

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

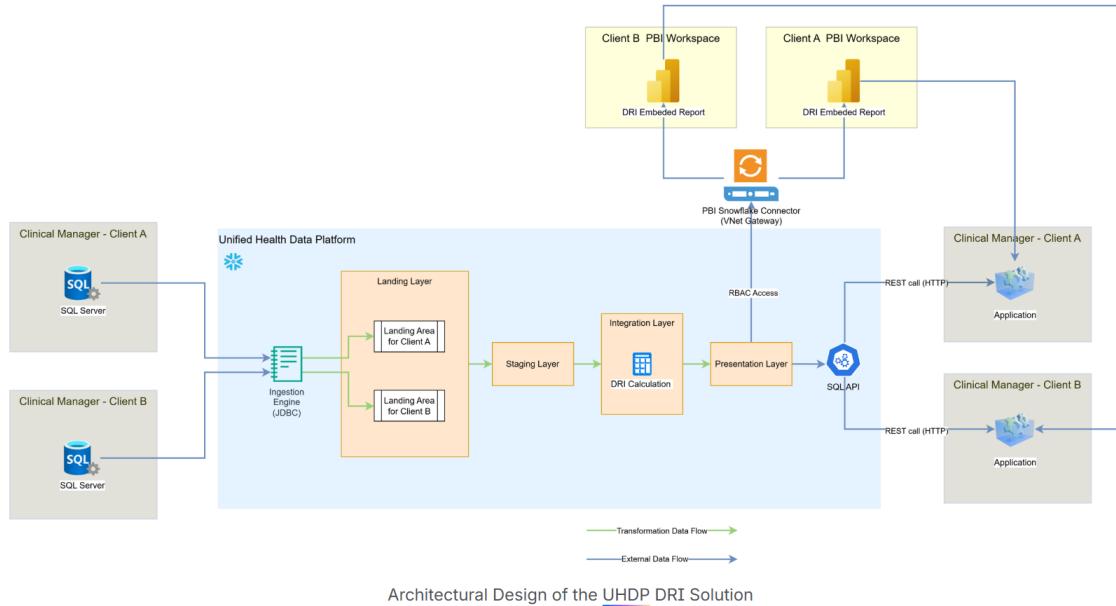
This includes work to be done by other teams:

- 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 updated 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-tenanted 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.

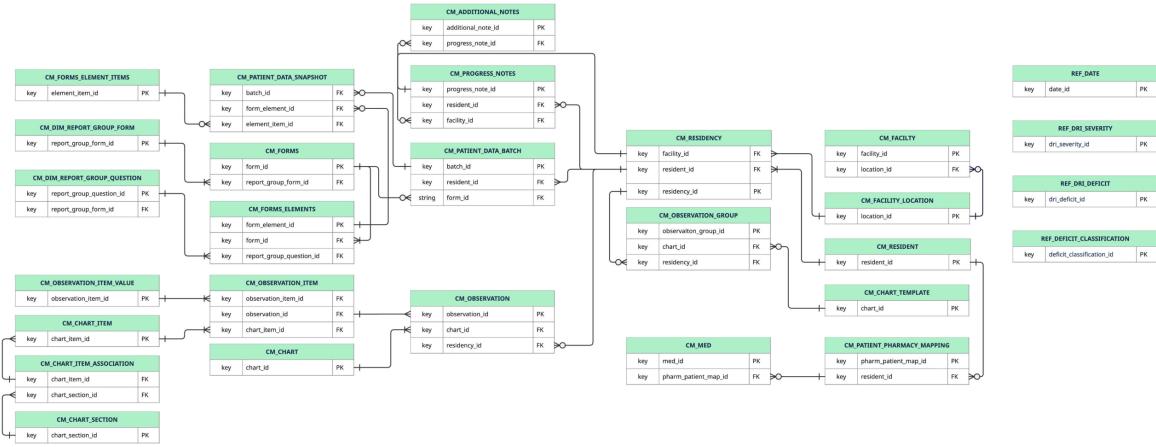
For ingesting raw data from source systems with minimal transformations.

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

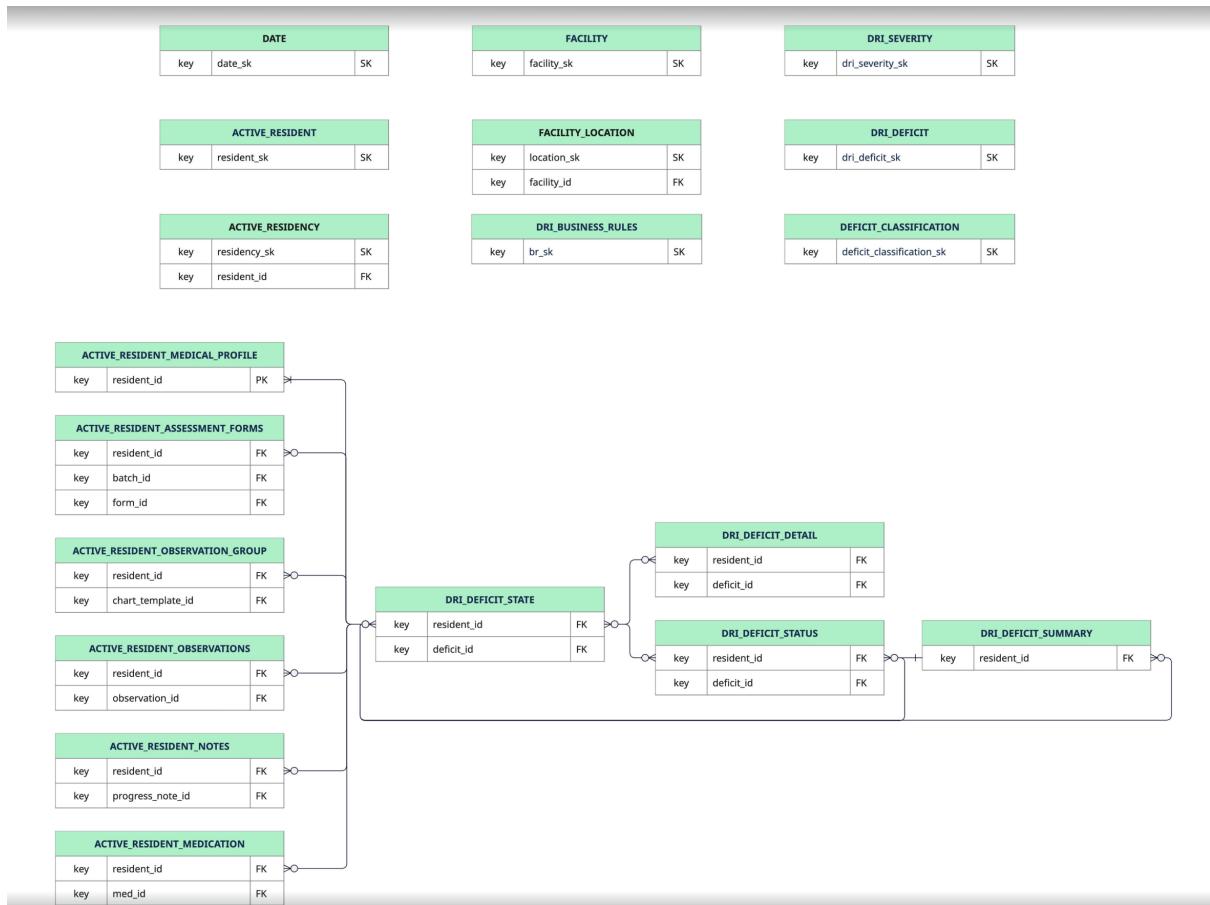
Data Quality Checks

- 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. This 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 in #	Domain	Deficit Type	Data Source/s	Keywords to Search	Initial Load	Daily Delta
1	1	Chronic Diseases	Respiratory	Persistent	Resident Profile	Chronic Obstructive Pulmonary Disease, COPD, Chronic Obstructive Airways Disease, COAD, Emphysema, Chronic / bronchitis, bronchiectasis, Chronic nasal asthma, Asthma, Post Polio Syndrome, Trache, Tracheostomy, pulmonary fibrosis	<p>Look back period From first admission</p> <p>Scan Frequency Initial load</p> <p>Rule <i>[Keyword search]</i></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 <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 - Persistent deficit flags do not expire.</p>

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2	2	Chr onic Diseases	Car dia c	Per sist ent	Reside nt Profile	AF, arrhyth mia, atrial, fibrillati on, Afib, heart failure, congest ive heart failure, CHF, CCF, congest ive / cardiac failure, congest ive heart disease , CHD, heart valve disease (, stenosi s, valvular insuffici ency, tricuspi ed regurgit ation, pulmon ary regurgit ation, mitral regurgit ation, aortic regurgit ation, ischae mic	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 - Persistent deficit flags do not expire.	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 - Persistent deficit flags do not expire.
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3	3	Chr onic Diseases	Ne uro logi cal	Per sist ent	Reside nt Profile • S p e c	Cerebro vascula r disease , CVA, Stroke, TIA's, TIA's,	<p>Look back period From first admission</p> <p>Scan Frequency Initial load</p> <p>Rule <i>[Keyword search]</i></p>	<p>Look back period 1 day (since last daily run)</p> <p>Scan Frequency Daily</p>

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4	4	Chronic Diseases	Renal	Persistent	Resident Profile	Chronic kidney disease, CKD, kidney, poor renal function, RnFN, renal, renal failure, Renal Stenosis, Renal insuffici	<p>Look back period From first admission</p> <p>Scan Frequency Initial load</p> <p>Rule <i>[Keyword search]</i></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 <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>

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5	5	Chr onic Diseases	Ca nc er	Per sist ent	Reside nt Profile	Cancer, tumor, Tumour, Immun ocompr omised, MML, Multiple myelom a, leukemi a, lympho ma, immun osuppre ssed, D i a g n o s i s	<p>Look back period From first admission</p> <p>Scan Frequency Initial load</p> <p>Rule <i>[Keyword search]</i></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 <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 - Persistent deficit flags do not expire.</p>

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6	6	Chr oni c Dis eas es	Per iph era l Vas cul ar Dis eas e	Per sist ent	Reside nt Profile <ul style="list-style-type: none">• S e c i a l n e d s / D i a g n o s i (f r e - t e x	Periphe ral vascula r disease periphe ral artery disease periphe ral arterial disease , PAD, PVD	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 - Persistent deficit flags do not expire.	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 - Persistent deficit flags do not expire.

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7	7	Chronic Diseases	Thyroid	Persistent	Resident Profile	<p>Thyroid, Hypothyroidism, Hyperthyroidism, Goiter, Thyroditis, Goitre, Graves, hashimoto's, hashimoto's oto's / Diab</p> <ul style="list-style-type: none"> • S 	<p>Look back period From first admission</p> <p>Scan Frequency Initial load</p> <p>Rule <i>[Keyword search]</i></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 <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 - Persistent deficit flags do not expire.</p>

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1	1	Bone-specific diseases	Osteoporosis	Persistent	Resident Profile	Osteoporosis	<p>Look back period</p> <p>From first admission</p> <p>Scan Frequency</p> <p>Initial load</p> <p>Rule</p> <p>[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</p> <p>1 day (since last daily run)</p> <p>Scan Frequency</p> <p>Daily</p> <p>Rule</p> <p>[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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1 2	1 2	Geri atri c Syn dro me	Fall s	FL UC TU ATI NG	Assess ment Forms	<u>Acciden t</u> <u>Incident</u> • <u>A</u> <u>Fall</u> <u>C</u> <u>(Dropdo</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>	Look back period 12 months or from date of admission if admitted <12mths prior Scan Frequency Initial load Rule If a single occurrence is found, set the flag for 24 hours .	Look back period 1 day (since last daily run) Scan Frequency Daily Rule 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	
1 3	1 3	Geri atric Syn dro me	Ulc ers - GI	Per sist ent	Reside nt Profile	Peptic ulcer, gastric ulcer, stomac h ulcer, duoden al ulcer, oesoph	<p>Look back period From first admission</p> <p>Scan Frequency Initial load</p> <p>Rule [Keyword search]</p>	<p>Look back period 1 day (since last daily run)</p> <p>Scan Frequency Daily</p> <p>Rule [Keyword search]</p>

				<p>l a geal n ulcer, e Gastroi e ntestina d l Ulcer, s GI Ulcer / D 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 - Persistent deficit flags do not expire.</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>

e h e n s i v e z e d i c a l A s s e s s m e n t C M A)

1 4	1 3	Geri atri c Syn dro me	Ulc ers -	FL UC TU ATI Wo un d	Observations • Venous ulcer, pressure ulcer, e 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: • 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 ,	

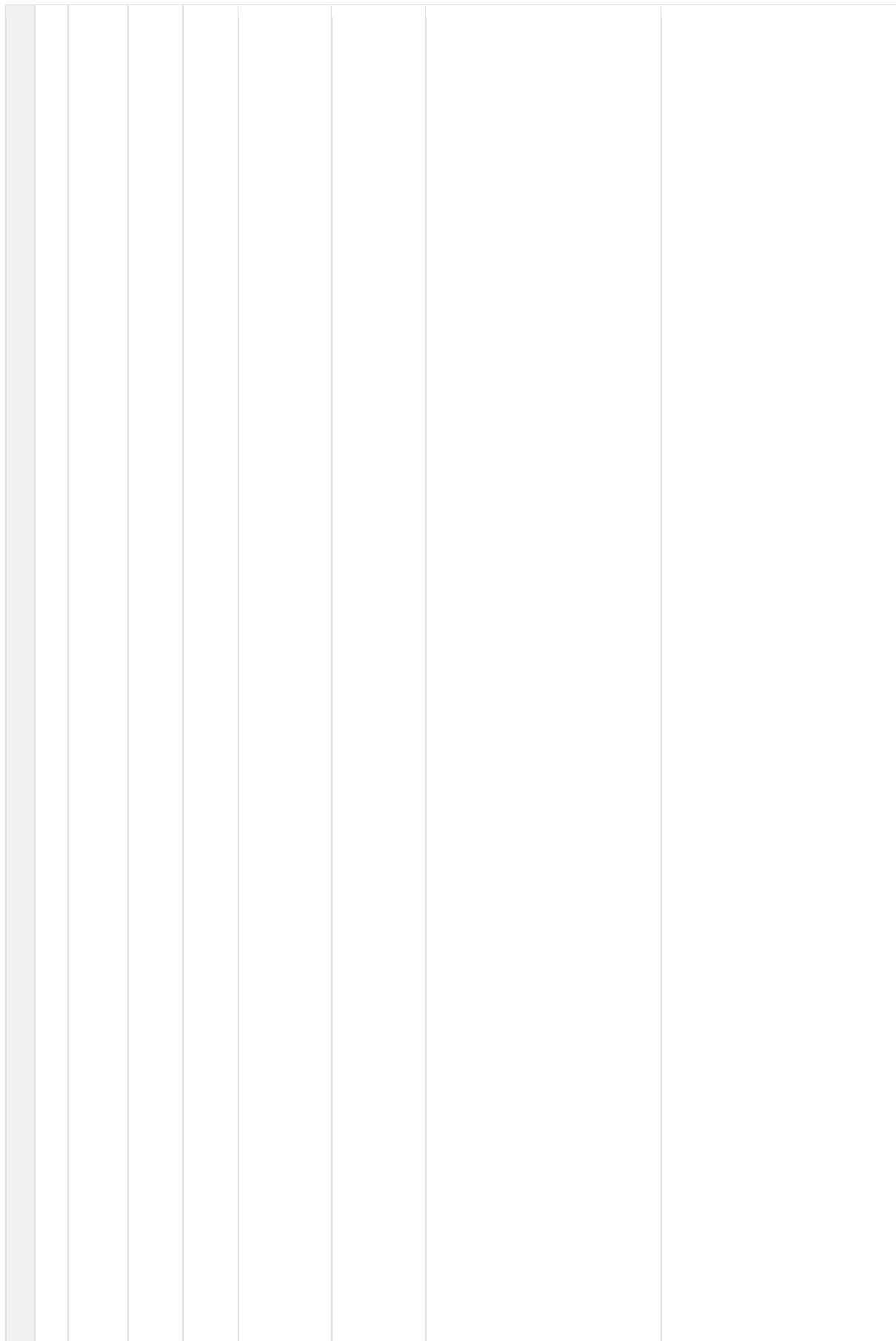
						<p>Complete, Archived.</p> <ul style="list-style-type: none">• The Location is not a foot-related area ('Foot', 'Heel', 'Toe', 'Toes', 'Ankle')• Wound type is as per the values in the Keywords search column• If detected, set flag for 24 hours unless there is an active wound chart open and criteria met for daily scan	<p>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 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
1 5	1 4	Geri atri c Syn dro me	Pol yph ar ma cy	FL UC TU ATI NG	Medicat ion Profile	<p>Look back period 1 day</p> <p>Scan Frequency Initial & Daily</p> <p>Rule</p> <p>Set the deficit flag for a resident if the following conditions are met:</p>	

							<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. 	
1 6	1 5	Geri atric Syn dro me	Dy sp e ia	Per sist ent	Reside nt Profile • S p e c i a l n e e d s / D i a g n o s i s (f r e e - t e x t n o a n -	Dyspha gia, difficult y swallow ing, e swallow ing difficulti es, a l n e e d s / p roble m, difficult to g swallow n , poor o swallow s ing, i trouble s swallow (f swallow r e impair ment, - swallow ing difficult y, aspirate d, o aspirati on, -	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 - Persistent deficit flags do not expire.	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 - Persistent deficit flags do not expire.

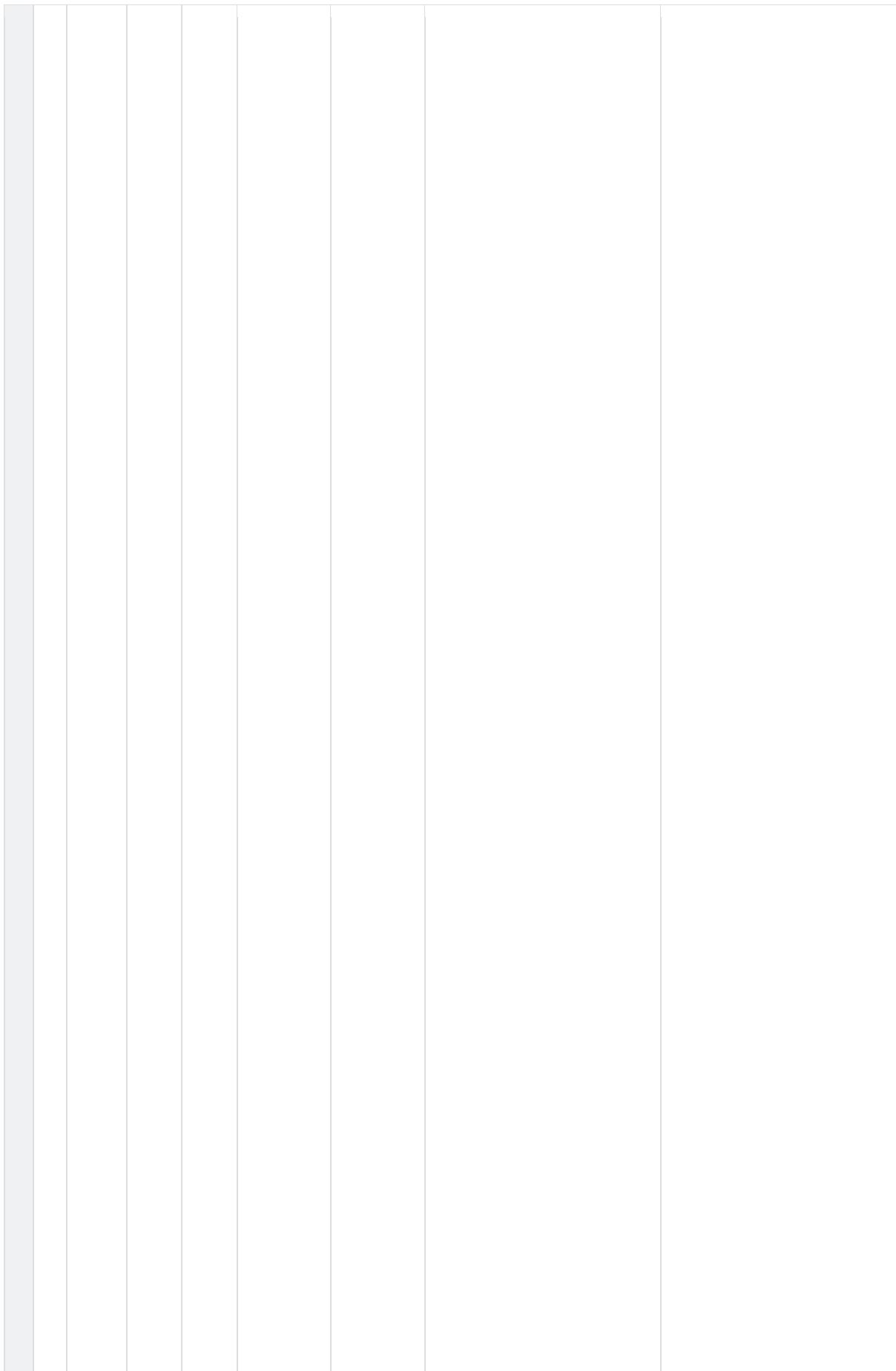
					c aspirati o ng, d <u>Nutritio</u> i <u>n and</u> f <u>Hydrati</u> i on e <u>Assess</u> d <u>ment</u>) (Dropdo wn) - Outcom e of swallow ing • C assess o ment - n difficult p y r swallow e ing h (dyspha e gia) n s i v e l e d i c a l A s s e s s n e n t (C M	
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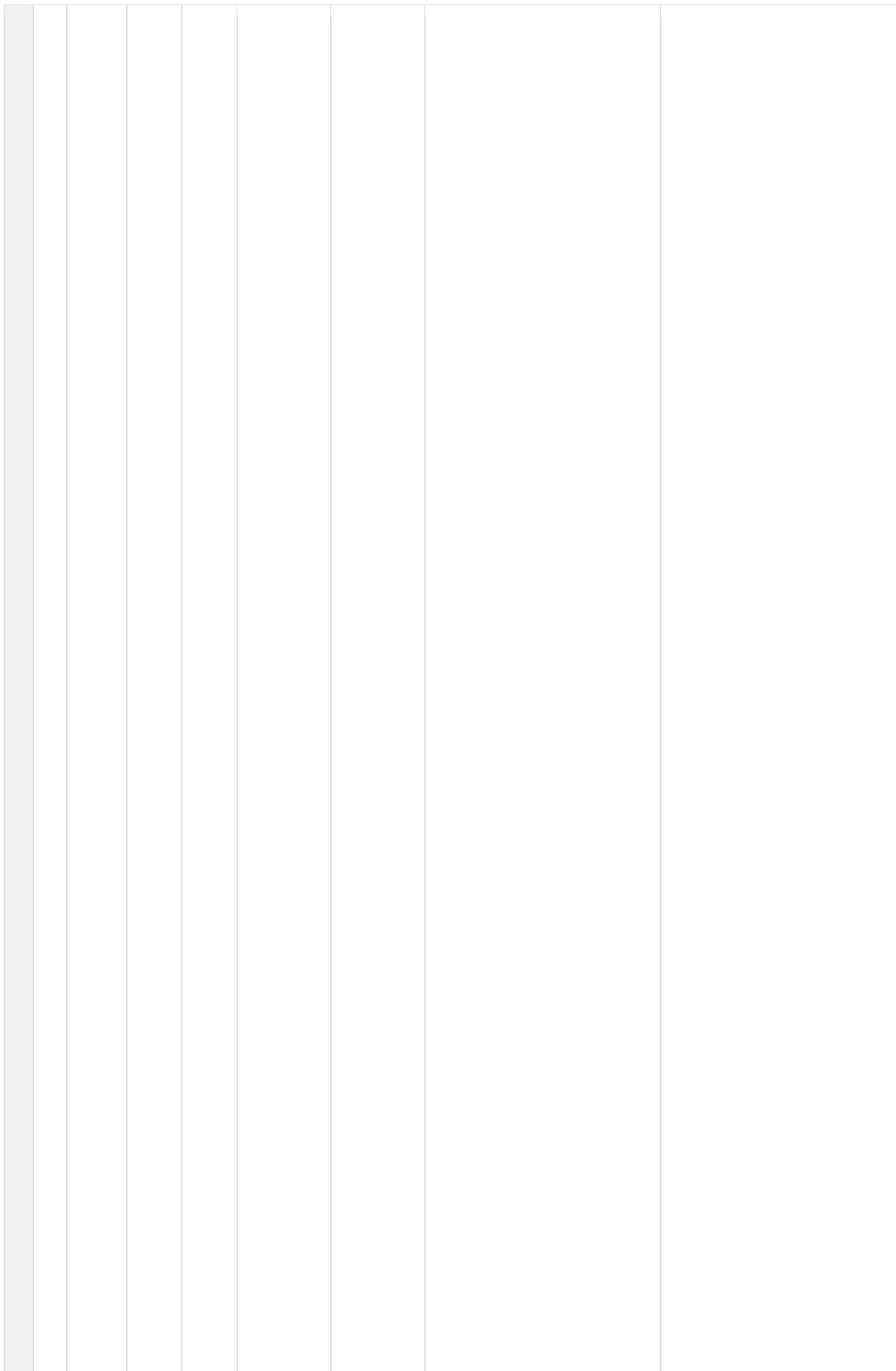
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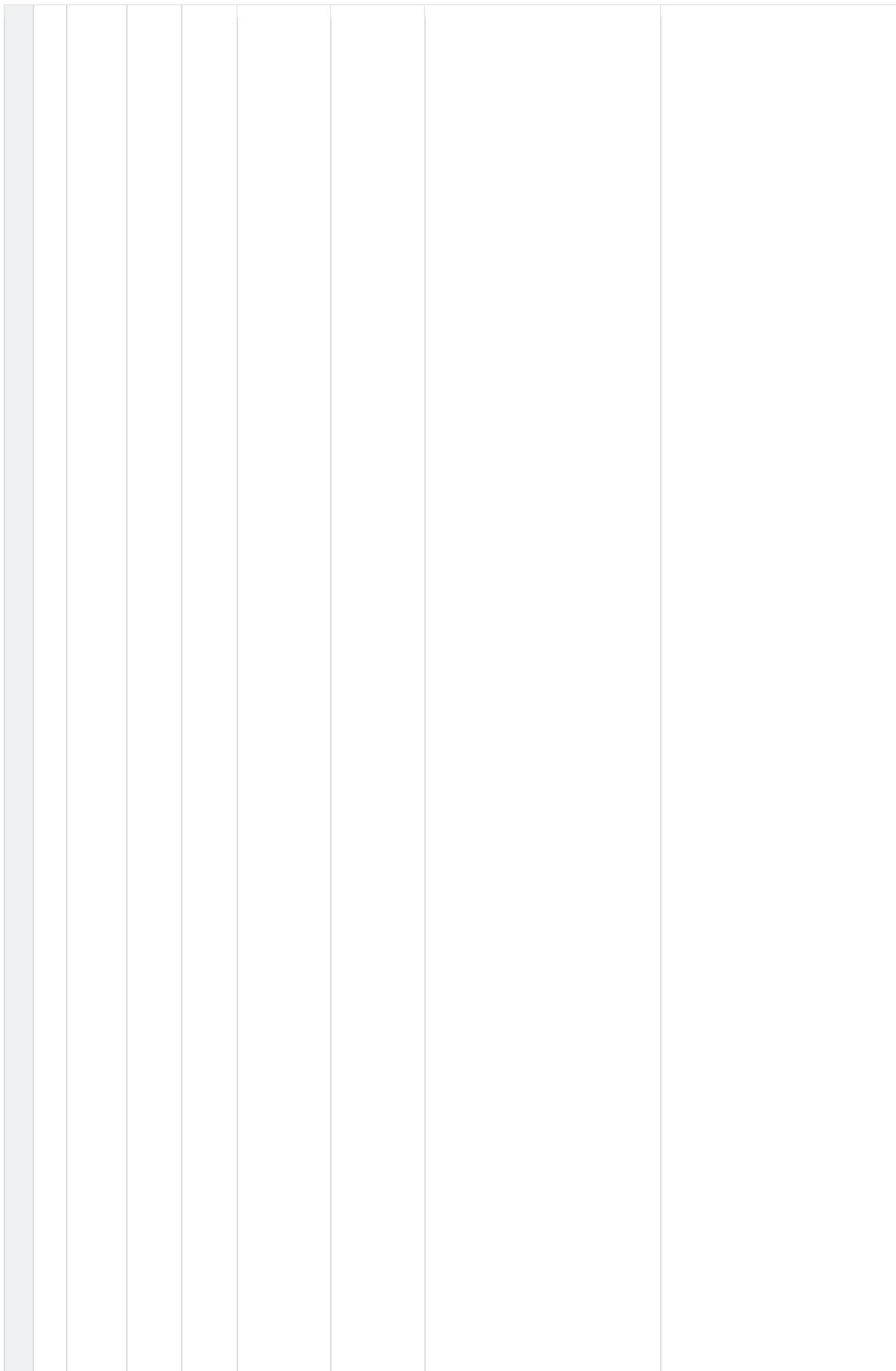


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- Dignity of Risk Assessment



1 7	1 6	Geri atri c Syn dro me	Pai n	FL UC	Observe rations	n/a	<p><u>Look back period</u></p> <p>7 days</p> <p><u>Scan Frequency</u></p> <p>Initial load</p> <p><u>Rule</u></p> <p>If a single occurrence is found, set the flag.</p> <p>An occurrence is counted when all of the</p>	<p><u>Look back period</u></p> <p>1 day (since last daily run)</p> <p><u>Scan Frequency</u></p> <p>Daily</p> <p><u>Rule</u></p> <p><u>Rule</u></p> <p><i>[Keyword search]</i></p>

<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>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>	

1	1	Geri atri c Syn dro me	Fra ctu re	Per sist ent	Reside nt Profile	Fractur e, Fractur ed, #, <ul style="list-style-type: none">• S p EXCLU DE: c ?fractur i e, ? a fracture l n Suspect e ed e fracture d no s fracture / nil D fracture i nil #, a not g fracture n d o s i Acciden t (Incident f Report - r Bone e Fractur e e (Major - Injury) t (Dropdo e wn) x t n o n - c o d i f i e	Look back period From first admission 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">• Injury sustained = ‘Bone Fracture (Major Injury)’• Exclude when Injury sustained is also ‘Suspected’ Note - Persistent deficit flags do not expire.	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. An occurrence is counted when all of the following conditions are met: <ul style="list-style-type: none">• Injury sustained = ‘Bone Fracture (Major Injury)’• Exclude when Injury sustained is also ‘Suspected’• Other (specific to progress notes and Accident and Incident ->injury sustained → Other Note - Persistent deficit flags do not expire.
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							Progress Notes <ul style="list-style-type: none"> • Notes (free-text extension - coded if needed) 	
1 9	1 8	Cognition	Cognition	Persistent	Resident Profile <ul style="list-style-type: none"> • Specific decline, 	Cognitive impairment, cognitive decline,	<p>Look back period From first admission</p> <p>Scan Frequency Initial load</p> <p>Rule <i>[Keyword search]</i></p>	<p>Look back period 1 day (since last daily run)</p> <p>Scan Frequency Daily</p>

			i impaire 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* - c o d i f i e d)	If a single occurrence is found, set the flag. Note - Persistent deficit flags do not expire.	Rule [Keyword search] If a single occurrence is found, set the flag. If the flag is set, collect only the explainability information.
			Assess ment Forms	<ul style="list-style-type: none"> • C o n 	

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2 1	2 0	Nut ritio n	We igh t	FL UC TU	Assess ement Forms	Anorex* , weight loss,	Look back period 90 days	Look back period 1 day (since last daily run)	

			los s	ATI NG	<ul style="list-style-type: none"> M i cachexi i a, n appetite i loss, N poor u appetite t , The r resident i is at risk t of i malnutr o ition, n The a resident l is A malnou s rished s e s n e n (M A) • V e i g h t C h a r t + C h a n g 	<p>Scan Frequency</p> <p>Initial load</p> <p>Rule</p> <p>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>OR</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. 	<p>Scan Frequency</p> <p>Daily</p> <p>Rule</p> <p>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>OR</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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				e i n v e i g h t R e p o r t	<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> <ol style="list-style-type: none"> 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 At the beginning of care (eg. with community aged care services and residential aged 	<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> <ol style="list-style-type: none"> 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 At the beginning of
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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	Activities of Daily Life	ADL	FLUC TUATI NG	Observations	n/a	<p>Look back period 72hrs</p> <p>Scan Frequency 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 ○ Toiletting 	<p>Look back period 72hrs (since last daily run)</p> <p>Scan Frequency 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 ○ Toiletting

I r a n f e r A s s e s s n e n t e d • M o b i l i t y a i d s r e q u i r e d • S I T T C S	c h a i r t r a n s f e s r e q u i r e d • S I T T C S	<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 • BED MOBILITY 	<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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2 4	2 3	Eli min atio n	Inc ont ine nc e	FL UC TU ATI NG	Observations • Bowel chart at least once per day. OR Urinary Chart A single occurrence when the Continence value on the Urinary Chart is set to one of the following: • Incontinent of urine • Pad change for incontinence of urine	n/a Look back period 10 days Scan Frequency Daily Rule Bowel Chart Count the total of Bowel Chart observations where Continence Responses = 'Incontinent' • If 'incontinent' is 50% or more of the count, set the deficit flag.	Look back period 10 days Scan Frequency Daily Rule Bowel Chart Count the total of Bowel Chart observations where Continence Responses = 'Incontinent' • If 'incontinent' is 50% or more of the count, set the deficit flag. OR Urinary Chart A single occurrence when the Continence value on the Urinary Chart is set to one of the following: • Incontinent of urine • Pad change for incontinence of urine

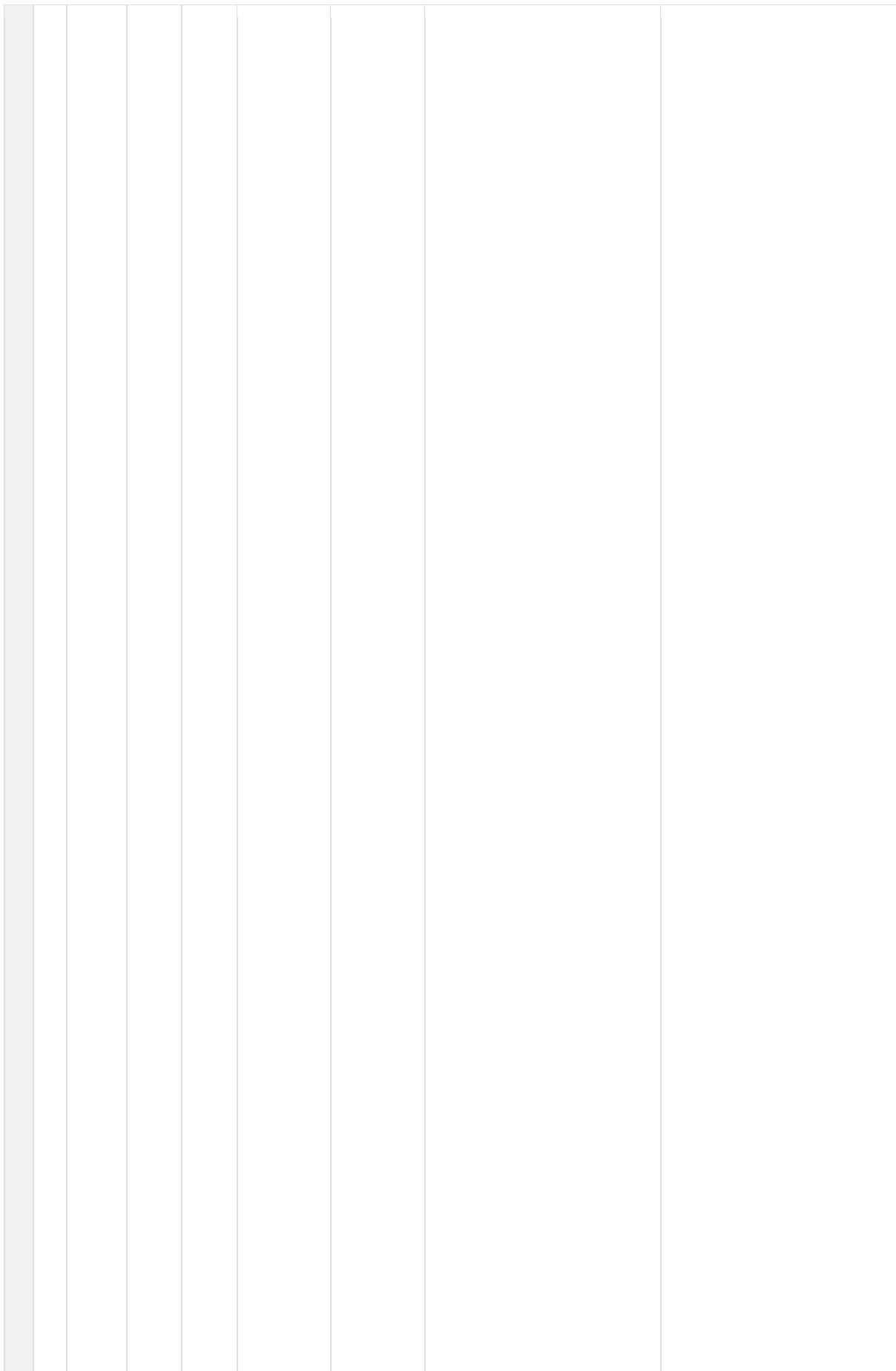
							<p>If the flag is already set, collect only the explainability information.</p> <p>If the deficit flag is already set and the conditions are not met for the previous 10 days, the deficit flag will expire and considered to be resolved.</p>	
2 5	2 4	Em otio nal	De pre ssi on	FL UC TU ATI NG	Reside nt Profile	Depress ion, depress *, antidep ressant, anti depress	<p>Look back period 90 days</p> <p>Scan Frequency Initial</p> <p>Rule If a single occurrence is found, set the flag for 90</p>	<p>Look back period 1 day (since last daily run)</p> <p>Scan Frequency Daily</p> <p>Rule</p>

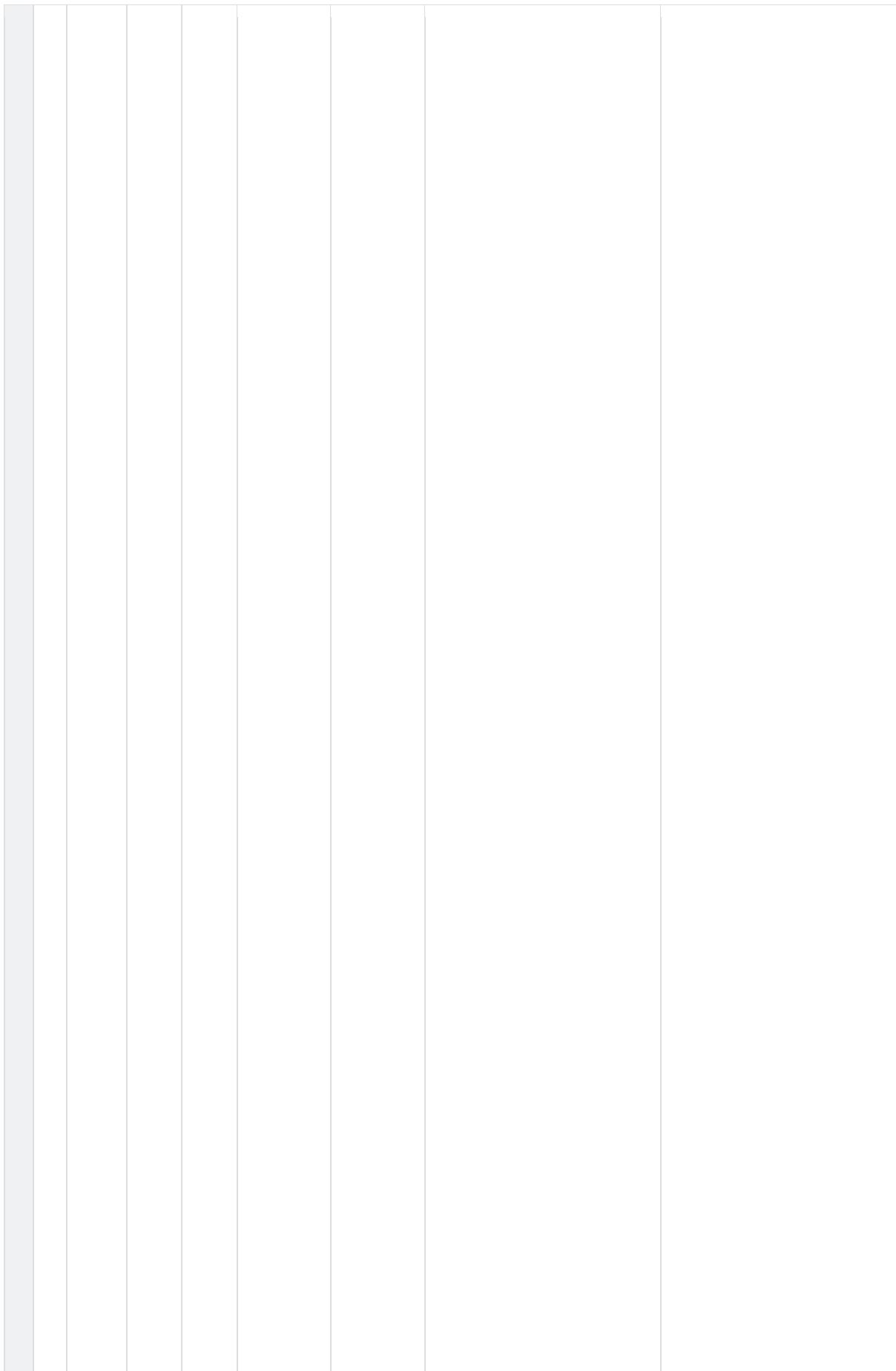
r e h e n s i v e M e d i c a l A s s e s s n e n t { C M A }							

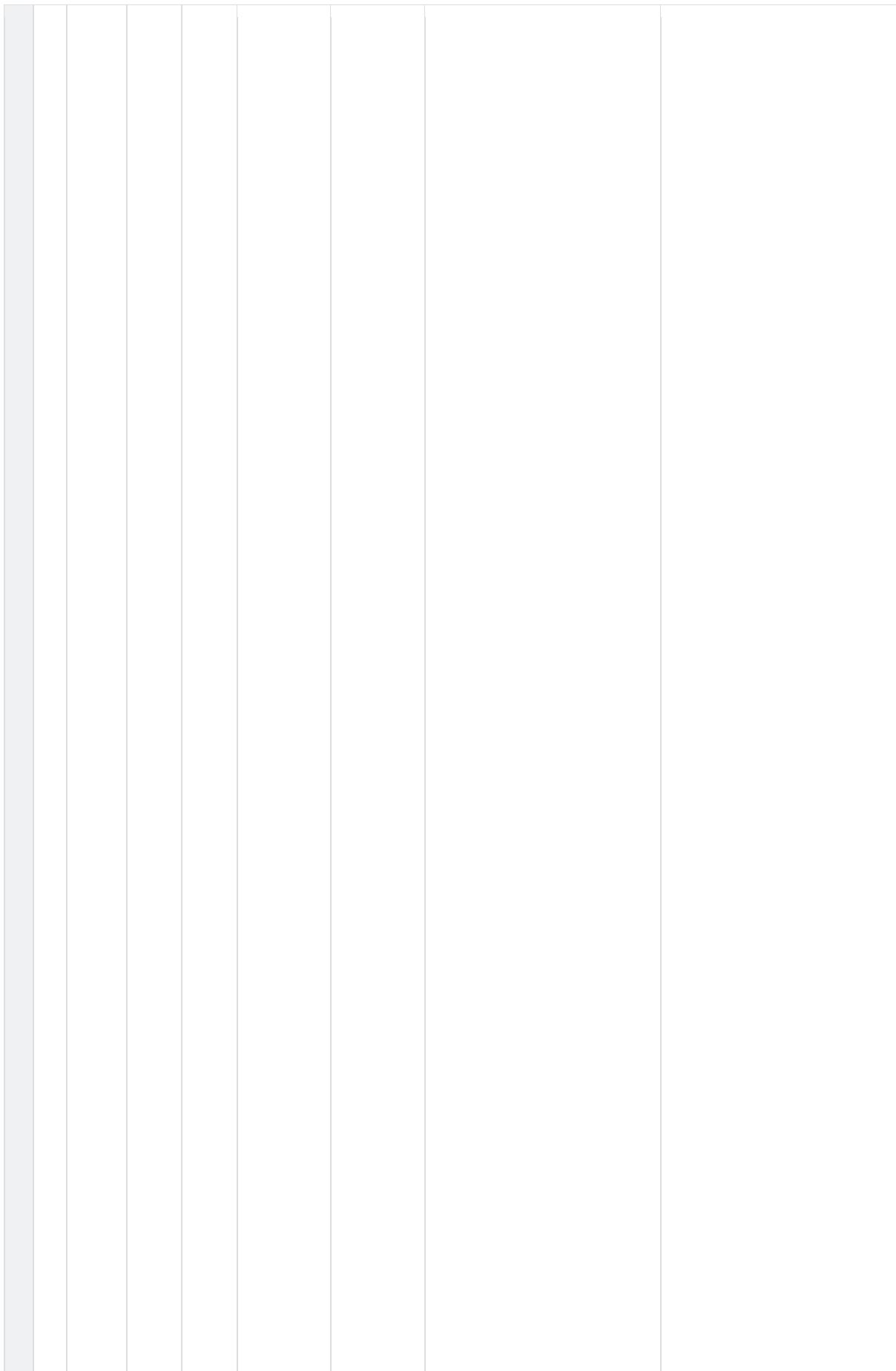
• Mental Health and Wellbeing

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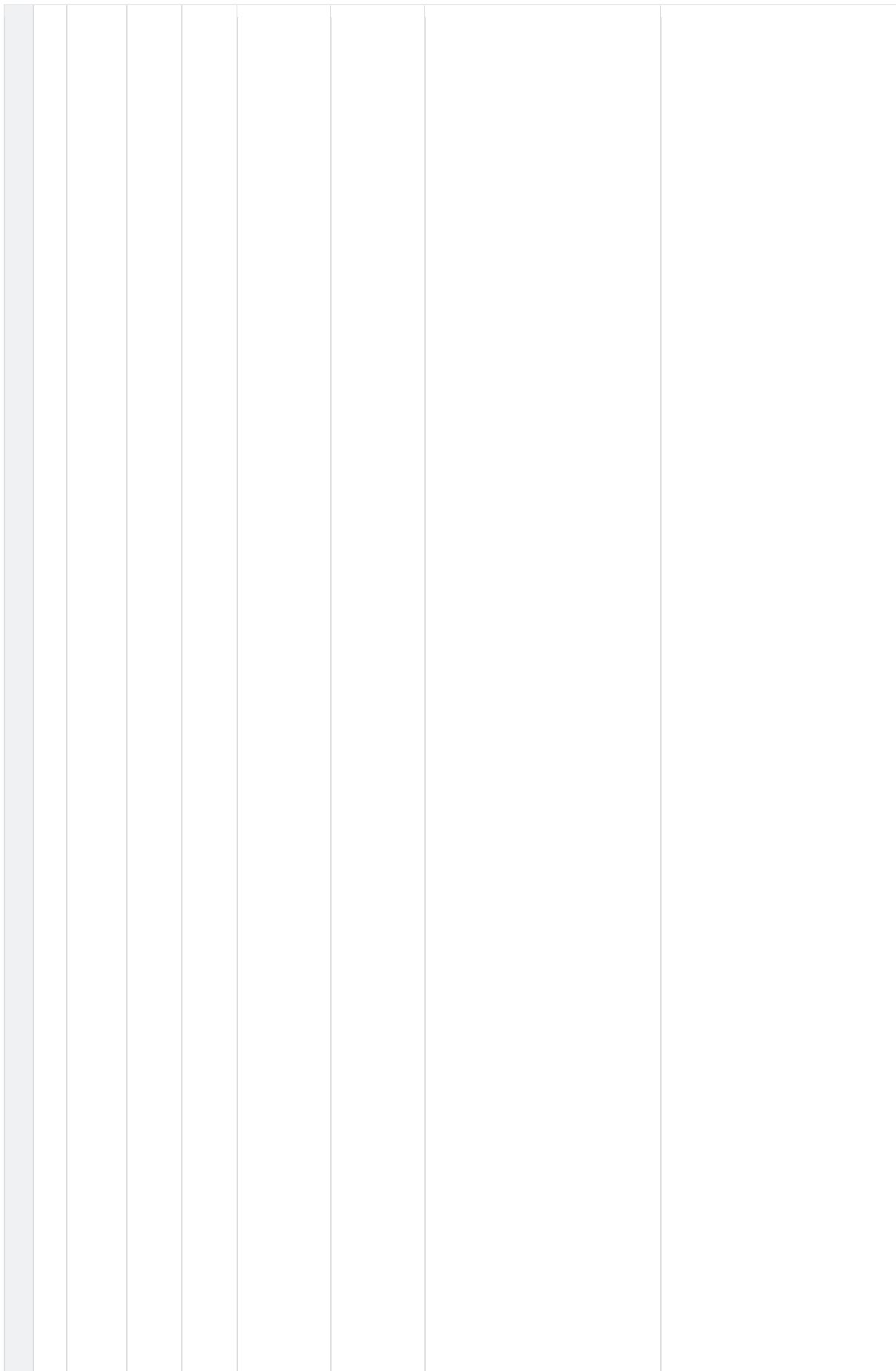
**Progres
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- Notes (free-text)

						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	Anxiety (search term: anxi*), panic, phob. Panicke d, anxious ,phobic, phobia, <u>Mental</u> <u>Health</u> <u>s and</u> <u>/ Wellbei</u> <u>D ng</u> <u>i Assess</u> <u>a ment</u> Indicator of deterior ation in mental health (and wellbei ng - sympto e	Look back period 90 days Scan Frequency Initial load Rule <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 / Diagnosis○ Comprehensive Medical Assessment (CMA)○ Mental Health	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 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 / Diagnosis○ Comprehensive Medical Assessment (CMA)

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- Mental Health and Wellbeing Assessment



							Progress Notes	
2 7	2 6	Emo- tional	Insom- nia	FLUC- TATI- NG	Resident Profile	Insomnia, cannot (can't, cant) sleep, not spec	<p>Look back period 90 days</p> <p>Scan Frequency Initial load</p> <p>Rule [Keyword search]</p>	<p>Look back period 1 day (since last daily run)</p> <p>Scan Frequency Daily</p>

					<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 f i e d) Assess ment Forms • C o n</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 3 (three) occurrences are found in Progress Notes 	<p>Rule [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) ○ 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>

					<p>p (Dropdo r wn) e h e n s i v e n e d i c a l A s s e s s n e n t (C n A)</p>	found within 90-day period, the deficit flag will expire and considered to be resolved.
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- Mental health and well-being

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**Progres
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2 8	2 7	Co mm uni cati on	Visi on	Per sist ent	Reside nt Profile	Visual impairment, blindness, glaucoma, cataracts, poor vision, macular degeneration, vision loss, / vision impairment, low vision, near vision impaired, glasses, blurred vision, blind, diplopia, fall, -	<p>Look back period From first admission</p> <p>Scan Frequency Initial load</p> <p>Rule <i>[Keyword search]</i></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 <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 - Persistent deficit flags do not expire.</p>

				t e x t n o n -	The resident wears glasses for reading, The resident wears glasses all the time, The resident has) been Assess ment Forms • C o n p r e h e n s i v e l e d i c a l A s s e s s n				

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- Communication and sense of engagement

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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, e impaire d hearing, hearing aids, hearing loss, deaf, deafnes s, hard of hearing, hearing aid, Hearing n	<p>Look back period From first admission</p> <p>Scan Frequency Initial load</p> <p>Rule <i>[Keyword search]</i></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 <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 - Persistent deficit flags do not expire.</p>

Assess ment Forms	<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</p> <ul style="list-style-type: none"> • C hearing o aids n though p choose r s not to e wear h them e n s i v e M e d i 					

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- Communication and Sensory Engagement

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3 0	2 9	Oth er sym pto ms	Dy sp no ea	FL UC TU ATI NG	Reside nt Profile • S p e c i a l n	Dyspne a, shortne ss of breath, SOB. Dyspno ea, short of breath, breathl ess,	<p>Look back period 60-days</p> <p>Scan Frequency Initial load</p> <p>Rule <i>[Keyword search]</i></p> <p>If a single occurrence is found, set the flag for 60 days.</p>	<p>Look back period 1 day (since last daily run)</p> <p>Scan Frequency Daily</p> <p>Rule <i>[Keyword search]</i></p> <p>If a single occurrence is found, set the flag for 60 days.</p>

[Hiding in plain sight: the evolving definition of chronic breathlessness and new ICD-11 wording | European Respiratory Society](#)

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- Respiratory management

**Progres
s Notes**

- Notes (free-text extension - clinical)

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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	Reside nt Profile	Anaemi a, haemati nic, anemia, B12, B 12, iron deficien cy, a haemati nic, iron tablet. Anemic, Anaemi c, haemop hilia, D i haemop hilic, a haemop hilic n o s i s (f r e e - t e x t n o n -d i f i e d)	<p>Look back period 90 days</p> <p>Scan Frequency Initial load</p> <p>Rule [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>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 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

				c chronic o health d conditio i ns, f while i IDA e occurs d due to) iron deficien cy.	If the flag is already active, any occurrence will reset the 90-day period from the date of the latest occurrence. 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.
				<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 n e n t (C M 	

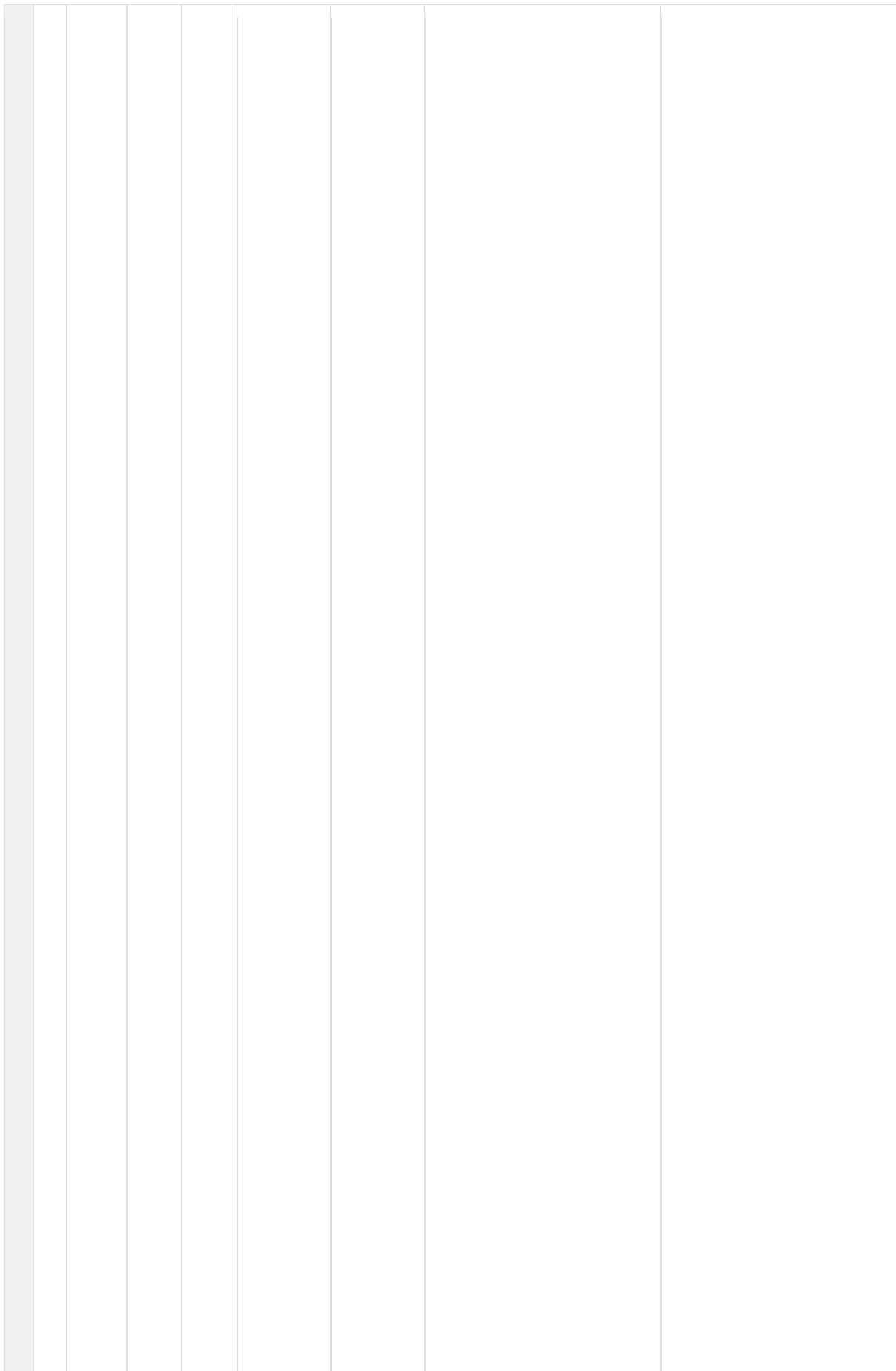
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					Progress Notes		
					<ul style="list-style-type: none"> Notes (free-text notes) 		
3 2	3 1	Other symptoms	Dizziness	FL UC TU ATI NG	Resident Profile <ul style="list-style-type: none"> Symptoms: head*, heavy head*, vertigo. Light headedness. Dizziness 	<p>Look back period 60-days</p> <p>Scan Frequency Initial load</p> <p>Rule <i>[Keyword search]</i></p> <p>If a single occurrence is found, set the flag for 60 days.</p> <p>An occurrence is counted when:</p>	<p>Look back period 1 day (since last daily run)</p> <p>Scan Frequency Daily</p> <p>Rule <i>[Keyword search]</i></p> <p>If a single occurrence is found, set the flag for 60 days.</p> <p>An occurrence is counted when:</p>

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- Mobility and Transport Assessments

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**Progres
s Notes**

- Notes (free-text)

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3	3	Other symptoms	Foot/feet	Persistent	Resident Profile	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 amputa	<p>Look back period From first admission</p> <p>Scan Frequency Initial load</p> <p>Rule <i>[Keyword search]</i></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 <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 - Persistent deficit flags do not expire.</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 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,</p>	

					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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