple aged care facilities, a fully automated Snowflake-native pipeline is recommended. This approach leverages modern data engineering tools to deliver a robust, auditable, and efficient solution that supports daily scoring, explainability, and governance.

Overview: A fully integrated pipeline using Snowflake and Snowpark (Python), orchestrated via scheduled tasks or external orchestration tools. This pathway supports daily delta computation, multi-facility onboarding, and client-specific business logic through config-driven processing.

Key Components

Component	Description
Data Ingestion	Scheduled extracts from Clinical Manager into Snowflake.
Preprocessing	Dynamic tables clean, standardise, and stage data for modelling.
Modelling & Scoring	Snowpark UDFs apply business rules, compute deficits, update state, and generate scores.
Explainability	Metadata tables trace each flagged deficit to its source, keyword, and author.
Automation	Scheduled runs with monitoring and alerting to ensure reliability and data freshness.
Presentation	Resident-level scores and trends visualised via embedded Power BI dashboards.

Data Consumption/Integration Layer & Consumer Applications

Here is detailed how the consumer application(s) will access the data from Snowflake:

Application	Data access method
Clinical Manager (via SQL API)	<p>Clinical Manager is a web-based application designed to manage and store clinical data for residents with complex healthcare needs in aged care facilities. It ensures that all relevant clinical information is easily accessible and securely maintained.</p> <p>Clinical Manager is a residential aged care software solution that helps providers effectively manage clinical documentation, administration and care. It is used to hold the clinical data related to the complex healthcare needs of residents in aged care. The system is a single-tenant web-based system, with an Angular front-end, an API layer implemented in the C# .NET Web API framework, and Azure SQL database.</p> <p>UHDP will provide the agreed dataset which is available for Clinical Manager to pull via snowflake SQL API</p>
Power BI (Business Intelligence Tool)	<p>Power BI is a business analytics service by Microsoft that enables users to visualize and share insights from their data. It allows the creation of interactive reports and dashboards, connecting to various data sources including Snowflake. Power BI supports secure embedding into applications and can authenticate using service principals for automated, scalable access.</p>

	<p>Snowflake → Power BI Workspace → Clinical Manager (Embedded Power BI)</p> <ul style="list-style-type: none"> • Power BI Workspace authenticates to Snowflake (accesses data via the Presentation layer) using a service account • The Embedded DRI Power BI authenticates to the Power BI Workspace using a service principal <p>Note: The service principal authenticates against the Telstra Health Microsoft Entra (not the client Entra)</p>
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Data Flow and Orchestration

Orchestration Framework - TBC.

Data Ingestion Strategy

- **Frequency:** Daily at midnight.
- **Tools:** Snowpark Python-based Ingestion via JDBC

Data Model

This section describes the data modelling approach that will be used in Snowflake.

Raw/Staging Layer

Consider: Show consolidation of raw between different versions of Clinical Manager. Deduplication, ensuring data quality, etc.

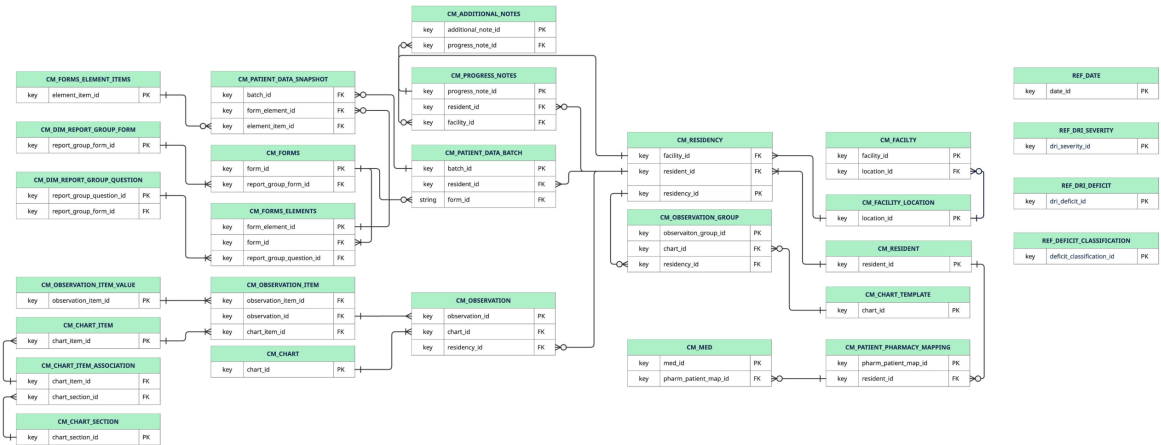
For ingesting raw data from source systems with minimal transformations.

The Raw layer ingests raw data from Clinical Manager source systems with minimal transformation. It preserves the original structure and content of the data for traceability, auditability, and downstream processing. This layer will serve as the foundation for building refined and analytical datasets in the Refined and Consumption layers.

Source System Details

- Source System: Clinical Manager
- Versions: TBC
- Ingestion Frequency: Daily

ERD to be validated and updated during SIT.



Transformation Rules

- Minimal transformations applied:
 - Standardise date formats
 - Lowercase all free text fields
- Ingestion Metadata to add
 - IngestedTimestamp
 - SourceSystemID

Error Handling

- Log failed ingestion with error codes and descriptions
- Retry mechanism for transient ingestion failures
- Alerting for schema mismatch, missing fields or unexpected nulls

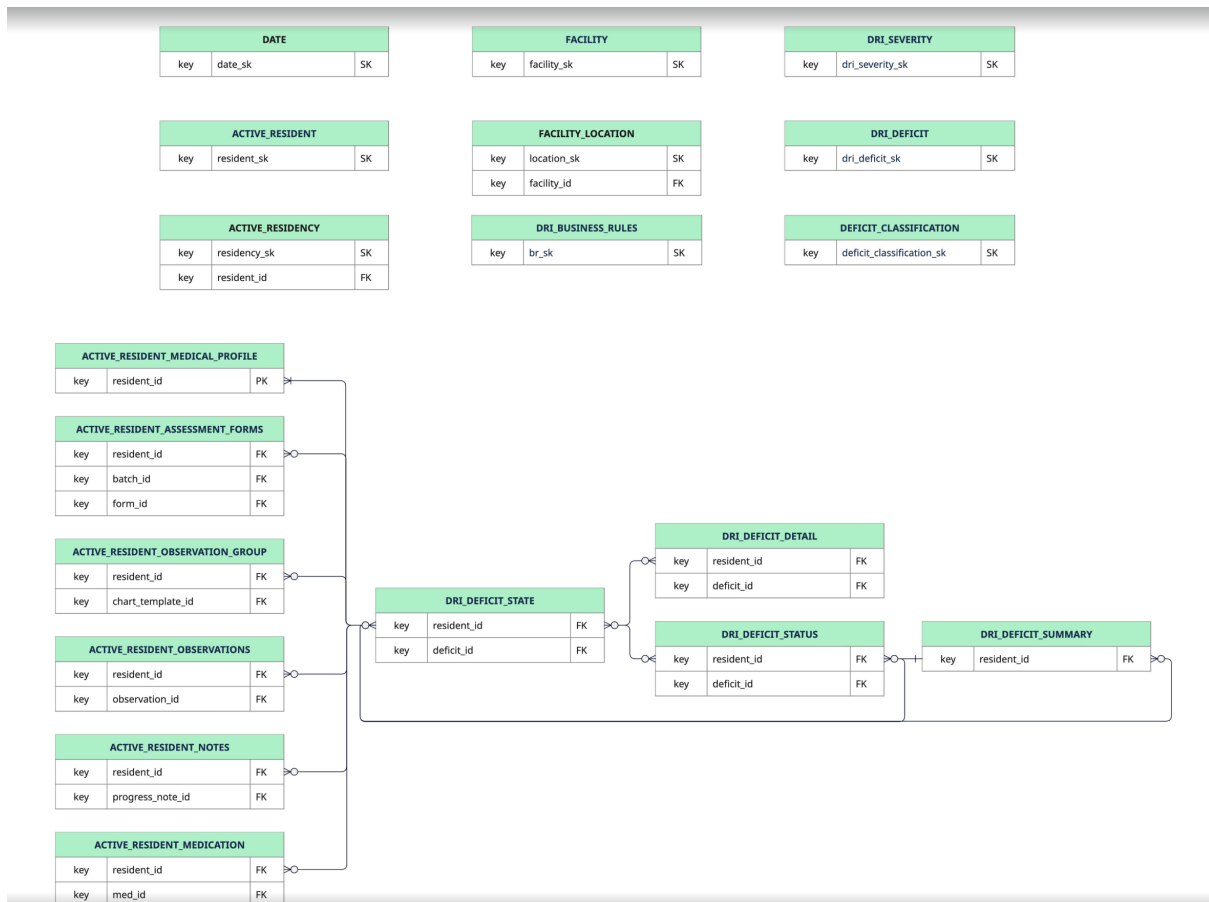
Data Quality Checks

- Null checks - Validate mandatory fields
- Schema validation - Confirm field names, types and constraints match expected structure
- Volume checks - Monitor row counts per table per day to detect anomalies

Integration Layer

Where data is cleansed, conformed, and integrated. (WIP)

Provide a high-level entity-relationship diagram (ERD) for the core tables.



Data Transformation Logic

Below is the mapping specification which describes the key data transformations that will be applied within Snowflake. This includes data cleansing, enrichment, and aggregation to create curated datasets for the consumer application.

[Mapping Specification - Landing Layer](#)

[Mapping Specification - Staging Layer](#)

[Mapping Specification - Integration Layer](#)

[Mapping Specification - Presentation Layer](#)

Orchestration

Data will be ingested and transformed at local time so every set of the jobs for each client will be scheduled accordingly.

Due to time zone difference, jobs for instances in WA region will always start later than VIC/NSW's instance

Clinical Manager Ingestion job for DRI

Ingestion job commences at midnight local time everyday (7 days a week).

Automation and management of data workflows with Snowflake Tasks

It is natively available to run/trigger all snowflake commands. Task can be scheduled to run at specific intervals using a cron-like syntax or triggered by events. also support parameterization whenever

required. Task graphs (sequences of tasks) features is available to perform dynamic behavior, running tasks in parallel or in series, also executes complex data workflows.

Integration with Consumer Application

This section focuses on the interface between Snowflake and the end-user application.

Clinical Manager

Integration between Snowflake and Clinical manager (consumption via Snowflake presentation layer) is documented at [DRI \(Pilot\) - API: Consumption from Snowflake via Presentation Layer](#)

Power BI

Connection Details

Snowflake <> Power BI Service Connectivity - via import mode. Semantic model is to be refreshed once a day at 6am.

Query Performance

Describe the strategies that will be employed to ensure optimal query performance for the consumer application, such as the use of appropriate virtual warehouse sizes and clustering keys in Snowflake.

The following elements will be used to ensure optimal query performance for report rendering in Power BI:

1. Snowflake - Small warehouse
2. Snowflake <> Power BI Service Connectivity - via import mode. Semantic model is to be refreshed once a day at 6am.

The DRI data will be imported and stored in Power BI's in-memory engine. The ensures a fast performance for Power BI report interactions and minimizes consumption of snowflake credits i.e. minimizes running costs.

Security and Governance

[ARB - UHDP - Network and Data Security Design](#)

[ARB - UHDP - Network and Infrastructure security](#)

Non-Functional Requirements

The purpose of this Non-Functional Requirements (NFR) section is to define the operational characteristics and constraints of Deteriorating Resident Index (DRI) system. While functional requirements describe **what** the system should do, non-functional requirements specify **how** the system should perform. These requirements ensure that the DRI solution is reliable, secure, scalable, and usable within the context of Telstra Health's Clinical Manager platform.

Document Structure

The NFRs are categorised into the following sections:

- Performance
- Availability and Reliability
- Scalability
- Security
- Maintainability
- Usability
- Interoperability

Defined non-functional requirements

Governance Considerations

Governance is critical to ensuring the DRI model operates safely, transparently, and reliably across aged care facilities. As the model influences clinical decision-making, it must meet standards for traceability, compliance, and clinical validation. This section outlines key governance components required for productionisation.

DRI Rules

	Deficit #	Domain	Deficit	Type	Data Source/s	Keywords to Search	Initial Load	Daily Delta
1	1	Chronic Diseases	Respiratory	Persistent	Resident Profile	<p>Chronic Obstructive Pulmonary Disease, COPD, Chronic Obstructive Airways Disease, COAD, Emphysema, Chronic bronchitis, bronchiectasis, Chronic asthma, Asthma, Post Polio Syndrome, Trache, Tracheostomy, pulmonary fibrosis</p> <ul style="list-style-type: none"> Spice 	<p>Look back period From first admission</p> <p>Scan Frequency Initial load</p> <p>Rule [Keyword search]</p> <p>If a single occurrence is found, set the flag.</p> <p>Note - Persistent deficit flags do not expire.</p>	<p>Look back period 1 day (since last daily run)</p> <p>Scan Frequency Daily</p> <p>Rule [Keyword search]</p> <p>If a single occurrence is found, set the flag.</p> <p>If the flag is set, collect only the explainability information.</p> <p>Note - Persistent deficit flags do not expire.</p>

					<p>c o o d i f i e a)</p> <p>Assessment Forms</p> <ul style="list-style-type: none"> C o n p r e h e n s i v e M e d i c a l A s s e s s m e n t (C M 		
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					A)		
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2	2	Chronic Diseases	Cardiac	Persistent	Resident Profile <ul style="list-style-type: none"> • Spon, Afib, heart failure, congestive heart failure, CHF, CCF, congestive / cardiac failure, congestive heart disease, CHD, heart valve disease (, stenosis, valvular insufficiency, tricuspid regurgitation, pulmonary regurgitation, mitral regurgitation, aortic regurgitation, ischemic 	Look back period From first admission Scan Frequency Initial load Rule <i>[Keyword search]</i> If a single occurrence is found, set the flag. Note - <i>Persistent deficit flags do not expire.</i>	Look back period 1 day (since last daily run) Scan Frequency Daily Rule <i>[Keyword search]</i> If a single occurrence is found, set the flag. If the flag is set, collect only the explainability information. Note - <i>Persistent deficit flags do not expire.</i>
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					<p>d heart) disease , IHD, ischemi c, coronar</p> <p>Assess ment Forms</p> <ul style="list-style-type: none"> • C y artery o disease n , p coronar r y heart e disease h , CAD, e CHD, n rheuma s tic fever <p>i v e M e d i c a l A s s e s s n e n t (C M A)</p>		
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3	3	Chronic Diseases	Neurological	Persistent	Resident Profile <ul style="list-style-type: none"> • Specialise 	Cerebrovascular disease, CVA, Stroke, TIAs, TIA's,	Look back period From first admission Scan Frequency Initial load Rule <i>[Keyword search]</i>	Look back period 1 day (since last daily run) Scan Frequency Daily

					<p>i embolis a m, l cerebral n infarctio e n, e subarac d hnoid s haemor / rhage, D SAH, i intracer a ebral g haemor n rhage, o intracra s nial i haemor s rhage, (Parkins f on, r tremor, e Parkins e onism, - Parkins t on's e Disease x , stroke, t Amyotr n ophic o lateral n sclerosi - s, c ALS, MS o , a Multiple i Sclerosi f s, i Parkins e ons, a Muscul) ar Dystrop hy, MD, RCVA, LCVA, ABI, Acquire d Brain</p>	<p>If a single occurrence is found, set the flag.</p> <p>Note - <i>Persistent deficit flags do not expire.</i></p>	<p>Rule <i>[Keyword search]</i></p> <p>If a single occurrence is found, set the flag.</p> <p>If the flag is set, collect only the explainability information.</p> <p>Note - <i>Persistent deficit flags do not expire.</i></p>
				<p>Assess ment Forms</p> <ul style="list-style-type: none">• <u>C</u> <u>o</u> <u>n</u>			

					<p> <u>p</u> Injury, <u>r</u> Brain <u>e</u> injury, <u>h</u> quad, <u>e</u> quadra <u>n</u> plegic, <u>s</u> quadrip <u>i</u> legic, <u>v</u> quadra <u>e</u> plegia, <u>M</u> quadrip <u>e</u> legia, <u>d</u> paraple <u>i</u> gic, <u>c</u> paraple <u>a</u> gia, <u>l</u> para, <u>A</u> Hunting <u>s</u> tons, <u>s</u> Hunting <u>e</u> ton's <u>s</u> disease <u>s</u> , <u>n</u> Hunting <u>e</u> ton's, <u>n</u> Creutzf <u>t</u> eldt- <u>(</u> Jakob <u>C</u> Disease <u>M</u> (CJD), <u>A</u> Friedrei <u>)</u> ch's Ataxia, Chronic Traumat ic Enceph alopath y (CTE), Hepatic Enceph alopath y, Epileps y, SCI, spinal cord injury, </p>	
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						tetraplegia, tetraplegia, TIA, ICH		
4	4	Chronic Diseases	Renal	Persistent	Resident Profile	<p>Chronic kidney disease, CKD, kidney, poor renal function, RnFN, renal, renal failure, Renal Stenosis, Renal insufficiency</p> <ul style="list-style-type: none"> • Spinal cord injury, RnFN, renal, renal failure, Renal Stenosis, Renal insufficiency 	<p>Look back period From first admission</p> <p>Scan Frequency Initial load</p> <p>Rule [Keyword search]</p> <p>If a single occurrence is found, set the flag.</p> <p>Note - Persistent deficit flags do not expire.</p>	<p>Look back period 1 day (since last daily run)</p> <p>Scan Frequency Daily</p> <p>Rule [Keyword search]</p> <p>If a single occurrence is found, set the flag.</p> <p>If the flag is set, collect only the explainability information.</p>

				<p> D ency, i kidney a stenosi g s, n Kidney o failure, s End i Stage s Kidney (Disease f , ESKD, r End e Stage e Renal - Disease t , ESRD, e renal x arteriov t enous n Fistula, o AV n fistula, - Renal c fistula o a i f i e a) </p> <p> Assess ment Forms </p> <ul style="list-style-type: none"> C o n p r e h e n s i v 	<p> Note - Persistent deficit flags do not expire. </p>
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					Medical Assessment sheet (CMA)		
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5	5	Chronic Diseases	Cancer	Persistent	Resident Profile <ul style="list-style-type: none"> • Socompromised, MML, Multiple myeloma, leukemia, lymphoma, immunosuppressed, immunocompromised, CA 	Cancer, tumor, Tumour, Immunocompromised, MML, Multiple myeloma, leukemia, lymphoma, immunosuppressed, immunocompromised, CA	<u>Look back period</u> From first admission <u>Scan Frequency</u> Initial load <u>Rule</u> <i>[Keyword search]</i> If a single occurrence is found, set the flag. <i>Note - Persistent deficit flags do not expire.</i>	<u>Look back period</u> 1 day (since last daily run) <u>Scan Frequency</u> Daily <u>Rule</u> <i>[Keyword search]</i> If a single occurrence is found, set the flag. If the flag is set, collect only the explainability information. <i>Note - Persistent deficit flags do not expire.</i>

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					<u>s</u> <u>s</u> <u>e</u> <u>s</u> <u>s</u> <u>n</u> <u>e</u> <u>n</u> <u>t</u> <u>(</u> <u>C</u> <u>M</u> <u>A</u> <u>)</u>		
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6	6	Chronic Diseases	Peripheral Vascular Disease	Persistent	Resident Profile <ul style="list-style-type: none">Stroke, peripheral artery disease, peripheral arterial disease, PAD, PVD	Peripheral vascular disease, peripheral artery disease, peripheral arterial disease, PAD, PVD	<u>Look back period</u> From first admission <u>Scan Frequency</u> Initial load <u>Rule</u> [Keyword search] If a single occurrence is found, set the flag. Note - Persistent deficit flags do not expire.	<u>Look back period</u> 1 day (since last daily run) <u>Scan Frequency</u> Daily <u>Rule</u> [Keyword search] If a single occurrence is found, set the flag. If the flag is set, collect only the explainability information. Note - Persistent deficit flags do not expire.

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7	7	Chronic Diseases	Thyroid	Persistent	Resident Profile <ul style="list-style-type: none"> • Special interests: Thyroiditis, Goitre, Graves, hashimoto's 	Thyroid, Hypothyroidism, Hyperthyroidism, Goiter, Thyroiditis, Goitre, Graves, hashimoto's	<u>Look back period</u> From first admission <u>Scan Frequency</u> Initial load <u>Rule</u> <i>[Keyword search]</i> If a single occurrence is found, set the flag. <i>Note - Persistent deficit flags do not expire.</i>	<u>Look back period</u> 1 day (since last daily run) <u>Scan Frequency</u> Daily <u>Rule</u> <i>[Keyword search]</i> If a single occurrence is found, set the flag. If the flag is set, collect only the explainability information. <i>Note - Persistent deficit flags do not expire.</i>

				<p>g n o s i s (f r e e - t e x t)</p> <p>Assessment Forms</p> <ul style="list-style-type: none"> C o n p r e h e n s i v e M e d i c a l A s s e s s m e n t 		
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8	8	Blo od- spe cifi c	Dia bet es	Per sist ent	Reside nt Profile	Diabete s, NIDDM, T2DM, DM,	<u>Look back period</u> From first admission <u>Scan Frequency</u> Initial load	<u>Look back period</u> 1 day (since last daily run)

Dis eas es				<ul style="list-style-type: none"> S IDDM, p Diabete e s c Mellitus i , DMII, a T2 DM, l insulin n depend e ent, e Type 2 d diabete s s, Type / 1 C diabete i s, DM, a T1 DM, g Insulin n depend o ent s diabete i s s mellitus (, f Diabeti r c, Type e 1 e diabetic - , Type 2 t diabetic e x t 1 n Diabete o s n Assess - ment - c Clinical o Drop- a Down i Values f j The e resident d is living) with Type 1 Diabete s, The 	<p>Rule [Keyword search]</p> <p>If a single occurrence is found, set the flag.</p> <p>Note - <i>Persistent deficit flags do not expire.</i></p>	<p>Scan Frequency Daily</p> <p>Rule [Keyword search]</p> <p>If a single occurrence is found, set the flag.</p> <p>If the flag is set, collect only the explainability information.</p> <p>Note - <i>Persistent deficit flags do not expire.</i></p>
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				Assessment Forms <ul style="list-style-type: none"> • <u>C</u> <u>o</u> <u>n</u> <u>p</u> <u>r</u> <u>e</u> <u>h</u> <u>e</u> <u>n</u> <u>s</u> <u>i</u> <u>v</u> <u>e</u> <u>M</u> <u>e</u> <u>d</u> <u>i</u> <u>c</u> <u>a</u> <u>l</u> <u>A</u> <u>s</u> <u>s</u> <u>e</u> <u>s</u> <u>s</u> <u>n</u> <u>e</u> <u>n</u> <u>t</u> <u>(</u> <u>C</u> <u>M</u> <u>A</u> <u>)</u> 	resident is living with Type 2 Diabetes		
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					P C i r e c t i v e		
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9	9	Blood-specific Diseases	Blood Pressure	PE RSI STE NT	Resident Profile <ul style="list-style-type: none">Specialties: Hypertension, high blood pressure, HTN, hypotension, low blood pressure, HoTN, HPT, Low BP, High BP, HBP	Look back period From first admission Scan Frequency Initial load Rule [Keyword search] If a single occurrence is found, set the flag. Note - Persistent deficit flags do not expire.	Look back period 1 day (since last daily run) Scan Frequency Daily Rule [Keyword search] If a single occurrence is found, set the flag. If the flag is set, collect only the explainability information. Note - Persistent deficit flags do not expire.	

					<div>adiffidea)</div> <div>Assessment Forms</div> <div><ul style="list-style-type: none">Conprehensive Mental Health Assessment (CMA)</div>		
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1 0	1 0	Bone-specific Diseases	Osteoporosis	Persistent	Resident Profile	Osteoporosis	<p>Look back period From first admission</p> <p>Scan Frequency Initial load</p> <p>Rule [Keyword search]</p> <p>If a single occurrence is found, set the flag.</p> <p>Note - Persistent deficit flags do not expire.</p>	<p>Look back period 1 day (since last daily run)</p> <p>Scan Frequency Daily</p> <p>Rule [Keyword search]</p> <p>If a single occurrence is found, set the flag.</p> <p>If the flag is set, collect only the explainability information.</p> <p>Note - Persistent deficit flags do not expire.</p>
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					<p>d)</p> <p>Assess ment Forms</p> <ul style="list-style-type: none">• C o n p r e h e n s i v e M e d i c a l A s s e s s m e n t (C M A)		
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1	1	Bone-specific Dis	Arthritis	Persistent	Resident Profile	Arthritis, OA, arthrosis, Osteoarthritis, Rheumatoid	Look back period From first admission Scan Frequency Initial load Rule <i>[Keyword search]</i>	Look back period 1 day (since last daily run) Scan Frequency Daily

	eases			<p>i a l n e e d s / C i a g n o s i s (f r e e - t e x t n o n - c o d i f i e d)</p> <p>Assessment Forms</p> <ul style="list-style-type: none"> • C o n 	<p>Arthritis . RA, Arthritic</p> <p>If a single occurrence is found, set the flag.</p> <p>Note - <i>Persistent deficit flags do not expire.</i></p>	<p>Rule <i>[Keyword search]</i></p> <p>If a single occurrence is found, set the flag.</p> <p>If the flag is set, collect only the explainability information.</p> <p>Note - <i>Persistent deficit flags do not expire.</i></p>
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					<p>p r e h e n s i v e M e d i c a l A s s e s s m e n t (C M A)</p>		
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1 2	1 2	Geri atri c Syn dro me	Fall s	FL UC TU ATI NG	Assess ment Forms <ul style="list-style-type: none"> Accident Incident Report - Fall (Dropdo wn) 	<u>Acciden t Incident Report - Fall (Dropdo wn)</u>	<u>Look back period</u> 12 months or from date of admission if admitted <12mths prior <u>Scan Frequency</u> Initial load <u>Rule</u> If a single occurrence is found, set the flag for 24hrs.	<u>Look back period</u> 1 day (since last daily run) <u>Scan Frequency</u> Daily <u>Rule</u> If a single occurrence is found, set the flag for 24 hours . If the flag is already set and no new occurrence is found, then the flag must expire after 24 hours .

						d e n t R e p o r t		
13	13a	Geriatriac Syndrome	Ulcers - GI	Persistent	Resident Profile <ul style="list-style-type: none">Specialist	Peptic ulcer, gastric ulcer, stomach ulcer, duodenal ulcer, oesoph	<u>Look back period</u> From first admission <u>Scan Frequency</u> Initial load <u>Rule</u> [Keyword search]	<u>Look back period</u> 1 day (since last daily run) <u>Scan Frequency</u> Daily <u>Rule</u> [Keyword search]

				<p> l ageal n ulcer, e Gastroi e ntestina d l Ulcer, s GI Ulcer / C i a g n o s i s (f r e e - t e x t n o n - c o d i f i e d) </p> <p> Assess ment Forms </p> <ul style="list-style-type: none"> • C o n p r 	<p> If a single occurrence is found, set the flag. </p> <p> Note - <i>Persistent deficit flags do not expire.</i> </p>	<p> If a single occurrence is found, set the flag. </p> <p> If the flag is set, collect only the explainability information. </p> <p> Note - <i>Persistent deficit flags do not expire.</i> </p>
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					ehen sive Medi cal Ass ess ment (CMA)		
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14	13b	Geriatric Syndrome	Ulcers - Wound	FLUCATUNG	Observations <ul style="list-style-type: none"> Vondundacht 	diabetic ulcer, venous ulcer, pressure ulcer, pressure injury, vascular ulcer, skin - pressure injury	Look back period 90 days Scan Frequency Initial load Rule <i>[Keyword search]</i> If a single occurrence is found, set the flag. An occurrence is counted when all of the following conditions are met: <ul style="list-style-type: none"> The Wound chart Status = 'Active', 	Look back period 1 day (since last daily run) Scan Frequency Daily Rule <i>[Keyword search]</i> If a single occurrence is found, set the flag. When the wound chart status is Active , continue to set flag. If the wound chart status changes to Complete ,

							<div><div>Complete, Archived.</div><div><ul style="list-style-type: none">The Location is not a foot-related area ('Foot', 'Heel', 'Toe', 'Toes', 'Ankle')Wound type is as per the values in the Keywords search columnIf detected, set flag for 24 hours unless there is an active wound chart open and criteria met for daily scan</div></div>	<div><div>the associated deficit flag should expire.</div><div>If the flag is already set and a new occurrence is found in a new location, collect the explainability data and keep the flag set until the next daily run.</div><div>If the flag is already set and no new occurrence is found, then the flag must expire.</div><div>An occurrence is counted when all of the following conditions are met:<ul style="list-style-type: none">The Wound chart Status = 'Active'The Location is not a foot-related area ('Foot', 'Heel', 'Toe', 'Toes', 'Ankle')Wound type is as per the values in the Keywords search column when 'Other' dropdown field is selected</div></div>
15	14	Geriatric Syndrome	Polyparmacy	FLUCATUNG	Medication Profile		<div><div><u>Look back period</u></div><div>1 day</div><div><u>Scan Frequency</u></div><div>Initial & Daily</div><div><u>Rule</u></div><div>Set the deficit flag for a resident if the following conditions are met:</div></div>	

							<ul style="list-style-type: none">The resident is currently prescribed 5 or more medications.<ul style="list-style-type: none">This count includes PRN (as-needed) medications.The count excludes lotions, creams, and eye drops.
16	15	Geriatric Syndrome	Dysphagia	Persistent	Resident Profile <ul style="list-style-type: none">Swallowing, swallowing difficulties, difficulty in swallowing, swallowing, swallowing problem, difficulty to swallow, poor swallowing, trouble swallowing, swallowing impairment, swallowing difficulty, aspirated, aspiration,	Look back period From first admission Scan Frequency Initial load Rule [Keyword search] If a single occurrence is found, set the flag. Note - Persistent deficit flags do not expire.	Look back period 1 day (since last daily run) Scan Frequency Daily Rule [Keyword search] If a single occurrence is found, set the flag. If the flag is set, collect only the explainability information. Note - Persistent deficit flags do not expire.

					<p>c aspirati o ng, d <u>Nutritio</u> i <u>n and</u> f <u>Hydrati</u> i <u>on</u> e <u>Assess</u> d <u>ment</u>) (Dropdo wn) - Outcom e of swallow ing</p> <p>Assess ment Forms</p> <ul style="list-style-type: none"> • C assess o ment - n difficult p y r swallow e ing h (dyspha e gia) <p>n s i v e M e d i c a l A s s e s s m e n t t (C M</p>		
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					A)		
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				<ul style="list-style-type: none">Nutrition and Hydration Assessment		
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					<ul style="list-style-type: none">• Medication Administration Assessment		
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					<ul style="list-style-type: none"> • Dignity of Risk Agreement 		
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17	16	Geriatric Syndrome	Pain	FLUCATUNG	Observations <ul style="list-style-type: none"> Pain Characteristic 	n/a	<u>Look back period</u> 7 days <u>Scan Frequency</u> Initial load <u>Rule</u> If a single occurrence is found, set the flag. An occurrence is counted when all of the	<u>Look back period</u> 1 day (since last daily run) <u>Scan Frequency</u> Daily <u>Rule</u> <u>Rule</u> <i>[Keyword search]</i>

					<ul style="list-style-type: none"> Pain Chart 	<p>following conditions are met:</p> <p>If detected, set flag for 24 hours unless there is an active pain chart open and criteria met for daily scan.</p> <p>Pain Chart</p> <ul style="list-style-type: none"> Include all statuses (Active, Complete, Archived) Pain Rating - Numeric scale score ≥ 1 <p>OR</p> <ul style="list-style-type: none"> Pain category is Mild, Moderate, or Severe (Abbey Pain Scale) <p>PainChek Chart</p> <ul style="list-style-type: none"> Include all statuses Pain Rating - Numeric scale score ≥ 7 <p>OR</p> <ul style="list-style-type: none"> Pain category is Mild, Moderate, or Severe <p>Reference</p> <p>Pain assessment and management</p>	<p>If a single occurrence is found, set the flag.</p> <p>When the pain chart status is Active, continue to set flag.</p> <p>If the pain chart status changes to Closed, the associated deficit flag should expire.</p> <p>If the flag is already set and a new occurrence is found in a new location, collect the explainability data and keep the flag set until the next daily run.</p> <p>If the flag is already set and no new occurrence is found, then the flag must expire.</p> <p>An occurrence is counted when all of the following conditions are met:</p> <ul style="list-style-type: none"> The pain chart Status = 'Active' <p>Reference</p> <p>Pain assessment and management</p>
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					d) Assess ment Forms • <u>A</u> <u>c</u> <u>c</u> <u>i</u> <u>d</u> <u>e</u> <u>n</u> <u>t</u> <u>/</u> <u>I</u> <u>n</u> <u>c</u> <u>i</u> <u>d</u> <u>e</u> <u>n</u> <u>t</u> <u>R</u> <u>e</u> <u>p</u> <u>o</u> <u>r</u> <u>t</u>		
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					<div>Progress Notes</div> <div><ul style="list-style-type: none">Notes (frequency - the extent of non-compliance)</div>		
19	18	Cognition	Cognition	Persistent	<div>Resident Profile</div> <div><ul style="list-style-type: none">Spence</div> <div>Cognitive impairment, cognitive decline,</div>	<div>Look back period</div> <div>From first admission</div> <div>Scan Frequency</div> <div>Initial load</div> <div>Rule</div> <div>[Keyword search]</div>	<div>Look back period</div> <div>1 day (since last daily run)</div> <div>Scan Frequency</div> <div>Daily</div>

					<p>i impair a d l cogniti*, n cognitiv e e e deficit', d cognitiv s e / change, D poor i cogniti*, a decline g in n cogniti, o cognitiv s e i dysfunc s tion, (cognitiv f e r defecit, e cognitiv e e - deficit, t cognitiv e e x difficult t y, n decreas o e in n cogniti*</p> <p>- c o d i f i e d)</p> <p>Assess ment Forms</p> <ul style="list-style-type: none"> • C o n 	<p>If a single occurrence is found, set the flag.</p> <p>Note - Persistent deficit flags do not expire.</p>	<p>Rule [Keyword search]</p> <p>If a single occurrence is found, set the flag.</p> <p>If the flag is set, collect only the explainability information.</p> <p>Note - Persistent deficit flags do not expire.</p>
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					<p>p r e h e n s i v e M e d i c a l A s s e s s m e n t (C M A)</p>		
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20	19	Cognition	Dementia	Persistent	Resident Profile	Dementia, Lewy body, Lewy body dementia, Frontal lobe dementia, Alzheimers, Alzheimers disease / , Alzheimer's	<p>Look back period From first Admission</p> <p>Scan Frequency Initial load</p> <p>Rule [Keyword search] If a single occurrence is found, set the flag.</p> <p>Note - Persistent deficit flags do not expire.</p>	<p>Look back period 1 day (since last daily run)</p> <p>Scan Frequency Daily</p> <p>Rule [Keyword search] If a single occurrence is found, set the flag.</p> <p>If the flag is set, collect only the explainability information.</p> <p>Note - Persistent deficit flags do not expire.</p>
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					<div>i e d)</div> <div>Assessment Forms</div> <div><ul style="list-style-type: none">C o n p r e h e n s i v e M e d i c a l A s s e s s m e n t (C M A)</div>		
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					o u r S u p p o r t P l a n		
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					Progress Notes <ul style="list-style-type: none"> Notes (free-text information - text not on record) 			
21	20	Nutrition	Weight	FLUC TU	Assessment Forms	Anorex*, weight loss,	Look back period 90 days	Look back period 1 day (since last daily run)

		loss	ATI NG	<ul style="list-style-type: none"> • M cachexia, loss of appetite, poor appetite, The resident is at risk of malnutrition, The resident is malnourished • V e i g h t C h a r t + C h a n g 	<p><u>Scan Frequency</u> Initial load</p> <p><u>Rule</u> Check if an MNA was created in the last 90 days.</p> <ul style="list-style-type: none"> • Set the deficit flag for 90 days from the day of last occurrence if MNA is malnourished: <ul style="list-style-type: none"> ○ 'The resident is at risk of malnutrition', ○ 'The resident is malnourished' <p><u>OR</u></p> <ul style="list-style-type: none"> • Determine the latest weight from the previous quarter. • Compare the current weight to the weight from the previous quarter. • If weight loss exceeds 5% (or as per configured value) from the previous quarter (rolling window to be used), set 	<p><u>Scan Frequency</u> Daily</p> <p><u>Rule</u> Check the daily data only and set the deficit flag for 90 days if:</p> <ul style="list-style-type: none"> • MNA is malnourished: <ul style="list-style-type: none"> ○ 'The resident is at risk of malnutrition', ○ 'The resident is malnourished' <p><u>OR</u></p> <ul style="list-style-type: none"> • Determine the latest weight from the previous quarter. • Compare the current weight to the weight from the previous quarter. • If weight loss exceeds 5% (or as per configured value) from the previous quarter (rolling window to be used), set the deficit for 90 days.
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					<p>e i n V e i g h t R e p o r t</p>	<p>the deficit for 90 days.</p> <ul style="list-style-type: none"> If the flag is active, any occurrence will reset the 90-day period from the date of the latest occurrence. <p>References</p> <p>QI Program quick reference guide – Unplanned weight loss Aged Care Quality and Safety Commission</p> <p>National Aged Care Mandatory Quality Indicator Program (QI Program)</p> <p>Significant unplanned weight loss is defined as a loss of 5% or more of body weight over a three-month period</p> <p>Malnutrition in Aged Care</p> <p>Routine malnutrition screening is to become embedded in aged care:</p> <p>a. At the assessment stage (ie. to be a mandatory feature of the National Screening and Assessment form and the Medicare Health Assessment for Older Persons, 75+); and</p> <p>b. At the beginning of care (eg. with community aged care services and residential aged</p>	<ul style="list-style-type: none"> If the flag is active, any occurrence will reset the 90-day period from the date of the latest occurrence. <p>If no occurrences are found within the 90-day period, the deficit flag will expire.</p> <p>References</p> <p>QI Program quick reference guide – Unplanned weight loss Aged Care Quality and Safety Commission</p> <p>National Aged Care Mandatory Quality Indicator Program (QI Program)</p> <p>Significant unplanned weight loss is defined as a loss of 5% or more of body weight over a three-month period</p> <p>Malnutrition in Aged Care</p> <p>Routine malnutrition screening is to become embedded in aged care:</p> <p>a. At the assessment stage (ie. to be a mandatory feature of the National Screening and Assessment form and the Medicare Health Assessment for Older Persons, 75+); and</p> <p>b. At the beginning of</p>
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							care); and c. On a regular basis (ie. quarterly re-screening)	care (eg. with community aged care services and residential aged care); and c. On a regular basis (ie. quarterly re-screening)
2 2	2 1	Activities of Daily Life	ADL	FLUC TUNGN	Observations	n/a	<p><u>Look back period</u> 72hrs</p> <p><u>Scan Frequency</u> Initial</p> <p>If a single occurrence is found, set the flag.</p> <p>An occurrence is counted when the following criteria is met:</p> <ul style="list-style-type: none"> • 1 or more of the following categories are selected: <ul style="list-style-type: none"> ○ Hygiene ○ Dressing & Grooming ○ Toileting 	<p><u>Look back period</u> 72hrs (since last daily run)</p> <p><u>Scan Frequency</u> Daily</p> <p>If a single occurrence is found, set the flag for 72hrs.</p> <p>If the flag is already set, collect only the explainability information.</p> <p>An occurrence is counted when the following criteria is met:</p> <ul style="list-style-type: none"> • 1 or more of the following categories are selected: <ul style="list-style-type: none"> ○ Hygiene ○ Dressing & Grooming ○ Toileting

2	2	Acti	Mo	FL	Assess	Refer to	<u>Look back period</u>	<u>Look back period</u>
3	2	vitie	bili	UC	ment	the	7 days (since last daily	7 days (since last daily
		s of	ty	TU	Forms	drop-	run)	run)
		Dail		ATI	• M	down	<u>Scan Frequency</u>	<u>Scan Frequency</u>
		y		NG	o	values	Daily	Daily
		Life			b	for	<u>Rule</u>	<u>Rule</u>
					i	each of	<i>[Keyword search]</i>	<i>[Keyword search]</i>
					l	• C	If a single occurrence is	If a single occurrence is
					i	h	found, set the flag.	found, set the flag.
					t	i	An occurrence is	If the flag is already set,
					y	r	counted when the	collect only the
					a	t	following criteria is met:	
					n	o		
					d			

					<p>Transfer assessment</p>	<p>Chair transfer assessment</p> <ul style="list-style-type: none"> • 1 or more of the following categories are selected: <ul style="list-style-type: none"> ○ Chair to chair transfer required ○ Mobility aids required ○ SIT TO STAND TRANSFER ○ BED MOBILITY • Mobility aids required • SIT TO STAND TRANSFER 	<p>explainability information.</p> <p>Flag</p> <p>An occurrence is counted when the following criteria is met:</p> <ul style="list-style-type: none"> • 1 or more of the following categories are selected: <ul style="list-style-type: none"> ○ Chair to chair transfer required ○ Mobility aids required ○ SIT TO STAND TRANSFER ○ BED MOBILITY
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						T A N D T R A N S F E R		
						• B E D M C B I L I T Y		

2 4	2 3	Eli min atio n	Inc ont ine nc e	FL UC TU ATI NG	Observations	n/a	<p><u>Look back period</u> 10 days</p> <p><u>Scan Frequency</u> Daily</p> <p><u>Rule</u></p> <p><u>Bowel Chart</u> Count the total of Bowel Chart observations where Continence Responses = 'Incontinent'</p> <ul style="list-style-type: none"> If 'incontinent' is 50% or more of the count, set the deficit flag. <p>OR</p> <p><u>Urinary Chart</u></p> <p>A single occurrence when the Continence value on the Urinary Chart is set to one of the following:</p> <ul style="list-style-type: none"> Incontinent of urine Pad change for incontinence of urine 	<p><u>Look back period</u> 10 days</p> <p><u>Scan Frequency</u> Daily</p> <p><u>Rule</u></p> <p><u>Bowel Chart</u> Count the total of Bowel Chart observations where Continence Responses = 'Incontinent'</p> <ul style="list-style-type: none"> If 'incontinent' is 50% or more of the count, set the deficit flag. <p>OR</p> <p><u>Urinary Chart</u></p> <p>A single occurrence when the Continence value on the Urinary Chart is set to one of the following:</p> <ul style="list-style-type: none"> Incontinent of urine Pad change for incontinence of urine

						<ul style="list-style-type: none">• Urinary Catheter	<ul style="list-style-type: none">• Catheter <p>If the flag is already set, collect only the explainability information.</p> <p>If the deficit flag is already set and the conditions are not met for the previous 10 days, the deficit flag will expire and considered to be resolved.</p>	
25	24	Emotional	Depression	FLUCATING	Resident Profile <ul style="list-style-type: none">• Spence	Depression, depression*, antidepressant, antidepress	<u>Look back period</u> 90 days <u>Scan Frequency</u> Initial <u>Rule</u> If a single occurrence is found, set the flag for 90	<u>Look back period</u> 1 day (since last daily run) <u>Scan Frequency</u> Daily <u>Rule</u>

					<p>a ants, l depress n ed, e Indicato e r of d deterior s ation in / mental C health i and a wellbei g ng - n deterior o ation in s Cornell i Scale s for (Depress f ion r screeni e ng e score - t e x t n o n - c o d i f i e d)</p> <p>Assess ment Forms</p> <ul style="list-style-type: none"> • C o n p 	<p>days from the date of last occurrence.</p> <p>An occurrence is counted when all of the following conditions are met:</p> <p>Mental Health and Wellbeing Assessment</p> <p>[Keyword search]</p> <ul style="list-style-type: none"> • Where the Indicators of deterioration in mental health and wellbeing field is set to “Indicator of deterioration in mental health and wellbeing - deterioration in Cornell Scale for Depression screening score” <p>OR</p> <p>Geriatric Depression Scale (Short Version)</p> <ul style="list-style-type: none"> • Geriatric Depression Scale (Short Version): SCORE TOTAL 6,7,8,9,10,11,12,13,14,15 <p>OR</p> <p>Cornell Scale for Depression in Dementia</p> <ul style="list-style-type: none"> • Cornell Depression Score (out of 	<p>If a single occurrence is found, set the flag for 90 days from the date of occurrence.</p> <p>If the flag is already active, any occurrence will reset the 90-day period from the date of the latest occurrence.</p> <p>If the flag is already active and no occurrences have been found within 90-day period, the deficit flag will expire and considered to be resolved.</p> <p>An occurrence is counted when the following conditions are met:</p> <p>Mental Health and Wellbeing Assessment</p> <p>[Keyword search]</p> <ul style="list-style-type: none"> • Where the Indicators of deterioration in mental health and wellbeing field is set to “Indicator of deterioration in mental health and wellbeing - deterioration in Cornell Scale for Depression screening score” <p>OR</p>
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					<p>r e h e n s i v e M e d i c a l A s s e s s m e n t (C M A)</p>	<p>38): 11,12,13,14,15, 16,17,18,19,20, 21,22,23,24,25, 26,27,28,29,30, 31,32,33,34,35, 36,37,38</p> <p><u>OR</u></p> <p>Progress Notes</p> <ul style="list-style-type: none"> Has at least 2 occurrences for 3 consecutive months <p><u>References</u></p> <p>https://www.agedcarequality.gov.au/sites/default/files/media/strengthened_quality_standards_-_quick_reference_guide.pdf</p>	<p>Geriatric Depression Scale (Short Version)</p> <ul style="list-style-type: none"> Geriatric Depression Scale (Short Version): SCORE TOTAL 6,7,8,9,10,11,12,13,14,15 <p><u>OR</u></p> <p>Cornell Scale for Depression in Dementia</p> <ul style="list-style-type: none"> Cornell Depression Score (out of 38): 11,12,13,14,15, 16,17,18,19,20, 21,22,23,24,25, 26,27,28,29,30, 31,32,33,34,35, 36,37,38 <p><u>OR</u></p> <p>Progress Notes</p> <ul style="list-style-type: none"> Has at least 2 occurrences for 3 consecutive months <p><u>References</u></p> <p>https://www.agedcarequality.gov.au/sites/default/files/media/strengthened_quality_standards_-_quick_reference_guide.pdf</p>
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					l b e i n g A s s e s s m e n t		
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					<ul style="list-style-type: none">• Geriatric Depression Scale (Short Version)		
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					o r C e p r e s s i o n i n C e n e n t i a		
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						n o n- c o d i f i e d)		
2 6	2 5	Em otio nal	Anx iety	FL UC TU ATI NG	Reside nt Profile <ul style="list-style-type: none"> S p e c i a l n e e d s / C o m p r e h e n s i v e a s s e s s m e n t 	Anxiety (search term: anxi*), panic, phob. Panicke d, anxious , phobic, phobia, <u>Mental</u> <u>Health</u> <u>and</u> <u>Wellbei</u> <u>ng</u> <u>Assess</u> <u>ment</u> Indicato r of deterior ation in mental health (and wellbei ng - sympto	<u>Look back period</u> 90 days <u>Scan Frequency</u> Initial load <u>Rule</u> <i>[Keyword search]</i> If a single occurrence is found, set the flag for 90 days . An occurrence is counted when: <ul style="list-style-type: none"> A single occurrence is found in: <ul style="list-style-type: none"> Special needs / Diagno sis Compre hensive Medical Assess ment (CMA) Mental Health 	<u>Look back period</u> 1 day (since last daily run) <u>Scan Frequency</u> Daily <u>Rule</u> <i>[Keyword search]</i> If a single occurrence is found, set the flag for 90 days . An occurrence is counted when: <ul style="list-style-type: none"> A single occurrence is found in: <ul style="list-style-type: none"> Special needs / Diagno sis Compre hensive Medical Assess ment (CMA)

					<p>- ms of t anxiety e x t n o n - c o d i f i e d)</p> <p>Assess ment Form/s</p> <ul style="list-style-type: none"> • C o n p r e h e n s i v e M e d i c a l A s s e s s 	<p>and Wellbei ng Assess ment</p> <p>OR</p> <ul style="list-style-type: none"> • at least 2 (two) occurrences are found in Progress Notes 	<ul style="list-style-type: none"> ○ Mental Health and Wellbeing Assessment <p>OR</p> <ul style="list-style-type: none"> • at least 2 (two) occurrences are found in Progress Notes <p>If the flag is already active, any occurrence will reset the 90-day period from the date of the latest occurrence.</p> <p>If the flag is already active and no occurrences have been found within 90-day period, the deficit flag will expire and considered to be resolved.</p>
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					ment (CMA)		
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					<ul style="list-style-type: none">• Mental Health and Wellbeing Assessment		
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					Progress Notes <ul style="list-style-type: none"> Nocturnal - the extent of non-compliance (if identified) 			
27	26	Emotional	Insomnia	FLUCATUNG	Resident Profile <ul style="list-style-type: none"> Sleep cycle 	Insomnia, cannot (can't, cant) sleep, not	Look back period 90 days Scan Frequency Initial load Rule <i>[Keyword search]</i>	Look back period 1 day (since last daily run) Scan Frequency Daily

					<p>i sleepin a g, l cannot n sleep e restless e sleep, d sleep s apnoea, / restless D legs, i RLS, a restless g leg n syndro o me, s difficult i y s (difficul (ties) in f sleep, r sleep e assess e ment, - insomni t ac, e x t <u>Mental</u> n <u>Health</u> o <u>and</u> n <u>Wellbei</u> - <u>ng</u> c <u>Assess</u> o <u>ment</u> d i Indicato f r of i deterior e ation in d mental) health and wellbei ng - change s in sleep pattern</p> <p>Assess ment Forms</p> <ul style="list-style-type: none"> • C o n 	<p>If a single occurrence is found, set the flag for 90 days.</p> <p>An occurrence is counted when:</p> <ul style="list-style-type: none"> • A single occurrence is found in: <ul style="list-style-type: none"> ○ Special needs / Diagnosis ○ Comprehensive Medical Assessment (CMA) ○ Mental Health and Wellbeing Assessment <p>OR</p> <ul style="list-style-type: none"> • at least 3 (three) occurrences are found in Progress Notes 	<p>Rule <i>[Keyword search]</i></p> <p>If a single occurrence is found, set the flag for 90 days.</p> <p>An occurrence is counted when:</p> <ul style="list-style-type: none"> • A single occurrence is found in: <ul style="list-style-type: none"> ○ Special needs / Diagnosis ○ Comprehensive Medical Assessment (CMA) ○ Mental Health and Wellbeing Assessment <p>OR</p> <ul style="list-style-type: none"> • at least 18 (eighteen) occurrences are found in Progress Notes <p>If the flag is already active, any occurrence will reset the 90-day period from the date of the latest occurrence.</p> <p>If the flag is already active and no occurrences have been</p>
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					<p>p (Dropdo r wn) e h e n s i v e M e d i c a l A s s e s s m e n t (C M A)</p>	<p>found within 90-day period, the deficit flag will expire and considered to be resolved.</p>
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					l l b e i n g A s s e s s m e n t		
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						x t n o n - c o d i f i e d)		
28	27	Communication	Vision	Persistent	Resident Profile	<p>Visual impairment, blindness, Glaucoma, Cataracts, poor vision, macular degeneration, vision loss, vision impairment, a low vision, vision impaired, glasses, blurred vision, blind, diplopia fall,</p> <ul style="list-style-type: none"> • S p e c i a l n e e d s / C i m e n t, a l o w g n o s s i s s (f r e e - 	<p><u>Look back period</u> From first admission</p> <p><u>Scan Frequency</u> Initial load</p> <p><u>Rule</u> [Keyword search] If a single occurrence is found, set the flag.</p> <p><u>Note</u> - Persistent deficit flags do not expire.</p>	<p><u>Look back period</u> 1 day (since last daily run)</p> <p><u>Scan Frequency</u> Daily</p> <p><u>Rule</u> [Keyword search] If a single occurrence is found, set the flag.</p> <p>If the flag is set, collect only the explainability information.</p> <p><u>Note</u> - Persistent deficit flags do not expire.</p>

				<p>t e x t n o n - c o d i f i e d)</p> <p>The resident wears glasses for reading, The resident wears glasses all the time, The resident has been fitted with glasses and</p> <p>Assessment Forms</p> <ul style="list-style-type: none"> Choose not to wear them <p>C o n p r e h e n s i v e M e d i c a l A s s e s s m e n t</p>		
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					e n t (C M A)		
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					<ul style="list-style-type: none">• <u>C</u> <u>o</u> <u>n</u> <u>n</u> <u>u</u> <u>n</u> <u>i</u> <u>c</u> <u>a</u> <u>t</u> <u>i</u> <u>o</u> <u>n</u> <u>a</u> <u>n</u> <u>d</u> <u>s</u> <u>e</u> <u>n</u> <u>s</u> <u>o</u> <u>r</u> <u>y</u> <u>E</u> <u>n</u> <u>g</u> <u>a</u> <u>g</u> <u>e</u> <u>n</u> <u>e</u> <u>n</u> <u>t</u> <u>A</u> <u>s</u> <u>s</u> <u>e</u> <u>s</u> <u>s</u> <u>n</u> <u>e</u>		
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2 9	2 8	Co mm uni cati on	He ari ng	Per sist ent	Reside nt Profile	Hearing assess ment, hearing impair ment, impaired hearing, hearing aids, hearing loss, deaf, deafnes s, hard of hearing, hearing aid, Hearing	<p><u>Look back period</u> From first admission</p> <p><u>Scan Frequency</u> Initial load</p> <p><u>Rule</u> [Keyword search] If a single occurrence is found, set the flag.</p> <p>Note - Persistent deficit flags do not expire.</p>	<p><u>Look back period</u> 1 day (since last daily run)</p> <p><u>Scan Frequency</u> Daily</p> <p><u>Rule</u> [Keyword search] If a single occurrence is found, set the flag.</p> <p>If the flag is set, collect only the explainability information.</p> <p>Note - Persistent deficit flags do not expire.</p>

				<p>o aide, s hearing i aids, s hearing (aides, f hearing r difficult e y, The e resident - has a t right e sided x hearing t aid, The n resident o has a n left - sided c hearing o aid, The d resident i has f bilateral i hearing e aids, d The) resident has been advised to wear hearing aids though choose s not to wear them</p> <p>Assessment Forms</p> <ul style="list-style-type: none"> • C o n p r e h e n s i v e M e d i 	
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					Cal Assess ment (CMA)		
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					<ul style="list-style-type: none">• C o n n u n i c a t i o n a n d s e n s o r y E n g a g e m e		
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						nt t A s s e s s n e n t		
30	29	Other symptoms	Dyspnoea	FLUCATING	Resident Profile <ul style="list-style-type: none">• Spence is a lonely	Dyspnoea, shortness of breath, SOB. Dyspnoea, short of breath, breathlessness,	<u>Look back period</u> 60-days <u>Scan Frequency</u> Initial load <u>Rule</u> <i>[Keyword search]</i> If a single occurrence is found, set the flag for 60 days .	<u>Look back period</u> 1 day (since last daily run) <u>Scan Frequency</u> Daily <u>Rule</u> <i>[Keyword search]</i> If a single occurrence is found, set the flag for 60 days .

				<p>e SOBOE, e gasping d , s increas / ed C WOB, i WOB, a The g resident n requires o cylinder s oxygen, i The s resident (requires f an r oxygen e concentrator, - The t resident e requires x continu t ous n oxygen o therapy n - c o nil d dyspno i ea, no f dyspno i ea, not e dyspno d eic, nil) c/o dyspno ea, nil c/o SOB, no C shortne o ss of n breath, p no SOB, r nil SOB e h</p>	<p>An occurrence is counted when:</p> <ul style="list-style-type: none"> • A single occurrence is found in: <ul style="list-style-type: none"> ○ Special needs / Diagnosis ○ Comprehensive Medical Assessment (CMA) ○ Respiratory Management <p>OR</p> <ul style="list-style-type: none"> • at least 3 (three) occurrences are found in Progress Notes <p>Reference</p> <p>Hiding in plain sight: the evolving definition of chronic breathlessness and new ICD-11 wording European Respiratory Society</p>	<p>An occurrence is counted when:</p> <ul style="list-style-type: none"> • A single occurrence is found in: <ul style="list-style-type: none"> ○ Special needs / Diagnosis ○ Comprehensive Medical Assessment (CMA) ○ Respiratory Management <p>OR</p> <ul style="list-style-type: none"> • at least 3 (three) occurrences are found in Progress Notes <p>If the flag is already active, any occurrence will reset the 60-day period from the date of the latest occurrence.</p> <p>If the flag is already active and no occurrences have been found within 60-day period, the deficit flag will expire and considered to be resolved.</p> <p>Reference</p>
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Assessment Forms

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					<div>e n s i v e M e d i c a l A s s e s s m e n t (C M A)</div>		<div>Hiding in plain sight: the evolving definition of chronic breathlessness and new ICD-11 wording European Respiratory Society</div>
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						d i f i e d)		
3 1	3 0	Oth er sym pto ms	An ae mi a an d Ha em ati nic def icie ncy	FL UC TU ATI NG	Resident Profile	Anaemia, haematinic, anemia, B12, B12, iron deficiency, haematinic, iron tablet. Anemic, Anaemic, haemophilic, haemophilic, haemophilic Add in <i>Anaemia</i> of <i>chronic</i> disease (ACD), <i>anaemia</i> of <i>chronic</i> inflammation <i>ACD occurs due to</i>	<p><u>Look back period</u> 90 days</p> <p><u>Scan Frequency</u> Initial load</p> <p><u>Rule</u> [Keyword search]</p> <p>If a single occurrence is found, set the flag for 90 days.</p> <p>An occurrence is counted when:</p> <ul style="list-style-type: none"> A single occurrence is found in: <ul style="list-style-type: none"> Special needs / Diagnosis Comprehensive Medical Assessment (CMA) <p>OR</p> <ul style="list-style-type: none"> at least 1 (one) occurrence is found in Progress Notes 	<p><u>Look back period</u> 1 day (since last daily run)</p> <p><u>Scan Frequency</u> Daily</p> <p><u>Rule</u> [Keyword search]</p> <p>If a single occurrence is found, set the flag for 90 days.</p> <p>An occurrence is counted when:</p> <ul style="list-style-type: none"> A single occurrence is found in: <ul style="list-style-type: none"> Special needs / Diagnosis Comprehensive Medical Assessment (CMA) <p>OR</p> <ul style="list-style-type: none"> at least 1 (one) occurrence is found in Progress Notes

					<p>c chronic o health d conditio i ns, f while i IDA e occurs d due to) iron deficien cy.</p> <p>Assessment Forms</p> <ul style="list-style-type: none"> • C o n p r e h e n s i v e M e d i c a l A s s e s s m e n t (C M 	<p>If the flag is already active, any occurrence will reset the 90-day period from the date of the latest occurrence.</p> <p>If the flag is already active and no occurrences have been found within 90-day period, the deficit flag will expire and considered to be resolved.</p>
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					A)		
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					<div>Progress Notes</div> <div><ul style="list-style-type: none">Notes (free-text notation - extended information - coded if needed)</div>		
32	31	Other symptoms	Dizziness	FLUCATUNG	<div>Resident Profile</div> <div><ul style="list-style-type: none">Special needs. Dizziness, dizzy, giddiness, lighthead*, heavy head*, vertigo. Light headedness. Dizziness</div>	<div>Look back period</div> <div>60-days</div> <div>Scan Frequency</div> <div>Initial load</div> <div>Rule</div> <div>[Keyword search]</div> <div>If a single occurrence is found, set the flag for 60 days.</div> <div>An occurrence is counted when:</div>	<div>Look back period</div> <div>1 day (since last daily run)</div> <div>Scan Frequency</div> <div>Daily</div> <div>Rule</div> <div>[Keyword search]</div> <div>If a single occurrence is found, set the flag for 60 days.</div> <div>An occurrence is counted when:</div>

					<p>/ Exclude:</p> <p>i not dizzy, not giddy, not lightheaded, no dizziness, denies dizziness, suspected vertigo, denied vertigo, denied dizziness, nil c/o dizziness</p> <p>c o d i f i e d)</p> <p>Assessment Forms</p> <ul style="list-style-type: none"> C o n p r e h e n s i 	<ul style="list-style-type: none"> A single occurrence is found in: <ul style="list-style-type: none"> Special needs / Diagnosis Comprehensive Medical Assessment (CMA) <p>OR</p> <ul style="list-style-type: none"> at least 2 (two) occurrences are found in Progress Notes 	<ul style="list-style-type: none"> A single occurrence is found in: <ul style="list-style-type: none"> Special needs / Diagnosis Comprehensive Medical Assessment (CMA) <p>OR</p> <ul style="list-style-type: none"> at least 2 (two) occurrences are found in Progress Notes <p>If the flag is already active, any occurrence will reset the 60-day period from the date of the latest occurrence.</p> <p>If the flag is already active and no occurrences have been found within 60-day period, the deficit flag will expire and considered to be resolved.</p>
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						t n o n - c o d i f i e d)		
3 3	3 2	Oth er sym pto ms	Fo ot/ Fee t	Per sist ent	Reside nt Profile	<p>Bunion, foot drop, foot palsy, club foot, diabetic foot, peripheral neuropathy, charcot foot, amputation, foot amputation, leg amputation, above knee amputation, (AKA, BKA, below knee amputation, toe amputation</p> <ul style="list-style-type: none"> • S 	<p><u>Look back period</u> From first admission</p> <p><u>Scan Frequency</u> Initial load</p> <p><u>Rule</u> [Keyword search] If a single occurrence is found, set the flag.</p> <p><i>Note - Persistent deficit flags do not expire.</i></p>	<p><u>Look back period</u> 1 day (since last daily run)</p> <p><u>Scan Frequency</u> Daily</p> <p><u>Rule</u> [Keyword search] If a single occurrence is found, set the flag.</p> <p>If the flag is set, collect only the explainability information.</p> <p><i>Note - Persistent deficit flags do not expire.</i></p>

					<p>e tion, x Bony t deformi n ty/Prom o inence n on right - foot, c Bony o deformi d ty/Prom i inence f on left i foot, e Hamme d r toe,) Hamme r toes, Claw toe, Claw</p> <p>Assess ment Forms</p> <ul style="list-style-type: none"> • p toes, o foot, d Pressur i e a injury(s) t present r on right y foot, A Pressur s e s injury(s) e present s on left s foot, n Bony e deformi n ty/Prom t inence present on right foot, Bony deformi ty/Prom inence present on left foot, 	
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					Hamme r/Claw toes present on right foot, Hamme r/Claw toes present on left foot,Bu nions present on right foot, Bunions present on left foot		
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