

## NEEDS ASSESSMENT TOOL: PROGRESSIVE DISEASE (NAT: PD) USER GUIDE

### Purpose of the NAT: PD

- Used in both generalist and specialist settings, the Needs Assessment Tool: Progressive Disease (NAT: PD) can assist in matching the types and levels of need experienced by people with progressive chronic diseases (eg cancer, heart failure, COPD) and their caregivers with the most appropriate people or services to address those needs.
- In generalist settings (eg general practice, oncology and cardiology), the NAT: PD can be used to determine which needs may be met in that setting and which needs are more complex and may be better managed by specialists.
- In specialist settings (eg specialist palliative care services), the NAT: PD can assist in determining when complex needs have been met and act as a discharge planning tool, or to identify the need for ongoing support.
- The NAT: PD is an important tool for facilitating communication between primary and specialist care providers about patient needs and actions taken to address these.

### Completing the NAT: PD

The NAT: PD is a one-page assessment tool that can be completed by health professionals across a range of disciplines. When completing the NAT: PD, the following steps should be followed:

1. **ASSESS** patient/caregiver level of concern FOR EVERY ITEM, using the response options: "none", "some/potential for" or "significant".
2. **CONSIDER** the range of issues within each domain that apply to a person at this stage of their illness. Prompts are provided on a separate page to help you.
3. **ACT** on each need where you identified some concern ("some/potential for" or "significant"). Your actions may include: directly managed by you, managed by another member of your care team, or referral to someone outside your care team. Record your action on the NAT: PD.
4. **REFER** if required by completing the referral section at the bottom of the tool, ensuring that information regarding the type of referral, the priority of the referral and client knowledge of the referral is included.
5. **INFORM** other members of the care team of the outcomes of the needs assessment by:
  - a. Filing one copy of the NAT: PD in the patient's medical file.
  - b. Sending a copy to the person's GP/oncologist/cardiologist/other specialist.
  - c. If a referral is required, forwarding a copy to the referee.
6. **REASSESS** needs by completing the NAT: PD approximately monthly or when the patient's or family's situation, or functional status changes.

# NEEDS ASSESSMENT TOOL : PROGRESSIVE DISEASE (NAT: PD)

COMPLETE ALL SECTIONS

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_

PATIENT/ADDRESS LABEL
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## SECTION 1: PRIORITY REFERRAL FOR FURTHER ASSESSMENT

	Yes	No	If dotted boxes are ticked, consider assessment by SPCS
1. Does the patient have a caregiver readily available if required?		*	
2. Has the patient or caregiver requested a referral to a specialist palliative care service (SPCS)?	*		
3. Do you require assistance in managing the care of this patient and/or family?	*		

## SECTION 2: PATIENT WELLBEING (Refer to the prompt sheet for assistance)

	Level of Concern			Action Taken		
	None	Some/ Potential	Significant	Directly managed	Managed by other care team member	Referral required (complete referral section below)
1. Is the patient experiencing unresolved physical symptoms (including problems with pain, breathlessness, sleeping, appetite, bowel, fatigue, nausea, oedema or cough)?						
2. Does the patient have problems with daily living activities?						
3. Does the patient have psychological symptoms that are interfering with wellbeing or relationships?						
4. Does the patient have concerns about how to manage his/her medication and treatment regimes?						
5. Does the patient have concerns about spiritual or existential issues?						
6. Does the patient have financial or legal concerns that are causing distress or require assistance?						
7. Does the patient have concerns about his/her sexual functioning or relationship?						
8. From the health delivery point of view, are there health beliefs, cultural or social factors involving the patient or family that are making care more complex?						
9. Does the patient require information about: (tick any options that are relevant)	<input type="checkbox"/> The diagnosis <input type="checkbox"/> Treatment options <input type="checkbox"/> Financial/legal issues <input type="checkbox"/> Advance directive/resuscitation order <input type="checkbox"/> The prognosis <input type="checkbox"/> Medical/health/support services <input type="checkbox"/> Social/emotional issues <input type="checkbox"/> Other: _____					

COMMENTS: \_\_\_\_\_

## SECTION 3: ABILITY OF CAREGIVER OR FAMILY TO CARE FOR THE PATIENT (Refer to the prompt sheet for assistance)

Who provided this information? (please tick one) <input type="checkbox"/> Patient <input type="checkbox"/> Caregiver <input type="checkbox"/> Both	Level of Concern			Action Taken		
	None	Some/ Potential	Significant	Directly managed	Managed by other care team member	Referral required (complete referral section below)
1. Is the caregiver or family distressed about the patient's physical symptoms?						
2. Is the caregiver or family having difficulty providing physical care?						
3. Is the caregiver or family having difficulty coping?						
4. Is the caregiver or family have difficulty managing the patient's medication and treatment regimes?						
5. Does the caregiver or family have financial or legal concerns that are causing distress or require assistance?						
6. Is the family currently experiencing problems that are interfering with their functioning or inter-personal relationships, or is there a history of such problems?						
7. Does the caregiver require information about: (tick any options that are relevant)	<input type="checkbox"/> The diagnosis <input type="checkbox"/> Treatment options <input type="checkbox"/> Financial/legal issues <input type="checkbox"/> Advance directive/resuscitation order <input type="checkbox"/> The prognosis <input type="checkbox"/> Medical/health/support services <input type="checkbox"/> Social/emotional issues <input type="checkbox"/> What to do in event of patient's death					

COMMENTS: \_\_\_\_\_

## SECTION 4: CAREGIVER WELLBEING (Refer to the prompt sheet for assistance)

Who provided this information? (please tick one) <input type="checkbox"/> Patient <input type="checkbox"/> Caregiver <input type="checkbox"/> Both	Level of Concern			Action Taken		
	None	Some/ Potential	Significant	Directly managed	Managed by other care team member	Referral required (complete referral section below)
1. Is the caregiver or family experiencing physical, practical, spiritual, existential, sexual or psychological problems that are interfering with their own wellbeing or functioning?						
2. Is the caregiver or family experiencing grief over the impending or recent death of the patient that is interfering with their own wellbeing or functioning?						

COMMENTS: \_\_\_\_\_

## IF REFERRAL REQUIRED FOR FURTHER ASSESSMENT OR CARE, PLEASE COMPLETE THIS REFERRAL SECTION

1. Referral to: (Name) _____
2. Referral to: (Specialty) <input type="checkbox"/> General practitioner <input type="checkbox"/> Social worker <input type="checkbox"/> Psychologist <input type="checkbox"/> Specialist palliative care service <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Community nurse <input type="checkbox"/> Oncologist <input type="checkbox"/> Cardiologist <input type="checkbox"/> Occupational therapist <input type="checkbox"/> Other: _____
3. Priority of assessment needed: <input type="checkbox"/> Urgent (within 24 hours) <input type="checkbox"/> Semi-Urgent (2-7 days) <input type="checkbox"/> Non-Urgent (next available)
4. Discussed the referral with the client. <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Client consented to the referral. <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Referral from: Name: _____ Position: _____ Signature: _____

**PATIENT WELLBEING**

Physical symptoms

- Does the patient present with unresolved physical symptoms such as drowsiness, fatigue, dyspnoea, vomiting/nausea, persistent cough, pain, oedema, constipation, diarrhoea, sleep problems or loss appetite?

Activities of daily living

- Is the patient having difficulty with toileting, showering, bathing, or food preparation?
- Is there a caregiver to assist the patient?

Psychological

- Is the patient experiencing sustained lowering of mood, tearfulness, guilt or irritability, loss of pleasure or interest in usual activities?
- Is the patient experiencing feelings of apprehension, tension, anger, fearfulness or nervousness, hopelessness or a sense of isolation?
- Is the patient requesting a hastened death?

Medication and treatment

- Is the patient able to manage complex medication and treatment regimes?

Spiritual/Existential

- Is the patient feeling isolated or hopeless?
- Does the patient feel that life has no meaning or that his/her life has been wasted?
- Does the patient require assistance in finding appropriate spiritual resources or services?

Financial/Legal

- Are there financial concerns relating to loss of income or costs of treatment, travel expenses, or equipment?
- Is the family socio-economically disadvantaged?
- Are there conflicting opinions between patient and family relating to legal issues such as end-of-life care options and advance care plans?
- Is the patient or family aware of the various financial schemes available and do they need assistance in accessing these?

Sexual

- Does the patient have concerns about his/her sexual functioning or relationship?

Health Beliefs, Social and Cultural

- Does the patient or family have beliefs or attitudes that make health care provision difficult?
- Are there any language difficulties? Does the patient or family require a translator?
- Is the family preventing information about prognosis from being disclosed to the patient?
- Is the patient or family feeling socially isolated?
- Does the family live more than 50km from the primary service provider?
- Is the patient of Aboriginal or Torres Strait Islander descent?
- Is the patient over 75 years of age? (NB: older patients are under-represented in SPCSs.)

Information

- Does the patient want more information about the course and prognosis of the disease and treatment options?
- Is the patient aware of the various care services available to assist them and do they need assistance in accessing these?

**ABILITY OF CAREGIVER OR FAMILY TO CARE FOR PATIENT**

Physical symptoms

- Are the patient's physical symptoms causing the caregiver or family distress?

Providing physical care

- Is the caregiver or family having difficulty coping with activities of daily living or practical issues such as equipment and transport?

Psychological

- Is the caregiver or family having difficulty coping with the patient's psychological symptoms?
- Is the caregiver or family requesting a hastened death for the patient?

Medication and treatment

- Is the caregiver or family having difficulty managing complex medication and treatment regimes?

Family and Relationships

- Is there any communication breakdown or conflict between patient and family over prognosis, treatment options or care giving roles?
- Is the patient particularly concerned about the impact of the illness on the caregiver or family?

Information

- Does the caregiver or family want more information, eg about the course and prognosis of the disease and treatment?
- Is the caregiver or family aware of the care services available to assist them and do they need assistance in accessing these? (eg respite, financial and legal services, psychological services, support groups, pastoral care.)

**CAREGIVER WELLBEING**

Physical and psychosocial

- Is the caregiver experiencing physical symptoms eg fatigue, physical strain, blood pressure/heart problems, stress related illness, or sleep disturbances?
- Is the caregiver feeling depressed, hopeless, fearful, nervous, tense, angry, irritable or critical of others, or overwhelmed?
- Does the caregiver have spiritual/existential issues that are of concern?
- Does the caregiver have concerns about his/her sexual functioning or relationship?

Bereavement Grief (pre and post death)

- Is the caregiver or family experiencing intrusive images, severe pangs of emotion, denial of implications of loss to self and neglect of necessary adaptive activities at home or work?