
Client dependency

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Identifying and Definitional Attributes

Data Dictionary: NHDD
Knowledgebase ID: 000309 Version number: 1
Metadata type: DATA ELEMENT
Registration Authority: NHIMG Admin status: SUPERSEDED
Effective date: 30-JUN-98

Definition: Client dependency is an indicator of client need. Expressed in terms of the functional capacity of the client, this information reflects overall dependency, and not just that which is addressed by the formal service provider. This provides a consistent profile of clients to enable comparison across populations, identified problems and time.

Context: Community nursing: client dependency reflects the client's need, rather than the actual service provision which addresses that need. This is essential information in the community environment, where the relationship between client need and care allocated is not direct. The involvement of informal carers, the possibility of resource allocation being driven by availability rather than need, and the vulnerability of the system to inequity, all require a standard view of the client. It is against this background that resource allocation and carer burden can then be monitored.

It is important to distinguish between this view of dependency and that of the institutional system, where a dependency measure may be used to predict human resource needs or to allocate funding.

Relational and Representational Attributes

Datatype: Numeric
Representational form: CODE
Representation layout:
Minimum Size:
Maximum Size:
Data Domain: NOVAL This data element is being trialled in 1997. It is

currently a composite of the domains specified in
Guide for use.

Guide For Use: Select the appropriate code from the options provided for each of
the following dependency items:

Mobility 1 2 3 4 (walking, walking aid or wheelchair)

Toileting 1 2 3 4

Transferring 1 2 3 4 5

Bathing 1 2 3 4

Dressing 1 2 3 4

Eating 1 2 3 4 5

where:

1 = independent

2 = requires observation or rare physical assistance

3 = cannot perform the activity without some assistance

4 = full assistance required (totally dependent)

5 = for 'transferring' - client is bedfast

for 'eating' - tube-fed only

Bladder continence

1 2 3 4 5 6

where:

1 = continent of urine (includes independence in use of device)

2 = incontinent less than daily

3 = incontinent once per 24-hour period

4 = incontinent 2-6 times per 24 hour period

5 = incontinent more than 6 times per 24-hour period

6 = incontinent more than once at night only

Bowel continence

1 2 3 4 5 6

where:

1 = continent of faeces (includes independence in use of device)

2 = incontinent less than daily

3 = incontinent once per 24-hour period

4 = incontinent regularly, more than once per 24 hour period

5 = incontinent more than once at night only

Technical care

'not required' or 'time in minutes'

where:

1 = no technical care requirement

or

____ = daytime technical (minutes per week)

____ = evening technical (minutes per week)

____ = night-time technical (minutes per week)
____ = infrequent technical (minutes per month)

'Technical care' refers to technical tasks and procedures for which nurses receive specific education and which require nursing knowledge of expected therapeutic effect, possible side-effects, complications and appropriate actions related to each. In the community nursing setting, carers may undertake some of these activities within, and under surveillance of, a nursing care plan. Some examples of technical care activities are:

medication administration (including injections),
dressings and other procedures,
venipuncture,
monitoring of dialysis,
implementation of pain management technology.

Extra surveillance

1 2 3 4 5 6 7

where:

1 = no additional attention required

2 = <30 minutes individual attention per day

3 = >=30 and <=90 minutes individual attention

4 = requires at least two hours intervention per week on an episodic basis

5 = >90 minutes but < almost constant individual attention

6 = requires almost constant individual attention

7 = cannot be left alone at all

'Extra surveillance' refers to behaviour which requires individual attention and / or planned intervention; e.g. aggressiveness, wandering, impaired memory or attention, disinhibition and other cognitive impairment.

Related metadata: has been superseded by Dependency in activities of daily living version 2

Administrative Attributes

Source Document:

Source Organisation: Community Nursing Services Minimum Data Set - Australia Steering Committee

Comments: The Community Nursing Services Minimum Data Set - Australian Steering Committee deliberations over this item were related to the fact that the original dependency measure chosen for the Community Nursing Services Data Set - Australia was the Bryan Score generated by the Bryan Domiciliary Dependency Instrument, now a proprietary piece of software. In recognition of the

difficulties of imposing such a system, the original Community Nursing Services Minimum Data Set - Australia Steering Committee had agreed to allow the preferential use of the Resident Classification Instrument (RCI). Three of the eight sites chose this instrument for the Community Nursing Services Minimum Data Set - Australia pilot data collection. It was found to be easy to administer, but insensitive to the more subtle dependency of the largely frail or technically dependent population surveyed.

The Committee considered results of analysis of the Community Nursing Services Minimum Data Set - Australia database, and a separate analysis of a database obtained from application of the Bryan Instrument before agreeing to the use of a set of base items which would be descriptive of a client's functional capacity. The criteria used for this selection were that it should be the simplest set that could:

- be descriptive of a client's overall dependency;
- have a high probability of being present in the assessment data in any agency; and
- ideally, generate a score for comparative purposes.

The items chosen were shown to be good predictors of dependency and commonly used in assessment tools. They could be used to generate a Katz score and in the format shown could also be abstracted from the Bryan, RCI or Barthel Instruments, although the set is not sufficient to completely produce any of these scores. They were seen not as a substitute or surrogate for any assessment tool in use, but as a likely product. Similarly the Katz score which was developed in the 1960s was not seen as a definitive tool, but as an example of a validated and useful score which the dependency information could generate for analysis and comparative purposes.

In view of the clinician feedback during the Community Nursing Services Minimum Data Set - Australia pilot that clients behavioural problems or technical care dependency were not adequately reflected in an instrument which focused on physical functioning, the decision was made to add further questions referring to 'technical care' or 'extra surveillance' needs respectively.

The Committee noted that the social and instrumental dependency of the frail elderly is not captured by any of these dependency items, and foreshadowed the need to consider this further at the first review of the Community Nursing Services Minimum Data Set - Australia.

[Data Element Links](#)

Information Model Entities linked to this Data Element

NHIM

Functional wellbeing

Data Agreements which include this Data Element
