

HARP Diabetes Risk Calculator & Minimum Data Set (V2)

Purpose of this tool: 1. To measure predictable level of risk for acute presentation in the next 12 months 2. To define the entry point into the HARP program. 3. Form the basis for recall and review by your agency or other clinical partners. Recall and review is the recalling of the person back to monitor diabetes progression and complications. It is <u>not</u> a follow-up appointment for current treatment.			
The Calculator is to be used following a full assessment by the treating health professional.			
Client name		WH UR	
Date of assessment		Practitioners Name	
PART A: CLINICAL ASSESSMENT		PART B: FACTORS IMPINGING ON SELF-MANAGEMENT	
1. Presenting Clinical Symptoms		4. Psycho-social and demographic issues (If the issue is present, Y, if absent, N)	
Urgent: (Presentation with wound or foot ulcer; commencing insulin; 3 levels of < 4mmol/l or 7 levels of >15mmol/l in the last 2 weeks; HbA1c > 10%; BGL > 20mmol/L)	10	Mental health (depression, anxiety or psychiatric illness)	
High: (Presentation with active foot pathology and history of complications; less than 3 levels < 4mmol/l or less than 7 levels of >15mmol/l in the last 2 weeks; HbA1c 8.6-9.9%; BGL 15-19mmol/L)	6	Disability (Intellectual, physical, visual, hearing)	
Medium: Presentation with active foot pathology/ problem but no history of foot complications; HbA1c 7.0-8.5%; no HbA1c in the last 6-12 months; BGL 8-15mmol/L)	3	Transport to services	
Low risk: (Foot check with no history of foot complications and no active foot pathology/ problems; HbA1c <7.0%; BGL < 8.0mmol/L)	1	Financial issues (inability to afford health services and/or medication)	
Score	/10	CALD or Indigenous (health beliefs)	
2. Service Access Profile		Illiteracy and/or limited English	
Acute diabetes admission/presentation (Have you been to hospital in the last 12 months including today?)		Unstable Living Environment	
4		Socially isolated	
No regular GP follow up (regular medical checks 3 times a year)	3	Drug and Alcohol problems	
Reduced ability to self-care (to the extent it impacts on diabetes management)	3	Rate the impact these <u>combined</u> factors have on the person's ability to self-manage their condition as nil, low or high.	
Score	/ 10	No impact (on client's ability to self-manage their diabetes)	0
3. Risk Factors		Low impact (on client's ability to self-manage their diabetes)	7
Smoking	2	High impact (on client's ability to self-manage their diabetes)	15
Overweight ≥ 25 - 30 kg/m2	2	Score / 15	
Obese ≥ 30 - 35 kg/m2	3	6. Readiness to change assessment	
Morbidly obese ≥ 35 kg/m2	4	No capacity for self-management (cognitive impairment; end stage disease)	4
High cholesterol (total cholesterol ≤ 4mmol/L, HDL ≥ 1.0mmol/L, LDL ≤ 2.5mmol/L) triglyc ≤ 1.5mmols/lit	2	Pre-contemplation (not ready for change)	3
High blood pressure (≥ 130/80mmHg or on medication for high blood pressure)	2	Contemplation (considering but unlikely to change soon)	3
Physical inactivity (less than 30 mins/d & 4 days/wk)	2	Preparation (Intending to take action in the immediate future)	2
Polypharmacy > 5 medications with difficulty managing	2	Action (Actively changing health behaviours but have difficulties maintaining plan)	1
Score	/ 16	Maintenance (Maintained behaviour for ≥ 6 months)	1
4. Diabetes Complications		Relapse (A return to the old behaviour)	3
Cardiovascular Disease (coronary heart disease, stroke, PVD)	3	Score / 4	
Eye Disease (diabetic retinopathy, cataracts, glaucoma)	3	TOTAL SCORE for Self-management impact / 19	
Kidney Disease (diabetic nephropathy, end stage renal disease)	3	PART C: NEW RISK PROFILE AND RECALL AND REVIEW	
Neuropathy (peripheral neuropathy, autonomic neuropathy)	3	Calculate the new risk profile by adding PART A and B	
Foot Complications (foot ulcer, lower extremity amputation)	3	Total Score for A and B /73	
Oral complications (periodontal disease, tooth loss, oral problems)	3	Level of Risk	Score
Score	/ 18	Urgent	56 - 73
TOTAL SCORE for Clinical Assessment / 54		High	38 - 55
		Medium	19 - 37
		Low	1 - 18
		Recall	Date
		3 months	___/___/20__
		6 months	___/___/20__
		9 months	___/___/20__
		12 months	___/___/20__

If the person is screened as Urgent, High or Medium risk, please refer this person to the HARP diabetes service.

RISK CATEGORIES (** denotes client is eligible for HARP Diabetes program)	RESPONSE TIMES
**Urgent (immediate risk of hospital presentation)	0-7 working days
**High Risk (pending risk of hospital presentation)	7 - 14 working days
**Medium Risk	14-28 working days
Low Risk (not eligible - refer to usual care)	< 3 months

PART B: Assessment, treatment and referral (urgent / high and medium risk clients)

1. Identify the health professional completing this form	<input type="checkbox"/> Podiatrist <input type="checkbox"/> Dietitian <input type="checkbox"/> Diabetes Educator RN	<input type="checkbox"/> Community Nurse <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Other, _____
2. Date of Assessment	__ / __ / 20__	
3. Please identify which category best describes this client	<input type="checkbox"/> Newly diagnosed type 2 diabetes <input type="checkbox"/> Type 2 diagnosed > 6 months	<input type="checkbox"/> Type 1 diabetes
4. Has this person been assessed by a Diabetes Educator in the last 12 months (not including today)?	<input type="checkbox"/> 6months <input type="checkbox"/> 12months <input type="checkbox"/> never	<input type="checkbox"/> Why <input type="checkbox"/> Unknown <input type="checkbox"/> Declined
5. HbA1c: has this test been performed in the last 12 months (not including today)?	<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> why <input type="checkbox"/> Unknown
6. If yes, what was the result?	__ . __ % date __/__/__ . __ . __ % date __/__/__ . __ . __ % date __/__/__	
7. Was a foot exam (neurovascular exam) performed by an endocrinologist, GP, podiatrist, DE or RDNS in the last 12 months (not including today)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> why <input type="checkbox"/> Unknown
8. Was an assessment or review performed by a DIETITIAN within the last 12 months (not including today)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> why <input type="checkbox"/> Unknown
9. Was a dilated EYE EXAM performed within the last 12 months (not including today)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> why <input type="checkbox"/> Unknown

PART C: HARP Self-management capacity screen (urgent / high or medium risk clients)

10. Was this client screened for their self-management capacity ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What approach did you use? _____	
11. If no, please specify the reason why the client wasn't screened:	<input type="checkbox"/> Client declined <input type="checkbox"/> Client did not attend appointment <input type="checkbox"/> Mental Health issues <input type="checkbox"/> Intellectual disability
12. What self-management approach will you use with this person as a part of your care and treatment (You may tick more than one box):	<input type="checkbox"/> Health Coaching <input type="checkbox"/> Flinders University Partners in Health model <input type="checkbox"/> Agency education tools <input type="checkbox"/> Agency care plan <input type="checkbox"/> Agency clinical pathway
13. What Referrals will you make for this person?	<input type="checkbox"/> Cognitive impairment <input type="checkbox"/> CALD <input type="checkbox"/> Literacy <input type="checkbox"/> Time constraints/ unable to screen client
14. Has there been any positive behaviour changes or risk factor changes in the past month	<input type="checkbox"/> Group program <input type="checkbox"/> Support group <input type="checkbox"/> Early Intervention in Chronic Disease program <input type="checkbox"/> Other _____
	<input type="checkbox"/> Client refused to be referred <input type="checkbox"/> HARP RDNS diabetes educator <input type="checkbox"/> Community Health allied health professional <input type="checkbox"/> Community Health group program
	<input type="checkbox"/> Better Health Self-management program <input type="checkbox"/> Counselling <input type="checkbox"/> Diabetes Australia Victoria <input type="checkbox"/> Diabetes support group <input type="checkbox"/> Refer to Early intervention program eg: Living Well
	<input type="checkbox"/> Reduced waist circumference <input type="checkbox"/> Uses an action plan / diary /journal <input type="checkbox"/> Improved diet habits <input type="checkbox"/> Had annual Flu vaccination <input type="checkbox"/> Takes medication as prescribed
	<input type="checkbox"/> Increased physical activity <input type="checkbox"/> Reduced alcohol intake <input type="checkbox"/> Received smoking cessation advice <input type="checkbox"/> Ceased smoking

Return the completed form to the HARP Diabetes contact person at your agency.

Partners in Health Scale (Flinders University 30 May, 2003)

	A little	Some	A lot
What I know about my health condition(s) is:			
What I know about the treatment of my health condition(s) is:			
	Rarely	Sometimes	Always
I take the medication prescribed by my doctor:			
I share in decisions made about my health condition(s) :			
I arrange and attend appointments as asked by my doctor or health worker:			
I understand why I need to check and write down my symptom(s) (e.g. blood sugar, peak flow, weight, shortness of breath, pain etc.):			
I check and write down my symptom(s):			
I understand what to do when my symptom(s) get worse:			
I do the right things when my symptom(s) get worse:			
I manage the effect of my health condition(s) on my physical activity (eg walking, household tasks):			
I manage the effect of my health condition(s) on how I feel and how I mix with other people (i.e. my emotions and social life):			
I manage to live a healthy life (eg, smoking, alcohol, diet, exercise etc.):			