

Strengthening the Commitment: Learning Disabilities Nursing Northern Ireland Collaborative



Outcomes Based Resource Pack
Registered Nurses Learning Disabilities (RNLD)

The NI Collaborative would like to acknowledge representatives from the following organisations who were critical in collating the information and resources contained in this document including:

- *Health and Social Care Trusts (HSCT)*
- *Northern Ireland Academic Education Institutions (AEIs)*
- *Independent Sector*
- *Royal College of Nursing (RCN)*
- *The Regulation and Quality Improvement Authority (RQIA)*
- *Clinical Education Centre (CEC)*
- *Public Health Agency (PHA)*
- *Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)*

Introduction

The purpose of this document is to bring together a range of evidence based outcome based resources tools which could be utilised by RNLDs to help demonstrate the impact of their contribution in providing safe effective person centred care for people with learning disabilities. Diagnostic tools have not been included within this document.

The outcome based resources included have been obtained from a range of sources including, RNLDs from five HSC Trusts working with people with learning disabilities across the life span and tools referenced in NICE Guidance. This document provides the name, a brief overview of the tools, and where to find out further information via web links (all web pages were accessed on the 6th January 2019) or where the tools are being used in practice. The names of the HSCT who reported using each resource is noted, it was not practicable to provide the names of individual staff members from each HSCT, so it was agreed that the HSCTs will be noted. You will be able to obtain more information from your colleagues in the HSCT Learning Disability services, about how they use the resource. Where the name of a service is not provided, information has been provided on the outcome based resource as these could be potentially useful resources to RNLDs.

For ease of access the tools and resources are presented in two sections, Section 1 relates to outcomes measurement tools used in Children's services and Section 2 relates to outcomes measurement tools used in Adult services – some tools are used in both Children and Adult and are referenced in both sections. In addition, some of the tools listed in the each section may be of use for either children or adults depending on their abilities and needs, so RNLDs are advised to read both sections of the document.

Professor Owen Barr


Professor of Nursing and Intellectual Disabilities

Ulster University, Co-chair NI Collaborative


Ms Eileen McEaney

Executive Director of Nursing, NHSCT, Co-Chair NI Collaborative

Signature



Signature



Background

As Registered Nurses for people with learning disabilities it is expected that nursing care is based on a person-centred assessment which captures the individual's strengths and abilities, whilst identifying and recognising the particular needs which can be addressed through specific nursing interventions. In collaboration with the person with learning disabilities, their needs should be prioritised and a plan of care agreed - based on the best available evidence. It is acknowledged that RNLDs work as part of interdisciplinary teams to provide the best care and to support the abilities and meet the needs of people, in such situations nursing care plans forms part of the overall interdisciplinary approach to care, but are still clearly identifiable as a nursing document providing the prescription of nursing interventions.

Furthermore, Registered Nurses need to evaluate the outcomes of the care they provide and to be able to demonstrate the positive effect it is having on the person's health. Registered Nurses must also quickly recognise any detrimental impact of the care provided and adapt their nursing care plan and interventions to improve a person's health and well-being and prevent any harm. Therefore, Registered Nurses need to have in place approaches and tools to monitor the effectiveness of the care they deliver and establish the outcome of care provided is having on the person receiving nursing care.

This Outcomes Based Resources document provides information on a number of resources and tools available to Registered Nurses to help demonstrate the impact of the care they provide, either as an individual or alongside colleagues within an interdisciplinary team. The Regional Collaborative (for the NI Action Plan: Strengthening the Commitment for Learning Disability Nursing) has gathered the information on these tools together from among the members of the Collaborative and is sharing this information to assist RNLDs to potentially demonstrate the impact of their role in working with people who have learning disabilities. Most RNLDs work in interdisciplinary teams and collaboration with their colleagues is a core requirement of the professional practice of nurses. It is still important to be able to identify and clearly articulate information about the contribution RNLD to the successful achievement of person centred outcomes through the steps of assessing, planning, implementing and evaluating nursing interventions. It also crucial RNLDs contribute to any wider quality audits within their services including e.g. Key Performance Indicators.

Clear information to support the successful achievement of agreed objectives can be used to highlight the contribution of RNLDs to the lives of people with learning disabilities. Equally, lessons learnt from situations where limited progress occurred can also provide important learning. Nurses should take opportunities to share these insights with colleagues (maintaining anonymity of the person using nursing services). In particular, sharing information relating to how it was possible to clearly demonstrate evidence of progress, or the need for review of objectives and the steps to achieve these, is vitally important to the delivery of safe effective care.

The importance of a baseline assessment and clear objectives

The necessary first step required in order to evaluate and evidence how a person's health and well-being has improved it is important to have an accurate baseline from which to demonstrate any progress and outcomes achieved. Therefore, the first step in demonstrating the impact of nursing intervention is to undertake a person centred nursing assessment of the abilities and needs of the person with learning disabilities and record this baseline information. The information gathered should be relevant to the decision to provide a particular nursing intervention and is often influenced by the setting in which the person is being cared for. It is accepted that at times direct nursing intervention needs to commence promptly, for example in safeguarding related situations, in such situations, it is still important that baseline information is gathered, although it may be limited and delayed slightly until any initial emergency situation is addressed.

Once a baseline has been established, the RNLD, in collaboration with the person with learning disabilities, family and other carers, (where appropriate and with the agreement of the person with learning disabilities) should set clear person centred objectives in relation to what the planned nursing intervention intends to achieve, for example an increase in physical activity, the development of a new skill, a reduction in pain, or an increase in opportunities to use local community facilities. These objectives should be written in the nursing care plan and start with the person's name, a clear statement of the outcome they will achieve (or change in physical or mental health), the support they will be provided with to do so, and the criteria for success, including a very specific timeframe. Objectives are steps towards a longer term goal, and should be monitored at least on a monthly basis, or more frequently.

The following are exemplars:-

'Paul will take all his prescribed medication from a pre-packed dispenser, independently and without errors for seven consecutive days'

'Mary will be able to attend her daytime activities four days a week with the support of one carer for four weeks'.

When supporting a person with behaviours that present a challenge to carers and/or professionals, the aim of the nursing intervention should be identified as an increase in the activities the person will be able to do or achieve, rather than solely a reduction in a behaviour that family and other carers find challenging. Without accurately establishing an agreed baseline it will not be possible to demonstrate any conclusive change in a person's health and well-being. This will result in nursing documentation being little more than a record of the activities undertaken, but with no way of establishing any indication of effectiveness of the nursing interventions or outcomes achieved.

On-going 'data' collection and decision making

Once nursing objectives have been agreed with the person using services (and family and other carers where relevant), nurses should collect information which can be used as 'data' to demonstrate progress towards the achievement of the objective or to identify if no progress is being made. The type, amount and frequency of the information collected will be influenced by the nature of the objectives in the nursing care plan. This information should keep a focus on evidence of progress (or lack of progress) towards the agreed objective (outcome based information), rather than the information gathered being largely focused on the nursing activities undertaken (process based information). The information gathered may be a combination of quantitative and qualitative evidence, including quantitative information about increased functioning, successful achievement of skills, time spent in desired activities. It may also include self-reports from the person with learning disabilities (and family and other carers where relevant) about how they are feeling and areas in which they feel they are making progress. The frequency of information collection will also be influenced by the timeframe for the achievement of the agreed objectives in the nursing care plan and could range from daily information, weekly or at least monthly information. Information collected less frequently will not be sufficient to effectively monitor the impact of the specific nursing interventions being provided and may create a situation where there is an unacceptable risk of a delay in noting a deterioration in the health and well being of a person with learning disability.

The information collected should be reviewed to support the continuation of the nursing care plan and nursing intervention, if clear progress is being made. Alternatively, the evaluation of the information collected may indicate the need for the revision of the

nursing care plan and nursing intervention, if the objective has been achieved or progress is limited and therefore the steps towards the overall objective need separated into more achievable steps.

Selecting an approach – key points to consider

In this document there are a range of evidence based outcomes based resources to aid robust decision making about appropriate interventions to achieve agreed goals and assist in the evaluation of nursing interventions. The selection and use of these outcome based resources should be dependent on identified abilities and needs of the person with learning disabilities and informed by the RNLDs professional and clinical judgement. The use of the outcomes based resources included in this document should help provide clear evidence of the impact of the contribution of the RNLD in providing safe effective person centred care for people with learning disabilities.

When making a professional nursing decision about which outcome based resource to use with a specific person with learning disabilities, the RNLD should consider the points below:

- Relevance – what is the purpose of using the outcome measure and what is it you are trying to gather information on?
- Timing – is the outcome resource appropriate to use with the person with learning disabilities at this time?
- How will you explain the use of this outcome resources to the person with learning disabilities, (family and carers, where relevant)?
- Is there an easy read version available to assist the understanding for the person with learning disabilities, family and carers.
- Does the outcome based resource need to be used in its entirety or is the resource designed to enable parts of it to be used separately? *These resources have been robustly developed for specific purposes and should not be altered in their use (apart from the need to use UK based language on occasions).*
- Many of these resources have free online resources that RNLDs can use update their knowledge and skills as part of their professional CPD responsibilities and obtain the necessary education to use the tool. For a small number of these tools, more formal education is mandated for the use of the tool. Is there an education / training issue related to use of the tool?
- Copyright and costs – consider are there copyright implications and costs. Ensuring copyright laws are observed is the responsibility of the RNLD and Trust/Organisation using that particular tool.

Approaches / tools that could be used to demonstrate impact of RNLD interventions

Section 1

Outcomes based resources: - CHILDREN			
Name	Brief overview	Further information	
The Aberrant Behaviour Checklist	The Aberrant Behaviour Checklist (ABC) is a symptom checklist for assessing problem behaviours of children and adults with developmental disabilities (intellectual disability, ASD, cerebral palsy, epilepsy).	http://www.slossonnews.com/ABC.html	SHSCT WHsCT
Adaptive Behaviour Scale	Adaptive Behaviour Scale is a survey interview conducted by clinicians with parents/guardians and/or teachers to measure the level of an individual's personal and social skills required for everyday living.	https://images.pearsonclinical.com/images/Assets/vineland-3/Vineland-3Domain-LevelTeacherFormSampleReport.pdf	
CAMHS SS-measures satisfaction with the service	The CAMHS Satisfaction Scale (CAMHS SS) measures the following seven dimensions of satisfaction with mental health services: (1) Overall satisfaction, (2) Professionals' skills and Behavior (3) Information, (4) Accessibility of services, (5) Effectiveness of treatment, (6) Relatives' involvement, and (7) Types of intervention offered	https://www.corc.uk.net/outcome-experience-measures/camhs-satisfaction-scale/	BHSCT
CORE Outcome	CORE Outcomes Measurement Tools CORE – OM	http://www.coreims.co.uk/About	

Measure	<p>The CORE Outcome Measure (<i>'Parent' measure</i>)</p> <p>The CORE-OM is a 34-item generic measure of psychological distress, which is pan-theoretical (i.e., not associated with a school of therapy), pan-diagnostic (i.e. not focused on a single presenting problem) and draws upon the views of what practitioners considered to be the most important generic aspects of psychological wellbeing health to measure. The CORE-OM comprises 4 domains:</p> <ul style="list-style-type: none"> • Well-being (4 items) • Symptoms (12 items) • Functioning (12 items) • Risk (6 items) • 	t Measurement CORE Tools.html	
Developmental Behaviour Checklist (DBC-P)	<p>The DBC-P and DBC-T (Einfeld & Tonge, 1992, 2002) are 96-item instruments used for the assessment of behavioural and emotional problems young people aged 4-18 years with developmental and intellectual disabilities. The DBC-P is to be completed by a parent or carer, and the DPB-T is to be completed by teachers or teacher's aides. The tools can be used in clinical practice in assessments and monitoring interventions, and in research studies.</p>	http://www.med.monash.edu.au/assets/docs/scs/psychiatry/dbc-info-package.pdf	WHSCCT
FACES Pain Scale – Revised (FPS-R)	<p>The Faces Pain Scale – Revised (FPS-R) has been adapted from the original Faces Pain Scale. This instrument has been developed for use with children between 4-16 years and can be used as a self report instrument to enable children to report the sensation of pain on a 0-10 scale.</p> <p>The scale is considered easy to administer and no permission is required for clinical, educational, or research use of the FPS-R, provided that it is not modified or altered in any way.</p>	https://s3.amazonaws.com/rdcms-iasp/files/production/public/Content/ContentFolders/Resources/2/FPSR/facepainscale_english_eng-au-ca.pdf	WHSCCT
Adapted	<p>This is a clinical tool designed to help assess the risk of a child developing a pressure ulcer.</p>	http://www.healthcareimprovementscotland.org/our_work/pat	WHSCCT

Glamorgan Pressure Ulcer Risk Assessment Scale (V.7)		ient safety/tissue viability resources/paediatric glamorgan tool.aspx https://www.magonlinelibrary.com/doi/abs/10.12968/jcyn.2007.1.5.27446	
Global Assessment of Functioning (GAF): measures changes in overall level of functioning	<p>The Global Assessment of Functioning (GAF) assigns a clinical judgement in numerical fashion to the individuals overall functioning level. Impairments in psychological, social and occupational/school functioning are considered, but those related to physical or environmental limitations are not. The scale ranges from 0 (inadequate information) to 100 (super functioning). Starting at either the top or the bottom of the scale, go up/down the list until the most accurate description of functioning for the individual is reached. Assess either the symptom severity or the level of functioning, whichever is the worse of the two. Check the category above and below to ensure the most accurate one has been chosen. Within that category there will be a range of 10. Chose the number that is most descriptive of the overall functioning of the individual.</p>	https://www.albany.edu/course_ling_center/docs/GAF.pdf	BHSCT SHSCT
Goals Based Outcomes	<p>Goal Based Outcomes (GBOs) are a way to evaluate progress towards goals in clinical work with children and young people and their families and carers (but the ideas can equally be adapted to work in other settings). They simple compare how far a young person feels they have moved towards reaching a goal, they set at the beginning of an intervention, compared to where they are at the end of an intervention (or after some specified period of input). GBOs use a simple scale from 0 -10 to capture the changes</p>	http://www.corc.uk.net/media/1219/goalsandgbos-thirdedition.pdf	BHSCT WHSCT

	(see Appendix 1: GBOs record sheets from ww.corc.uk.net). The outcome is simply the amount of movement along the scale from the start to the end of the intervention		
HONOS LD: measures changes in mental health needs	HONOS provides a means of recording progress towards the Health of the Nation target 'to improve significantly the health and social functioning of mentally ill people and people with Learning Disabilities Development and testing over three years resulted in an instrument with 12 items measuring behaviour, impairment, symptoms and social functioning (Wing et al., 1996). The scales are completed after routine clinical assessments in any setting and have a variety of uses for clinicians, researchers and administrators, in particular health care commissioners and providers.	http://bjp.rcpsych.org/content/180/1/67 Luo W, Harvey R, Tran T, <i>et al</i> Consistency of the Health of the Nation Outcome Scales (HoNOS) at inpatient-to-community transition https://bmjopen.bmj.com/content/6/4/e010732	BHSCT
Key Performance indicators (KPIs)	KPIs aim to measure, evidence and monitor the impact and unique contribution of nursing and midwifery on the quality of patient and client care. A KPI specific to RNLDs related to Public health and Health Improvement has been developed and piloted across the HSC Trusts and Independent sector.	http://www.nipec.hscni.net/work-and-projects/evidencing-care-through-key-performance-indicators-for-nursing-and-midwifery-project/	
Nissonger Child Behaviour Rating Form	The Nissonger Child Behavior Rating Form was designed to assess the behavior of children and adolescents. The assessment has 76 items and three sections. The form takes about 15 minutes to fill out and there is both a teacher and parent version of the form. The assessment is designed to be used with children and adolescents aged 3 to 16. Section 1 consists of a short answer question and Section 2 has ten items that asks about the occurrence of various behaviors and the respondent must rate the child's behavior on a 3-point scale	http://disabilitymeasures.org/ncbrf/	SHSCT BHSCT WHSCCT

	ranging from 0-not true to 3- completely/always true. Section 3 is a scale of problem behaviors and has 66 items.		
Sheffield Learning Disability Outcome Measure	The Sheffield Learning Disability Outcome Measure (SLDOM) is a measure of parents' perception of their child's symptoms and their ability to cope with their child's symptoms.	http://www.corc.uk.net/outcome-experience-measures/sheffield-learning-disabilities-outcome-measure/	BHSCT SHSCT
Strengths and Difficulties Questionnaire: Perceived areas of strength and difficulties of the child	The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists. All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales: <ol style="list-style-type: none"> 1. emotional symptoms 2. conduct problems 3. hyperactivity/inattention 4. peer relationship problems 5. pro-social behaviour 	http://www.sdqinfo.com/a0.htm ↓	BHSCT SHSCT
SUDEP Risk Assessment	This evidence based checklist can be used when assessing or discussing the risks of sudden death among people with epilepsy and their families. A copy of the scale can be obtaining by completing a request at the bottom of the web address provided.	https://sudep.org/checklist	NHSCT

SECTION 2

Outcomes Based Resources: ADULT			
Name	Brief Description	Further information	
Abbey Pain Scale	Pain Assessment Tool for use with patients with cognitive impairment including patients with Dementia who cannot verbalise or have communication difficulties	https://www.apsoc.org.au/PDF/Publications/Abbey_Pain_Scale.pdf	All HSCT TRUSTs
Braden Scale	The Braden Scale for Predicting Pressure Ulcer Risk, is a tool that was developed in 1987 by Barbara Braden and Nancy Bergstrom. The purpose of the scale is to help health professionals, especially nurses, assess a patient's risk of developing a pressure ulcer.	http://www.healthcareimprovement.scotland.org/our_work/patient_safety/tissue_viability_resources/braden_risk_assessment_tool.aspx	All HSCT TRUSTs
Dementia Questionnaire for People with Learning Disabilities (DLD)	Dementia is hard to determine in people with intellectual disabilities. With the <i>DLD</i> it is possible to assess dementia at an early stage. The items primarily based on international guidelines for dementia diagnosis. The <i>DLD</i> , an informant-based questionnaire, consists of 50 items and eight subscales including: <ul style="list-style-type: none"> • Short-term memory • Long-term memory • Orientation • Speech • Practical skills 	https://www.pearsonclinical.co.uk/Psychology/AdultCognitionNeuroPsychologyandLanguage/AdultGeneralAbilities/DementiaQuestionnaireforPeoplewithLearningDisabilities(DLD)/DementiaQuestionnaireforPeoplewithLearningDisabilities(DLD).aspx	WHSC NHSCT

	<ul style="list-style-type: none"> • Mood • Activity and interest • Behavioural disturbance 		
Disability Distress Assessment Tool (DisDat)	<p>The Disability Distress Tool is Intended to help identify distress cues in people who because of cognitive impairment or physical illness have severely limited communication. Designed to also document a person's usual content cues, thus enabling distress cues to be identified more clearly.</p> <p>This is NOT a scoring tool. It documents what many staff have done instinctively for many years thus providing a record against which subtle changes can be compared. This information can be transferred with the client or patient to any environment.</p> <p>Meant to help you and your client or patient. It gives you more confidence in the observation skills you already have which in turn will help you improve the care of your client or patient.</p> <p>Useable by both lay people and professionals as a means of providing a clearer picture of a client's 'language' of distress.</p>	https://www.stoswaldsuk.org/how-we-help/we-educate/education/resources/disability-distress-assessment-tool-disdat/disdat-tools/	WHSCCT
FACES Pain Scale – Revised (FPS-R)	<p>The Faces Pain Scale - Revised (FPS-R) has been adapted from the original Faces Pain Scale. This instrument has been developed for use with children between 4-16 years and can be used as a self report instrument to enable children to report the sensation of pain on a 0-10 scale. The scale is considered easy to administer and no permission is required for clinical, educational, or research use of</p>	https://s3.amazonaws.com/rdcms-iasp/files/production/public/Content/ContentFolders/Resources2/FPSR/facepainscale_english_eng-au-ca.pdf	

	the FPS-R, provided that it is not modified or altered in any way.		
General Health Questionnaire (GHQ)	<p>The <i>General Health Questionnaire (GHQ)</i> is a screening device for identifying minor mental health disorders in the general population and within community or clinical settings such as primary care or general medical out-patients. Suitable for all ages from adolescent upwards – not children, it assesses the respondent’s current state and asks if that differs from his or her usual state. It is therefore sensitive to short-term mental health problems but not to long-standing attributes of the respondent.</p> <p>The self-administered questionnaire focuses on two major areas:</p> <ul style="list-style-type: none"> • The inability to carry out normal functions • The appearance of new and distressing phenomena. <p>It is available in the following versions:</p> <ul style="list-style-type: none"> • GHQ-60: the fully detailed 60-item questionnaire • GHQ-30: a short form without items relating to physical illness • GHQ-28: a 28 item scaled version – assesses somatic symptoms, anxiety and insomnia, social dysfunction and severe depression • GHQ-12: a quick, reliable and sensitive short form – ideal for research studies. 	https://www.gla-assessment.co.uk/products/general-health-questionnaire-ghq/	

<p>Glasgow Anxiety Scale for people with intellectual disabilities (GAS-ID)</p>	<p>This is a 27 item scale that when completed has been shown to be reliable in distinguishing anxious and non anxious people with intellectual disabilities.</p> <p>A copy of the scale can be downloaded at (The Anxiety scale appears after the Depression scale): https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=2ahUKEwintZGrhtrfAhXhTxUIHbS8BKsQFjABegQICBAC&url=http%3A%2F%2Fwww.derbyshirehealthcareft.nhs.uk%2FEasySiteWeb%2FGatewayLink.aspx%3FallId%3D7840&usg=AOvVaw3H8vRGv-CJwf-X7drT0PuK</p>	<p>https://onlinelibrary.wiley.com/doi/full/10.1046/j.1365-2788.2003.00457.x https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=2ahUKEwintZGrhtrfAhXhTxUIHbS8BKsQFjABegQICBAC&url=http%3A%2F%2Fwww.derbyshirehealthcareft.nhs.uk%2FEasySiteWeb%2FGatewayLink.aspx%3FallId%3D7840&usg=AOvVaw3H8vRGv-CJwf-X7drT0PuK</p>	
<p>Glasgow Depression Scale for people with intellectual disabilities (GDS-ID)</p>	<p>This is a 20 item scale that when completed has been shown to be reliable in distinguishing anxious and non anxious people with intellectual disabilities. It also has a 20 item Carer's supplement that can be completed by or with carers.</p> <p>A copy of the scale can be downloaded at: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=2ahUKEwintZGrhtrfAhXhTxUIHbS8BKsQFjABegQICBAC&url=http%3A%2F%2Fwww.derbyshirehealthcareft.nhs.uk%2FEasySiteWeb%2FGatewayLink.aspx%3FallId%3D7840&usg=AOvVaw3H8vRGv-CJwf-X7drT0PuK</p>	<p>https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/development-and-psychometric-properties-of-the-glasgow-depression-scale-for-people-with-a-learning-disability/4DF91A3D990E6AAFF40656DEADE3F7BC</p>	
<p>Health Equalities</p>	<p>The HEF works by monitoring the degree and</p>	<p>https://www.ndti.org.uk/uploads/file</p>	<p>BHSCT</p>

<p>Framework (HEF)</p>	<p>impact of exposure of people with learning disabilities to acknowledge, evidence based determinants of health inequalities. The resulting profile is not dependent on the complexity of a person's needs, their specific conditions are appropriately identified and responded to and that individuals are receiving the right support.</p> <p>The core outcome of service involvement should be reduction in the adverse impact of exposure such as determinant and mitigation of any associated hazardous consequences.</p> <p>The Health Equalities Framework tool HEF can be used to establish a clear consensus around service priorities using indicators that focus on social, biological, behavioural, communication and service related factors. There is also a freely available electronic interface (the eHEF), which will enable data to be aggregated across services, professionals and teams to analyse variations in service outcomes.</p>	<p>s/The Health Equality Framework .pdf</p>	
<p>Health of the Nation Outcome Scales (HoNOS) LD: measures changes in mental health needs</p>	<p>HONOS provides a means of recording progress towards the Health of the Nation target 'to improve significantly the health and social functioning of mentally ill people and people with Learning Disabilities</p> <p>Development and testing over three years resulted in an instrument with 12 items measuring behaviour, impairment, symptoms and social functioning (Wing, Curtis & Beevor, 1996). The scales are completed after routine clinical</p>	<p>http://bjp.rcpsych.org/content/180/1/67</p> <p>Also read: Luo W, Harvey R, Tran T, <i>et al</i> Consistency of the Health of the Nation Outcome Scales (HoNOS) at inpatient-to-community transition https://bmjopen.bmj.com/content/6/4/e010732</p>	<p>BHSCT</p>

	assessments in any setting and have a variety of uses for clinicians, researchers and administrators, in particular health care commissioners and providers.		
Key Performance Indicators (KPIs)	KPIs aim to measure, evidence and monitor the impact and unique contribution of nursing and midwifery on the quality of patient and client care. A KPI specific to RNLDs relating to Public Health and Health Improvement has been developed and piloted across the HSC Trusts and Independent sector.	http://www.nipec.hscni.net/work-and-projects/evidencing-care-through-key-performance-indicators-for-nursing-and-midwifery-project/	All HSC TRUSTS
Montgomery–Asberg Depression Rating Scale (MADRS)	MADRS is a ten-item diagnostic questionnaire used to measure the severity of depressive episodes in patients with mood disorders.	https://psychology-tools.com/montgomery-asberg-depression-rating-scale/	WHSC T
Malnutrition Universal Screening Tool (MUST)	Malnutrition Universal Screening Tool (MUST) is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan. It is for use in hospitals, community and other care settings and can be used by all care workers	https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/pgn-must_0.pdf	All HSC TRUSTS
Mini PAS-ADD	The Mini PAS-ADD is an assessment tool for undertaking mental health assessments with people with learning disabilities.	https://www.pavpub.com/the-mini-pas-add-handbook/ .	WHSC T
LUNSERS	The Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS) is self-rating scale for	https://innovation.ox.ac.uk/outcome-measures/liverpool-university-	SEHSC T BHSCT

	<p>measuring the side-effect of antipsychotic medications.</p> <p>The scale consists of 41 known side effects of neuroleptics. Each 'side-effect' listed is scored on a five point rating scale of 0 - 4, i.e. 0 = 'Not at all' and 4 = Very much. It can be used to provide a general overview of the person's experience to side effects over the last month. It is useful also in pinpointing specific troublesome side effects for further assessment and / or changes in the medication strategy.</p>	neuroleptic-side-effect-rating-scale-lusers/	<p>WHSCT NHSCT</p>
<p>Outcomes STAR</p>	<p>The Outcomes STAR is a suite of tools for supporting and measuring change when working with people.</p> <p>The different stars are designed to be completed collaboratively as a part of key working. They are sector wide tools – different versions of the Star include homelessness, mental health and young people. All versions consist of a number of scales based on a model of change.</p> <p>Using the tool and a 'Star Chart', the person with learning disabilities and worker plot where they are in relation to defined criteria. The attitudes and behaviour expected at each of the points on each scale are clearly defined, usually in detailed scale descriptions, summary ladders or a quiz format.</p>	http://www.outcomesstar.org.uk/about-the-star/what-is-the-outcomes-star/	<p>WHSCT</p>
<p>Promoting Quality Care (PQC) 2010 – Learning Disability</p>	<p>A core function of mental health and learning disability services is to assess the treatment and care needs of people presenting to them.</p> <p>Understanding the level of risk that an individual</p>	https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/mhld-good-practice-guidance-2010.pdf	<p>All HSCT Trusts</p>

	may present forms part of his/her overall assessment and it is an integral part of formulating an appropriate care package. Within this PQC on page 70 a framework for assessing risk under specific headings can be accessed. (Revised May 2010).		
SUDEP Risk Assessment	This evidence based checklist can be used when assessing or discussing the risks of sudden death among people with epilepsy and their families. A copy of the scale can be obtaining by completing a request at the bottom of the web address provided.	https://sudep.org/checklist	NHSCT

For further information, please contact
NIPEC Centre House
79 Chichester Street
Belfast
BT1 4JE
www.nipec.hscni.net

January 2019

January 2019