



GUIDELINE	
Acuity tool	
<b>Scope (Staff):</b>	Child Health, School Health
<b>Scope (Area):</b>	WACHS

This document should be read in conjunction with this [DISCLAIMER](#)

## Aim

This document is a guide for staff to undertake, score and document an acuity assessment of clients during a scheduled or unscheduled contact.

## Background

The WA Community Health Acuity Tool (WA CHAT) was developed in response to an identified need for an instrument to classify the complexity of clients that is evidence based, simple to use and predicts workload.

The aims of implementing a community health client complexity classification instrument are to:

- Provide a standardised approach to prioritising clients and care planning based on client complexity (e.g. family support, psycho-social needs) and nursing care requirements;
- Quantify client complexity over time across community health services;
- Facilitate internal communication of critical information about clients.

## The WA Community Health Acuity Tool

The WA CHAT is comprised of six domains that collectively represent the Social Determinants of Health that are routinely used by WA Community Health nurses (CHNs) and other staff to assess clients:

- Assessment and care delivery
- Client and/or family engagement
- Psycho-social needs
- Environmental issues
- Health education and promotion
- Case/care management.

## The user manual – Generic Tool

A user manual has been developed to support staff in implementing the CHAT. The user manual includes the Generic Tool and Guiding Information/Examples sections for each of the six domains.

The same Generic Tool is used across all settings by WA CHNs to determine the client acuity rating for individual occasions of service (OOS). The following points should be noted when using the Generic Tool:

- A client is scored on each of the domains within the Generic Tool (1 point = high acuity to 5 points = low acuity) and each domain is scored separately.
- The points from the six domains are summed into a total score (6-30) and then converted into an acuity level (see Table 1)
- It is important to score clients on all six domains. Clients not scored on all domains cannot be effectively compared to others and cannot be given an accurate acuity level.
- Within a domain there are themes to assist your score decision. Different symbols identify the different themes that run through a domain. Note that a theme may skip a score level.
- In each domain, a client may fit a number of themes in each score level, but if one or more of the themes in a higher score level fit the client, then the points awarded should be at the higher level.
- As the Generic Tool has been designed for all WA CHNs to use, some themes may not be relevant to a particular work area. If a theme is not relevant, it can be ignored.
- This information can be found on found on pages 8, 11, 14, 17, 20 and 23 of the user manual.

Table 1: Total score and acuity level in the CHAT

Total Score	Acuity Level
6-11	AL 1 High
12-17	AL 2 Med-High
18-23	AL 3 Medium
24-29	AL4 Low-Med
30	AL 5 Low

## The user manual - Guiding Information/Examples

The Guiding Information/Examples provides a non-exhaustive list of prompts or examples, specific to CHNs (including those staff working within Aboriginal Health, Child Health, Enhanced Home Visiting, Refugee Health and School Health), to inform the choice of point allocation (1-5). There is a separate Guiding Information/Examples section for staff

members working within Education Support settings – please see your manager if you require this information.

The theme symbols that are specific to each domain and appear in the Generic Tool are used to cross reference to the Guiding Information/Examples section. Be aware that not every theme listed in the Generic Tool has been given prompts or examples. Only some themes are further defined.

**Therefore, it is important that the final score selection is determined from the Generic tool and not the Guiding Information/Examples.**

## Assigning an acuity level

- Clients/families who receive an assessment at an occasion of service (i.e. face-to-face or telephone consult) should be given an acuity level.
- Unsuccessful contacts, such as when a client did not attend, was not home or refused a service, are NOT given an acuity level because no assessment has taken place.
- Where information is gathered about the client, for example at a case conference, through liaison with a student's teacher, from a referral agency etc., NO acuity level is given; however, the information collected will contribute to the next client assessment.
- The acuity level is determined for the family (i.e. parent and child do not need to be assessed separately) and recorded in the child's record.

**A client's acuity level is recorded at every community health contact for the clients described above. Note: The acuity level reflects the intensity of the community health work required at that point in time. It does not assess risk or predict frequency/intensity of future care. The client acuity level may change at every contact.**

## Follow up care and planning

The Acuity Level Practice Guidelines have been developed to provide CHNs with guidance on management of client need(s) once an acuity level has been determined. There are guidelines for each acuity level that are generic for all CHNs. The acuity practice guidelines are located on pages 27-31 of the user manual.

## Documentation of acuity levels

### *Paper based*

When a client is assessed, acuity scores are only recorded on the score sheet (CHS 070) that is filed in the client record. Score sheets are available in pads that can be ordered from MooreConnect via the usual documentation ordering process. There is no other change to recording of progress notes and client record keeping.

### *Electronic*


#### HCARe

- Users of the HCARE non-registered client module (for individual OOS only) will record only the final acuity level on the HCARE data collection sheets or the HCARE system (for those who enter directly).

- Users of the HCARE registered client module (WA Country Health Service staff) will record scores in the same format as the score sheet. Note: As long as the scores are recorded on HCARE, there is no longer a need to complete the paper score sheets. However, CHNs who are dealing with clients with higher needs may elect to keep a paper record in the notes for continuity of care and/or a quick reference, in the cases where access to HCARE prior to or during a consult is not possible.

<b>Associated tools, resources and procedures</b>
The user manual (Generic Tool and Guiding Information/Examples sections) is available from Community Clinical Nurse Managers, and is also available for download on the CAHS-CH Information Hub
The Generic Tool on its own is available for download on the CAHS-CH Information Hub
Answers to Frequently Asked Questions are available for download on the CAHS-CH Information Hub
Community Health Acuity Tool Education Support's Guiding Information/Examples are available for download on the CAHS-CH Information Hub
Tip Sheet for Acuity Tool Scoring for use with the CHS 409 (is available for download on the CAHS-CH Information Hub).

This document can be made available in alternative formats on request for a person with a disability.

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