



Australian Government  
Department of Health and Ageing

# Aged Care Funding Instrument (ACFI)

User Guide



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# Introduction

The Aged Care Funding Instrument (ACFI) is a resource allocation instrument. It focuses on the main areas that discriminate care needs among residents. The ACFI assesses core care needs as a basis for allocating funding.

The ACFI focuses on care needs related to day to day, high frequency need for care. These aspects are appropriate for measuring the average cost of care in longer stay environments.

While based on the differential resource requirements of individual persons, the ACFI is primarily intended to deliver funding to the financial entity providing the care environment. This entity for most practical purposes is the residential aged care facility. When completed on all residents in the facility the ACFI provides sufficient precision to determine the overall relative care needs profile and the subsequent funding.

The ACFI consists of 12 questions about assessed care needs, each having four ratings (A, B, C or D), and two diagnostic sections.

While the ACFI questions provide basic information that is related to fundamental care need areas, it is not a comprehensive assessment package. Comprehensive assessment will consider a broader range of care needs than is necessarily required in a funding instrument.

# The ACFI as a calculator of the residential aged care subsidy

Three components of residential care subsidy are determined by the ACFI.

These are:

- **Activities of Daily Living** (ratings on Nutrition, Mobility, Personal Hygiene, Toileting and Continence questions are utilised to determine the level of the basic subsidy)
- **Behaviour Supplement** (ratings on Cognitive Skills, Wandering, Verbal Behaviour, Physical Behaviour and Depression questions are utilised to determine the behaviour supplement)
- **Complex Health Care Supplement** (ratings on Medication and Complex Health Care Procedure questions are utilised to determine the complex health care supplement)

The amount of each of these that is payable in respect of a particular resident depends on the ratings (A, B, C or D) for each of the ACFI questions (1 – 12). Other data such as diagnosis may be relevant to the calculation of subsidy for some questions.

## Terminology

### ACCR

The **ACCR** is the Aged Care Client Record or earlier equivalent, completed by an Aged Care Assessment Team/ Service. A copy of the ACCR content that the service received should be filed in the ACFI Appraisal Pack.

### ACFI Appraisal Pack

The **ACFI Appraisal Pack** is the completed record of the resident's ACFI appraisal or reappraisal including all the evidence specified for inclusion.

### Activities

**Activities** are the action steps to meet a care need. In each of the ACFI questions 1 to 4, the activities that are to be taken into account in completing the checklist are specified. Only these specified activities are to be taken into account in the appraisal.

### Assessment Summary

In ACFI questions 5 to 10, the appraiser will need to complete the **Assessment Summary** to indicate which evidence source(s) are included to support the rating.

## Checklists

**Checklists** form the minimum data set (MDS). They are single–focussed items about the care needs within each question.

## Clinical reports

A **clinical report** is not mandatory for any ACFI question. For ACFI 6 (Cognition) and ACFI 10 (Depression), existing clinical reports, **if available**, may be included in the ACFI Appraisal Pack to support the rating.

A clinical report for these purposes is a report that has been completed by **consultants** in the following disciplines: general or specialist medical practitioner, physician, geriatrician or psychogeriatrician, registered psychologist, nurse practitioner or clinical nurse (mental health)<sup>1</sup>. The details about the clinical report must be completed in the relevant ACFI Assessment Summary.

## Domains

There are three ACFI **domains**:

- Activities of Daily Living (consisting of the ACFI questions - Nutrition, Mobility, Personal Hygiene, Toileting and Continence)
- Cognition and Behaviour (consisting of the ACFI questions - Cognitive Skills, Wandering, Verbal Behaviour, Physical Behaviour and Depression)
- Complex Health Care (consisting of the ACFI questions - Medication and Complex Health Care Procedures).

## Notes

**Notes** provide further information about a domain to assist an assessor. Only the specified activities for each care need are to be taken into account in completing the checklist.

## Nurse practitioner

A **nurse practitioner** is a registered nurse working at a clinically advanced level of practice who meets the legislative requirements to prescribe (within limits), order certain diagnostics and to refer patients. As with nurses, regulation of nurse practitioners is the responsibility of the relevant state/ territory authority.

## Registered nurse

A person licensed to practice nursing under an Australian state or territory nurses Act or health professional Act. Referred to as a Registered Nurse Division 1 in Victoria.

<sup>1</sup> This term refers to a registered nurse with formal qualifications in mental health.

## Scheduled toileting

**Scheduled toileting** for the purposes of question 5 (Continence) is: staff accompanying a resident to the toilet (or commode) or providing a urinal or bedpan or other materials for planned voiding/ evacuation according to a daily schedule designed to reduce incontinence.

## Source Materials

In questions ACFI 11 and 12, and the diagnosis sections, the appraiser will need to complete the **Source Materials** to indicate which evidence source(s) support the rating. Only source documents which continue to reflect the status of the resident at the time of appraisal can be used. Copies of the source materials must be stored as part of the ACFI Appraisal Pack. In the case of diagnoses covering Depression, Psychotic and Neurotic disorders (refer mental and behavioural diagnosis codes 540, 550A, 550B, 560) the diagnosis, provisional diagnosis or re-confirmation of the diagnosis must have been completed within the last twelve months.

## Usual care needs

The ACFI questions refer to **usual care needs**. This is the ongoing care need at the time of the appraisal, not any expected occasional needs and not any occasional or unusual needs that are present at the time of the appraisal.

For ACFI questions 1 to 4, these are the **day to day care needs** that are predictable and required for the specific activities.

## Explanatory notes

### ACFI questions 1 to 4

Each of these four questions ACFI 1 Nutrition, ACFI 2 Mobility, ACFI 3 Personal Hygiene and ACFI 4 Toileting, refers to a set of related care needs (e.g. Dressing, Washing and Grooming in the Personal Hygiene question) and each care need has a set of defined activities. Each specified care need is to be considered (and rated for assistance needed) in the appraisal process.

## ACFI questions 1 to 4 ratings

Each care need in these questions is rated using the following scales.

Independent: the resident requires no assistance or minimal assistance, or the care need is not applicable to the resident.

Supervision: comprises setting-up and standby

- **setting-up** activities are defined as assisting the person to initiate a specified activity or complete part of that activity. The setting-up activities that are taken into account are defined for each question.
- **standby** is defined as standing by during the stated specified activities to provide assistance (verbal or physical). For ACFI 1 Nutrition, there must be sufficient proximity to assist one-to-one as needed at the table/ eating place. For ACFI 2 Mobility, ACFI 3 Personal Hygiene and ACFI 4 Toileting, this is a commitment of staff on a one-to-one basis.

Physical assistance

Is the requirement for individual physical assistance from another person or persons throughout the specified activity. The activities that are taken into account are defined for each question.

Use of mechanical lifting equipment: this rating is only considered in the care need of 'Transfers' in ACFI 2 Mobility.

## Assessments

All ACFI assessments should be undertaken at a time when the usual abilities and behaviours of the resident can be assessed. For ACFI questions 5-10, the details about the ACFI mandatory assessment must be completed in the relevant ACFI Assessment Summary.

### Use of previously completed assessments

This refers to ACFI mandatory assessments (for question 5 this is the Continence Record, for question 6 this is the Psychogeriatric Assessment Scales, for questions 7 to 9 it is the Behaviour Record, and for question 10 it is the Cornell Scale for Depression). If these assessments have been completed within the past six months and if they continue to reflect the care needs of the resident, they may be used for the purposes of ACFI appraisal.

For ACFI 5 – Continence, where scheduled toileting has remained in place during the completion of the Continence Record, evidence of incontinence prior to the commencement of a scheduled toileting regime is to be included in the ACFI Appraisal Pack.

# The ACFI process - 5 steps

## Step 1: Assessment

This guide specifies the required assessments. For some questions the checklist comprises the entire record of the assessment process. For others, the checklist is completed from the results of applying a specified assessment tool. These are summarised in Table 1 and described under each question.

## Step 2: Checklist

The ACFI appraiser will complete the checklist data. There is a direct relationship between the specific assessments described above and the checklist requirements.

## Step 3: Rating A to D

The checklist leads directly via an algorithm to the rating (A, B, C or D) which provides the basis for calculating payments.

## Step 4: Submissions

The ACFI appraiser will ensure that the ACFI Appraisal Pack has been completed in accordance with these guidelines. The person authorised by the approved provider to complete and submit the ACFI Application for Classification must certify as part of the application that it is true and correct.

## Step 5: Record keeping

The approved provider will ensure that the specified materials for audit and accountability purposes are retained and stored for future audit.

The following tables provide an overview of the ACFI questions, the required level of appraisal evidence and the assistance required for questions 1 to 4.

Table 1: ACFI at a glance

	Question	ACFI appraisal evidence
Note: the resident's ACCR must be included in the ACFI Appraisal Pack		
	<b>Mental &amp; Behavioural Diagnosis</b>	<ul style="list-style-type: none"> <li>Disorders/ Diagnosis Table</li> <li>Source Materials Table</li> <li>Copies of source materials e.g. ACCR, GP comprehensive medical assessment, other medical practitioner assessments or notes</li> </ul>
	<b>Medical Diagnosis</b>	
1	<b>Nutrition</b> Care need: Readiness to Eat / Eating Assistance level = independent OR supervision OR physical assistance	<ul style="list-style-type: none"> <li>Nutrition checklist</li> </ul>
2	<b>Mobility</b> Care need: Transfers / Locomotion Assistance level = independent OR supervision OR physical assistance OR mechanical lifting equipment	<ul style="list-style-type: none"> <li>Mobility checklist</li> </ul>
3	<b>Personal Hygiene</b> Care need: Dressing / Washing / Grooming Assistance level = independent OR supervision OR physical assistance	<ul style="list-style-type: none"> <li>Personal hygiene checklist</li> </ul>
4	<b>Toileting</b> Care need: Use of toilet / Toilet completion Assistance level = independent OR supervision OR physical assistance	<ul style="list-style-type: none"> <li>Toileting checklist</li> </ul>
5	<b>Continence</b> Urinary continence and faecal continence Measurement = frequency	<ul style="list-style-type: none"> <li>Continence Assessment Summary</li> <li>Continence record</li> <li>Continence checklist</li> <li>Documentary evidence of incontinence prior to implementing scheduled toileting</li> </ul> <p>(Note: Other types of logs or diaries may be used to complete the Continence Record providing they contain all the required information.)</p>
6	<b>Cognitive Skills</b> Care need: needs arising from cognitive impairment Measurement = none, mild, moderate, severe	<ul style="list-style-type: none"> <li>Cognitive Skills Assessment Summary</li> <li>PAS if appropriate</li> <li>Cognitive checklist</li> </ul> <p>(Note: A clinical report may be attached to provide supporting evidence.)</p>
7	<b>Wandering</b> Care need: absconding or interfering whilst wandering Measurement = frequency	<ul style="list-style-type: none"> <li>Wandering/ Verbal/ Physical Behaviour Assessment Summary</li> <li>Wandering/ Verbal/ Physical Behaviour records</li> <li>Behaviour checklists</li> </ul> <p>(Note: Other types of logs or diaries may be used to complete the behaviour records providing they contain the same information as in the supplied record)</p>
8	<b>Verbal</b> Care need: verbal behaviour Measurement = frequency	
9	<b>Physical</b> Care need: physical behaviour Measurement = frequency	
10	<b>Depression</b> Care need: depressive symptoms Measurement = none, mild, moderate, severe	<ul style="list-style-type: none"> <li>Depression Assessment Summary</li> <li>Cornell Scale for Depression</li> <li>Depression checklist</li> <li>Diagnosis</li> </ul> <p>(Note: A clinical report may be attached to provide supporting evidence)</p>
11	<b>Medication</b> Care Need : assistance with medications Measurement = complexity, frequency and assistance time	<ul style="list-style-type: none"> <li>Source Materials Table</li> <li>Medication checklist</li> <li>Medication chart</li> </ul>
12	<b>Complex Health Care</b> Care need: Complex Health Care Procedures Measurement = complexity and frequency	<ul style="list-style-type: none"> <li>Source Materials Table</li> <li>Complex Health Care checklist</li> <li>Diagnoses, assessments and directives as specified</li> <li>If requested at validation - records of treatments</li> </ul>

Table 2: Assistance required

Independent ↓ Require no supervision with the stated activities or is not applicable	Supervision ↓ Requires supervision with the stated activities		Physical assistance ↓ Requires one-to-one physical assistance with the stated activities
	Setting-up	Standby in the stated activities <sup>2</sup>	Physical
<b>ACFI 1 Nutrition</b>			
<b>Readiness to Eat</b>	Place utensils in the resident's hand	Not applicable	Cutting up food or vitamising food
<b>Eating</b>	Not applicable	Stand by to provide assistance (verbal and/ or physical) OR daily oral intake when ordered by a dietitian for person with a PEG tube	Placing or guiding food into mouth for most of the meal
<b>ACFI 2 Mobility</b>			
<b>Transfers</b>	Locking wheels to enable transfers AND adjusting/ removing foot plates or side arms	Stand by to provide assistance (verbal and/ or physical)	Physically assist moving to or from chairs, or wheelchairs, or beds OR use of mechanical lifting equipment
<b>Locomotion</b>	Hand resident the mobility aid OR fitting of calipers, leg braces or lower limb prostheses	Stand by to provide assistance (verbal and/ or physical)	Need for staff to push wheelchair OR assistance with walking on a one-to-one basis
<b>ACFI 3 Personal Hygiene</b>			
<b>Dress/ Undress</b>	Choosing and laying out appropriate clothing OR undoing and doing up zips, buttons or other fasteners including velcro	Stand by to provide assistance (verbal and/ or physical)	One-to-one physical assistance for dressing AND undressing i.e. putting on or taking off clothing AND footwear (i.e. underwear, shirts, skirts, pants, cardigan, socks, stockings) OR fitting and removing of hip protectors, slings, cuffs, splints, medical braces and prostheses other than for the lower limb
<b>Wash/ Dry</b>	Set up toiletries within reach, organise taps	Stand by to provide assistance (verbal and/ or physical)	Washing and drying body
<b>Groom</b>	Set up articles for grooming	Stand by to provide assistance (verbal and/ or physical)	Dental care OR hair care OR shaving
<b>ACFI 4</b>	<b>Toileting</b>		
<b>Use of a Toilet</b>	Setting-up toilet aids, hand person the bedpan/ urinal, place ostomy articles in reach	Stand by to provide assistance (verbal and/ or physical)	Positioning resident for use of toilet or commode or bedpan or urinal
<b>Toilet Completion</b>	Emptying of drainage or stoma bags or bedpans	Stand by to provide assistance (verbal and/ or physical)	Adjusting clothes AND Wiping and cleaning of peri-anal area

<sup>2</sup> Refer to explanatory notes

# Documentation requirements

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The evidence specified here comprises the requirements for the completed ACFI Appraisal Pack.

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## Diagnosis questions

- a completed Mental and Behavioural Disorders Table
- a completed Medical Diagnosis Table
- a completed Source Materials Table for each question
- copies of the source materials; e.g. Aged Care Client Record (ACCR), GP comprehensive medical assessment, or other medical practitioner assessments or notes

The filed source materials must identify the name and profession of the health professional who has made the diagnosis and the date on which it was made.

## Activities of Daily Living (ADL) domain

### ACFI 1 to 4 Nutrition, Mobility, Personal Hygiene and Toileting

- the completed checklists.

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(For the Activity of Daily Living questions, the completion of the checklist is to be based upon contemporaneous assessment or alternatively upon a previous assessment undertaken in the preceding six months if that assessment is consistent with current dependency of the resident and provides the information required to complete the checklist. No evidence is required to be filed.)

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### ACFI 5 Continence

- the completed Continence Assessment Summary
- the completed Continence Checklist.

For a rating of B, C or D:

- the completed Continence Record.

If claiming for scheduled toileting, you must provide documentary evidence that the resident was incontinent prior to the implementation of scheduled toileting e.g. ACCR or a continence flowchart.

Continence logs or diaries which have been completed in the past six months and are consistent with the current dependency of the resident, may be used to complete the Continence Record if they contain all the required information.

## Cognitive and Behaviour domain

### ACFI 6 Cognitive Skills

- the completed Cognitive Skills Assessment Summary which identifies any reasons why the specified assessment (the PAS) could not be completed, the PAS score (if the PAS was completed) and if a clinical report provides supporting information
- the completed Cognitive Checklist.

For a rating of B, C or D:

- the completed PAS, if appropriate
- a copy of any clinical report if identified as providing supporting information in the Cognitive Skills Assessment Summary.

### ACFI 7 to 9 Behaviour questions

- the completed Behaviour Assessment Summary
- the completed Behaviour Checklist.

For a rating of B, C or D:

- the completed Behaviour Record.

### ACFI 10 Depression

- the completed Depression Assessment Summary
- the completed Depression Checklist.

For a rating of B, C or D:

- the completed Cornell Scale for Depression
- a copy of any clinical report if identified as providing supporting information in the Depression Assessment Summary.

For a rating of C or D:

- a copy of any diagnosis or provisional diagnosis of depression.

**The diagnosis or provisional diagnosis, or reconfirmation of a diagnosis of depression, should have been completed in the past twelve months.** Diagnosis sources are Aged Care Client Record (ACCR), GP comprehensive medical assessment or other medical practitioner assessments or notes. If a diagnosis or provisional diagnosis is being sought at the time of the appraisal (indicated in the Depression Assessment Summary Table), then when it is obtained, a copy of it must be included in the ACFI Appraisal Pack.

**Note: Behaviour Supplement**

To qualify for the highest level of the Behaviour Supplement, a dementia diagnosis, provisional dementia diagnosis, psychiatric diagnosis or behavioural diagnosis is required. In the case of diagnoses covering depression, psychotic and neurotic disorders (refer Mental and Behavioural Diagnosis codes 540, 550A, 550B, 560) the diagnosis, provisional diagnosis or re-confirmation of the diagnosis must have been completed within the **past 12 months**.

## Complex Health Care domain

### ACFI 11 Medication

- the completed checklist.

For a rating of B, C or D:

- the completed Source Materials Table
- a copy of the medication chart that was applicable during the appraisal period.

### ACFI 12 Complex Health Care

For a rating of B, C or D i.e. where one or more complex health care procedures are provided on at least the specified frequency:

- the completed Source Materials Summary
- the completed checklist
- copies of all required diagnoses and directives as specified below.

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(Where it is specified that a treatment record may be requested, this does not form part of the ACFI Appraisal Pack, but would need to be provided if requested at validation.)

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# Completion requirements of ACFI evidence – the ACFI Appraiser Identification Details Box

The specified assessments used as evidence for ACFI questions 5 to 10 include an ACFI Appraiser Identification Box which must be completed by the person taking responsibility for the appraisal of that question.

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## ACFI appraiser identification box

Name of appraiser	
Profession	
Signature	
Date	

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For ACFI questions 5 – 10, where the ACFI appraiser has chosen to use a previously completed assessment, in completing the **ACFI appraiser identification box**, the ACFI appraiser is signifying that:

- he/ she is responsible for the accurate transcription of the information into the records for ACFI questions 5, 7, 8 and 9
- he/ she is responsible for including the previously completed PAS and/ or Cornell Scale for Depression in the ACFI Appraisal Pack, and
- that the information in the records and assessments continues to provide an accurate reflection of the status of the resident.

## Record keeping

For each application for an ACFI classification, the completed ACFI Appraisal Pack must be retained and stored in a form that is readily available for audit purposes. It includes:

- all completed ACFI assessments
- assessment summaries
- completed checklists
- any clinical reports (or copies) which provide supporting evidence for questions 6 and 10
- diagnoses, assessments and directives as required for question 12
- source materials used for the completion of questions 11 and 12 and the diagnosis sections
- a copy of the ACCR(s) for the person
- a copy of the Application for Classification.

# Mental and behavioural diagnosis

## Description

This question relates to a documented diagnosis. If the resident has a mental and behavioural disorder(s) that has an impact on their current care needs for support and assistance, please indicate the diagnosis/ diagnoses in the checklist. You may tick more than one diagnosis, if appropriate.

Complete details about the diagnosis documentation in the Source Materials. The filed evidence must identify the name and profession of the health professional who has confirmed the diagnosis and it must be dated.

## Source Materials

Please indicate what source materials for this section are filed in the ACFI Appraisal Pack. You may tick more than one source.

<b>Mental and Behavioural Diagnosis: indicate which sources of evidence have been filed in the ACFI Appraisal Pack</b>	<b>Tick if yes</b>
Aged Care Client Record (ACCR)	<input type="checkbox"/>
GP comprehensive medical assessment	<input type="checkbox"/>
General medical practitioner notes or letters	<input type="checkbox"/>
Geriatrician notes or letters	<input type="checkbox"/>
Psychogeriatrician notes or letters	<input type="checkbox"/>
Psychiatrist notes or letters	<input type="checkbox"/>
Other medical specialist notes or letters	<input type="checkbox"/>
Other – please describe	<input type="checkbox"/>

If the resident has no disorder of relevance, place a tick in the first option (no diagnosis) and proceed to Medical Diagnosis.

## Mental and Behavioural Diagnosis Checklist

	<b>Mental and Behavioural Disorders</b>	<b>Tick if YES</b>
0	No diagnosed disorder currently impacting on functioning	
500	Dementia, Alzheimer's disease including early onset, late onset, atypical or mixed type or unspecified	
510	Vascular dementia e.g. multi-infarct, subcortical, mixed	
520	Dementia in other diseases, e.g. Pick's Disease, Creutzfeldt-Jakob, Huntington's, Parkinson's, HIV	
530	Other dementias, e.g. Lewy Body , alcoholic dementia, unspecified	
540	Delirium	
550A	Depression, mood and affective disorders	
550B	Psychoses e.g. schizophrenia, paranoid states	
560	Neurotic, stress related, anxiety, somatoform disorders e.g. Post Traumatic Stress Disorder, phobic and anxiety disorders, nervous tension/ stress, obsessive-compulsive disorder	
570	Intellectual and developmental disorders e.g. intellectual disability or disorder, autism, Rhetts's syndrome, Asperger's syndrome etc	
580	Other mental and behavioural disorders e.g. due to alcohol or psychoactive substances (includes alcoholism, Korsakov's psychosis), adult personality and behavioural disorders.	

**Note:** For categories 540, 550A, 550B, and 560 the diagnosis/ provisional diagnosis or reconfirmation of the diagnosis must have been completed in the past twelve months.

# Medical Diagnosis

## Description

This question relates to a diagnosed and documented disease or disorder excluding the mental and behavioural disorders recorded in the Mental and Behavioural Diagnosis. The health condition **must** be relevant to the current care needs of the person.

The health condition codes used here are the diagnostic codes used by Aged Care Assessment Teams/ Services. A subset of common examples is included on page 17. A complete listing titled '**ACAP code list for Health condition – long**' is included in Appendix 1.

If the resident has a medical diagnosis that has a discernable impact on their current care needs, you should indicate the diagnosis in the checklist. You may tick more than one diagnosis, if appropriate.

Complete details about the diagnosis documentation in the Source Materials. The filed evidence must identify the name and profession of the health professional who has made the diagnosis and it must be dated.

## Source Materials

Please indicate what source material for this section is filed in the ACFI Appraisal Pack. You may tick more than one source.

Medical Diagnosis: Indicate which sources of evidence have been filed in the ACFI Appraisal Pack	Tick if yes
Aged Care Client Record (ACCR)	<input type="checkbox"/>
GP comprehensive medical assessment	<input type="checkbox"/>
General medical practitioner notes or letters	<input type="checkbox"/>
Geriatrician notes or letters	<input type="checkbox"/>
Psychogeriatrician notes or letters	<input type="checkbox"/>
Psychiatrist notes or letters	<input type="checkbox"/>
Other medical specialist notes or letters	<input type="checkbox"/>
Other – please describe	<input type="checkbox"/>

In completing this question in the ACFI Appraisal Pack, the appraiser should identify each medical diagnosis that has a discernable impact on the care needs of the resident. The Application for Classification collects a maximum of three diagnoses. For residents who have more than three diagnoses, please identify the **three most significant** in terms of impact on care needs when you complete the Application for Classification.

## Medical Diagnosis Checklist

<b>CODE</b>	<b>If no diagnosis tick one of the following, otherwise provide full details below</b>
0	<input type="checkbox"/> No diagnosed disorder currently impacting
9998	<input type="checkbox"/> No formal diagnosis available
9999	<input type="checkbox"/> Not stated or inadequately described
<b>CODE</b>	<b>Description of Condition(s)/ Disease(s)</b>

## ACAP Medical Condition Codes – Common Examples

### Certain infectious and parasitic diseases

0101	Tuberculosis
0102	Poliomyelitis
0103	HIV/AIDS
0104	Diarrhoea & Gastroenteritis of presumed infectious origin

### Neoplasms (tumours / cancers)

0202	Stomach cancer
0203	Colorectal (bowel) cancer
0204	Lung cancer
0205	Skin cancer
0206	Breast cancer
0207	Prostate cancer
0209	Non-Hodgkin's lymphoma
0210	Leukaemia

### Diseases of blood, blood forming organs, immune mechanism

0301	Anaemia
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### Endocrine, nutritional & metabolic disorders

0401	Disorders of the thyroid gland
0402	Diabetes mellitus type 1
0403	Diabetes mellitus type 2
0404	Diabetes mellitus - other specified/unspecified
0405	Malnutrition
0406	Nutritional deficiencies
0407	Obesity
0408	High cholesterol

### Diseases of the nervous system

0602	Huntington's disease
0604	Parkinson's disease
0605	Transient cerebral ischaemic attacks (T.I.A.s)
0607	Multiple Sclerosis
0608	Epilepsy
0609	Muscular dystrophy
0610	Cerebral palsy
0611	Paralysis – non-traumatic e.g. hemiplegia, paraplegia, quadriplegia, tetraplegia & monoplegia; excludes spinal cord injury code 1699

### Diseases of the eye & adnexa

0701	Cataracts
0702	Glaucoma
0703	Blindness e.g. both eyes, one eye, one eye & low vision in other eye
0704	Poor vision e.g. low vision both eyes, one eye, unspecified visual loss

### Diseases of the ear & mastoid process

0801	Meniere's disease e.g. vertigo
0802	Deafness/hearing loss

### Diseases of the circulatory system

#### Heart disease

0902	Rheumatic heart disease
0903	Angina
0904	Myocardial infarction (heart attack)
0905	Acute & chronic ischaemic heart disease
0906	Congestive heart failure (congestive heart disease)
0907	Other heart diseases e.g. pulmonary embolism, acute pericarditis, acute and subacute endocarditis, cardiomyopathy, cardiac arrest, heart failure

#### Cerebrovascular disease

0911	Subarachnoid haemorrhage
0912	Intracerebral haemorrhage
0913	Other intracranial haemorrhage
0914	Cerebral infarction
0915	Stroke (CVA) – cerebrovascular accident unspecified

#### Other diseases of the circulatory system

0921	Hypertension (high blood pressure)
0922	Hypotension (low blood pressure)

0925	Artherosclerosis
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### Diseases of the respiratory system

1001	Acute upper respiratory infections e.g. common cold, acute sinusitis, acute pharyngitis, acute tonsillitis, acute laryngitis, upper respiratory infections of multiple unspecified sites
1002	Influenza & pneumonia
1003	Acute lower respiratory infections e.g. bronchitis, bronchiolitis & unspecified acute lower respiratory infections
1005	Chronic lower respiratory diseases e.g. emphysema, chronic obstructive airways disease, asthma

### Diseases of the digestive system

1101	Diseases of the intestine, ulcers, hernias (except congenital), enteritis, colitis, vascular disorders of intestine, diverticulitis, irritable bowel syndrome, diarrhoea, constipation
1103	Diseases of the liver e.g. alcoholic liver disease, toxic liver disease, fibrosis and cirrhosis of liver
1199	Other diseases of the digestive system e.g. disease of the oral cavity, salivary glands and jaws, oesophagitis, gastritis and duodenitis, cholecystitis, other diseases of the gallbladder, pancreatitis, coeliac disease

### Diseases of the skin & subcutaneous tissue

1201	Skin & subcutaneous tissue infections (e.g. impetigo, boil, cellulitis)
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### Diseases of the musculoskeletal system & connective tissue

1301	Rheumatoid arthritis
1302	Other arthritis and related disorders (e.g. gout, arthrosis, osteoarthritis)
1303	Deformities of joints/limbs – acquired
1305	Other soft tissue/muscle disorders e.g. rheumatism
1306	Osteoporosis

### Diseases of the genitourinary system

1401	Kidney and urinary system- renal failure, cystitis
1402	Urinary tract infection
1403	Incontinence – urinary (stress, overflow etc- do not include unspecified)

### Congenital malformations, deformations & chromosomal abnormalities

1501	Spina bifida
1503	Down's syndrome
1504	Other chromosomal abnormalities
1505	Congenital brain damage/malformation

### Injury, poisoning or consequences of external causes

1601	Injuries to head (includes injuries to ear, eye, face, jaw, acquired brain damage)
1604	Amputation of finger/thumb/hand/arm/shoulder
1605	Amputation of toe/ankle/foot/leg
1606	Fracture of neck (includes cervical spine & vertebra)
1607	Fracture of rib(s), sternum & thoracic spine & vertebra
1611	Fracture of the femur (includes hip)

### Symptoms and signs (without diagnosis, unspecified)

1703	Breathing difficulties/shortness of breath
1704	Pain
1706	Dysphagia (difficulty in swallowing)
1707	Incontinence – bowel/faecal
1714	Abnormalities of gait & mobility e.g. ataxic & spastic gait, difficulty in walking
1715	Falls (frequent with unknown aetiology)
1716	Disorientation (confusion)
1717	Amnesia (memory disturbance, lack or loss)
1719	Restlessness & agitation
1720	Unhappiness
1722	Hostility
1723	Physical violence
1727	Malaise & fatigue
1729	Odema includes fluid retention

# ACFI 1 Nutrition

## Description

This question relates to the person's usual day to day care needs with regard to eating. This question also applies to people receiving enteral feeding if they receive some nutrition orally on a daily basis.

## Notes

For tube feeding refer to ACFI 12 Complex Health Care. For assisting a resident to the dining room or assisting residents who are unable to position their chair appropriately see ACFI 2 Mobility.

## Care needs

1. Readiness to Eat
2. Eating

## Checklist must be completed

Rate the level of assistance (Independent/ Not Applicable OR Supervision OR Physical Assistance) required for each care need.

Nutrition Checklist	Assistance level (Tick one per care need)
<p><b>1. Readiness to Eat</b> Supervision is:</p> <ul style="list-style-type: none"> <li>• placing utensils in the resident's hand.</li> </ul> <p>One-to-one physical assistance is required for:</p> <ul style="list-style-type: none"> <li>• cutting up food OR vitamising food.</li> </ul>	<p><input type="checkbox"/> 0 (Independent/ NA)</p> <p><input type="checkbox"/> 1 (Supervision)</p> <p><input type="checkbox"/> 2 (Physical assistance)</p>
<p><b>2. Eating</b> Supervision is:</p> <ul style="list-style-type: none"> <li>• standing by to provide assistance (verbal and/ or physical) OR providing assistance with daily oral intake when ordered by a dietitian for a person with a PEG tube.</li> </ul> <p>One-to-one physical assistance is required for:</p> <ul style="list-style-type: none"> <li>• placing or guiding food into the resident's mouth for most of the meal.</li> </ul>	<p><input type="checkbox"/> 0 (Independent/ NA)</p> <p><input type="checkbox"/> 1 (Supervision)</p> <p><input type="checkbox"/> 2 (Physical assistance)</p>

## ACFI 1 rating key

RATING A = 0 in both care needs (Readiness to Eat and Eating)

RATING B = 0 in Readiness to Eat AND 1 in Eating

RATING B = 1 in Readiness to Eat AND 0 in Eating

RATING B = 1 in Readiness to Eat AND 1 in Eating

RATING B = 2 in Readiness to Eat AND 0 in Eating

RATING C = 2 in Readiness to Eat AND 1 in Eating

RATING C = 0 in Readiness to Eat AND 2 in Eating

RATING C = 1 in Readiness to Eat AND 2 in Eating

RATING D = 2 in Readiness to Eat AND 2 in Eating

# ACFI 2 Mobility

## Description

This question relates to the person's usual day to day care needs with regard to mobility.

## Notes

For manual handling for maintenance of skin integrity such as frequent changing of the position of a resident with severely impaired mobility refer to ACFI 12 Complex Health Care.

## Care needs

1. Transfers
2. Locomotion

## Checklist must be completed

Rate the level of assistance (Independent/ Not Applicable OR Supervision OR Physical Assistance) required for each care need. Please note that the care need 'transfers' has an extra assistance level of 'mechanical lifting equipment'.

Mobility Checklist	Assistance level (Tick one per care need)
<p><b>1. Transfers</b> Supervision is:</p> <ul style="list-style-type: none"> <li>• locking wheels on a wheelchair to enable a transfer AND adjusting/ removing foot plates or side arm plates OR</li> <li>• standing by to provide assistance (verbal and/ or physical).</li> </ul> <p>One-to-one physical assistance is required for:</p> <ul style="list-style-type: none"> <li>• moving to and from chairs or wheelchairs or beds.</li> </ul> <p>Requiring physical assistance with the use of mechanical lifting equipment for transfers.</p>	<p><input type="checkbox"/> 0 (Independent/ NA)</p> <p><input type="checkbox"/> 1 (Supervision)</p> <p><input type="checkbox"/> 2 (Physical assistance)</p> <p><input type="checkbox"/> 3 (Mechanical lifting equipment)</p>
<p><b>2. Locomotion</b> Supervision is:</p> <ul style="list-style-type: none"> <li>• handing the resident a mobility aid OR</li> <li>• fitting of calipers, leg braces or lower limb prostheses OR</li> <li>• standing by to provide assistance (verbal and/ or physical).</li> </ul> <p>One-to-one physical assistance is required for:</p> <ul style="list-style-type: none"> <li>• staff to push wheelchair OR</li> <li>• assistance with walking</li> </ul>	<p><input type="checkbox"/> 0 (Independent/ NA)</p> <p><input type="checkbox"/> 1 (Supervision)</p> <p><input type="checkbox"/> 2 (Physical assistance)</p>

## ACFI 2 rating key

RATING A = 0 in both care needs (Transfers and Locomotion)

RATING B = 1 or 2 in Transfers AND 0 in Locomotion

RATING B = 0 in Transfers AND (1 or 2) in Locomotion

RATING C = 1 or 2 in Transfers AND 1 in Locomotion

RATING C = 1 in Transfers AND 2 in Locomotion

RATING D = 2 in Transfers AND 2 in Locomotion

RATING D = 3 in Transfers

# ACFI 3 Personal Hygiene

## Description

This question relates to the person's usual day to day care needs with regard to personal hygiene.

## Care needs

1. Dressing and Undressing
2. Washing and Drying
3. Grooming

## Checklist must be completed

Rate the level of assistance (Independent/ Not Applicable OR Supervision OR Physical Assistance) needed for each care need.

Personal Hygiene Checklist	Assistance level (tick one per care need)
<p><b>1. Dressing and Undressing</b> Supervision is:</p> <ul style="list-style-type: none"> <li>• choosing and laying out appropriate garments OR</li> <li>• undoing and doing up zips, buttons or other fasteners including velcro OR</li> <li>• standing by to provide assistance (verbal and/ or physical).</li> </ul> <p>One-to-one physical assistance is required for:</p> <ul style="list-style-type: none"> <li>• dressing AND undressing i.e. putting on or taking off clothing AND footwear (i.e. underwear, shirts, skirts, pants, cardigan, socks, stockings) OR</li> <li>• fitting and removing of hip protectors, slings, cuffs, splints, medical braces and prostheses other than for the lower limb.</li> </ul>	<input type="checkbox"/> 0 (Independent/ NA) <input type="checkbox"/> 1 (Supervision) <input type="checkbox"/> 2 (Physical assistance)
<p><b>2. Washing and Drying</b> Supervision is:</p> <ul style="list-style-type: none"> <li>• setting up toiletries, or turning on and adjusting taps, OR</li> <li>• standing by to provide assistance (verbal and/ or physical).</li> </ul> <p>One-to-one physical assistance is required throughout the process of:</p> <ul style="list-style-type: none"> <li>• washing and/ or drying the body.</li> </ul>	<input type="checkbox"/> 0 (Independent/ NA) <input type="checkbox"/> 1 (Supervision) <input type="checkbox"/> 2 (Physical assistance)
<p><b>3. Grooming</b> Supervision is:</p> <ul style="list-style-type: none"> <li>• setting up articles for grooming OR</li> <li>• standing by to provide assistance (verbal and/ or physical).</li> </ul> <p>One-to-one physical assistance is required for:</p> <ul style="list-style-type: none"> <li>• dental care OR hair care OR shaving.</li> </ul>	<input type="checkbox"/> 0 (Independent/ NA) <input type="checkbox"/> 1 (Supervision) <input type="checkbox"/> 2 (Physical assistance)

## ACFI 3 rating key

RATING A = 0 in all care needs (Dressing and Washing and Grooming)

RATING B = 1 in any of the three care needs (Dressing, Washing, Grooming)

RATING C = 2 in any of the three care needs (Dressing, Washing, Grooming)

RATING D = 2 in all three care needs (Dressing and Washing and Grooming)

# ACFI 4 Toileting

## Description

This question relates to the person's usual day to day care needs with regard to toileting. It relates to the assessed needs with regard to use of a toilet, commode, urinal or bedpan. It also includes emptying drainage bags of residents who have ostomies and catheters.

## Notes

For location change related to toileting refer to ACFI 2 Mobility. For the clinical care of catheters and the administration of suppositories and enemas in continence management see ACFI 12 Complex Health Care.

## Care needs

1. Use of a toilet (setting up to use the toilet)
2. Toilet completion (the ability to appropriately manage the toileting activity)

## Checklist must be completed

Rate the level of assistance (Independent/ Not Applicable OR Supervision OR Physical Assistance) required for each care need.

Toileting Checklist	Assistance level (tick one per care need)
<p><b>1. Use of toilet</b> Supervision is:</p> <ul style="list-style-type: none"> <li>• setting up toilet aids, or handing the resident the bedpan or urinal, or placing ostomy articles in reach OR</li> <li>• stand by to provide assistance with setting up activities (verbal and/ or physical).</li> </ul> <p>One-to-one physical assistance is required for:</p> <ul style="list-style-type: none"> <li>• positioning resident for use of toilet or commode or bedpan or urinal.</li> </ul>	<input type="checkbox"/> 0 (Independent/ NA) <input type="checkbox"/> 1 (Supervision) <input type="checkbox"/> 2 (Physical assistance)
<p><b>2. Toilet completion</b> Supervision is:</p> <ul style="list-style-type: none"> <li>• standing by while the resident toilets to provide assistance (verbal and/ or physical) with adjusting clothing or peri-anal hygiene; OR</li> <li>• emptying drainage bags, urinals, bed pans or commode bowls.</li> </ul> <p>Physical assistance is required for:</p> <ul style="list-style-type: none"> <li>• adjusting clothing; AND</li> <li>• wiping the peri-anal area.</li> </ul>	<input type="checkbox"/> 0 (Independent/ NA) <input type="checkbox"/> 1 (Supervision) <input type="checkbox"/> 2 (Physical assistance)

## ACFI 4 rating key

RATING A = 0 in both care needs (Use of Toilet and Toilet Completion)

RATING B = 1 in one or two care needs (Use of Toilet, Toilet Completion)

RATING C = 2 in one care need (Use of Toilet or Toilet Completion)

RATING D = 2 in both care needs (Use of Toilet and Toilet Completion)

# ACFI 5 Continence

## Description

This question relates to the person's usual assessed needs with regard to continence of urine and faeces.

## Notes

For the administration of stool softeners, aperients, suppositories or enemas for continence management see ACFI 11 Medication and ACFI 12 Complex Health Care. For the care and management of an indwelling catheter or ostomy see ACFI 12 Complex Health Care.

## Care needs

1. Urinary Continence
2. Faecal Continence

## Frequency of incontinence:

Self-manages or Continent is:

- continent of urine or self-manages continence devices  
OR
- continent of faeces or self-manages continence devices.

Occasional incontinence is:

- incontinent of urine less than or equal to once per day  
OR
- incontinent of faeces less than or equal to twice per week.

Frequent incontinence is:

- incontinent of urine 2-3 times per day  
OR
- incontinent of faeces 3-4 times per week.

Always incontinent is:

- incontinent of urine more than 3 times per day  
OR
- incontinent of faeces more than 4 times per week.

**Note:** In counting frequency of incontinence the following are included:

Episodes of incontinence; changing of wet or soiled pads; increase in pad wetness; passing urine/ bowels open during scheduled toileting (as this is an avoided incontinence episode).

## Assessment

The required assessment for the completion of the checklist is the Continence Record. The Continence Record includes a three-day Urinary Record and a seven-day Bowel Record. Alternatively, continence logs or diaries that were completed within the six months prior to the appraisal may be used to complete the Continence Record if the log or diary accurately informs on the Continence Record and it continues to reflect the resident's continence status at the time of the appraisal.

If claiming for scheduled toileting (refer to Terminology for definition of scheduled toileting), you must provide documentary evidence of incontinence prior to the implementation of scheduled toileting e.g. ACCR or a flowchart completed prior to scheduled toileting being implemented.

**Note:** The appropriate section of the Continence Record from the ACFI Assessment Pack must be completed when claiming above a rating A in this question.

A urine assessment (i.e. urine continence section of the Continence Record) is not required if the resident is continent of urine (including persons with a urinary catheter) or self-manages continence devices. A bowel assessment (i.e. faecal continence section of the Continence Record) is not required if the resident is continent of faeces (including persons with an ostomy) or self-manages continence devices.

Complete the urinary record for three consecutive days and bowel record for seven consecutive days. Use the codes provided and complete the record. Codes 1 to 4 relate to episodes of urinary incontinence. Codes 5 to 7 relate to episodes of faecal incontinence.

Code 1: incontinent of urine

Code 5: incontinent of faeces

Code 2: pad change for incontinence of urine

Code 6: pad change for incontinence of faeces

Code 3: increase in pad wetness

Code 7: bowel open during scheduled toileting

Code 4: passed urine during scheduled toileting

**Assessment Summary Table must be completed**

Indicate which assessments were completed

<b>Continence Assessment Summary</b>	<b>Tick if yes</b>
3-day urine Continence Record	<input type="checkbox"/>
7-day bowel Continence Record	<input type="checkbox"/>
None	<input type="checkbox"/>

### Checklist must be completed

You must tick one selection from items 1 – 4 and one selection from items 5 – 8.

ACFI 5: Continence Checklist		Tick if YES
Urinary Continence		
1	No episodes of urinary incontinence or self-manages continence devices	<input type="checkbox"/> 1
2	Incontinent of urine less than or equal to once per day	<input type="checkbox"/> 2
3	2 to 3 episodes daily of urinary incontinence or passing of urine during scheduled toileting	<input type="checkbox"/> 3
4	More than 3 episodes daily of urinary incontinence or passing of urine during scheduled toileting	<input type="checkbox"/> 4
Faecal Continence		
5	No episodes of faecal incontinence or self-manages continence devices	<input type="checkbox"/> 5
6	Incontinent of faeces once or twice per week	<input type="checkbox"/> 6
7	3 to 4 episodes weekly of faecal incontinence or passing faeces during scheduled toileting	<input type="checkbox"/> 7
8	More than 4 episodes per week of faecal incontinence or passing faeces during scheduled toileting	<input type="checkbox"/> 8

#### ACFI 5 rating key

RATING A = yes to (item 1) and (item 5)

RATING B = yes to (item 2) or (item 6)

RATING C = yes to (item 3) or (item 7)

RATING D = yes to (item 4) or (item 8)

## ACFI 6 Cognitive Skills

### Description

This question relates to the person's assessed usual cognitive skills.

### Assessment

To support a B, C or D rating in ACFI 6, the Psychogeriatric Assessment Scales - Cognitive Impairment Scale (PAS) must be completed, unless there are specific reasons why its use is inappropriate.

If the PAS has been completed for the resident in the last six months, it may be used if it continues to reflect the cognitive status of the resident at the time of appraisal. If it is inappropriate to use the PAS, the checklist must still be completed.

If there is a clinical report available that supports your rating please indicate this in the Assessment Summary. The PAS should still be completed if appropriate. Refer to 'Terminology and Explanatory Notes' for details about a clinical report.

### Assessment Summary Table must be completed

Indicate if an assessment was used or the reason why an assessment was not suitable. The PAS may not be suitable for some people of non-English speaking background. It may not be suitable for some Aboriginal or Torres Strait Islander residents, depending on their background. In some circumstances, resident impairments may prevent the use of the PAS.

ACFI 6: Cognitive Skills Assessment Summary	Tick if yes	
No PAS undertaken – nil or minimal cognitive impairment	<input type="checkbox"/>	
Cannot use PAS due to severe cognitive impairment or unconsciousness	<input type="checkbox"/>	
Cannot use PAS due to speech impairment	<input type="checkbox"/>	
Cannot use PAS due to cultural or linguistic background	<input type="checkbox"/>	
Cannot use PAS due to sensory impairment	<input type="checkbox"/>	
Cannot use PAS due to resident's refusal to participate	<input type="checkbox"/>	
Clinical report provides supporting information for the ACFI 6 appraisal	<input type="checkbox"/>	
Psychogeriatric Assessment Scales - Cognitive Impairment Scale: enter score	<input type="checkbox"/> ⇒	<b>SCORE</b>

## Checklist must be completed

Cognitive Skills Checklist	Tick if yes
<p><b>1 No or minimal impairment</b>            PAS = 0-3 (including a decimal score below 4)            If no PAS assessment:            No significant problems in everyday activities. Demonstrates no difficulties or only minor difficulties in the following - memory loss (e.g. may forget names, misplace objects), handling money, solving problems (e.g. judgement and reasoning skills are intact), cognitively capable of self-care</p>	<input type="checkbox"/> 1
<p><b>2. Mild impairment</b>            PAS = 4-9 (including a decimal score below 10)            If PAS assessment is inappropriate:            May appear normal but on investigation has some problems in everyday activities.            Memory and            Personal care: memory loss of recent events that impacts on ADLs (i.e. needs prompting not physical assistance)            Interests: not independent in chores/ interests requiring reasoning judgement, planning etc (i.e. cooking, use of telephone, shopping).            Orientation: disorientation in unfamiliar places</p>	<input type="checkbox"/> 2
<p><b>3 Moderate impairment</b>            PAS = 10-15 (including a decimal score below 16)            If PAS assessment is inappropriate:            Has significant problems in the performance of everyday activities, requires supervision and some assistance.            Memory: new material rapidly lost, only highly learned material retained            Personal care: requires physical assistance with some ADLs (e.g. personal hygiene, dressing)            Orientation: disorientation to time and place is likely            Communication: possibly fragments of sentences, more vague</p>	<input type="checkbox"/> 3
<p><b>4 Severe impairment</b>            PAS= 16-21            If PAS assessment is inappropriate:            Has severe problems in everyday activities and requires full assistance as unable to respond to prompts and directions.            Memory: only fragments of past events remain            Personal care: requires full assistance with most or all ADLs            Orientation: orientation to person only            Communication: speech disturbances are common</p>	<input type="checkbox"/> 4

### ACFI 6 rating key

RATING A = yes to (item 1)

RATING B = yes to (item 2)

RATING C = yes to (item 3)

RATING D = yes to (item 4)

# ACFI 7 Wandering

## Description

This question relates to repeated attempts to leave the facility to enter any areas within or outside the facility where his/ her presence is unwelcome or inappropriate - for example kitchens or other persons' rooms, or interfering while wandering in these places.

## Assessment

To support a B, C or D rating in ACFI 7, a Behaviour Record must be completed by the facility.

If the Behaviour Record has been completed for the resident in the last six months, you may use that assessment if it continues to reflect the behavioural needs of the resident at the time of appraisal. The behaviour must impact on current care needs and require attention from a staff member.

The ACFI appraiser will be responsible for:

- a. ensuring that the Behaviour Record has been initialled by the staff member who observed the behaviour occurrence
- b. the availability of a signature log for the period the Behaviour Record was completed.

## Assessment Summary Table must be completed

Indicate which assessment was used and the identified behaviour(s).

Wandering Assessment Summary	Tick if yes
Behaviour Record	<input type="checkbox"/>
Interfering while wandering	<input type="checkbox"/>
Trying to get to inappropriate places	<input type="checkbox"/>
No behaviours	<input type="checkbox"/>

## Checklist must be completed

Wandering Checklist	Tick if yes
Problem wandering does not occur or occurs less than once per week	<input type="checkbox"/> 1
Problem wandering occurs at least once in a week	<input type="checkbox"/> 2
Problem wandering occurs at least six days in a week	<input type="checkbox"/> 3
Problem wandering occurs at least twice a day or more, at least six days in a week	<input type="checkbox"/> 4

## ACFI 7 rating key

RATING A = yes to (item 1)

RATING B = yes to (item 2)

RATING C = yes to (item 3)

RATING D = yes to (item 4)

# ACFI 8 Verbal Behaviour

## Description

This question relates to verbal behaviours including:

- a. verbal refusal of care
- b. verbal disruption (not related to an unmet need)
- c. paranoid ideation that disturbs others or
- d. verbal sexually inappropriate advances directed at another person, visitor or member of staff.

## Assessment

To support a B, C or D rating in ACFI 8, a Behaviour Record must be completed by the facility. If the Behaviour Record has been completed for the resident in the last six months, you may use that assessment if it continues to reflect the behavioural needs of the resident at the time of appraisal. The behaviour must impact on current care needs and require attention from a staff member.

The ACFI appraiser will be responsible for:

- a. ensuring that the Behaviour Record has been initialled by the staff member who has observed the behaviour
- b. the availability of a signature log for the period the Behaviour Record was completed.

## Assessment Summary Table must be completed

Indicate which assessment was used and the identified behaviour(s).

Verbal Behaviour Assessment Summary	Tick if yes
Behaviour Record	<input type="checkbox"/>
Verbal refusal of care	<input type="checkbox"/>
Verbal disruption to others	<input type="checkbox"/>
Paranoid ideation that disturbs others	<input type="checkbox"/>
Verbal sexually inappropriate advances	<input type="checkbox"/>
No behaviours	<input type="checkbox"/>

## Checklist must be completed

Verbal Behaviour Checklist	Tick if yes
Verbal behaviour does not occur or occurs less than once per week	<input type="checkbox"/> 1
Verbal behaviour occurs at least once in a week	<input type="checkbox"/> 2
Verbal behaviour occurs at least six days in a week	<input type="checkbox"/> 3
Verbal behaviour occurs twice a day or more, at least six days in a week	<input type="checkbox"/> 4

## ACFI 8 rating key

RATING A = yes to (item 1)

RATING B = yes to (item 2)

RATING C = yes to (item 3)

RATING D = yes to (item 4)

# ACFI 9 Physical Behaviour

## Description

This question relates to:

- a. physical conduct by a resident that is threatening and has the potential to physically harm another person, visitor or member of staff or property (biting, grabbing, striking, kicking, pushing, scratching, spitting, throwing things, sexual advances, chronic substance abuse behaviours)
- b. socially inappropriate behaviour that impacts on other residents (inappropriately handling things, inappropriately dressing/ disrobing, inappropriate sexual behaviour, hiding or hoarding, consuming inappropriate substances)

OR

- c. being constantly physically agitated, (always moving around in seat, getting up and down, inability to sit still, performing repetitious mannerisms).

## Notes

This question excludes where a person has a medical condition that might lead to injury, for example, through fitting or loss of consciousness, or where a person has a risk of falls related to poor mobility or balance, or frailty or a disease. It excludes a range of behaviours which might in the longer term be considered as damaging or health reducing such as smoking or non-compliance with a specialised diet.

## Assessment

To support a B, C or D rating in ACFI 9, a Behaviour Record must be completed by the facility.

If the Behaviour Record has been completed for the resident in the last six months, you may use that assessment if it continues to reflect the behavioural needs of the resident at the time of appraisal. The behaviour must impact on current care needs and require attention from a staff member.

The ACFI appraiser will be responsible for:

- a. ensuring that the Behaviour Record has been initialled by the staff member who has observed the behaviour
- b. the availability of a signature log for the period the Behaviour Record was completed.

### Assessment Summary Table must be completed

Indicate which assessment was used and the identified behaviour(s).

Physical Behaviour Assessment Summary	Tick if yes
Behaviour Record	<input type="checkbox"/>
Physically threatening or doing harm to self, others or property	<input type="checkbox"/>
Socially inappropriate behaviour impacts on other residents	<input type="checkbox"/>
Constantly physically agitated	<input type="checkbox"/>
No behaviours	<input type="checkbox"/>

### Checklist must be completed

Physical Behaviour Checklist	Tick if yes
Physical behaviour does not occur or occurs less than once per week	<input type="checkbox"/> 1
Physical behaviour occurs at least once in a week	<input type="checkbox"/> 2
Physical behaviour occurs at least six days in a week	<input type="checkbox"/> 3
Physical behaviour occurs twice a day or more, at least six days in a week	<input type="checkbox"/> 4

### ACFI 9 rating key

RATING A = yes to (item 1)

RATING B = yes to (item 2)

RATING C = yes to (item 3)

RATING D = yes to (item 4)

# ACFI 10 Depression

## **Description**

This question relates to symptoms associated with depression and dysthymia (chronic mood disturbance).

## **Notes**

It excludes behaviour which is covered in ACFI 8 Verbal Behaviour or ACFI 9 Physical Behaviour. It excludes physical illness or disability as recorded in Medical Diagnosis.

## **Assessment**

The Cornell Scale for Depression (CSD) must be completed to appraise care needs at the B, C or D level. If this instrument has been completed for the resident in the last six months, you may use that assessment if it continues to reflect the care needs of the resident at the time of appraisal. The symptoms must impact on current care needs and require attention from a staff member. [If using the Cornell Scale with non-English speaking persons, the assessor should confer with an interpreter (this could include a family member or staff) where required to confirm any verbal signs or symptoms.]

A symptom should be recorded if it is occurring on a regular, persistent basis (reflects usual care needs). It should be observable and noted by a majority of informants on a day-to-day basis. The symptoms will be chronic, persistent and not directly related to day-to-day events in the care environment.

If there is a clinical report available that supports your rating please indicate this in the Assessment Summary. The Cornell Scale for Depression should still be completed. Refer to Terminology and Explanatory Notes for details about a clinical report.

If a diagnosis of depression or provisional diagnosis of depression is available please indicate this in the Assessment Summary. The diagnosis or reconfirmation of a diagnosis should have been completed in the past twelve months. Diagnosis sources are Aged Care Client Record (ACCR), GP comprehensive medical assessment, or other medical practitioner assessments or notes. Evidence of a diagnosis or provisional diagnosis of depression is to be documented in Mental and Behavioural Diagnosis and included in the ACFI Appraisal Pack.

### Assessment Summary Table must be completed

Indicate which assessment was used.

Symptoms of Depression Assessment Summary	Tick if yes	Score
Cornell Scale for Depression (CSD) - enter score	<input type="checkbox"/>	
Clinical report provided supporting information for the ACFI 10 appraisal Note: Cornell Scale for Depression must be completed	<input type="checkbox"/>	
Diagnosis of depression or provisional diagnosis completed or reconfirmed in the past 12 months Note: evidence of the diagnosis or provisional diagnosis of depression to be documented in Mental and Behavioural Diagnosis	<input type="checkbox"/>	
Diagnosis of depression or provisional diagnosis is being sought and will be made available on request within three months of the appraisal date Note: ensure evidence of diagnosis or provisional diagnosis is documented in an updated Mental and Behavioural Diagnosis	<input type="checkbox"/>	
None	<input type="checkbox"/>	

### Checklist must be completed

Symptoms of Depression Checklist	Tick if yes
CSD = 0-8 or no CSD completed Minimal symptoms or symptoms of depression did not occur	<input type="checkbox"/> 1
CSD = 9-13 Symptoms of depression caused mild interference with the person's ability to participate in their regular activities	<input type="checkbox"/> 2
CSD = 14-18 Symptoms of depression caused moderate interference with the person's ability to function and participate in regular activities	<input type="checkbox"/> 3
CSD = 19-38 Symptoms of depression caused major interference with the person's ability to function and participate in regular activities	<input type="checkbox"/> 4
There is a diagnosis or provisional diagnosis of depression completed or reconfirmed in the past twelve months (diagnosis evidence required as per Mental and Behavioural Diagnosis)	<input type="checkbox"/> 5
Diagnosis or provisional diagnosis of depression being sought and will be made available on request within three months of the appraisal date	<input type="checkbox"/> 6

### ACFI 10 rating key

RATING A = yes to (item 1)

RATING B = yes to (item 2)

RATING C = yes to (item 3) AND (item 5 or item 6)

RATING D = yes to (item 4) AND (item 5 or item 6)

# ACFI 11 Medication

## Description

This question relates to the needs of the person for assistance in taking medications. It relates to medication administered on a regular basis. Infrequent or irregular administration of medication(s) is not covered in this question.

## Notes

For intravenous infusions and the administration of suppositories and enemas as part of bowel management see ACFI 12 Complex Health Care. Where a person is responsible for their own medication administration from a dose administration aid, this does not comprise assistance with medication for this question.

## Definitions

**Medication(s)** refers to:

- any substance(s) listed in Schedule 2, 3, 4, 4D, 8 or 9 of the Standard for the Uniform Scheduling of Drugs and Poisons (and its amendments) and/ or
- medication(s) ordered by an authorised health professional or authorised for nurse initiated medication by a Medication Advisory Committee or its equivalent. This excludes food supplements, with or without vitamins, and emollients (e.g. sorbolene cream, aqueous cream, etc).

**Authorised health professional** means medical practitioner, dentist, nurse practitioner or other health professional authorised to prescribe by relevant state/ territory legislation.

**Assistance** means either standby (to provide physical or verbal assistance) or to provide physical assistance or extensive prompting so that the person completes the ingestion or takes medication by route ordered. There are three time periods associated with the level of assistance (less than 6 minutes, 6 -11 minutes and more than 11 minutes).

## Timing

For daily medications ordered by an authorised health professional, record the medication administration time in the Answer Appraisal Pack and calculate how many minutes are required for medication assistance over a 24 hour period. Time does not include preparation of medications e.g. packaging or crushing.

## Administration

Does not include supervision of a resident injecting their medication.

Complete details about the evidence source in the Source Materials Box. The evidence is the most recent medication chart or record completed within the last twelve months. Completion includes that the source document identifies the name and profession of the health professional who has undertaken the document and it must be signed and dated by that person.

## Source Materials

Medication chart to be filed with ACFI Appraisal Pack
Name of person(s) authorising medication(s)
Profession
Date completed

### Completing the checklist is required

Medication Checklist	Tick if yes
No medication	<input type="checkbox"/> 1
Self-manages medication	<input type="checkbox"/> 2
Application of patches at least weekly, but less frequently than daily	<input type="checkbox"/> 3
Needs assistance for less than 6 minutes per 24 hour period with daily medications	<input type="checkbox"/> 4
Needs assistance for between 6 and 11 minutes per 24 hour period with daily medications	<input type="checkbox"/> 5
Needs assistance for more than 11 minutes per 24 hour period with daily medications	<input type="checkbox"/> 6
Needs daily administration of a subcutaneous drug	<input type="checkbox"/> 7
Needs daily administration of an intramuscular drug	<input type="checkbox"/> 8
Needs daily administration of an intravenous drug	<input type="checkbox"/> 9

#### ACFI 11: rating key

RATING A = yes to (item 1) or (item 2)

RATING B = yes to (item 3) or (item 4)

RATING C = yes to (item 5)

RATING D = yes to (item 6) or (item 7) or (item 8) or (item 9)

# ACFI 12 Complex Health Care

## **Description**

This question relates to the assessed need for ongoing complex health care procedures and activities. It excludes temporary nursing interventions e.g. management of temporary post-surgical catheters or stomas, management of minor injuries or acute illnesses such as colds/ flu.

The ratings in this question relate to the technical complexity and frequency of the procedures.

## **Assessment**

Only complex health care needs that have been identified in a directive and/ or assessment by a registered nurse including nurse practitioner or other appropriate medical or health professional are taken into account in this question.

Identify the procedure required in relation to usual (not exceptional) care needs and record the number of times per week (7 days) this procedure is conducted. Where a minimum frequency is specified as 'at least weekly' and a frequency is less than this, it is not taken into account in calculating a rating for this question.

A reference to a **registered nursing directive** refers to an existing nursing directive and/ or assessment from a nurse practitioner or registered nurse that the complex health care procedure is required.

A reference to a **medical practitioner directive** refers to the existing medical directive from a general or specialist medical practitioner or a consultant physician that the complex health care procedure is required.

Where appropriate to the procedure, a reference to an **allied health professional directive** refers to an existing directive and/ or assessment by an allied health professional.

An **allied health professional** refers to a Chiropodist or Podiatrist, Chiropractor, Dietitian, Osteopath, Physiotherapist, Occupational Therapist or Speech Pathologist.

**ACCR** is the Aged Care Client Record.

Where indicated, a Commonwealth Review Officer may request to see a Record of Treatment.

## Source Materials

Please indicate what source material/s for this question are filed in the ACFI Appraisal Pack.

Indicate which sources of evidence have been filed in the ACFI Appraisal Pack	Tick if yes
Medical practitioner directive (Medical Practitioner Directive)	<input type="checkbox"/>
Registered nursing directive (Registered Nurse Directive)	<input type="checkbox"/>
Other health professional directive (Allied Health Professional Directive)	<input type="checkbox"/>
ACCR	<input type="checkbox"/>
Diagnosis	<input type="checkbox"/>
Pain assessment	<input type="checkbox"/>
Skin integrity assessment- this assessment must indicate if the person is confined to bed and/ or chair	<input type="checkbox"/>
Swallowing assessment	<input type="checkbox"/>
Wound assessment	<input type="checkbox"/>

Score	Complex Health Care Procedures	Requirements	Tick if yes
3	Blood pressure measurement for diagnosed hyper/ hypotension is a usual care need AND Frequency at least daily	1. Medical practitioner directive AND on request: record	<input type="checkbox"/> 1
3	Blood glucose measurement for the monitoring of a diagnosed medical condition e.g. diabetes, is a usual care need AND Frequency at least daily	1. Medical practitioner directive AND on request: record	<input type="checkbox"/> 2
1	Pain management involving therapeutic massage or application of heat packs AND Frequency at least weekly AND Involving at least 20 minutes of staff time in total	1. Directive [registered nurse or medical practitioner or allied health professional] AND 2. Pain assessment AND on request: record	<input type="checkbox"/> 3
3	Complex pain management involving therapeutic massage by an allied health professional or registered nurse and/ or pain management involving technical equipment specifically designed for pain management AND Frequency at least weekly AND Involving at least 20 minutes of staff time in total You can only claim one item 4 - either 4a or 4b	1. Directive [registered nurse or medical practitioner or allied health professional] AND 2. Pain assessment AND on request: record	<input type="checkbox"/> 4a

Score	Complex Health Care Procedures	Requirements	Tick if yes
6	Complex pain management involving therapeutic massage by an allied health professional and/ or pain management involving technical equipment specifically designed for pain management AND Frequency at least 4 times per week. You can only claim one item 4 - either 4a or 4b.	1. Directive [registered nurse or medical practitioner or allied health professional] AND 2. Pain assessment AND on request: record	<input type="checkbox"/> 4b
3	Complex skin integrity management for residents with compromised skin integrity who are confined to bed and/ or chair, or cannot self ambulate. The management plan must include repositioning at least 4 times per day.	1. Directive [registered nurse or medical practitioner or allied health professional] AND 2. Skin integrity assessment	<input type="checkbox"/> 5
3	Management of special feeding administered by an RN, on a one to one basis, for people with severe dysphagia, excluding tube feeding. Frequency at least daily.	1. Diagnosis or ACCR AND 2. Directive [registered nurse or medical practitioner or allied health professional] AND 3. Swallowing assessment	<input type="checkbox"/> 6
1	Administration of suppositories or enemas for bowel management is a usual care need. Frequency at least weekly	1. Directive [registered nurse or medical practitioner] AND On request: record	<input type="checkbox"/> 7
3	Catheter care program (ongoing); excludes temporary catheters e.g. short term post surgery catheters.	1. Diagnosis or ACCR or directive [registered nurse or medical practitioner]	<input type="checkbox"/> 8
6	Management of chronic infectious conditions <ul style="list-style-type: none"> <li>• Antibiotic resistant bacterial infections</li> <li>• Tuberculosis</li> <li>• AIDS and other immune-deficiency conditions</li> <li>• Herpes Zoster</li> <li>• Infectious hepatitis</li> </ul>	1. Diagnosis or ACCR AND 2. Directive [registered nurse or medical practitioner]	<input type="checkbox"/> 9
6	Management of chronic wounds, including varicose and pressure ulcers, and diabetic foot ulcers.	1. Diagnosis or ACCR OR directive [registered nurse or medical practitioner] AND 2. Wound assessment AND on request: record	<input type="checkbox"/> 10

Score	Complex Health Care Procedures	Requirements	Tick if yes
6	Management of ongoing administration of intravenous fluids, hypodermoclysis, syringe drivers and dialysis.	<ol style="list-style-type: none"> <li>1. Directive/ prescription [authorised nurse practitioner or medical practitioner]</li> <li>2. A more detailed administrative directive may be developed by a medical practitioner, nurse practitioner or registered nurse</li> </ol>	<input type="checkbox"/> 11
3	Management of oedema, deep vein thrombosis or arthritic joints or chronic skin conditions by the fitting and removal of compression garments, compression bandages, tubular elasticised support bandages, dry dressings and/ or protective bandaging.	<ol style="list-style-type: none"> <li>1. Diagnosis or ACCR OR directive [registered nurse or medical practitioner]</li> </ol>	<input type="checkbox"/> 12
3	Oxygen therapy not self managed.	<ol style="list-style-type: none"> <li>1. Diagnosis or ACCR OR directive [registered nurse or medical practitioner]</li> </ol>	<input type="checkbox"/> 13
D	Palliative care program involving end of life care where ongoing care will involve very intensive clinical nursing and/ or complex pain management in the residential care setting.	<ol style="list-style-type: none"> <li>1. Directive by <sup>3</sup>CNC/CNS in pain or palliative care or medical practitioner]</li> </ol> <p>AND</p> <ol style="list-style-type: none"> <li>2. Pain assessment</li> </ol>	<input type="checkbox"/> 14
1	Management of ongoing stoma care. Excludes temporary stomas e.g. post surgery. Excludes supra pubic catheters (SPCs)	<ol style="list-style-type: none"> <li>1. Diagnosis or ACCR OR directive [registered nurse or medical practitioner]</li> </ol>	<input type="checkbox"/> 15
6	Suctioning airways, tracheostomy care.	<ol style="list-style-type: none"> <li>1. Diagnosis or ACCR OR directive [registered nurse or medical practitioner]</li> </ol>	<input type="checkbox"/> 16
6	Management of ongoing tube feeding.	<ol style="list-style-type: none"> <li>1. Diagnosis or ACCR OR directive [registered nurse or medical practitioner]</li> </ol>	<input type="checkbox"/> 17
3	Technical equipment for continuous monitoring of vital signs including Continuous Positive Airway Pressure (CPAP) machine.	<ol style="list-style-type: none"> <li>1. Directive [registered nurse or medical practitioner]</li> </ol> <p>AND on request: record</p>	<input type="checkbox"/> 18

### ACFI 12 rating key

RATING A = score of 0 (no procedures)

RATING B = score of 1 – 4

RATING C = score of 5 – 9

RATING D = score of 10 or more, or has a palliative care program

<sup>3</sup>CNC (clinical nurse consultant) / CNS (clinical nurse specialist) is a registered nurse who has at least five years full time equivalent post registration experience and approved post-registration nursing qualifications in the specialty fields of pain and/ or palliative care.

## Appendix 1: ACAP Code List for Health Condition - long

[from the AIHW web site: <http://www.aihw.gov.au/publications/index.cfm/title/8127> ]

<b>Certain infectious &amp; parasitic diseases</b>		0402	Diabetes mellitus -Type 1 (IDDM)
0101	Tuberculosis	0403	Diabetes mellitus -Type 2 (NIDDM)
0102	Poliomyelitis	0404	Diabetes mellitus - other specified/ unspecified/unable to be specified
0103	HIV/AIDS	0405	Malnutrition
0104	Diarrhoea & gastroenteritis of presumed infectious origin	0406	Nutritional deficiencies
	Other infectious & parasitic diseases	0407	Obesity
0199	n.o.s. or n.e.c. (includes leprosy, listeriosis, scarlet fever, meningococcal infection, septicaemia, viral meningitis)	0408	High cholesterol
		0499	Other endocrine, nutritional & metabolic disorders n.o.s. or n.e.c. (includes hypoparathyroidism, Cushing's syndrome)
<b>Neoplasms (tumours/cancers)</b>		<b>Mental &amp; behavioural disorders</b>	
0201	Head & neck cancer	<b>0500</b>	<b>Dementia in Alzheimer's disease<sup>1</sup></b>
0202	Stomach cancer	0501	Dementia in Alzheimer's disease with early onset (<65 yrs) <sup>1</sup>
0203	Colorectal (bowel) cancer	0502	Dementia in Alzheimer's disease with late onset (>65 yrs) <sup>1</sup>
0204	Lung cancer	0503	Dementia in Alzheimer's disease, atypical or mixed type <sup>1</sup>
0205	Skin cancer	0504	Dementia in Alzheimer's disease, unspecified <sup>1</sup>
0206	Breast cancer	<b>0510</b>	<b>Vascular dementia</b>
0207	Prostate cancer	0511	Vascular dementia of acute onset
0208	Brain cancer	0512	Multi-infarct dementia
0209	Non-Hodgkin's lymphoma	0513	Subcortical vascular dementia
0210	Leukaemia	0514	Mixed cortical & subcortical vascular dementia
0211	Other malignant tumours n.o.s. or n.e.c.	0515	Other vascular dementia
	Other neoplasms (includes benign	0516	Vascular dementia - unspecified
0299	tumours & tumours of uncertain or unknown behaviour)	<b>0520</b>	<b>Dementia in other diseases classified elsewhere</b>
<b>Diseases of the blood &amp; blood forming organs &amp; immune mechanism</b>		0521	Dementia in Pick's disease
0301	Anaemia	0522	Dementia in Creutzfeldt-Jakob disease
0302	Haemophilia	0523	Dementia in Huntington's disease
0303	Immunodeficiency disorder (excluding AIDS)	0524	Dementia in Parkinson's disease
	Other diseases of blood & blood	0525	Dementia in human immunodeficiency virus (HIV) disease
0399	forming organs & immune mechanism n.o.s. or n.e.c.	0526	Dementia in other specified diseases classified elsewhere
<b>Endocrine, nutritional &amp; metabolic disorders</b>			
0401	Disorders of the thyroid gland (includes iodine-deficiency syndrome, hypothyroidism, hyperthyroidism, thyroiditis)		

<b>0530 Other dementia</b>		0583 Speech impediment (i.e. stuttering/ stammering)
0531 Alcoholic dementia		Other mental & behavioural disorders n.o.s. or n.e.c. (includes harmful use of non-dependent substances e.g.
0532 Unspecified dementia (includes presenile & senile dementia)		0599 laxatives analgesics, antidepressants, eating disorders ego anorexia nervosa, bulimia nervosa, mental disorders not otherwise specified)
<b>0540 Delirium</b>		
0541 Delirium not superimposed on dementia		
0542 Delirium superimposed on dementia		
0543 Other delirium		
0544 Delirium - unspecified		
<b>0550 Psychoses &amp; depression/mood affective disorders</b>		
0551 Schizophrenia		
0552 Depression/Mood affective disorders		
0553 Other psychoses (includes paranoid states)		
<b>0560 Neurotic, stress-related &amp; somatoform disorders</b>		
0561 Phobic & anxiety disorders (includes agoraphobia, panic disorder)		
0562 Nervous tension/stress		
0563 Obsessive-compulsive disorder		
0564 Other neurotic, stress-related & somatoform disorders		
<b>0570 Intellectual &amp; developmental disorders</b>		
0571 Mental retardation/intellectual disability		
Other developmental disorders (includes autism, Rett's syndrome, Asperger's syndrome, developmental learning disorders, specific		
0572 developmental disorders of speech and language, specific developmental disorder of motor function (e.g. dyspraxia))		
<b>0580 Other mental &amp; behavioural disorders</b>		
0581 Mental and behavioural disorders due to alcohol & other psychoactive substance use (includes alcoholism, Korsakov's psychosis (alcoholic))		
0582 Adult personality & behavioural disorders		
		<b>Diseases of the nervous system</b>
		0601 Meningitis & Encephalitis (excluding 'viral')
		0602 Huntington's disease
		0603 Motor neurone disease
		Parkinson's disease (includes
		0604 Parkinson's disease, secondary Parkinsonism)
		0605 Transient cerebral ischaemic attacks (T.I.A.s) <sup>2</sup>
		Brain disease/disorders (includes senile degeneration of brain n.e.c., degeneration of nervous system due to alcohol, Schilder's disease)
		0606
		0607 Multiple sclerosis
		0608 Epilepsy
		0609 Muscular dystrophy
		0610 Cerebral palsy
		Paralysis-non-traumatic (includes hemiplegia, paraplegia, quadriplegia, tetraplegia & other paralytic syndromes, e.g. diplegia & monoplegia; excludes spinal cord injury code 1699)
		0611
		0612 Chronic/postviral fatigue syndrome
		Other diseases of the nervous system n.o.s. or n.e.c. (includes dystonia, migraines, headache syndromes, sleep disorders e.g. sleep apnoea & insomnia, Bell's palsy, myopathies, peripheral neuropathy, dysautonomia)
		0699
		<b>Diseases of the eye &amp; adnexa</b>
		0701 Cataracts
		0702 Glaucoma
		0703 Blindness (both eyes, one eye, one eye & low vision in other eye)
		0704 Poor vision (low vision both eyes, one eye, unspecified visual loss)
		0799 Other diseases of the eye & adnexa n.o.s or n.e.c (includes conjunctivitis)

**Disease of the ear & mastoid process**

- 0801 Ménière's disease (includes Ménière's syndrome, vertigo)
- 0802 Deafness/hearing loss
- Other diseases of the ear & mastoid process n.o.s. or n.e.c. (includes
- 0899 disease of external ear, otitis media, mastoiditis and related conditions, myringitis, otosclerosis, tinnitus)

**Diseases of the circulatory system**

- 0900 Heart disease
- 0901 Rheumatic fever
- 0902 Rheumatic heart disease
- 0903 Angina
- 0904 Myocardial infarction (heart attack)
- 0905 Acute & chronic ischaemic heart disease
- 0906 Congestive heart failure (congestive heart disease)
- Other heart diseases (pulmonary embolism, acute pericarditis, acute and subacute endocarditis, cardiomyopathy, cardiac arrest, heart failure-unspecified)
- 0907
- 0910 Cerebrovascular disease<sup>2,3</sup>**
- 0911 Subarachnoid haemorrhage<sup>2,3</sup>
- 0912 Intracerebral haemorrhage<sup>2,3</sup>
- 0913 Other intracranial haemorrhage<sup>2,3</sup>
- 0914 Cerebral infarction<sup>2,3</sup>
- 0915 Stroke (CVA)-cerebrovascular accident unspecified<sup>2,3</sup>
- Other cerebrovascular diseases<sup>2</sup> (includes embolism, narrowing, obstruction & thrombosis of basilar, carotid, vertebral arteries and middle, anterior, cerebral arteries, cerebellar arteries not resulting in cerebral infarction)
- 0916

**0920 Other diseases of the circulatory system**

- 0921 Hypertension (high blood pressure)
- 0922 Hypotension (low blood pressure)
- 0923 Abdominal aortic aneurysm
- Other arterial or aortic aneurysms (includes thoracic, unspecified, aneurysm of carotid artery, renal artery, unspecified)
- 0924

- 0925 Atherosclerosis

Other diseases of the circulatory system n.o.s. or n.e.c. (includes other peripheral vascular disease, arterial embolism & thrombosis, other disorders of arteries & arterioles, diseases of capillaries, varicose veins, haemorrhoids)

0999

**Diseases of the respiratory system**

- Acute upper respiratory infections (includes common cold, acute sinusitis, acute pharyngitis, acute tonsillitis, acute laryngitis, upper respiratory infections of multiple & unspecified sites)
- 1001
- 1002 Influenza & pneumonia
- Acute lower respiratory infections (includes acute bronchitis, bronchiolitis & unspecified acute lower respiratory infections)
- 1003
- Other diseases of upper respiratory tract (includes respiratory allergies (excluding allergic asthma), chronic rhinitis & sinusitis, chronic diseases of tonsils & adenoids)
- 1004
- Chronic lower respiratory diseases (includes emphysema, chronic obstructive airways disease (COAD), asthma)
- 1005
- Other diseases of the respiratory system n.o.s. or n.e.c.
- 1099

**Diseases of the digestive system**

- Diseases of the intestine (includes stomach/duodenal ulcer, abdominal hernia (except congenital), enteritis, colitis, vascular disorders of intestine, diverticulitis, irritable bowel syndrome, diarrhoea, constipation)
- 1101
- Diseases of the peritoneum (includes peritonitis)
- 1102
- Diseases of the liver (includes alcoholic liver disease, toxic liver disease, fibrosis and cirrhosis of liver)
- 1103
- Other diseases of the digestive system n.o.s. or n.e.c. (includes diseases of oral cavity, salivary glands and jaws, oesophagitis, gastritis and duodenitis, cholecystitis, other diseases of gallbladder, pancreatitis, coeliac disease)
- 1199

**Diseases of the skin & subcutaneous tissue**

- 1201 Skin & subcutaneous tissue infections (includes impetigo, boil, cellulitis)
- 1202 Skin allergies (dermatitis & eczema)
- Other diseases of the skin & subcutaneous tissue n.o.s. or n.e.c.
- 1299 (includes bedsore, urticaria, erythema, radiation-related disorders, disorders of skin appendages)

**Diseases of the musculoskeletal system & connective tissue**

- 1301 Rheumatoid arthritis
- 1302 Other arthritis & related disorders (includes gout, arthrosis, osteoarthritis)
- 1303 Deformities of joints/limbs - acquired
- 1304 Back problems - dorsopathies (includes scoliosis)
- 1305 Other soft tissue/muscle disorders (includes rheumatism)
- 1306 Osteoporosis
- Other disorders of the musculoskeletal system & connective tissue n.o.s. or n.e.c. (includes osteomyelitis)
- 1399

**Diseases of the genitourinary system**

- Kidney & urinary system (bladder) disorders (includes nephritis renal failure, cystitis; excludes urinary tract infection & incontinence)
- 1401
- 1402 Urinary tract infection
- Stress/urinary incontinence (includes stress, overflow, reflex & urge incontinence)
- 1403
- Other diseases of the genitourinary system n.o.s. or n.e.c. (includes prostate, breast and menopause disorders, urinary incontinence (stress, overflow, reflex, urge))
- 1499

**Congenital malformations, deformations & chromosomal abnormalities**

- 1501 Spina bifida
- 1502 Deformities of joints/limbs – congenital
- 1503 Down's syndrome
- 1504 Other chromosomal abnormalities
- 1505 Congenital brain damage/malformation
- 1599 Other congenital malformations & deformations n.o.s. or n.e.c.

**Injury, poisoning & certain other consequences of external causes**

- Injuries to the head (includes injuries to ear, eye, face, jaw, acquired brain damage)
- 1601
- 1602 Injuries to arm/hand/shoulder (includes, dislocations, sprains & strains)
- Injuries to leg/knee/foot/ankle/hip (includes dislocations, sprains & strains)
- 1603
- 1604 Amputation of the finger/thumb/hand/arm/shoulder - traumatic
- 1605 Amputation of toe/ankle/foot/leg - traumatic
- 1606 Fracture of neck (includes cervical spine & vertebra)
- 1607 Fracture of rib(s), sternum & thoracic spine (includes thoracic spine & vertebra)
- 1608 Fracture of lumbar spine & pelvis (includes lumbar vertebra, sacrum, coccyx, sacrum)
- 1609 Fracture of shoulder, upper arm & forearm (includes clavicle, scapula, humerus, radius, ulna)
- 1610 Fracture at wrist & hand level
- 1611 Fracture of femur (includes hip (neck of femur))
- 1612 Fracture of lower leg & foot
- Poisoning by drugs, medicaments & biological substances (includes systemic antibiotics, hormones, narcotics, hallucinogens, analgesics, antipyretics, antirheumatics, antiepileptic, antiparkinsonism drugs, includes overdose of the above substances)
- 1613
- Other injury, poisoning & consequences of external causes n.o.s. or n.e.c. (including all other injuries to the body, spinal cord injury, multiple fractures, unspecified dislocations, sprains, strains, fractures, burns, frostbite, toxic effects of substances of nonmedical source, complications of surgical & medical care)
- 1699

**Symptoms & signs n.o.s or n.e.c<sup>4</sup>**

- 1701 Abnormal blood-pressure reading, without diagnosis
- 1702 Cough

1703	Breathing difficulties/shortness of breath	1899	Has other health condition not elsewhere specified
1704	Pain		
1705	Nausea & vomiting		n.e.c. not elsewhere classified
1706	Dysphagia (difficulty in swallowing)		n.o.s. not otherwise specified
1707	Bowel/faecal incontinence		
1708	Unspecified urinary incontinence		<sup>1</sup> In any analysis of 'Diseases of the nervous system' code 0500 'Dementia in Alzheimer's disease' should be grouped with 0600
1709	Retention of urine		
1710	Jaundice (unspecified)		<sup>2</sup> In any analysis of 'Cerebrovascular disease' code 0605 Transient cerebral ischaemic attacks (TIAs) should be grouped with 0910
1711	Disturbances of skin sensation (includes pins & needles, tingling skin)		
1712	Rash & other nonspecific skin eruption		<sup>3</sup> Transient cerebral ischaemic attacks (TIAs) should be coded to 0605
1713	Abnormal involuntary movements (includes abnormal head movements, tremor unspecified, cramp & spasm, twitching n.o.s)		<sup>4</sup> These codes should only be used to record certain symptoms that represent important problems in their own right, regardless of whether a related diagnosed disease or disorder is also reported
1714	Abnormalities of gait & mobility (includes ataxic & spastic gait, difficulty in walking n.e.c)		
1715	Falls (frequent with unknown aetiology)		
1716	Disorientation (confusion)		
1717	Amnesia (memory disturbance, lack or loss)		
1718	Dizziness & giddiness (light-headedness, vertigo n.o.s.)		
1719	Restlessness & agitation		
1720	Unhappiness (worries n.o.s.)		
1721	Irritability & anger		
1722	Hostility		
1723	Physical violence		
1724	Slowness & poor responsiveness		
1725	Speech & voice disturbances		
1726	Headache		
1727	Malaise & fatigue (includes general physical deterioration, lethargy and tiredness)		
1728	Blackouts, fainting, convulsions		
1729	Oedema n.e.c. (includes fluid retention n.o.s.)		
1730	Symptoms & signs concerning food & fluid intake (includes loss of appetite, excessive eating & thirst, abnormal weight loss & gain)		
1799	Other symptoms & signs n.o.s. or n.e.c. (includes gangrene, haemorrhage from respiratory passages, heartburn, disturbances of smell & taste, enlarged lymph nodes, illness n.o.s.)		