

Personal Alert Victoria program and service guidelines

2019

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Contents

1. Background and context	7
1.1. Who the guidelines are for	7
1.2. Background	7
1.3. Role of technology	7
1.4. Value of PAV for people at risk	8
1.5. DVA-funded program	9
1.6. Support services and other suggestions	9
2. Personal Alert Victoria	10
2.1. Rationale for PAV	10
2.2. What is Personal Alert Victoria?	10
2.3. PAV service provider	10
2.4. PAV target group	10
2.5. PAV service components	11
2.6. How PAV works	11
2.7. Nominated contacts	12
2.8. PAV Response Service	12
2.9. Eligibility for PAV and PAV Response Service by recipients of other packages/schemes	13
2.10. Costs	13
3. Roles and responsibilities	14
3.1. Roles	14
3.2. Roles and responsibilities during extreme weather and bushfires	15
4. Assessment	17
4.1. Diagram of the PAV assessment process	17
4.2. Framework and principles	18
4.3. PAV designated assessment organisations	19
4.4. Subcontracting assessment	20
4.5. Reassessment	20
4.6. PAV eligibility criteria	20
4.7. PAV Referral process and documentation	21
4.8. Related policies	22
4.9. Roles and responsibilities in relation to assessment	23
5. Rights and responsibilities of clients and nominated contacts	27
5.1. Client rights and responsibilities	27
5.2. Nominated contacts rights and responsibilities	27
6. Contract management and consultation	29
6.1. PAV governance	29
6.2. Contract Management of PAV service provider	29
6.3. Contract Management of PAV Response Service	29

6.4.	PAV Statewide Advisory Group.....	29
6.5.	Cross Regional Network Group meetings.....	30
7.	Information privacy	31
7.1.	Client privacy.....	31
7.2.	Department of Health and Human Services compliance with privacy laws	31
7.3.	Funded organisation compliance with privacy laws	31
7.4.	Transfer of client information — Service Coordination Tool Client Consent.....	31
7.5.	Transfer of client information — My Aged Care Consent	32
8.	Complaints.....	33
8.1.	Handling complaints.....	33
8.2.	Department of Health and Human Services involvement in resolving complaints.....	33
8.3.	Use of advocates in the complaint process.....	34
8.4.	Other resources and organisations	34
9.	Incident reporting.....	35
10.	PAV program data collection	36
10.1	PAV service provider reporting.....	36
10.2	PAV Response Services reporting	36
	Appendix 1: PAV assessment record.....	37
	Appendix 2: PAV assessment guidelines	42
	Key features.....	42
	Criteria, rationale and guidelines	43
	Technical Information	51
	Contact information	54
	Appendix 3: Service Coordination Tool Templates required with the PAV Assessment Record	56
	Appendix 4: My Aged Care referral process.....	63

1. Background and context

1.1. Who the guidelines are for

The PAV Program and Service Guidelines are for managers and assessment officers of Personal Alert Victoria (PAV) designated assessment organisations, the PAV service provider, the PAV Response Service providers (formerly Home and Community Care [HACC] response service providers), policy makers and the Department of Health and Human Services Head Office and Operations Divisions program managers. These guidelines can be found at:

<https://www2.health.vic.gov.au/ageing-and-aged-care/supporting-independent-living/personal-alert-victoria>.

These guidelines provide additional information to that in the PAV Response Service guidelines. These guidelines can be found at:

<https://www2.health.vic.gov.au/ageing-and-aged-care/supporting-independent-living/personal-alert-victoria/pav-response-services>.

These guidelines should also be used in conjunction with the online electronic training package developed for assessment officers involved in assessing people for PAV:

<http://elearning.health.vic.gov.au/pav/>.

For further information or questions in relation to PAV, please contact the department's Operations Division near you. Refer to the department's website <https://dhhs.vic.gov.au/our-organisation> or the White Pages Telephone directory for the department's contact details.

1.2. Background

PAV has been funded by the Victorian Government for many years. PAV has been evaluated and improvements made to increase its effectiveness and appropriateness. Current policies reflect validated eligibility criteria and assessment practices to target people most in need of the PAV service. Ineligible applicants have alternative options discussed with them (see sections 1.3 and 1.6).

PAV service improvement initiatives have been validated by research, data modelling, pilot projects and working groups comprising key stakeholders.

Following a competitive tendering process, Peninsula Health has been contracted to provide PAV across Victoria until end 2022.

1.3. Role of technology

Technology provides new ways to assist frail older people and people with disabilities to live independently at home for as long as possible. Currently, technology can provide medical monitoring and personal monitoring. It is important to note medical monitoring has a different purpose, process and response to a personal alarm call service like PAV, which is a community care and wellbeing service to assist independent living, and is provided in line with the requirements of the Australian Standard 4607-1999 Personal Response System.

Medical monitoring technology exists to allow self-monitoring of chronic conditions, as well as clinical input and development of a client management plan to monitor and respond to certain chronic medical conditions following a GP/clinical diagnosis or emergency department presentation.

Medical monitoring technology is diverse. For example, there are apps for smart phones and tablets that log and track particular trends and data related to medical conditions. There are also apps that can transform a mobile device (such as a smartphone or tablet) into a medical device, or are used as an accessory to a medical device.

In addition to mobile technologies, there are home-based technologies for self-monitoring. Typically, people can monitor their own readings using a mobile phone and/or a dedicated website, and many devices take readings and connect to the web in various ways for self-monitoring.

There is also other home-based technology that connects via the web or the mobile telephone network to a computer/call centre. People's data is collected and the software generates alerts based on pre-determined parameters to indicate that prompt intervention is needed to prevent complications or a serious emergency situation from developing. This data can be downloaded by clinicians, or triaged through a call centre.

The current PAV technology is efficient and effective in monitoring people and responding to individual emergencies, particularly given the client profile and potential for decreased abilities and awareness in an emergency situation due to pain, semi-consciousness and distress or confusion. PAV units can be adapted for people with vision loss, deafness, disabilities or dexterity issues.

There are also many types of personal monitoring technology and services supporting independence that can be used as alternatives to PAV, such as:

- other personal alarm call services
- modified mobile telephones
- apps for smartphones or tablets
- GPS tracking
- cameras
- fall detection
- movement sensors.

See section 1.6 for alternatives to PAV that aim to maintain people's independence at home.

1.4. Value of PAV for people at risk

PAV is one of a range of services designed to support people at risk to remain at home. People at risk of falls or medical emergencies are likely to require other support or community services. PAV assessment is designed to be part of a broader assessment process, where the client is assessed in their home for a range of appropriate services, of which PAV may be one option. PAV alone will not prevent falls or improve strength and balance. Recognising that someone is at risk should trigger consideration of other appropriate services or advice that can be provided to the client.

PAV will not alleviate loneliness or social isolation and should not be recommended for that purpose, nor is it a service for security against domestic violence, or for people with alcohol and drug issues or mental illness. People with these issues should be referred to appropriate community health or social services, such as alcohol and drug or psychiatric services, or advised to seek security devices.

One of the mandatory criteria for PAV is that the applicant 'lives alone or is alone for most of the day or evening or lives with a person who would be unable to get to the phone in an emergency or is unable to use the phone'. This means that people living with family or others who are not alone for most of the day or evening would not be eligible for PAV. Sometimes families are concerned when their older family member is left at home while others go shopping or leave the house for a few hours at a time, or go to work for the day. Families in this situation may just need an emergency response service, not the daily monitoring provided by PAV. Families may consider purchasing an alarm service and should be encouraged to refer to the Yellow Pages under 'Alerting systems or services' to select a provider, or search on line.

See the Assessment guidelines (page 47 for assessment considerations with regards to meeting this mandatory criteria).

1.5. DVA-funded program

The Commonwealth Department of Veterans Affairs (DVA) funds a similar service for Gold and White Card war veterans and war widows who meet the eligibility criteria. An occupational therapist, general practitioner or physiotherapist must assess the person in their home. Gold and White Card war veterans and war widows should be referred to DVA as a first step because there is no waiting period (DVA's Rehabilitation Appliances Program — phone 9284 6870 or freecall for country Victoria 1800 550 458). Veterans who are not eligible card holders for the DVA-funded service may be assessed for PAV. See also section 2.9 for eligibility for PAV and the PAV Response Service by recipients of case-managed care packages and Department of Veterans' Affairs (DVA) personal alarms.

1.6. Support services and other suggestions

Some applicants may not be eligible for PAV. The following alternative suggestions can be found at: <https://www2.health.vic.gov.au/ageing-and-aged-care/supporting-independent-living/personal-alert-victoria/alternatives-to-pav>

They highlight other services and alternatives to support independent living:

- Use a personal alarm call service – check the [Yellow Pages](#)® under 'Alerting systems and services', or google 'personal alarm call services Victoria' for private services.
- Use a pre-programmed telephone or mobile telephone. Some telecommunications providers sell mobiles with bigger displays and bigger buttons that are easier to see. Some phones can be operated with a manual switch that can automatically make a phone call, or send a pre-composed text message to up to four numbers.
- Check out other telephone products for people with impaired mobility, such as emergency pendants that activate calls to chosen numbers.
- Some technology devices can be worn on the wrist and can send pre-programmed messages and/or act as a telephone when assistance is required.
- Use smartphone apps that send pre-programmed emails or messages confirming daily wellbeing or if assistance is required.
- Some newer technology can involve remote monitoring. These include use of sensors that detect movement in rooms or doors, or, use of utilities such as a kettle, fridge door, lights, television. These can be monitored in a variety of ways by family/neighbours/carers, or a call centre. Some technology can even detect changes in patterns of movement/use of utilities that then trigger alerts to family/carers, or a call centre.

Other ideas for ways to help include:

- Share payment for any of the above technology options between family members, or make the technology a gift for special occasions.
- Encourage family or friends to make a daily phone call or visit – consider a family or friend roster for daily phone calls or visits.
- Speak to trusted neighbours, family and friends about establishing some community watch activities. Develop a code to signal when assistance is required, for example, raising the front room blinds during the day can be the code to show that all is well. Alternatively, uncollected newspapers and mail may show a need for assistance.
- Register for Keeping in Touch — for people aged 75 years and over living in public housing. Office of Housing Customer Service Officers make short, friendly, regular, weekly telephone calls to participating tenants on an agreed day between 8 am to 10 am, Monday to Friday. Phone 1800 269 250 for information.
- Join a community register — Volunteers telephone older people and those with reduced mobility and disabilities to check their wellbeing. To check if your area has a register contact Seniors Information Victoria on 1300 135 090, or visit: <https://www.seniorsonline.vic.gov.au/services-information/support-services/community-registers>

2. Personal Alert Victoria

2.1. Rationale for PAV

Australia's social and economic progress has led to increased life expectancy and decreased birth rates. Although this is a great achievement for our country, an ageing population poses some challenges. People living longer may experience extended periods of frailty, isolation and disability. It is therefore essential for governments and services to plan for a greater shift towards home and community-based care delivery. PAV plays a key role in supporting frail older people and people with disabilities to remain living in their own homes for as long as possible.

Many older people and people with disabilities live independently. Some rely on informal care networks while others may require support from services to assist their independence. Many people maintain the quality of their lives for a considerable period of time, while others have conditions that lead to a slow deterioration. Some older people living independently may be at risk of experiencing a critical event like a fall or a sudden health emergency. Risk factors contributing to critical events can include mobility problems, or unstable health for example, heart problems or respiratory illness, or Parkinson's disease.

2.2. What is Personal Alert Victoria?

Personal Alert Victoria (PAV) is a daily monitoring and emergency response service funded by the Victorian Government through the Department of Health and Human Services. Clients have immediate contact in an emergency with a central monitoring facility 24 hours a day by pushing a button on a pendant worn around the neck or wrist. Unlike other personal assistance call services that provide only emergency response, clients also have their wellbeing monitored daily. This is a mandatory component of the service reflecting the needs of clients who are assessed as at risk isolated older frail people and people with a disability, who have high ongoing health and support needs.

Personal Alert Victoria relies on unpaid nominated contacts to provide assistance, ensuring public emergency services are utilised only in true medical emergencies.

The PAV Response Services are used as the contact where people do not have any relatives or other suitable contact people.

PAV aims to support clients to lead independent lives by fostering greater confidence and safety. PAV, along with other supports, may prevent or delay admission to residential care.

PAV can work on the telephone network or on the mobile telephone network.

PAV requires an operational, dependable and consistent electricity connection, for example, either mains electricity or another verified and dependable power source such as solar power.

2.3. PAV service provider

Peninsula Health has been selected to provide the PAV service following a competitive tender process. Peninsula Health can be contacted at 1800 451 300.

2.4. PAV target group

PAV assists frail, older people and people with disabilities who have high ongoing health and support needs and who mostly live alone.

Current PAV client profile:

- 62 per cent of clients are aged 80 years and over
- 80 per cent of clients are female

- most clients are housebound and do not frequently leave their home, have chronic health and medical conditions requiring support, and have functional limitations due to impaired gait, balance and mobility
- many have muscle weakness and use a mobility aid and have had falls or are at risk of falls
- 80 per cent receive other home support services.

2.5. PAV service components

The service has two main components: daily monitoring and emergency response.

2.5.1. Daily monitoring

PAV clients are required to push a button on the alarm unit between 6 am and 11 am each day. Daily monitoring is an important component of the service because it tracks clients' welfare.

If the daily call is not received, this may mean the client has simply forgotten, or it may signal the need for assistance. The client may have fallen or lost consciousness and for whatever reason did not push the emergency button on the pendant. The PAV service provider makes follow-up calls between 11 am and 3 pm each day. Following up the missed daily call will minimise the time the client is unassisted.

If a client has consistently made their daily call and then starts to forget, this may indicate changes in their cognition or the onset of a medical condition. In the case of regular non-compliance, the service provider will contact the next of kin or case manager or the original assessment organisation to discuss. The client may require additional support to remain living at home or may no longer be able to live independently and alternative arrangements may need to be considered.

Daily monitoring:

- is mandatory
- checks client welfare
- confirms the PAV equipment is working properly.

If the daily call is not received:

- the service provider telephones the client
- if there is no response, the client's nominated contacts are asked to check on the client.

2.5.2. Emergency response

When the client presses the emergency button on the pendant, a message is sent to the receiver unit which automatically dials the service provider. The service provider:

- telephones the client to establish the reason for the call
- helps or reassures the person
- depending on their needs, calls one of the nominated contacts, which may include the PAV Response Service
- calls emergency services if necessary.

2.6. How PAV works

PAV relies on four linked parts:

1. The pendant is normally worn around the neck or on the wrist. It has a button that, when pressed, sends a signal to the receiver unit. The PAV pendant works within 50 metres of the receiver unit, on average. PAV is not suitable for people who are very active outside the home.
2. The receiver unit receives the signal from the pendant then automatically dials the service provider. The receiver unit is connected to electricity and either:

- 2.1 the standard copper telephone line network (if the client has a home telephone on this network) and the receiver unit sits next to the telephone, or
 - 2.2 the mobile telephone network (if the person is on the National Broadband Network or does not have a home telephone service). The client must have a mobile telephone.
3. The service provider has trained staff to respond to calls for assistance 24 hours a day, every day of the year.
4. Nominated contacts, such as family, friends and neighbours, are willing to help by checking on the person when required. Clients without appropriate contacts may be referred to the PAV Response Service (see section 2.8) by the PAV assessment agency via the PAV service provider.

2.7. Nominated contacts

PAV relies on nominated contacts (such as: family, friends and neighbours) who are able and willing to respond to a call for assistance.

- PAV requires a minimum of two nominated contacts. People can nominate up to four.
- Nominated contacts must be able to respond, that is, arrive at the client's home within approximately 30 minutes of being contacted by the service provider, or in rural locations within a reasonable time.
- Nominated contacts are identified through the assessment process.
- The PAV Response Service is funded to provide assistance to people who do not have any relatives or informal contact people. If people have a relative or other informal contact person who can be the first contact, the PAV Response Service can be the second contact if no one else is available. The PAV Response Service cannot be recorded as the third contact.
- Every effort should be made by the assessor to identify informal contact people before recording a need for the PAV Response Service. (Refer to section 2.8 for more information about the PAV Response Service.)
- Contact details of nominated contacts or a referral request for the PAV Response Service are forwarded with the assessment record to the PAV service provider.
- Nominated contacts are required to complete a contact form enclosed in the booklet *Personal Alert Victoria: Information for clients and contacts*.

Assessors are required to advise clients to give one pamphlet to each of their nominated contacts and ask the nominated contacts to complete the form and return this to the service provider.

2.8. PAV Response Service

This section provides a general introduction to the PAV Response Service, which is funded by the Victorian Government. In addition to these guidelines, the *PAV Response Service guidelines* set out further policy and procedures to be followed, including roles and responsibilities, by the PAV Response Services. They can be found at: www.health.vic.gov.au/ageing-and-aged-care/supporting-independent-living/personal-alert-victoria

The PAV service provider and the PAV Response Service providers need to be familiar with this information and it is essential that new PAV Response Service coordinators spend time becoming familiar with this information and the agreed procedures between the PAV service provider for service provision.

The objective of the PAV Response Service is to provide the incident contact for Personal Alert Victoria clients who do not have family or other contacts who can respond to an incident. The PAV Response Service will provide a prompt home visit in order to provide personal support. The service is available 24 hours a day, 365 days a year.

The PAV assessment process will identify whether a client needs the PAV Response Service.

There is a separate registration process, including a home visit, for the PAV Response Service. This occurs after a PAV alarm unit has been allocated to a client. It involves introducing the PAV Response Service provider, doing a safety check and placing a key safe containing a house key or keys in a suitable location at no cost to the client.

If, following a reassessment, a client becomes ineligible for PAV, they will no longer receive the PAV Response Service.

2.9. Eligibility for PAV and PAV Response Service by recipients of other packages/schemes

Package	Eligibility of recipients for PAV and PAV Response Service
Linkages	Eligible for PAV and eligible for PAV Response Service.
Commonwealth Aged Care Home Care Level 1, Home Care Level 2, Home Care Level 3 and Home Care Level 4	<p>Eligible for PAV and eligible for the PAV Response Service.</p> <p>If a PAV applicant has the dementia supplement, the assessor completing the initial PAV assessment will carefully consider whether they meet PAV Eligibility Criteria 2.</p> <p>Applicant must be capable of using and willing to wear the PAV pendant at all times.</p> <p>The PAV service provider will be able to monitor that client's ability to use the PAV service appropriately through their review process. For example, are they persistently using their pendant button erroneously, or are they forgetting to push their daily call button. Are they being respectful to PAV staff. The PAV service provider may initiate a review of eligibility based on the client's daily monitoring and alarm usage patterns.</p>
Commonwealth Home Support program	Eligible for PAV and eligible for the PAV Response Service.
Department of Veterans' Affairs (DVA)	<p>DVA provides a personal alarm to DVA Gold and White card holders assessed as eligible.</p> <p>Where veterans have a PAV-funded alarm unit, they are eligible for the PAV Response Service. Where veterans have a DVA-funded alarm unit they are not eligible for the PAV Response Service. DVA may choose to fund a response service for DVA-funded alarm unit for clients who do not have informal contacts.</p>
National Disability Insurance Scheme (NDIS)	<p>NDIS participants can choose and purchase a personal alarm call service under the NDIS <i>Assistive products for personal care and safety</i> at cost price.</p> <p>Where NDIS participants have an NDIA funded alarm unit they are not eligible for the PAV Response Service. The NDIA may choose to fund a response service for a participant from a registered NDIA response service provider.</p>

2.10. Costs

PAV is a fully funded service. However, if clients do not have an appropriate power point for the PAV unit, or need equipment to be modified, they may need to meet some costs.

3. Roles and responsibilities

3.1. Roles

The following broadly outlines the roles of key PAV stakeholders.

3.1.1. Roles of PAV designated assessment organisations

The role of PAV designated assessment organisations is to:

- undertake a home-based assessment and review/reassess needs in a context that is holistic in scope and is able to address a wide range of areas of client strengths, capacity and need, thereby addressing the need for a range of services of which PAV may be one option
- provide appropriate and correct information and discuss the eligibility criteria with applicants and their responsibilities as service recipients
- determine the eligibility of applicants using the PAV assessment record and complete the other relevant referral documents
- refer eligible clients to the PAV service provider
- refer clients to other appropriate services, if required
- be broadly linked with health and community care service system in their region
- support the provision of high-quality services to clients
- ensure due diligence and duty of care requirements are met and identified deficits addressed
- enhance the quality of the departments programs through monitoring and acting on trends identified through incident reports.

3.1.2. Roles of the PAV service provider

The PAV service provider is responsible and accountable for providing the service in accordance with the contract between them and the State of Victoria, including meeting performance requirements as negotiated and specified in the contract, including:

- facilitating access to the service by eligible referrals
- delivering the agreed outputs and meeting performance requirements as negotiated and specified in the service agreement between the Department of Health and Human Services and the service provider
- data collection and reporting to the department
- expending funds, as required by the department.
- liaising with assessment organisations about any review/reassessment needs which may occur and make referrals as needed
- support the provision of high-quality services to clients
- ensure due diligence and duty of care requirements are met and identified deficits addressed
- enhance the quality of PAV through monitoring and acting on trends identified through incident reports
- using translating and interpreting services to support person centred care such as the Language Services Credit Line <https://www.languageloop.com.au/>

3.1.3. Roles and responsibility of PAV Response Service

PAV Response Service providers are responsible for:

- establishing and providing the PAV Response Service, which will be used by PAV clients, in accordance with these guidelines and any subsequent amendments, and the PAV program and service guidelines

- collecting and submitting service data reporting via the HACC MDS to the department
- participating in data collection for service monitoring and other purposes
- participating in relevant PAV and PAV Response Service consultative arrangements
- participating in any review of the service conducted by the department
- entering into a service agreement with the department
- support the provision of high quality services to clients
- ensure due diligence and duty of care requirements are met and identified deficits addressed.
- enhance the quality of the department's programs through monitoring and acting on trends identified through incident reports.

3.1.4. Roles of Department of Health and Human Services Seniors, Ageing and Aged Care Branch

The Department of Health and Human Services Seniors, Ageing and Care Branch is responsible for:

- developing the PAV and PAV Response Service policy and services in consultation with the department's regions, the PAV service provider, PAV Response Service providers and assessment organisations
- providing program advice and support to regions
- maintaining a PAV information strategy and producing relevant materials
- coordinating and managing an independent evaluation of the PAV service
- managing arrangements for submissions and retendering of PAV
- developing a training strategy for assessment organisations in consultation with the department's Operations Divisions, the PAV service provider, PAV Response Service providers and assessment organisations
- reporting to the department's executive personnel, the Minister and the Department of Treasury and Finance on performance of the PAV service provider and PAV Response Services.

3.1.5. Roles of Department of Health and Human Services Operations Divisions

Department of Health and Human Services Operations Divisions are responsible for:

- participating in the relevant PAV and PAV Response Service governance and consultative arrangements such as the Regional Advisory Groups and the Statewide Advisory Group in relation to policy, program and service development
- assisting with local organisation service and protocol developments
- providing advice to the PAV service provider and PAV Response Service providers in relation to service delivery issues
- reviewing, monitoring and developing service agreements with the PAV Response Service providers
- providing advice to assessment organisations in relation to assessment issues
- playing a formal role in client complaints that are not resolved at an organisation level
- working collaboratively with funded organisations to improve incident and risk management and embed best practice. Operations Divisions offices can be the first point of contact for funded organisation/agency staff seeking confirmation on whether an incident should be reported to the department.

3.2. Roles and responsibilities during extreme weather and bushfires

Nominated contacts and PAV Response Service providers may not be able to respond to clients in fire or Code Red fire risk locations. Clients and their nominated contacts should monitor the situation through the internet <http://emergency.vic.gov.au> and make arrangements to stay safe. The PAV Response Services should also monitor the situation as to their ability to respond and maintain communications with the PAV service provider. The PAV service provider will also monitor the situation through this

internet site and others, as well as getting in contact with the regional operational centres and may provide advice to clients, their nominated contacts and the PAV Response Services as appropriate to the emergency situation.

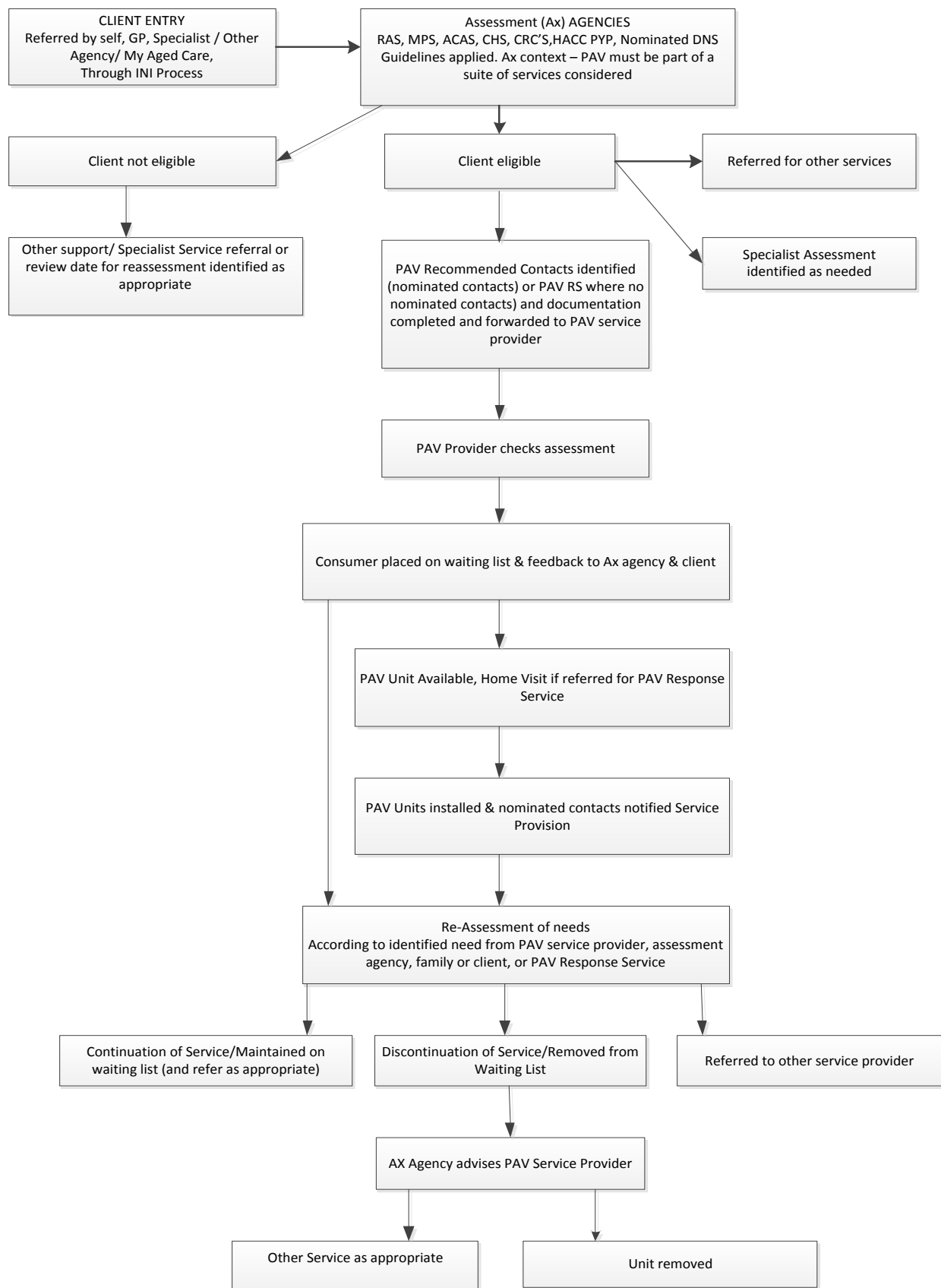
Service provision by the PAV service provider and the PAV Response Service providers is expected to continue through extreme heat wave conditions. In fact evidence gathered to date shows there is an increase in demand of these services during heatwave conditions. If, during heatwave conditions, an emergency service is called to respond to a PAV client emergency, the response time will depend on overall demands on emergency services at the time.

The PAV service provider and the PAV Response Service providers are responsible for identifying their own organisation's risk, and to plan and prepare for what they will do in an actual or potential emergency.

PAV clients will have varying levels of capacity to prepare personal plans to respond to emergency situations. The PAV service provider and the PAV Response Service providers are encouraged to assist clients to be aware of the need to plan for emergency events and may refer clients to the Country Fire Authority (CFA), the Melbourne Fire Brigade, or their local council for planning guidance.

4. Assessment

4.1. Diagram of the PAV assessment process



4.2. Framework and principles

4.2.1. Holistic assessment

Eligible PAV clients have high support and health needs, and are likely to require other services. Therefore assessment for PAV has been designed to fit within an organisation's broader assessment process. Assessment is undertaken in the person's home so the environment can be assessed for risks and also because of the technical information required, for example connected to the National Broadband Network, existence of a copper telephone line network and associated telephone sockets, and the location of power points.

4.2.2. Person-centred assessment

Under a person-centred approach, assessment should be provided wherever the client is in the service system. For example, if a client is receiving a home support assessment (by a designated Regional Assessment Service) and the client is potentially in need of PAV, the PAV assessment should occur as part of this assessment and not be referred to another organisation. Likewise for clients being assessed by an Aged Care Assessment Service (ACAS).

If a person is not receiving other services from a PAV assessment organisation and may benefit and be eligible for PAV then referral is required. When determining the appropriate assessment organisation the needs of the client should be considered holistically.

4.2.3 PAV Assessment Guidelines

The PAV Assessment Guidelines at Appendix 2 should be read in conjunction with undertaking the online electronic training for officers involved in assessing people for PAV <http://elearning.health.vic.gov.au/pav/>.

The guidelines outline key features and considerations when assessing for PAV.

4.2.4. My Aged Care and Assessment

Aged Care Assessment Services (ACAS) and Regional Assessment Services (RAS) in Victoria use the Commonwealth's My Aged Care portal for assessment, sharing information and referrals.

As part of a comprehensive assessment by ACAS or a Home Support Assessment by RAS, assessors will holistically assess a person's needs, including eligibility for PAV if the person would benefit from this. Where a client contacts an ACAS or RAS directly for assessment requesting a personal alarm, they will be directed to register with My Aged Care for an assessment of need. Vulnerable clients can be supported by assessors.

After completing the assessment in My Aged Care, the referral to the PAV service provider with required assessment documentation will need to be made outside of the My Aged Care system using existing systems and processes ie via client management systems and/or e-referral system or faxing.

Refer to section 4.7 for options on the assessment tools to be used with the PAV assessment record.

4.2.5. Primary Care Partnerships and service coordination

The Primary Care Partnerships (PCP) strategy aims to improve the overall health and wellbeing of Victorians by:

- improving experiences and outcomes for people who use primary care services
- reducing preventable use of hospital, medical and residential services through a greater emphasis on health promotion programs and by responding to early signs of disease or people's need for support.

The Primary Care Partnerships (PCP) policy documents describe:

- roles and responsibilities of clients and service providers in assessment, referral, care management and review
- how client information is shared including privacy and confidentiality policies
- arrangements for shared or joint assessment practice.

Strategies for achieving service coordination can include:

- network meetings of assessment organisations to discuss assessment and client care planning
- an agreed protocol whereby assessment organisations collaborate to provide a comprehensive assessment if required
- undertaking joint assessments where two or three workers representing appropriate services and health professionals visit the client together.

Local service systems use a combination of these policies and protocols to:

- achieve service coordination and better access to services for clients
- reduce the need for multiple assessments of clients
- streamline the assessment process reducing unnecessary duplication wherever possible
- enhance local service system development.

Service coordination is a key element of the PCP strategy and is supported in Victoria in a practical way with the Service Coordination Tool Templates (SCTT) that enable organisations to:

- record and share client information in a consistent way using agreed protocols
- undertake initial needs identification
- make referrals
- document client consent to share information between providers.

See the *Victorian service coordination practice manual 20012* available at

<https://www2.health.vic.gov.au/primary-and-community-health/primary-care/integrated-care/service-coordination>

4.3. PAV designated assessment organisations

The PAV designated assessment organisations are:

- Home and Community Care (HACC) Program for Younger People (PYP) Assessment Services
- Regional Assessment Services (RAS) (local councils and other organisations)
- Multi Purpose Services (MPS)
- Aged Care Assessment Services (ACAS)
- Community Health Services (CHS)
- Nominated District Nursing Services (DNS), excluding Bush Nursing
- public sector funded Community Rehabilitation Centres (CRC) (for community rehabilitation centre clients only).

These assessment organisations have been designated because they meet all the following criteria:

- receive funding for assessment and undertake home-based assessments, and
- have a community focus and are broadly linked with the health and community care service system, and
- agree to use the required assessment and referral documentation with the PAV assessment record (see section 4.7), and
- have experience assessing the PAV target group, and
- are an organisation type that exists across Victoria, including all or most local government areas.

4.4. Subcontracting assessment

PAV designated assessment organisations may subcontract assessment to other public-funded assessment organisations. The PAV service provider must be informed of the subcontracting arrangements and both organisations need to be identified on the assessment record (see Assessment organisation details, p. 4 of PAV assessment record). Referrals from organisations not designated to undertake PAV assessment will not be accepted.

4.5. Reassessment

Where clients' circumstances change significantly a reassessment will be required.

Reassessment must be holistic, requiring a complete reappraisal of the client and their needs and could be prompted by:

- a change in living arrangements such as a client moving in with family, therefore no longer meeting the eligibility criteria
- contacts raising concerns
- client repeatedly seems confused or disoriented
- Changing needs identified through ongoing requests for assistance that highlight increased frailty or risks, falls and/or hospitalisations
- significant changes in a client's pattern of alarm usage, for example
 - an increase in emergency calls
 - client regularly forgets to make their daily monitoring call
 - PAV equipment is being used inappropriately.

The PAV service provider reviews all emergency and missed daily calls data for patterns and potential problems. If the PAV service provider is concerned about a client's continuing eligibility, they will:

- contact the client, the next of kin or case manager and discuss client's situation
- contact the assessment organisation that assessed the client to discuss the need for reassessment in the first instance
- liaise with PAV designated assessment organisations and/or organisations currently providing services to the client to determine which organisation could review/reassess the client.
- request consent from client.

Where removal of the unit is a result of reassessment, all endeavours are made to ensure that the client has a positive experience and that other services better meet their needs or they have been referred to other services to better meet their needs, if appropriate.

4.6. PAV eligibility criteria

Eligibility is determined at assessment by the assessor. To be eligible for PAV, clients must meet the following criteria in Part A and Part B.

Part A

All three criteria (1, 2 and 3) must be met.

1. The applicant needs and agrees to daily monitoring.
2. The applicant is capable of using and willing to wear the PAV pendant at all times.
3. The applicant lives alone, **or** is alone for most of the day or evening, **or** lives with a person who would be unable to get to the phone in an emergency or is unable to use the phone.

Part B

Two of the three criteria in Part B must be met.

1. The applicant has experienced at least one fall that required medical attention in the previous six months, or is at risk of falls.
2. The applicant suffers from a major medical or chronic condition that puts them at risk of medical emergencies or that has some ongoing effect on their health or wellbeing.
3. The applicant is taking at least six different medications on a permanent basis that are prescribed by a medical practitioner.

Assessors use the PAV assessment record and *PAV assessment guidelines* to determine eligibility (see Appendix 1 and 2). If the applicant is eligible, the assessor completes all details of the assessment record and other referral documentation (see section 4.7 below) and sends to the service provider.

When the service provider receives all relevant forms, the client is placed on the waiting list in order of the date the referral was received. Assessors must not forward assessment records for ineligible applicants to the service provider.

4.7. PAV Referral process and documentation

If a client is eligible for PAV there are two different referral documentation and process options available. (See 4.7.1 and 4.7.2)

For both options electronic transfer is supported. Electronic transfer platforms are Connecting Care and S2S. Assessment organisations are encouraged to discuss software requirements with software vendors, for example, Connecting Care or S2S.

4.7.1. PAV Assessment Record and Service Coordination Tool Templates (SCTT)

The following SCTT tools must be completed and sent to the service provider with the PAV assessment record. Only complete referrals will be accepted by the service provider. The mandatory SCTT 2012 tools are:

- Consumer information
- Referral cover sheet and acknowledgement
- Accommodation and safety arrangements
- Summary and referral information
- Consent to share information (must be completed but retained at the assessing organisation).

The SCTT tools can be found at <https://www2.health.vic.gov.au/primary-and-community-health/primary-care/integrated-care/service-coordination> along with service guidelines. SCTT tools required with the PAV assessment record can be found in Appendix 3.

4.7.2. My Aged Care

The following forms must be completed and sent to the service provider with the PAV assessment record.

- My Aged Care Client details (up to and including Next of Kin and Representative details)
- Home and Personal Safety section of the My Aged Care National Screening and Assessment Form (NSAF)
- SCTT Referral cover sheet and acknowledgement

Instructions for this referral process are at Appendix 4

Only complete referrals will be accepted by the service provider.

4.8. Related policies

4.8.1. Cancellation and renewal policy

Clients sometimes cancel the service and then request its reinstatement. If clients request reinstatement within a 12-month timeframe, the service provider will reinstall the next available unit. However, if more than 12 months has elapsed since returning the unit, a reassessment will be required. If the client is still eligible they will be added to the waiting list.

4.8.2. Waiting list management

Clients will be added to the waiting list in date order the referral is received by the service provider. The only exception is eligible clients aged 100 years and over. These clients go to the top of the waiting list, ensuring a minimal wait period. The service provider contacts clients as they progress to the top of the waiting list and arranges installation.

4.8.3. Short-term rental

If clients feel they cannot wait for a PAV unit to become available and would like to rent through a private arrangement in the interim, clients should be encouraged to refer to the Yellow Pages under 'Alerting systems or services' to select a service provider, or search on line. The Victorian Department of Health and Human Services and assessment organisations do not have a role in promoting one service provider over another for private arrangements. All costs are met by the client should they choose short-term rental.

The target group for the PAV Response Service includes clients who are on the waiting list for a PAV alarm who choose to pay a fee to receive an alarm unit while they are on the waiting list and who do not have sufficient contacts. If the client elects to rent an alarm from the PAV service provider, then the PAV service provider will contact the PAV Response Service provider to arrange this service.

If the client elects to rent via another private alarm call service, the client is asked to advise the PAV service provider who will contact the PAV Response Service provider. The PAV Response Service provider will liaise with the private alarm call service to determine if the PAV Response Service can be provided. In some cases this will be possible, however some private alarm call services may not be able to incorporate the PAV Response Service liaison requirements.

4.8.4. Referral of PAV clients to the PAV Response Service due to loss of nominated contacts

If an existing PAV client no longer has nominated contacts who can respond to a PAV call-out, or their main contact is no longer available and the remaining contact person is not very accessible, then that client can be referred to the PAV Response Service. This assumes that there is no other reason that would trigger a PAV reassessment.

The PAV service provider will suggest to the client that they be referred to the PAV Response Service, and explain how the PAV Response Service works. If the client agrees to this then the PAV service provider will make a referral request to a PAV Response Service and provide the PAV Response Service with the existing client records (PAV assessment record and SCTT/MAC forms and/or other relevant up to date information the PAV service provider has on the client. The PAV Response Service provider will then contact the client to conduct the introduction and access visit.

4.9. Roles and responsibilities in relation to assessment

4.9.1. Assessment organisations roles and responsibilities

Training/Orientation

- Undertake the online electronic training tool for officers involved in assessing people for PAV <http://elearning.health.vic.gov.au/pav/>

Applicants

- Treat applicants with respect, courtesy and dignity and involve them in decisions about their care.
- Treat personal information with the strictest confidence: store and secure this appropriately.
- Discuss the role of PAV in the context of wider service options.
- Assess for PAV in line with the *PAV assessment guidelines* (see Appendix 2). Explain the eligibility criteria to applicants.
- Determine eligibility using criteria and the PAV assessment record.
- Assess need for a range of services, of which PAV and/or the PAV Response Service may be one option.

Ineligible applicants

- Explain why the eligibility criteria have not been met and discuss other support that will better meet the person's needs (see section 1.6), or see <https://www2.health.vic.gov.au/ageing-and-aged-care/supporting-independent-living/personal-alert-victoria/alternatives-to-pav>
- Do not send the PAV assessment record to the service provider. Only forward eligible referrals.

Eligible clients

- Describe PAV including the role and responsibilities of clients and nominated contacts and assist the client to identify people – family, friend and neighbours – who might act as a nominated contact.
- Record details of nominated contacts on PAV assessment record.
- Give eligible clients a *Personal Alert Victoria — Information for clients and contacts* booklet and ask them to give their nominated contacts one of the pamphlets (located on the inside back cover of the booklet). Pamphlets for nominated contacts include both the consent section that nominated contacts send to the service provider and information about roles, rights and responsibilities.
- Record technical details for the PAV service provider (See Appendix 2).
- Leave a record with the client on their care plan about the technical things they need to do to receive the PAV service, if relevant.
- Make every effort to identify with the applicant people who could be nominated contacts.
- Where there are no nominated contacts, explain the role of the PAV Response Service. Specifically:
 - PAV Response Service is the contact if the client does not have anyone who can fulfil the nominated contact's role.
 - The assessor will refer to PAV Response Service via the PAV service provider.
 - PAV Response Service provider will make a home visit before registering the client to introduce themselves and check for safety of the home environment.
 - Clients need to supply a house key or set of keys that will be locked in a key safe (locked box that requires an access code) on the property. The key safe pin number is confidential and cannot be shared with other health and community services, or with the client and their families. This arrangement protects the client's privacy as well as ensures access to the client's home by the PAV Response Service provider in an emergency.

- Complete the relevant Service Coordination Tool Templates or My Aged Care documents and send with the PAV assessment record to the service provider.
- Talk to clients about other appropriate support services and refer, if required.
- Ensure the client has a reliable and dependable electricity source.
- Ensure the client has signed the client consent form, or you have secured the client's consent (see Service Coordination Tool, 'Client consent to share information').

Review and Reassessment

Review or reassessment remains holistic, requiring a complete reappraisal of the client and their needs and may be prompted by significant changes in the client's circumstances which may be prompted by their use of PAV.

- Schedule review or reassessment, if appropriate, after liaison with the PAV service provider
- Endeavour to conduct the review or reassessment in a positive light, as it may be stressful for the client.
- Notify the PAV service provider where a request for a review/assessment/reassessment is referred to another organisation.
- Provide a positive view on existing services and refer, if appropriate to alternative services that may better meet the client's needs. Explain the reasons to the client.
- Advise clients to return the PAV unit to the service provider and assist them, if required.
- Advise the PAV service provider of the outcome.

4.9.2. PAV service provider roles and responsibilities

Assessment organisation

- Contact the assessment organisation to acknowledge receipt of client referral.
- Inform assessors when a unit is being allocated to someone they assessed and referred.
- Liaise about missing information regarding eligibility or other data required.
- Provide advice to assessment organisations on expected waiting times, as required.
- Share client information with assessment organisations and PAV Response Service, only with client consent.
- Provide reports regarding issues arising with any client and inform the relevant assessment agency or other service provider/case manager.

PAV Response Service

- Meet the PAV Response Service guidelines.
- Share client information with the PAV Response Service providers, for example, PAV Assessment record and SCTT forms or My Aged Care documentation.
- Liaise and work closely with the PAV Response Service providers around client responses and installation of alarm unit and key safes.
- In response to a client's call for assistance, and if required, telephone PAV Response Service provider.
- If the PAV Response Service ceases because the client uses the service inappropriately, including being a danger to staff, both the PAV Response Service provider and the PAV service provider will jointly write to the client with reasons why the service has ceased and ask that the alarm unit be returned to the PAV service provider.

Clients

- Place the client on the waiting list.

- Formally notify clients that their assessment has been received and they have been placed on the waiting list.
- Supply, install and maintain PAV equipment.
- Provide service information and training to the client within their home at installation.
- Be available 24 hours per day, seven days per week to monitor and respond to events in an appropriate and sensitive manner, in line with contractual obligations.
- Be responsive to needs of people from cultural and linguistically diverse backgrounds and Aboriginal people. If required, provide a telephone system that allows staff to talk simultaneously, to the client and a third party, for example, a language assistance service or nominated contacts.
- Manage client response plans, including updating and maintaining the response plan, in accordance with a client's specific, and changing needs; making sure staff are trained to do so appropriately.
- Monitor daily contact with each client.
- Telephone client's nominated contacts or PAV Response Service provider.
- Contact emergency services.
- Analyse data and identify client patterns or issues that may indicate a need for other services in addition to PAV, or instead of PAV
- Contact other community services if the client needs more personal support.
- Establish appropriate procedures for communication with the client/contacts/family about review/reassessment, and/or referral, and/or removal of service if the client is no longer suitable for the service.
- Establish appropriate procedures for communication about replacement of a trigger device or a PAV unit, or removal of the PAV unit and return to the PAV service provider.

Nominated contacts

Confirm and update contact details with nominated contacts.

- Advise nominated contacts of their rights and responsibilities.
- If required, provide a follow-up consent form to nominated contacts.
- In response to a client's call for assistance, and if required, telephone nominated contacts.

Review and Reassessment

In addition to changes which may become apparent via analysis of routine data (for example frequent missing of the daily call or multiple emergency calls) the PAV service provider may be the first service to have information on changes in the client's condition or ability to cope at home or need for re-assessment or review of their support needs, or, referral to other services for assistance.

- If the need for a review or reassessment is prompted by significant changes in the client's circumstances (for example, see section 4.5) and discussion with next of kin, family contacts, or case manager, contact the original assessment organisation to discuss a review or reassessment, comprising a complete reappraisal of the client and their needs.
- Upon advice from an assessment organisation that the client is no longer eligible for PAV, liaise with the assessment organisation about the reasons, and about whether existing services or referral to alternative services may better meet the client's needs.
- Notify the client in writing and request return of the PAV equipment within a reasonable time.
- Notify the nominated contact/s who are also responsible for assisting the client return the PAV unit.
- If the client has not returned the PAV equipment, follow up with another formal written notification and liaise with nominated contacts for assistance.

Department of Health and Human Services

- Collaborate and involve departmental staff, centrally and from Operations Divisions, to develop and implement appropriate policies, procedures, practices and standards.
- Provide periodical information to departmental staff, centrally and from Operations Divisions, on waiting numbers and times; provide Minimum Dataset information to Seniors, Ageing and Aged Care Branch and the department's Operations Divisions officers as required.
- Provide periodical data collection reports to the department.

5. Rights and responsibilities of clients and nominated contacts

5.1. Client rights and responsibilities

Clients have the right to:

- be treated with courtesy and respect
- be assessed for access to services without discrimination
- refuse a service without affecting future access to the service
- be informed and consulted about available services and other relevant matters
- be involved in decisions about receiving PAV
- make a complaint about the PAV Service or the PAV Response Service
- involve an advocate of their choice
- receive good quality services
- privacy and confidentiality, and access to all personal information kept about them. Client information is protected by law, and is treated with the strictest confidence and stored securely.

Clients have the responsibility to:

- have a telephone service so people can be contacted (home telephone or mobile telephone)
- be connected to mains electricity, or another reliable electricity source so that the unit receives power
- treat PAV service staff and the nominated contacts or PAV Response Service staff with courtesy and respect
- provide a safe environment for staff and nominated contacts or the PAV Response Service provider
- make keys available to nominated contacts or the PAV Response Service provider
- look after the equipment
- use the service appropriately; using the service in the wrong way may show a change in the client's support and health needs and may indicate need for a reassessment
- press the daily call button every day between 6.00 am and 11.00 am. If daily calls are not received, the service provider will telephone clients to check on them, and if required ask nominated contacts to check on the client
- agree to a reassessment if recommended; a reassessment may lead to recommended additional services or may result in the cancellation of this service
- tell the service provider of any changes in their circumstances, such as a pending change of address, an upcoming holiday, or if they enter hospital
- return the equipment to the service provider when it is no longer needed; the equipment belongs to the Department of Health and Human Services.

5.2. Nominated contacts rights and responsibilities

Nominated contacts have the right to:

- privacy and confidentiality. Information is treated with the strictest confidence and stored securely
- be treated with courtesy and respect
- be informed about the PAV service and other relevant matters
- make a complaint about the PAV service
- telephone the PAV service for advice about the role.

Nominated contacts have the responsibility to:

- carry a set of the client's house keys or have access to a fitted key safe (if accessing a key safe, the code must be kept confidential)
- go to the client's home, checking on the client promptly (about 30 minutes from notification by the PAV service, or in rural locations within a reasonable time) and providing any necessary help
- telephone emergency services on 000 if required
- secure the client's home if they are taken to hospital or elsewhere
- telephone the PAV service to inform them of the outcome, even if the client needs no further help
- contact the PAV service if they are unable to act as a contact at any time, due to holidays or other reasons, or if you wish to discontinue the role
- respect the privacy rights of the client at all times.

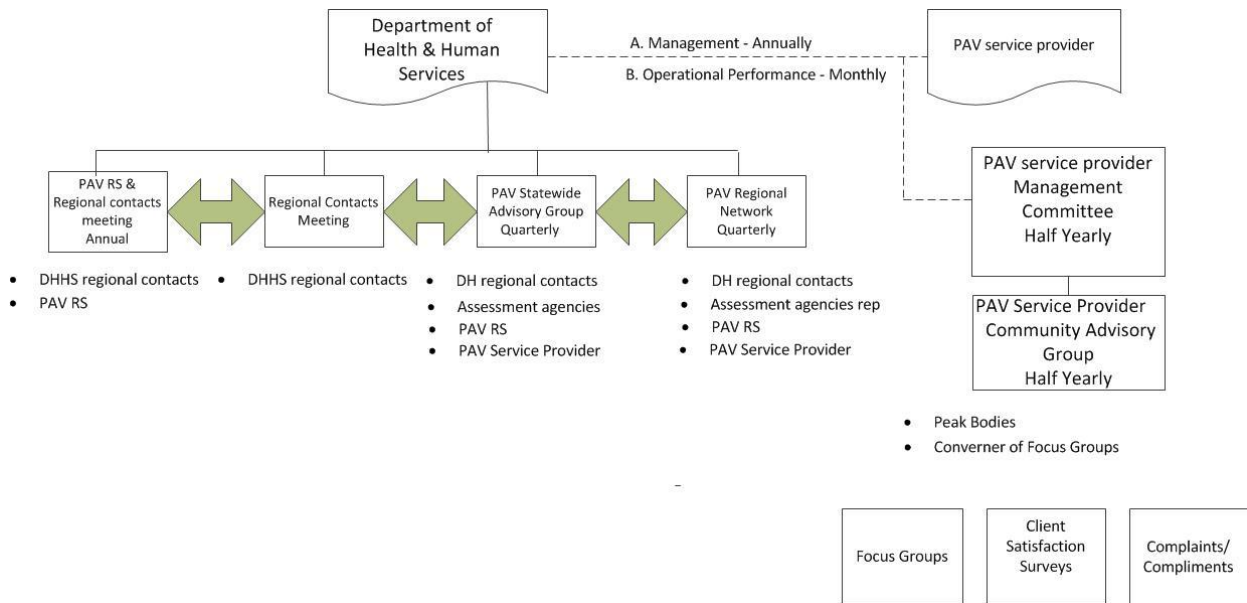
Some nominated contacts (usually family members) may also be responsible for:

- informing the service provider if there are changes in the client's circumstances, such as a future change of address, an upcoming holiday, or if the client enters hospital
- assisting the client to return the equipment to the service provider if no longer needed or if the client's circumstances change.

6. Contract management and consultation

6.1. PAV governance

The diagram below outlines the current governance structure for PAV.



6.2. Contract Management of PAV service provider

The Department of Health and Human Services and Peninsula Health meet monthly to review minimum performance standards, other performance measures, progress other contractual requirements, undertake strategic planning, review issues, risks and/or complaints to ensure appropriate action is taken. The Peninsula Health Chief Executive Officer and the department’s Director, Seniors, Ageing and Aged Care also meet annually. In addition, Peninsula Health has established a Management Committee that meets bi-annually to provide oversight and direction regarding PAV service operations, and a Community Advisory Group scheduled to meet bi-annually will advise the Management Committee of client and carer views.

6.3. Contract Management of PAV Response Service

The Department of Health and Human Services regional personnel manage the contracts with the PAV Response Services and have various arrangements in place for liaison and management. The Seniors, Ageing and Aged Care Branch also convenes an annual meeting of PAV Response Services, the PAV service provider and Department of Health and Human Services Operations Divisions officers annually.

6.4. PAV Statewide Advisory Group

The PAV Statewide Advisory Group is established to provide advice on developmental work and service delivery in relation to PAV and the PAV Response Service. The Department of Health and Human Services Seniors, Ageing and Aged Care Branch chairs the Statewide Advisory Group. Membership comprises the PAV service provider, representatives of PAV designated assessment organisations, PAV Response Service providers, and Department of Health and Human Services program and Operations Divisions representatives.

The PAV Statewide Advisory Group meets quarterly.

6.5. Cross Regional Network Group meetings

The Cross Regional Network Group consists of representatives of assessment agencies, PAV Response Service providers and Department of Health and Human Service Operations Divisions staff and was established to provide a forum for discussion and sharing information to support all parties involved in PAV and the PAV Response Services.

7. Information privacy

7.1. Client privacy

The Department of Health and Human Services and the organisations it funds are both subject to a legislative privacy regime that governs the handling of personal and health information when delivering services.

Freedom of information

State government bodies and public bodies such as local governments should note that they are subject to the *Freedom of Information Act 1982* (FOI Act).

For more information, telephone 03 8684 0063 or visit the Victorian Government's Freedom of Information website at: www.foi.vic.gov.au/

7.2. Department of Health and Human Services compliance with privacy laws

Departmental staff who collect and handle any client information in connection with the PAV must comply with the Victorian privacy legislation. Staff should refer to the department's privacy policy at <https://dhhs.vic.gov.au/publications/privacy-policy> and contact their divisional privacy advisor with any specific queries.

7.3. Funded organisation compliance with privacy laws

Victorian privacy legislation

It is a standard term of all service agreements that organisations funded by the Victorian Government comply with the relevant Victorian privacy legislation in relation to activities being undertaken pursuant to the service agreement, even in circumstances where Victorian privacy legislation would not otherwise apply to the organisation.

Funded organisations should refer to the Department of Health and Human Services 'service agreement information kit' for an overview of their privacy requirements under the service agreement. The kit is available at <https://fac.dhhs.vic.gov.au/service-agreement-information-kit-0> and is updated on a regular basis to take into account changes in law and practice.

Commonwealth privacy legislation

Organisations to which the *Privacy Act 1988* (Cth) ordinarily applies, but which are funded by the Victorian Government to deliver PAV services, should individually assess whether they are required to comply with both the *Privacy Act 1988* (Cth) and the Victorian privacy legislation in relation to the funded activities. It appears likely that only the Victorian privacy legislation will apply in connection with those activities, noting the 'State contracts' exemption in section 7B(5) of the *Privacy Act 1988* (Cth) which states that activities performed by funded organisations in relation to a contract with a state government department are not subject to the provisions of that Act.

Organisations funded by the Commonwealth Government and not by the Victorian Government should consult with the relevant funding body regarding the need to comply with the *Privacy Act 1988* (Cth).

7.4. Transfer of client information — Service Coordination Tool Client Consent

The Service Coordination Tool Templates and Guidelines provide a framework to share client information within and between services. The Victorian privacy legislation allows health or personal information to be

used within a service or shared with another service without obtaining consent if the use or disclosure is for the primary purpose for which it was originally collected, or for an authorised secondary purpose.

Such circumstances include where the secondary purpose is directly related to the primary purpose and the use or disclosure would be reasonably expected by the person to whom the information relates.

As it may be difficult to assess whether a particular disclosure is both directly related and reasonably expected, the broad, general rule, and the safest course of action, is to seek client consent for secondary uses or disclosures. Services should also remember, however, that some circumstances may call for the use or disclosure of information without consent, and the Victorian privacy legislation specifically allows this in circumstances such as when there is a need to share the information in order to lessen or prevent a serious threat to an individual's life, health, safety or welfare.

The term 'consent' refers to the informed and voluntary agreement to a specific proposed action by a person, or, if they lack legal capacity, their authorised representative. The person must be informed about their options, including the right to refuse consent, or to withdraw, or vary consent once given. Consent may be written or verbal, express or implied. However, given the sensitive character of health information and the potentially serious consequences of misinterpreting an individual's intentions in relation to its proposed use or disclosure, it is strongly recommended that express consent always be sought and recorded.

To assist in avoiding misinterpretations, the Service Coordination Tool Client Consent to Share Information must always be completed as part of the PAV assessment process. This will assist with passing necessary information on between services, including between the PAV assessment organisations, the PAV service provider, PAV Response Service providers and other relevant support services the client may be referred to.

In circumstances where there personal or health information of a person other than the client is collected from the client, organisations should discuss with the client the fact that the information may need to be shared as part of PAV service coordination and ensure that the client makes the other person aware of this.

7.5. Transfer of client information — My Aged Care Consent

Organisations using My Aged Care and funded by the Commonwealth Government and not by the Victorian Government should consult with the relevant funding body regarding compliance with the relevant privacy legislation.

8. Complaints

The Australian Standard Customer Satisfaction – Guidelines for complaints handling in organisations (AS ISO10002:2006) defines a complaint as:

An expression of dissatisfaction made to an organisation, related to its services, or the complaint handling process itself, where a response or resolution is explicitly or implicitly expected.

Clients of government-funded services are entitled to have complaints investigated objectively and without fear of retribution. The right to complain is established in the statement of rights for PAV clients.

PAV assessment organisations, the PAV service provider, and PAV Response Services should ensure policies, procedures and processes are in place for the management and monitoring of complaints.

PAV assessment organisations are expected to have their own guidelines in relation to handling of complaints.

8.1. Handling complaints

Where appropriate, complaints should be dealt with in the first instance by the organisation providing the service.

Resolving complaints at the earliest opportunity in a way that respects and values the client's feedback can be one of the most important factors in ensuring an opportunity to recover the client's confidence about a service. It can also prevent further escalation of the complaint. A responsive, efficient, effective and fair complaint management system can assist a funded organisation to achieve this.

Organisations should therefore have a complaint management system that is easily accessible to all clients and should include a written policy document describing how a complaint will be handled. A complaint policy document that includes timeframes supports the provision of consistent and realistic expectations in the management of all complaints.

Where the outcome of a complaint investigation identifies an opportunity for improvement or correction to existing services, services should review their service delivery practices and provide feedback or recommendations, with a view to making improvements in the service.

In summary, an effective complaint policy should provide the means for the PAV service provider and PAV Response Services to:

- provide information to clients about how complaints are handled
- learn from their experience of complaints management
- review the way they do business
- respond to evolving client requirements and changes in management environments.

8.2. Department of Health and Human Services involvement in resolving complaints

The Department of Health and Human Services may be involved in the management and investigation of complaints raised by clients against the funded service or escalated by the funded organisation. An organisation may approach the department when the complaint matter cannot be resolved at the organisation level, or by clients who feel that they are unable to approach the organisation directly.

The Complaints unit is responsible for overseeing the management of complaints for the Department of Health and Human Services.

Clients or funded organisations can contact the Complaints unit by:

Lodging an eform: <https://dhhs.vic.gov.au/making-complaint>

Phone: 1300 884 706

Email: complaints.reception@dhhs.vic.gov.au

Post: Complaints Unit

GPO Box 4057

Melbourne Victoria 3001

8.3. Use of advocates in the complaint process

Advocacy can play a critical role in assisting clients to pursue and seek resolution of complaints. The PAV 'Client rights and responsibilities' statement indicates that clients 'have the right to involve an advocate of their choice'. The role of the advocate is not to mediate between client and organisation or to arbitrate in a dispute, but to speak and act on behalf of the client.

8.4. Other resources and organisations

Other organisations which may assist in resolving complaints or providing advice are as follows. Please consult the white pages telephone directory or directory assistance for up-to-date phone numbers.

Health Complaints Commissioner

The Health Services Commissioner resolves complaints about healthcare and the handling of health information in Victoria and also investigates matters and reviews complaints data to help health service providers improve the quality of their service.

Victorian Ombudsman

The Victorian Ombudsman deals with complaints about state and local government authorities, most statutory bodies and private organisations contracted to perform functions for government agencies.

Victorian Equal Opportunity and Human Rights Commission

The Victorian Equal Opportunity and Human Rights Commission deals with complaints concerning sexual harassment, vilification, victimisation and discrimination on the grounds of disability, sex, race, age, industrial and employment activity, gender identity, lawful sexual activity and sexual orientation, marital, parental or carer status, political or religious beliefs, personal association, physical features or pregnancy and breastfeeding. The Commission will assist people to prepare statements and lodge a complaint. The Commission will then conciliate between parties to reach resolution of the complaint.

Office of the Public Advocate

The Office of the Public Advocate promotes and safeguards the rights and interests of people with a disability. The office is a statutory organisation, independent of government and has the power to investigate and take action in situations where people are exploited, neglected or abused. Individual advocacy can also be provided for people with a disability who are being abused or neglected, and where no other advocacy is available. Independent guardians can be provided for people with a disability when the Guardianship and Administration Board make orders.

Regulatory industry boards

These are organisations that regulate the conduct of particular professions. They also deal with complaints against professionals. Regulatory organisations include those such as the Medical or Nurses Board of Victoria.

9. Incident reporting

Organisations funded by the department are responsible for the safety of their clients, and for managing risks that may affect service delivery. These responsibilities include notifying the department of incidents occurring 'during service delivery' in accordance with the *Incident reporting instruction* (May 2013).

Assessment agencies, if also funded by the Aged Care Branch's Home and Community Care Program for Younger People (HACC PYP) are required to report Category One incidents. Category One incidents are the most serious, and such incidents occurring on site or during service delivery must be reported within one working day to the relevant department regional office.

A Category One incident is an incident that has resulted in a catastrophic outcome, such as death or severe trauma. Events that have the potential to involve the relevant minister, or high levels of public or legal scrutiny are also category one incidents.

For factors that need to be considered in determining whether an incident is reportable and the reporting process, it is essential that staff of funded organisations familiarise themselves with the *Incident reporting instruction*. Staff should also familiarise themselves with the processes their organisation has in place for incident reporting.

The *Incident reporting instruction* and 'Incident report' form are located at:

<http://www.dhs.vic.gov.au/funded-agency-channel/about-service-agreements/incident-reporting/health>

For help and assistance, funded organisation should always seek advice from their regional office contacts (detailed in the *Incident reporting instruction*).

10. PAV program data collection

10.1 PAV service provider reporting

Data collected will enable the Department of Health and Human Services to monitor service delivery by the PAV provider and report to the department's executive and the Department of Treasury and Finance. It will highlight unmet demand for the program and provide crucial data for evidence-based strategic policy and planning purposes. The data collected will also assist the PAV service provider in the provision of high quality services and management processes.

The data includes both client characteristics data and service provision data and has been designed to meet Department of Health and Human Services standards (Please note that PAV Response Service providers still report via the HACC MDS.)

The service provider is required to report quarterly and annually on PAV. Annual reports are required with fourth quarter reporting.

Quarter's for which reporting is required are:

1st quarter — July, August and September

2nd quarter — October, November and December

3rd quarter — January, February, March

4th quarter — April, May, June.

PAV data is submitted to the PAV Program Manager, Wellbeing and Community Support and within seven working days after the end of the reporting quarter.

10.2 PAV Response Services reporting

Refer to the PAV Response Service Guidelines for reporting requirements

<https://www2.health.vic.gov.au/ageing-and-aged-care/supporting-independent-living/personal-alert-victoria/pav-response-services>.

Appendix 1: PAV assessment record

Download as an interactive word document or a PDF from <https://www2.health.vic.gov.au/ageing-and-aged-care/supporting-independent-living/personal-alert-victoria/pav-assessment-eligibility>

PAV Assessment

To be used by assessment officers from PAV designated organisations to assess, determine and record the eligibility of applicants for the PAV Service

<p>Consumer</p> <p>Name:</p> <p>Date of Birth: dd/mm/yyyy / /</p> <p>Sex:</p> <p>UR Number:</p> <p style="text-align: center;">or affix label here</p>

Part B

Criterion 1: The applicant has experienced at least one fall that has required medical attention in the last six months or is at risk of falls?

Yes No Has the applicant had a fall inside/outside the home in the last 6 months?

If yes did the fall result in:

- Yes No Hospitalisation of the applicant?
- Yes No General practitioner involvement or emergency department presentation?
- Yes No Assistance from other people to assist the applicant to stand?
- Yes No Is the applicant at risk of falls?

Note: If 'Yes' to any of the above then you may wish to consider a referral to a falls & balance clinic or similar, home maintenance services or vision assessment services to decrease the risk of falls.

Criterion 2: The applicant suffers from a major medical or chronic condition that puts them at risk of medical emergencies, or that has some ongoing effect on their health or wellbeing

Has the applicant experienced any of the following medical or chronic conditions that required hospital admission in the previous six months or puts them at risk of a serious medical event?

- | | |
|---|--|
| <p>Respiratory condition:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Emphysema</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Asthma requiring continuous medication and affecting function</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Chronic obstructive pulmonary disease</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Neurological condition causing significant impairment to sensory or motor function (provide notes below)</p> <p>Cardiac condition:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Heart attack or angina attack</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Heart failure</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Syncope (fainting)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Blackouts</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Postural hypotension</p> | <p>Chronic condition</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Parkinson's disease (advanced)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes where function is severely affected</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Arthritis where function is severely affected</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Renal failure</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Stroke</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Other condition that required hospitalisation in the last six months that has affected function or puts the person at risk of a serious medical event (provide notes below)</p> <p>Disability</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant have a disability that stops them from physically getting to or using the phone, or puts them at risk of falls?</p> |
|---|--|

Criterion 3: The applicant is taking six or more different medications on a permanent basis that are prescribed by a medical practitioner.

Yes No Does the applicant take six or more different medications on a permanent basis that are prescribed by a medical practitioner?

If the applicant meets all criteria in Part A and two of the three criteria in Part B then the applicant is eligible for PAV.

<p>Assessment notes (describe other specific medical, chronic, neurological, or other conditions/include conditions that may affect the client meeting any of the above criteria)</p>
--

Personal Alert Victoria Assessment

Produced by the Victorian Department of Health and Human Services, 2018

This information collected by:		PAV Assessment Page 2 of 4
Name:	Position/Agency:	
Sign:	Date: dd/mm/yyyy / /	Contact number:

PAV Assessment

To be used by assessment officers from PAV designated organisations to assess, determine and record the eligibility of applicants for the PAV Service

Consumer

Name: _____

Date of Birth: dd/mm/yyyy / /

Sex: _____

UR Number: _____

or affix label here

Technical Information (include all technical information if client is connected to a standard telephone service)

- Yes No Is there more than one telephone socket in the house?
- Yes No Is there a power point within 1 metre of the originating phone socket?
- Yes No Is this power point on the same wall as the telephone socket?
- Yes No Can this power point be used exclusively for the PAV unit?
- Yes No Is the telephone able to dial in and out?
- Yes No Are there any other services connected to the telephone line, for example facsimile, home alarm or Internet?

(only include the following if the applicant is connected to the National Broadband Network or does not have a home telephone service)

- Yes No Is there a regular and reliable electricity source to continuously power the PAV unit?
- Yes No Is there Mobile network coverage in the residence?
- Yes No Are there any personal considerations that could affect the installation of a personal alarm, for example, is the applicant deaf, hearing impaired or does the applicant have complex communication needs?

Assessment notes (describe any specific communication issues that may necessitate the need for modified equipment)

Nominated Contact Information

Note: These may be the same as those gained under Consumer Information. However, PAV nominated contacts must:

- Be able to attend to the client promptly; and
- Agree to participate as a contact and sign the consent form.

Person 1 Name: _____
Contact address: _____

Phone numbers
Home: _____
Work: _____
Mobile: _____
Relationship to client: _____

Person 2 Name: _____
Contact address: _____

Phone numbers
Home: _____
Work: _____
Mobile: _____
Relationship to client: _____

Person 3 Name: _____
Contact address: _____

Phone numbers
Home: _____
Work: _____
Mobile: _____
Relationship to client: _____

Person 4 Name: _____
Contact address: _____

Phone numbers
Home: _____
Work: _____
Mobile: _____
Relationship to client: _____

Produced by the Victorian Department of Health and Human Services, 2018

This information collected by:

Name: _____

Position/Agency: _____

Sign: _____

Date: dd/mm/yyyy / /

Contact number: _____

PAV Assessment Page 3 of 4

PAV Assessment

To be used by assessment officers from PAV designated organisations to assess, determine and record the eligibility of applicants for the PAV Service

Consumer
Name: _____
Date of Birth: dd/mm/yyyy / /
Sex: _____
UR Number: _____
or affix label here

Personal Alert Victoria (PAV) Response Service

- No Yes Is a referral to the PAV Response Service required?
- If yes:
- Yes Does the applicant understand that they will need to give a copy of their house keys to the PAV Response Service?
- Yes Does the applicant understand that the PAV Response Service will put the keys in a securely locked safe on the applicant's property?

Personal Alert Victoria (PAV) Consent for Service

Record of Applicant Consent

This applies to the applicant stated on this form ONLY. The assessor completes this section on behalf of the applicant. If the software allows, the applicant signs the form. If not, a hard copy of this consent page must be kept by the assessing organisation.

Name of applicant: _____

Address: _____

- I have been provided with information about the PAV program including the PAV information booklet.

I agree to:

- Wear and use the PAV pendant at all times
- Participate in daily monitoring
- Look after the PAV equipment
- Undertake a reassessment if my circumstances change
- Return the unit if no longer required, e.g. if I move into residential care or a supported living situation
- I understand that if there are any changes to my living arrangements or health, a reassessment may lead to recommended additional services or may result in cancellation of this service?

Applicant signature: _____ Date: / /

(If software allows)

- The applicant agrees to all the requirements and a signed hard copy of the consent has been collected by the assessment organisation.

Personal Alert Victoria Assessment

Assessment organisation details

Date of assessment: / / Assessor Name: _____

Assessing organisation: _____

Phone: _____ Fax: _____ Email: _____

Assessment undertaken on behalf of: _____

Signature: _____

Produced by the Victorian Department of Health and Human Services, 2018

This information collected by: _____ PAV Assessment Page 4 of 4

Name: _____ Position/Agency: _____
Sign: _____ Date: dd/mm/yyyy / / Contact number: _____

Appendix 2: PAV assessment guidelines

These guidelines should be read in conjunction with undertaking the online electronic training package for officers involved in assessing people for PAV <http://elearning.health.vic.gov.au/pav/>.

Key features

PAV eligibility criteria targets people with the highest need for Personal Alert Victoria.

Under each criterion the assessor is required to ask the applicant some questions. Under some criteria the assessor is required to observe applicant behaviour. Both approaches inform the assessment and assist assessors decide if applicants meet the criteria and are eligible for PAV. Assessors may also need to revisit criteria and eligibility following the outcomes of referrals for other services for example, occupational therapy home assessment and/or modification, vision assessment, GP medication review.

Not everyone assessed will meet the eligibility criteria; however, for those who do, it is important they are the people most in need of the service.

Applicants are either deemed 'ELIGIBLE' or 'INELIGIBLE' for PAV by the assessor. Only ELIGIBLE assessments are referred to the PAV service provider.

'Consent for service' at the back of the assessment record may be completed by the assessor, but must be signed by the client or the client's representative.

The identifier box on the top right of each page of the PAV assessment record must be filled in. The identifier box links the PAV Assessment Record with relevant SCTT forms. This ensures that data is not lost if pages become separated.

Eligible clients are added to the waiting list in date order that the PAV service provider receives the referral. The only exception is eligible clients aged 100 years and over. They are placed on the top of the waiting list in date order of referral.

Criteria, rationale and guidelines

Eligibility criteria

Applicants need to meet all THREE criteria under Part A and TWO out of THREE criteria in Part B to be eligible for PAV.

PART A

Criterion 1 The applicant agrees to daily monitoring.

Rationale The PAV service offers emergency response and daily monitoring. Daily monitoring is not new; it has been a mandatory component of the PAV service since 2003. Daily monitoring is an important part of the service because it provides a check of the client's wellbeing. Missing a daily call may signal that a client is in need of assistance. Someone may be unwell, and for some reason has not pressed the pendant signalling for assistance.

If the client does not make their daily call the service provider attempts to contact the client. If there is no answer, the service provider telephones the client's nominated contacts to ask them to check on the client.

If someone has consistently made their daily call and then starts to forget, or presses many times a day, this may indicate changes in their cognition, or the onset of a medical condition, and may signal the need for reassessment. An inappropriately used PAV unit may give false comfort to family members who believe their loved one is safe and able to remain living at home, when in fact they are not able to use PAV to summon assistance if they need it.

Daily monitoring also checks the equipment is working properly, which can increase confidence in the service.

PAV assessment record questions

Considerations for assessors

Criterion 1: The following questions help determine if the applicant meets criterion 1.

- Does the client need daily monitoring?

Need for daily monitoring is a combination of a person's level of isolation (criterion 3) and history of falls, risk of falls and/or medical emergencies, and number of prescribed medications taken (Part B). The assessor uses information gathered at assessment and their judgement to determine if the person requires daily monitoring. Someone may agree to daily monitoring (and meet Criterion 1), but if their health profile does not put them at risk of falls or medical emergencies and if they are not isolated (determined through Criterion 3 and Part B) then they do not require daily monitoring and do not meet the requirements of PAV. Applicants must need both daily monitoring and emergency response.

Consider existing services already in place for the applicant, as well as active support provided by family and friends. Ask yourself if the applicant really needs PAV in addition to these services and informal supports.

Consider whether the client's daily monitoring needs are met adequately on completion of assessment, including criterion 3 and Part B.

-
- Does the applicant understand what daily monitoring is?

Applicants must understand that PAV has two elements:

- daily monitoring and
- emergency response.

Daily monitoring is mandatory and checks the welfare of the client.

Applicants and assessors must understand that consent to daily monitoring is mandatory. If applicants (or families) do not want daily monitoring, assessors must advise them the PAV program is not appropriate for their needs. Assessors are encouraged to direct applicants (or families) to the Yellow Pages – listing under 'Alert' – for information about private alarm services, or refer to *Alternatives to PAV* at <https://www2.health.vic.gov.au/ageing-and-aged-care/supporting-independent-living/personal-alert-victoria/alternatives-to-pav>

-
- Does the applicant understand their responsibility to push the daily call button each day and agree to do this?

Clients must push the daily call button on the alarm unit once a day between the hours of 6.00 am – 11.00 am.

Criterion 2 The applicant is capable of using and willing to wear the PAV pendant at all times.

Rationale For PAV to be effective, clients must always wear the pendant. If someone collapses they can alert the service provider from their position by pressing the pendant. If they are not wearing it they will have to struggle to locate the pendant or even to remember where it is. People with high medical and support needs value the security the pendant gives them to remain living in their homes.

The PAV pendant works within, on average, a 50-metre radius of the receiver unit. Therefore, PAV is not appropriate for people who are active and engaged in community activities that frequently take them outside their home. PAV is targeted to people with high health and support needs living alone or with someone who is unable to assist and use the telephone in an emergency.

PAV assessment record questions**Considerations for assessors**

Criterion 2: the following questions help determine if the applicant meets criteria

-
- | | |
|--|---|
| <ul style="list-style-type: none">• Does the applicant understand the PAV service includes emergency response? | When the emergency button on the pendant is pressed the service provider attempts to contact the client. Depending on the client's needs, the service provider will either provide assistance over the telephone, ask a nominated contact to check on the client or call emergency services. |
| <ul style="list-style-type: none">• Is the applicant willing to wear the PAV pendant at all times? | The pendant must be worn 24 hours a day. In an emergency the client may not have time to locate the pendant if it is not worn. Pendants are water resistant and can be worn while showering – where many falls occur. Wearing the pendant facilitates prompt signalling for help and prompt response by the service provider. |

The next three questions rely on assessor observation to determine if the applicant is cognitively able to effectively participate in PAV.

- | | |
|---|--|
| <ul style="list-style-type: none">• Does the applicant have any memory problems or get confused?• Does the applicant have behavioural problems, for example aggression, wandering or agitation?• Does the applicant have a known diagnosis of | To use PAV effectively people need a sufficient level of cognition to remember daily monitoring and to wear and use the pendant if required. |
|---|--|
-

dementia?

Using information gathered in the three questions above:

- Do you (the assessor) believe that this applicant has the cognitive ability to participate effectively in PAV?

Assessor observations assist determining whether the applicant has the ability to participate in PAV. Memory problems, confusion, aggression, wandering and/or agitation are indicators of dementia. If the assessor observes these behaviours a referral to Cognitive Dementia and Memory Service (CDAMS) may be a consideration.

Criterion 3 The applicant lives alone OR is alone for most of the day or evening OR lives with a person who would be unable to get to the phone in an emergency or is unable to use the phone.

Rationale PAV is targeted to those older, frail people and people with disabilities who are housebound and live alone or with a person who would be unable to get to the phone in an emergency. PAV can provide good support for people at risk of falls or medical emergencies who are isolated. The PAV pendant works within a 50 metre radius of the receiver unit and is therefore not appropriate or effective for older people who are active outside their home environments.

PAV Assessment Record Questions

Considerations for assessors

Criterion 3: the following questions help determine if the applicant meets criteria

-
- Does the applicant live alone?
 - Is the applicant alone for most of the day or evening, and at risk of a medical emergency?
 - Does the applicant live with a person who would be unable to get to the telephone in an emergency or is unable to use the phone

Isolation/living alone itself is not a reason for PAV, but isolation/living alone plus the person being at risk of falls or medical emergencies is. People with high needs living alone are more at risk of experiencing an undetected critical event.

Isolation itself is not a reason to recommend PAV. If someone is lonely, social support through community groups, visitor schemes, or local activity groups is recommended.

If the applicant lives with someone who can monitor their daily welfare, consider how much time they are on their own, including overnight and for periods of 24 hours or more, with their

risk of falls/medical emergencies.

The applicant may only need an emergency response service and not PAV which provides daily monitoring and emergency response.

The assessors' judgement is very important in this criterion. For example, if someone lives alone and has very high needs and, because of these needs, receives a daily nursing visit, they should not necessarily be excluded from PAV. Essentially, PAV enables people with high needs to remain living at home. It is not for people with low needs who have regular contact with others.

Consider also who the applicant lives with and whether that person can provide assistance in an emergency. Is the person they live with able to hear them if they are needed? Can the person they live with make an emergency call for them?

If the applicant is not eligible for PAV assessors are encouraged to discuss other options, such as those suggested at *Alternatives to PAV* at <https://www2.health.vic.gov.au/ageing-and-aged-care/supporting-independent-living/personal-alert-victoria/alternatives-to-pav>

PART B

Criterion 1 The applicant has experienced at least one fall that required medical attention in the previous six months, or is at risk of falls.

Rationale Research indicates that people who have had a recent fall requiring medical attention are at a higher risk of future falls.

PAV assessment record questions

Considerations for assessors

Criterion 1: the following questions help determine if the applicant meets criteria

Has the applicant had a fall inside or outside the home in the last six months?

If yes, did the fall result in:

- Hospitalisation of the applicant?
 - General practitioner involvement or emergency department presentation?
-

Hospitalisation or medical assistance may indicate the severity of the fall.

Requiring assistance to get up from a fall may indicate an unsteady gait and weak musculature. Does the person appear unsteady in walking or turning?

Has the person been informed about how to get up from a fall, or had practice under supervision to rise from the floor? See pages 24–27 of the resource *Don't fall for it* at

-
- Assistance from other people to assist the applicant to stand?

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-injury-publications.htm>.

Using information gathered in the three questions above:

- Is the applicant (in the assessor's view) at risk of falls?
 - Can the environment be modified?
 - Does the applicant need aids or referral for further assessment?

It is important to ascertain the reason the person fell? Was the trigger for the fall modifiable or unmodifiable? If the fall was caused by a modifiable risk, has something been done to rectify this, for example, referral for an occupational therapist assessment for home assessment and/or modification?

Did the applicant trip on an object that they were unaware of and are they unlikely to fall again? Has the hazard been removed or tidied away? Environmental hazards include stairs, rugs, slippery floors, poor lighting inside or outside the home, broken pathways or uneven steps.

Did the applicant fall because they have an unsteady gait that is not easily modified and may result in subsequent falls and make it difficult for them to get to the telephone in an emergency?

Do they use a walking frame or aid? If so, is it an appropriate aid and is it in good condition (including stoppers), and is it being used appropriately?

Has the applicant been referred to a falls and balance clinic or general practitioner for further follow-up?

Did the applicant fall because of poor eyesight, even with prescription glasses? Does the applicant have glaucoma, cataracts or macular degeneration?

Has the applicant's vision been assessed in the past two to three years?

Does the applicant have prescription glasses and are they wearing them?

Consider whether a vision assessment is required.

You may need to revisit this assessment after a referral has been made and the outcome is known.

Criterion 2 The applicant suffers from a major medical or chronic condition that puts them at risk of medical emergencies, or that has some ongoing effect on their health and wellbeing

Rationale Diseases and conditions stated on the assessment record may increase the risk of falls, may limit the person's ability to function, or may increase the risk of a critical event.

PAV assessment record questions

Considerations for assessors

Criterion 2: the following questions help determine if the applicant meets criteria

Has the applicant experienced any of the following medical or chronic conditions that required hospital admission in the previous six months or puts them at risk of a serious medical event?

Respiratory condition:

- emphysema
- asthma requiring continuous medication and affecting function
- chronic obstructive pulmonary disease.

Neurological conditions causing significant impairment to sensory or motor function.

Cardiac condition:

- heart attack or angina attack
- heart failure
- syncope (fainting)
- blackouts
- postural hypotension

Chronic condition:

- Parkinson's disease (advanced)
-

The medical conditions specified have been identified by experts as risk factors for falls and medical emergencies. However, it is the severity of the condition that contributes to risk. If an applicant has controlled diabetes or mild asthma, then they do not have an elevated risk of falls or an ongoing impact on their ability to function, or increased risk of a critical event.

Fainting, or syncope, refers to a sudden and temporary loss of consciousness, usually because of a lack of oxygen in the brain from diminished circulation.

Blackout refers to temporary loss of vision and momentary unconsciousness due to diminished circulation to the brain and retina. The term can also refer to other forms of temporary loss of consciousness and to fainting.

-
- diabetes where function is severely affected
 - arthritis where function is severely affected
 - renal failure
 - stroke.

Other condition that required hospitalisation in the last six months that has affected function or puts the person at risk of a serious medical event?

The condition must be specified to enable the assessor to decide on the condition and whether it elevates the risk of falls or medical emergencies, or whether the condition was an isolated event from which the person will recover from.

Disability:

- Is the person with a disability on the National Disability Insurance Scheme
- Does the person have a disability that stops them from physically getting to or using the phone, or puts them at risk of falls?

If a person on the National Disability Insurance Scheme needs a service like PAV they should purchase a personal alarm call service of their choice through the NDIS. They are not eligible for PAV.

PAV may benefit people with disabilities who are housebound, at risk of falls or medical emergencies and who live alone. PAV is not appropriate for people with disabilities who are actively engaged in activities outside their living environments. This is because the pendant works within a 50 metre radius from the receiver unit. A mobile phone may be more appropriate in this situation.

Criterion 3 The applicant is taking six or more different medications on a permanent basis that are prescribed by a medical practitioner.

Rationale People taking a large number of medications are at higher risk of falls. It is not the medication itself that places a person at risk of falls, but rather the effect of taking six or more different prescribed medications, and their interactions.

Multiple medications also are an indicator the person has multiple ongoing conditions.

PAV assessment record questions

Considerations for assessors

Criterion 3: the following questions help determine if the applicant meets criteria

Does the applicant take six or more different medications on a permanent basis that are prescribed by a medical practitioner?

Do not count over the counter (non-prescription) medications.

An applicant taking three tablets of two different types of medication twice a day has not met this criterion.

An applicant taking five prescribed medications and one herbal remedy has not met this criterion.

Vitamins and herbal supplements are not prescription medications.

Interactive effects of taking multiple medications may require a referral for medication review.

A medical practitioner may be a doctor, dentist, surgeon et cetera.

Technical Information

The PAV service can be provided on the standard telephone network, or on the mobile telephone network.

Determine if the client has:

1. a standard telephone service, or
2. if they are in an area where the National Broadband Network is being rolled out, or they do not have a standard telephone service.

If the applicant lives in an area of Victoria where the National Broadband Network has been built, or the copper telephone line network is scheduled to be disconnected, or they do not have a standard telephone service, the applicant will be allocated a PAV alarm unit that uses the mobile telephone network.

The following applies if the applicant has a standard home telephone

PAV Assessment Record Questions	Considerations for assessors
Is there more than one telephone socket in the house? Is there a power point within one metre of the originating telephone socket? Is this power point on the same wall as the telephone socket?	This information gained prior to installation of the units is helpful to the service provider.
Can this power point be used exclusively for the PAV unit? Is there a regular and reliable electricity source to continuously power the PAV unit?	Having a power point exclusively for the PAV unit means that the unit will not be inadvertently disconnected for any reason. Having the power point on the same wall will eliminate the need for an extension cord – which can be a tripping hazard.
Is the standard telephone service able to dial in and out?	Assessors need to check that the phone has the capacity to dial in and out. Both are necessary for the daily and emergency calls.
Are there any other services connected to the telephone line, for example facsimile, home alarm, internet or message bank? Are there any personal considerations that could affect the installation of a personal alarm, for example, is the applicant deaf, hearing impaired or does the applicant have complex communication needs?	Other services connected to the telephone line may indicate the need for technological modifications. It is helpful for the service provider to have prior knowledge of potential modifications before installation

The following applies if the applicant is in a National Broadband Network area, or if they do not have a standard telephone service.

PAV assessment record questions

Considerations for assessors

Is there a regular and reliable electricity source to continuously power the PAV unit?

The PAV unit requires a power point exclusively for the PAV unit. This means that the unit will not be inadvertently disconnected for any reason.

Are there any personal considerations that could affect the installation of a personal alarm, for example, is the applicant deaf, hearing impaired or does the applicant have complex communication needs?

Is there Mobile network coverage in the residence?

The applicant will get a PAV unit that works on the mobile telephone network. PAV equipment that uses the mobile telephone network cannot be used as a general telephone service. It is for PAV daily monitoring and responding to emergencies only.

Does the applicant have an NBN telephone service or a mobile telephone?

An applicant must have a telephone service (NBN telephone/ mobile telephone) so that they are able to be contacted by the PAV service provider if they miss making their daily call.

If an eligible applicant wants a National Broadband Network telephone and/or internet service in the future it cannot be connected to the PAV alarm unit.

The personal alarm will be connected if an eligible applicant does not have a telephone service, or is in a National Broadband Network build area. Make a note on the PAV assessment record in the technical information section. For example,

1. does not have a home telephone and their mobile number is ...
2. is connected to the National Broadband Network and their home/mobile number is ...
3. is in an NBN build area and their home/mobile telephone number is ...

The following technical information on the PAV Assessment Record needs to be completed

Technical information

(only include the following if the applicant is connected to the National Broadband Network or does not have a home telephone service)

Yes No

Is there a regular and reliable electricity source to continuously power the PAV unit?

Yes No

Is there Mobile network coverage in the residence?

Yes No

Are there any personal considerations that could affect the installation of a personal alarm, for example, is the applicant deaf, hearing impaired or does the applicant have complex communication needs?

Assessment notes

(describe any specific communication issues that may necessitate the need for modified equipment)

E.g. Applicant does not have, or intend to get a home telephone service. Their mobile number is 0425 720 538.

Contact information

Client's nominated contacts for PAV

Clients are required to nominate two and up to four contacts. Nominated contacts must be available to assist promptly within about 30 minutes from being asked by the service provider, or in rural locations within a reasonable time. Nominated contacts must have a key to the client's home.

Assessment officers should assist the client to identify suitable nominated contacts before referring to the PAV Response Service.

At the back of the Personal Alert Victoria Information for Nominated Contacts booklet, there are four pamphlets for nominated contacts. Assessors need to instruct eligible clients to give a pamphlet to each of their nominated contacts. The pamphlet explains the role, rights and responsibilities of nominated contacts and includes a form that nominated contacts are required to complete and send to the service provider. Explain to the client they need to provide spare keys for their nominated contacts and the PAV Response Service, if relevant.

People without suitable contacts may be referred to the PAV Response Service. The PAV Response Service can only be a first or second contact.

PAV Response Service

Assessors need to explain to applicants that there is a separate registration process for the PAV Response Service including a home visit. During the home visit the PAV Response Service provider introduces themselves, an assessment of safety and access is undertaken and a key safe is placed in a suitable location. A confidential key safe pin is established. Explain to the client that they need to provide the Response Service with a key for the key safe. The key safe pin number is confidential and cannot be shared with other health and community services, or with the client and their families. This arrangement protects the client's privacy as well as ensures access to the client's home by the PAV Response Service provider in an emergency.

Personal Alert Victoria Consent for Service

The Record of Applicant Consent must be signed by the client. This acknowledges that the client understands their responsibilities as service recipients.

If an electronic template is being used then a hard copy of the consent must be retained by the organisation.

Assessment organisation details

Details provided must also identify the PAV designated assessment organisation type by name (for example, Stewart Cowen CRC) as well as all other contact details required on the PAV assessment record. Information assists the PAV service provider with assessment follow up, agency notifications and assessing validity of the referral organisation.

Appendix 3: Service Coordination Tool

Templates required with the PAV Assessment Record

Consumer information

Purpose: to collect common demographic and other essential consumer information that can be shared with another agency.

<p>Consumer</p> <p>Name: _____</p> <p>Date of Birth: dd/mm/yyyy / /</p> <p>Sex: _____</p> <p>UR Number: _____</p> <p style="text-align: center;">or affix label here</p>

Consumer details

Family name: _____	
Given names: _____	
Preferred names: _____	
Date of birth: dd/mm/yyyy / /	
Is the date of birth estimated?	Code: <input type="checkbox"/>
Gender: _____	Code: <input type="checkbox"/> Title: _____
Home address	

Post code: _____	
Postal address (if different from above):	

Post code: _____	
Contact phone numbers (tick preferred number)	
Can leave message?	
<input type="checkbox"/> Home: ()	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Work: ()	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Mobile:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a carer or care recipient?	Code: <input type="checkbox"/>

Employment/student status	Code: <input type="checkbox"/>
Comments:	

Country of birth: _____	Code: <input type="checkbox"/>
Indigenous status: _____	Code: <input type="checkbox"/>
<i>Are you of Aboriginal and/or a Torres Strait Islander origin?</i> _____	
Refugee status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not stated/unknown	
If yes, year of arrival: _____	
Need for interpreter services: _____	Code: <input type="checkbox"/>
Preferred language: _____	Code: <input type="checkbox"/>
Communication method: _____	Code: <input type="checkbox"/>

General Practitioner (GP)	
GP name: _____	
Practice name: _____	
Address: _____	
Phone: _____	
Fax: _____	

Who the agency can contact if necessary

<i>(for example: carer, parent, next of kin, guardian, friend, emergency contact, case manager, support worker)</i>	
Contact 1 Name: _____	
Address _____	
Post code: _____	
Phone numbers	
Home: _____	
Work: _____	
Mobile: _____	
Relationship to consumer: _____	Code: <input type="checkbox"/>
Contact 2 Name: _____	
Address _____	
Post code: _____	
Phone numbers	
Home: _____	
Work: _____	
Mobile: _____	
Relationship to Consumer: _____	Code: <input type="checkbox"/>
Government pension/benefit status: _____	
Code: <input type="checkbox"/>	
If on a disability support pension	
nature of disability: _____	
Code: <input type="checkbox"/>	
Health care card holder status: _____	
Code: <input type="checkbox"/>	
Card number: _____	
Medicare card & status: _____	
Code: <input type="checkbox"/>	
Card number: _____	
Health insurance status: _____	
Code: <input type="checkbox"/>	
Insurer name: _____	
Card number: _____	
DVA card entitlement: _____	
Code: <input type="checkbox"/>	
DVA card type: _____	
Code: <input type="checkbox"/>	
DVA card number: _____	
Compensable funding source: _____	
Code: <input type="checkbox"/>	
Comments	

Consumer information

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This information collected by:		CI pg 1 of 1
Name: _____	Position/Agency: _____	
Sign: _____	Date: dd/mm/yyyy / /	Contact number: _____

Referral cover sheet and acknowledgement

Purpose: to send with a referral or to acknowledge receipt of a referral.

<p>Consumer</p> <p>Name: _____</p> <p>Date of Birth: dd/mm/yyyy / /</p> <p>Sex: _____</p> <p>UR Number: _____</p> <p style="text-align: center;">or affix label here</p>

Date: dd/mm/yyyy / /

Referral

To send a referral complete this section		
From	Name:	Position:
	Organisation:	Phone:
	Email:	Fax:
	Role with consumer:	
To	Name:	Position:
	Organisation:	Phone:
	Email:	Fax:
Referral for type of service/service requested:		
Priority: <input type="checkbox"/> urgent (list reason in notes) <input type="checkbox"/> non-urgent		
SCTT attached:		Other documents attached:
<input type="checkbox"/> consumer information <input type="checkbox"/> summary and referral information <input type="checkbox"/> other (list)		<input type="checkbox"/> assessment information/report <input type="checkbox"/> care plan <input type="checkbox"/> other (list)
Notes:		

Referral cover sheet and acknowledgement

Acknowledgment

<input type="checkbox"/> To acknowledge a referral you have received, complete this section		
From	Name:	Position:
	Organisation:	Phone:
	Email:	Fax:
To	Name:	Position:
	Organisation:	Phone:
	Email:	Fax:
Date referral received: dd/mm/yyyy / /		
Status of referral: <input type="checkbox"/> accepted <input type="checkbox"/> wait listed <input type="checkbox"/> rejected (note reason and suggest alternatives)		
Estimated date of assessment: dd/mm/yyyy / /		
Contact person for further information: <input type="checkbox"/> as above (from details) <input type="checkbox"/> new contact (provide in notes)		
Notes:		

Practitioner signature: _____	Total number of pages sent: ____
Position: _____	
Contact (phone/email): _____	

Summary and referral information

Purpose: to record and share a summary of the consumer's presenting and identified issues and other information to assist in a referral.

<p>Consumer</p> <p>Name: _____</p> <p>Date of Birth: dd/mm/yyyy / /</p> <p>Sex: _____</p> <p>UR Number: _____</p> <p style="text-align: right;">or affix label here</p>
--

<p>Presenting issue(s) as identified by the consumer or their representative:</p> <hr/> <p>Information provided by: _____</p>

<p>Reason for referral as identified by service provider:</p>
--

Description of presenting and underlying identified issues

<p>Presenting and underlying issues:</p> <p>Significant history (<i>medical, medication issues, developmental, functional/daily living skills, social, emotional, trauma - including abuse or neglect, etc.</i>):</p> <p>Other:</p> <p>Social, spiritual and diversity considerations (<i>Including cultural practices, beliefs, traditions important to the consumer</i>):</p> 	Summary and referral information
--	----------------------------------

<p>Court and statutory orders:</p> <p>Mental health orders _____ Code: <input type="checkbox"/></p> <p>Orders relating to children _____ Code: <input type="checkbox"/></p> <p>Intervention orders _____ Code: <input type="checkbox"/></p> <p>Guardianship and administration orders _____ Code: <input type="checkbox"/></p> <p>Other type of court or statutory order (please specify): _____</p>

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This information collected by:	
Name: _____	Position/Agency: _____
Sign: _____	Date: dd/mm/yyyy / / Contact number: _____

Summary and referral information

Purpose: to record and share a summary of the consumer's presenting and identified issues and other information to assist in a referral.

Consumer	
Name:	
Date of Birth: dd/mm/yyyy / /	
Sex:	
UR Number:	
or affix label here	

Alerts

Allergies:	
Risks: (attach any available risk assessments)	Code: <input type="checkbox"/>
Risk management strategies:	
There are concerns that the consumer is not capable of making their own decisions	Code: <input type="checkbox"/>
Enduring powers of attorney are in place	Code: <input type="checkbox"/>
Access to the referred service has been discussed with the consumer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Barriers to Service: _____	
Support required to address barrier to service: _____	

Current services

Services used in the last twelve months. Consider all health and community services.

Agency	Service type Code:	Record contact details or other information as appropriate (eg key contact)

Summary and referral information

Referrals sent

Agency	Service type Code:	Contact details	Purpose of referral	Feedback required

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This information collected by:		SRI Page 2 of 2
Name:	Position/Agency:	
Sign:	Date: dd/mm/yyyy / /	Contact number:

Accommodation and safety arrangements

Purpose: to screen for consumer's accommodation risk of homelessness and their safety needs, including family violence and personal emergency planning.

Consumer
 Name:
 Date of Birth: dd/mm/yyyy / /
 Sex:
 UR Number:
 or affix label here

Accommodation

Accommodation Code:

Comments on accommodation:

Is the consumer **homeless** (nowhere to stay tonight) Code:

Is the consumer in housing/ accommodation that is:
At risk (for example eviction, behind in their rent)
 Yes No Not stated/unknown

Unsafe (for example family violence, physical danger or other threats)
 Yes No Not stated/unknown

Insecure (for example, temporarily staying with friends/ family or using other temporary accommodation)
 Yes No Not stated/unknown

If yes to any of the above, refer the consumer to the homelessness support service in their area or specialist family violence service, via www.dhs.vic.gov.au/for-individuals/crisis-and-emergency/crisis-accommodation/homelessness-and-family-violence-getting-help

Is the consumer currently living in public/community housing (also known as social housing) and are:
 At risk (for example eviction, behind in their rent)
 Unsafe (for example family violence, physical danger or other threats)

If yes to any of the above, refer to their local housing officer on www.housing.vic.gov.au/about-us/contact-us/local-housing-offices

Safety

Family violence
Is the consumer afraid of someone close to them who controls, hurts, insults or threatens them, or who prevents them from doing what they want?
 Yes No Not stated/unknown
If yes, proceed with the following questions:
 Who is the consumer afraid of? (including the relationship to the consumer) _____
 What form does the abuse take? _____
 Is the abuse becoming worse or happening more often or both?
 Yes No Not stated/unknown

Are any children involved experiencing the abuse or violence directly or by hearing or seeing it?
 Yes No Not stated/unknown

Is the consumer very scared for themselves or any children?
 Yes No Not stated/unknown

Has a safety plan been prepared with the consumer?
 Yes No Not stated/unknown

*For women experiencing family violence — refer to the Women's Domestic Violence Crisis Service on 1800 015 188.
 For men experiencing family violence — refer to the Victims of Crime Helpline on 1800 819 817.
 For older people experiencing elder abuse — contact Seniors Rights Victoria on 1300 368 821*

Accommodation and safety arrangements

Living arrangements: Code:

Comments on living arrangement:

Personal emergency planning

Does the consumer have a personal emergency plan in case of fire, heat wave or flood?
 Yes No Not stated/unknown
If no, encourage people living in high bushfire or other risk areas to develop personal emergency plans.

Does the consumer have a working smoke alarm in the house?
 Yes No Not stated/unknown
If no, and the person is unable to do this themselves, discuss options for assistance from families, friends, neighbours.

Other relevant information:

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This information collected by:

Name:	Position/Agency:
Sign:	Date: dd/mm/yyyy / / Contact number:

Consent to share information

Purpose: to record freely given informed consumer consent to share their information with a specific agency/ies for a specific purpose/s.

<p>Consumer</p> <p>Name: _____</p> <p>Date of Birth: dd/mm/yyyy / /</p> <p>Sex: _____</p> <p>UR Number: _____</p> <p style="text-align: right;">or affix label here</p>
--

Section 1: Personal/health information to be shared

Service Type	Name of Agency	Type of Information	Purpose/s
Examples: – physiotherapy – counseling	Examples: – Strawberry Community Health centre – Blueberry City Council	Examples: – all relevant information – exceptions as stated by consumer	Examples: – referral – shared care/case planning -- informing services participating in consumer's care

Section 2: Record of consent

<p><input type="checkbox"/> Written consumer consent</p> <p><i>The worker/practitioner has discussed with me how and why certain information about me may be shared with other service providers, as above. I understand this and I give my consent for the information to be shared.</i></p> <p>Signed: _____</p> <p>Dated (dd/mm/yyyy): / /</p> <p>or</p> <p><input type="checkbox"/> Verbal consumer consent</p> <p><i>I have discussed with the consumer how and why certain information may be shared with other service providers. I am satisfied that this has been understood and that informed consent for the information to be shared as detailed above has been given.</i></p> <p>or</p> <p><input type="checkbox"/> Consumer does not have the capacity to provide consent</p> <p>(that is, they do not understand the nature of what they are consenting to, or the consequences)</p> <p><input type="checkbox"/> Consent given by authorised representative _____ <i>(name of authorised representative)</i></p> <p><input type="checkbox"/> There is no Authorising representative or they were uncontactable; therefore, the information will be shared as set out in the <i>Health Records Act 2001</i>*</p> <p><small>*If it is not reasonably practical to obtain consent from an authorised representative or the consumer does not have an authorised representative, health information can still be shared in the circumstances set out in the <i>Health Records Act 2001</i>. This includes where the sharing of information is done by a health service provider and is reasonably necessary for the provision of a health service or where there is a statutory requirement.</small></p>	Consent to Share Information
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To ensure that the consumer's authorised representative can make an informed decision about consenting to the sharing of information as detailed above, the worker/practitioner should (tick when completed):

1. Discuss with the consumer the proposed sharing of information with other services/agencies
2. Explain that the consumer's information will only be shared with these services/agencies if the consumer has agreed and, when referring, advise that referral for service can still proceed if the consumer does not want information disclosed
3. Provide the consumer with information about privacy, such as the brochure *Your Information – It's Private*
4. Provide the consumer with a copy of this form once completed.

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Consent obtained/witnessed by:		CSI Page 1 of 1
Name: _____	Position/Agency: _____	
Sign: _____	Date: dd/mm/yyyy / /	Contact number: _____

Appendix 4: My Aged Care referral process

Personal Alert Victoria

My Aged Care referral process

Background

Personal Alert Victoria is a Victorian State Government funded service, and referrals to this service via the Commonwealth Government MyAgedCare portal is not yet possible.

The following optional referral process reduces duplication for Regional Assessment Services and Aged Care Assessment Services when making referrals to the Personal Alert Victoria service provider.

Documents required when referring to Personal Alert Victoria

PAV Assessment Record

Service Coordination Tool Template (SCTT) *Referral Cover Sheet and Acknowledgement*

Client details (up to and including Next of Kin and representative details)


Home and Personal Safety portion of the National Screening and Assessment Form (NSAF) (approximately page 23)

Process

Step 1: Create the Client Details page from the My Aged Care client record:



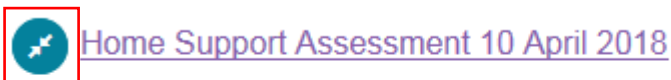
1. Go to Client record. On right of page, click
2. Using an extraction method described below, create a document up to and including “Carers, GPs and Emergency Contacts”. This is usually the first two pages. If there is information on these pages that you

do not wish to include, black out the section of the document using the highlight text feature  with black ink.

3. Save with file with the name: (first initial)(surname)CD.pdf

Step 2: Create the Home and Personal Safety document:

1. From the plans tab in the client record, open the assessment history and click to expand the Home Support Assessment/Comprehensive Assessment. Then click Print. This will create the NSAF as a pdf document that will be available in the Reports page.



2. Go to the reports page to open the document
3. Go to the Home and Personal Safety section of the NSAF (approximately p.23). You can use the find function (CTRL+F) to search for Home and Personal Safety.
4. Extract this section of the NSAF (up to Complexity Indicators) using an extraction method described below. You will need to extract the whole Home and Personal Safety section. Black out any unnecessary information. Alternatively you can copy and paste the relevant information into a word document.
5. Save file with the name: *(first initial)(surname)HPS.pdf*

Step 3: For electronic referral log into Connecting Care or S2S and commence the referral to the Personal Alert Victoria.

Complete the Referral Cover Sheet and Acknowledgement Form

Complete the PAV Assessment Record

Attach the Home and Personal Safety and Client Details documents

OR,

Fax the documents to Peninsula Health MePACS 03 9788 1852.

How to extract portions from a pdf

Options available:

1. If you have **Adobe Acrobat**.
<https://www.youtube.com/watch?v=3jXb4owiyKg>
2. In **Adobe Reader**, if you have the option to print to Adobe PDF to create a separate document.
<https://www.youtube.com/watch?v=l329l1oStCY>
3. If you have **Google Chrome** loaded on your computer.
<https://www.youtube.com/watch?v=Jr2YxmbPitA>
4. Print relevant pages and scan to PDF.