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Scoping review of tools for multidimensional needs assessment of community dwelling older people

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East Midlands Research into Ageing Network (EMRAN) is a research collaboration across the East Midlands to facilitate collaborative applied clinical research into ageing and the care of older people. EMRAN was set up with support from NIHR CLAHRC East Midlands.

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ABSTRACT

Background
The use of multidimensional tools to assess the needs of community dwelling older people could help the co-ordination of multiagency interventions and hence prevent ill health and disability.

Objective
To identify tools for assessing multidimensional needs of older people (>65yrs) living in the community.

Method
A scoping review comprising: a systematic search of published literature to identify tools; the examination of selected tools for their administrative and descriptive details and content validity; comparison of the characteristics of tools.

Results
Seventeen multidimensional needs assessment tools for community-dwelling older people were identified. Five tools were comprehensive (assessing all domains of a comprehensive geriatric assessment) – the CANE (Camberwell Assessment of Needs in the Elderly), EASY-Care, GFE (Geriatric Functional Evaluation), MDS-HC (Minimum Data Set for Home Care) and NISAT (Northern Ireland Single Assessment Tool) tools – but the tools varied in the total number of items, time taken for completion, and assessor requirements.

Discussion
Commissioners and providers of integrated services for older people use the evidence presented here to select the tool that best fits their requirements.
INTRODUCTION

The changing demographic in the UK and other developed countries towards an increasing proportion of older people and the associated spiralling costs of health and social care policy has increased interest in the prevention of ill-health and frailty in old age (1). Such prevention efforts could be directed at the promotion of resilience, which refers to being able to resist minor challenges (e.g. having a urinary infection without becoming confused or falling) and also being able to recover rapidly even if initially destabilised as a result of challenge (e.g. returning to full function after having a fall). Many factors contribute to resilience, and hence services and interventions to prevent infirmity include traditional public health behavioural interventions (such as reducing alcohol and tobacco consumption, improving diet and increasing physical activity), but also those dealing with loneliness, social isolation, poor housing, health literacy and self-management skills (2).

There are challenges to those planning and delivering health and social care services to promote resilience. Given the multifactorial nature of resilience, it is likely that a wide range of such services will need to be in place before they are sufficient to promote it. This gives rise to the integration challenge of matching these services to those who might benefit from them, and in a person-centred way (3, 4). Furthermore, health and social care planners have relatively little population-level information to guide them in what they should provide.

One approach to dealing with these challenges is to use a tool for multidimensional needs assessment. Such tools could enable a comprehensive assessment of an individual’s resilience factors, and this assessment could facilitate the provision of services to address that individual’s needs. If used across a population, the collated data from such standardised assessments could be used to produce a population needs assessment for the promotion of resilience.

Standardised approaches to assessing needs have been available since 1965 (5), and yet recent programmes of screening older people in the UK do not specify a standardised assessment protocol or tool (6). Despite the growth in interest in this field in recent years, the literature in this area has not been reviewed for over a decade when the UK Department of Health reviewed tools suitable for the Single Assessment Process programme (7), and when there were similar initiatives in Australasia (8, 9). Thus it is
timely to review the evidence base on published tools for assessing multidimensional needs of older people (>65yrs) living in the community.

In this paper, our aim was to identify all the tools that have been developed for comprehensive needs assessment in community dwelling older people. Anticipating the use of such tools by multiple agencies and personnel including the voluntary sector, we looked only for tools that did not require a clinical examination or specialist assessment by a single professional but relied on questioning the older person. We aimed to identify needs assessment tools which identified problems experienced by older people and might be used in care planning, and to exclude assessment tools designed to measure quality of life or to be used as outcome measures.

METHOD

Scoping review methodology was used (10, 11) because the aim was to examine the extent, range and nature of research activity in the field.

A systematic search using four academic databases was conducted; Medline, EMBASE, CINHAL and PsycInfo. The following search terms were developed in Medline and adapted for the other databases. The search was limited to papers from 2002 (a decision made following examination of three previous grey literature reviews identified in preparatory work (7-9). The search was carried out in June 2014.

Search terms:

Line 1: "Outcome and Process Assessment (Health Care)"/mt or Needs Assessment/sn or "Outcome Assessment (Health Care)"/mt or Geriatric Assessment/mt

Line 2: ("primary care" or home or community or "self?manage" or "self?care" or "independent living" or "housebound" or "domiciliary" or "mental health" or rehabilitation).ti,ab. or "Activities of Daily Living"/ or Home Care Services/ ) not Hospitals/ or Nursing Homes/

Line 3: exp Aged/ or ("geriatric" or "elderly" or "older person" or "older people").ti,ab.

Combine: Lines 1 and 2 and 3 (limit to yr="2002 -Current")
Two reviewers (NC, CC) screened the titles and abstracts of citations, according to the inclusion criteria: multi-domain needs assessment and structured questionnaires; English language; participants older than 65 years and community-dwelling. Exclusion criteria were as follows: protocol for a clinical assessment or examination; tools that screened for a specific diagnostic condition; and outcome measures or quality of life measures.

Articles which described the characteristics of the tool were identified for data extraction (NC & CC). Data describing the administration of the tool were extracted (number of items, setting where tool used, staff or self-complete, completion time). Information about the domains assessed within each tool was also extracted, using the domains of Comprehensive Geriatric Assessment (CGA) as a framework (12) (social circumstances, functioning, physical medical conditions, environment, mental health). Two reviewers extracted data and categorised the tools’ domain names under the CGA framework (NC & CC), with discrepancies in categorisation debated with a third reviewer (JG) until consensus was reached.

RESULTS

Search and Selection

Figure 1 shows the result of the initial electronic searches: seventeen tools were identified meeting the criteria for inclusion. These are listed in Table 1.

Seventeen further searches were conducted, using the name of each tool identified in the above stage, to identify papers including information about the characteristics of these tools. 422 articles in total were found and 137 of these were included.

The quantity of articles identified as describing each tool varied substantially: for four tools we identified nineteen or more articles (MDS-HC, Older Americans Resources and Services Multidimensional Functional Assessment Questionnaire, CANE and EASY-Care; see Table 1) but the remainder were cited within fewer than five articles.
**Figure 1: Schematic of search and selection process**

- **Systematic database search**
  - 7307 articles

- **Titles and abstracts contained names of potential tools**
  - 422 articles

- **Included tools (17)**
  - 137 articles
  - (see following table for number of articles describing each tool)

- **Articles excluded following screening of titles and abstracts**
  - 6885 articles

- **Articles excluded following review of full text, or following exclusion of the tool described by the article**
  - 285 articles
### Table 1: Administrative characteristics of tools

<table>
<thead>
<tr>
<th>Tool (References)</th>
<th>Number of items</th>
<th>Setting where tool used</th>
<th>Who administers (Staff or Self complete)</th>
<th>Completion Time (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Frailty Assessment Instrument (CFAI) (35-37)</td>
<td>23</td>
<td>Community, home</td>
<td>Self-complete</td>
<td>ND</td>
</tr>
<tr>
<td>EASY-Care (16, 38-55)</td>
<td>49</td>
<td>General Practice</td>
<td>Practice nurse Research nurse</td>
<td>39 (range 18 - 30)</td>
</tr>
<tr>
<td>Everyday Competence Scale (ECS) (56, 57)</td>
<td>36</td>
<td>Social centres</td>
<td>Researcher</td>
<td>60</td>
</tr>
<tr>
<td>Everyday Competence Questionnaire (ECQ) (58)</td>
<td>17</td>
<td>Community</td>
<td>Researcher</td>
<td>60</td>
</tr>
<tr>
<td>Geriatric Functional Evaluation (GFE) (59)</td>
<td>35</td>
<td>Home</td>
<td>Self-complete</td>
<td>15 - 20</td>
</tr>
<tr>
<td>Geriatric Postal Screening Survey (GPSS) (60)</td>
<td>10</td>
<td>Home</td>
<td>Self-complete</td>
<td>ND</td>
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<tr>
<td>Health Enhancement Lifestyle Profile (HELP) (61-64)</td>
<td>72</td>
<td>Community, home</td>
<td>Self-complete, researcher</td>
<td>20 – 40</td>
</tr>
<tr>
<td>Tool (References)</td>
<td>Number of items</td>
<td>Setting where tool used</td>
<td>Who administers (Staff or Self complete)</td>
<td>Completion Time (minutes)</td>
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<tr>
<td>INTERMED for the Elderly Self-Assessment (65-68)</td>
<td>22</td>
<td>Home</td>
<td>Self-complete</td>
<td>ND</td>
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<tr>
<td>Lorensen's Self-care Capability Scale (LSCS) (69)</td>
<td>56</td>
<td>Home</td>
<td>Nurses</td>
<td>ND</td>
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<tr>
<td>Minimum Data Set for Home Care (MDS-HC) (70-119)</td>
<td>238</td>
<td>Home</td>
<td>Social Workers, nurses</td>
<td>Social Worker: 60-90 Nurse: 30</td>
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<tr>
<td>Northern Ireland Single Assessment Tool (NISAT) (120)</td>
<td>None Declared</td>
<td>Community</td>
<td>Self-complete</td>
<td>ND</td>
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<tr>
<td>Older Americans Resources and Services Multidimensional Functional Assessment Questionnaire (OARS-FAQ) (121-144)</td>
<td>70</td>
<td>Outpatient, community</td>
<td>Medical professionals</td>
<td>40</td>
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<tr>
<td>Primary Assessment Form (PAF) (145)</td>
<td>None Declared</td>
<td>Home</td>
<td>Nurses, social science graduates, non-professionals</td>
<td>5-70</td>
</tr>
<tr>
<td>Tool (References)</td>
<td>Number of items</td>
<td>Setting where tool used</td>
<td>Who administers (Staff or Self complete)</td>
<td>Completion Time (minutes)</td>
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<tr>
<td>Physical Self-Concept Scale for Older Adults (PSCS-O) (146)</td>
<td>18</td>
<td>Community</td>
<td>Professional staff</td>
<td>30</td>
</tr>
<tr>
<td>Self-care Ability Scale for the Elderly (SASE) (147)</td>
<td>17</td>
<td>Home</td>
<td>Self-complete</td>
<td>ND</td>
</tr>
<tr>
<td>Standardized Assessment for Elderly Patients (STEP) (148)</td>
<td>44</td>
<td>Primary Care</td>
<td>Staff nurse or self-complete</td>
<td>60</td>
</tr>
</tbody>
</table>
Administration characteristics of assessment tools

The administration characteristics of the seventeen needs assessment tools are shown in Table 1. The number of items varied from 17 (Geriatric Postal Screening Survey) to 238 (MDS-HC) and the time required to complete them ranged from 5 (Primary Assessment Form) to 90 minutes (MDS-HC). Eight tools (Comprehensive Frailty Assessment Instrument, GFE, GPSS, Health Enhancement Lifestyle Profile, INTERMED for the Elderly Self-Assessment, NISAT, Self-care Ability Scale for the Elderly and Standardized Assessment for Elderly Patients) had published evidence in peer-reviewed journals to show they could be completed by the older person, or with assistance from a formal or informal carer. Assessor training was stated to be required for six tools (CANE, EASY-Care, Everyday Competence Scale, Everyday Competence Questionnaire, Lørensen’s Self-care Capability Scale and PAF). Three tools (MDS-HC, OARS-MFAQ and PSCS-O) required a health professional to complete the assessment by questioning the older person but are not a clinical examination.

Content of tools

The content of each tool are shown in Table 2, using the domains of the comprehensive geriatric assessment process (CGA). All tools covered at least three of the domains of CGA. The tools that assessed all five domains were the CANE, EASY-Care, GFE, MDS-HC, and NISAT. Some tools also assessed needs that could not be categorised within CGA domains such as the CANE and STEP which also assessed aspects of the respondent’s caregiver and were categorised under ‘Other’.
### Table 2: Content of tools

<table>
<thead>
<tr>
<th>Tool</th>
<th>Social Circumstances</th>
<th>Functioning</th>
<th>Physical Health &amp; Medical Conditions</th>
<th>Environment</th>
<th>Mental Health</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANE</td>
<td>Company</td>
<td>Daytime activities</td>
<td>Physical Health</td>
<td>Accommodation</td>
<td>Memory</td>
<td>Caring for someone else</td>
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<tr>
<td></td>
<td>Intimate Relationships</td>
<td>Household skills</td>
<td>Continence</td>
<td>Psychological distress</td>
<td>Psychotic symptoms</td>
<td>Information</td>
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<tr>
<td></td>
<td>Safety (abuse/neglect)</td>
<td>Mobility/transport</td>
<td>Drugs</td>
<td>Safety (accidental self-harm)</td>
<td>Safety (deliberate self-harm)</td>
<td>Carer's need for information</td>
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<tr>
<td></td>
<td>Money</td>
<td>Eyesight/hearing</td>
<td>Food</td>
<td></td>
<td></td>
<td>Carer's psychological distress</td>
</tr>
<tr>
<td></td>
<td>Benefits</td>
<td>Self-care</td>
<td>Alcohol</td>
<td></td>
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<tr>
<td>CFAI</td>
<td>Social (social support networks)</td>
<td>Physical</td>
<td>Environmental</td>
<td>Psychological (emotional)</td>
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<tr>
<td>EASY-Care</td>
<td>Well-being</td>
<td>Looking after yourself</td>
<td>Staying healthy</td>
<td>Your accommodation &amp; finances</td>
<td>Your safety</td>
<td>Your mental health</td>
</tr>
<tr>
<td>Tool</td>
<td>Social Circumstances</td>
<td>Functioning</td>
<td>Physical Health &amp; Medical Conditions</td>
<td>Environment</td>
<td>Mental Health</td>
<td>Other</td>
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<tr>
<td>ECS</td>
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<td>Symbols used in daily life</td>
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<td>Utilisation of common electric appliances</td>
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<td>Transportation</td>
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<td>Subjective well-being</td>
<td>General linguistic usage</td>
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<td>Manual skills</td>
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<td>Daily routines</td>
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<td>Sports</td>
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<tr>
<td>GFE</td>
<td>Community support</td>
<td>Functional status</td>
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<td>Housing</td>
<td>Mental condition</td>
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<td></td>
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<td>Financial situation</td>
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<td>GPSS</td>
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<td>Tool</td>
<td>Social Circumstances</td>
<td>Functioning</td>
<td>Physical Health &amp; Medical Conditions</td>
<td>Environment</td>
<td>Mental Health</td>
<td>Other</td>
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<tr>
<td>HELP</td>
<td>Social &amp; leisure activities</td>
<td>Activities of daily living</td>
<td>Chronic illnesses, Exercise, Diet</td>
<td>Stress</td>
<td>Risk behaviours, Spiritual, Self-rated health</td>
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<td>Social needs</td>
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<td>Biological, Health care</td>
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<td>Psychological</td>
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<td>LSCS</td>
<td>Solitude &amp; interaction</td>
<td>Hygiene, Dressing, Household duties, Mobility</td>
<td>Air intake, Developmental, Elimination, Rest &amp; activity, Food intake</td>
<td>Prevention of hazards</td>
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<td>Self-concept, Health divination</td>
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<td>Physical functioning, Communicating/hearing patterns</td>
<td>Disease diagnosis, Health conditions, Dental Status, Skin condition</td>
<td>Environmental Assessment</td>
<td>Cognitive patterns, Mood &amp;</td>
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<td>Physical Health &amp; Medical Conditions</td>
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<td>Awareness &amp; decision making</td>
<td>Physical Health</td>
<td>Living arrangements &amp; accommodation</td>
<td>Mental Health</td>
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<td>Physical State</td>
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<td>Client’s perspective &amp; attitudes</td>
<td>Primary preventive issues</td>
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DISCUSSION

Seventeen multidimensional needs assessment tools for community use were identified. They varied in terms of the administration characteristics such as the time taken to complete and the professional role of the assessor reported to have administered the tool. The tools which took the least time to administer were the Geriatric Functional Evaluation (GFE), Health Enhancement Lifestyle Profile (HELP) and Primary Assessment Form (PAF) tools, all of which could be completed in less than 30 minutes. The tools varied in the comprehensiveness of the assessment, but four covered all five domains of CGA; Camberwell Assessment of Needs in the Elderly (CANE), EASY-Care, Geriatric Functional Assessment (GFE), Minimum Data Set for Home Care (MDS-HC) and Northern Ireland Single Assessment Tool (NISAT). The other tools covered either three of four of these domains.

The use of a systematic search of electronic databases to identify tools and a second enquiry to sort out tools that met the research aim, means that the list of tools presented here may not be complete. There may be tools that were not identified, such as those published entirely in languages other than English and tools that have not been published or subject to evaluation.

This review adds to previously published understanding by identifying 14 assessment tools that were not included in previous reviews (7-9). These additional tools are Comprehensive Frailty Assessment Instrument (CFAI), Everyday Competence Scale (ECS), Everyday Competence Questionnaire (ECQ), Geriatric Functional Evaluation (GFE), Geriatric Postal Screening survey (GPSS), Health Enhancement Lifestyle Profile (HELP), INTERMED-E-SA, Lorenson's Self-care Capability Scale (LSCS), Northern Ireland Single Assessment Tool (NISAT), Older Americans Resources and Services Multidimensional Functional Assessment Questionnaire (OARS-MFAQ), Primary assessment Form (PAF), Physical Self-Concept Scale for Older Adults (PSCS-O), Self-care Ability Scale for the Elderly (SASE) and Standardized Assessment for Elderly Patients (STEP).

Funders are providers of community services who wish to standardise the needs assessment process of older people living in the community might find this list of 17 tools useful, especially if they are wishing to integrate multiple services. The choice could depend upon whether the assessment is intended to be entirely self-completed by the older person (INTERMED-E-SA, NISAT) or by someone other than a health
professional such as voluntary sector personnel (ECS, PAF), or solely by health professionals (OARS-MFAQ, PSCS-O), or whether a detailed assessment (CANE, MDS-HC) or brief one (GFE, HELP) is required. Detailed assessments might be more valuable when used in care planning for an individual, whereas shorter ones might be more useful for signposting people towards resources or may be more user-friendly and hence more easily implemented. The amount of information recorded by a tool will also affect the richness of the data available for system wide needs assessment (at a population level). There may need to be a compromise between different stakeholders’ perspectives. For example a commissioner may require systematic information however patients and keyworkers may find an extensive approach overly burdensome.

Whilst there may be a need to develop more tools or to establish the psychometric priorities of the existing ones further, it is essential for further research to examine the best ways of using these tools in the most efficient systematic way. For example, can tools that have been developed to be administered by a professional maintain validity when self-completed or completed over the telephone, online or via an app? Ultimately, future research should aim to establish an improvement in patient outcomes in complex care systems that employ a systematic assessment, rather than an ad hoc assessment, and this paper provides a starting point for this.

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**ETHICAL APPROVAL**

This discussion paper has been authorised in alignment with the SOPRANO study, which has received appropriate scientific committee and ethical approval.

**CONFLICT OF INTERESTS**

None declared
REFERENCES


CANE References (reference 16 also for EASY-Care)


**CFAI References**


**EASY-Care References**


**ECS References**


**ECQ Reference**

**GFE Reference**


**GPSS Reference**


**HELP References**


**INTERMED-E-SA References**


**LSCS Reference**


**MDS-HC Reference**


88. Fries BE, James M. Identifying "appropriate" applicants for home and community based services: the MI Choice screening system. Policy brief (Center for Home Care Policy and Research (US)). 2003 (13):1-6.


**NISAT Reference**


**OARS-MFAQ Reference**


**PAF Reference**


**PSCS-O Reference**


**SASE Reference**


**STEP Reference**