

Supplemental materials for:

Kerse N, Mclean C, Moyes SA, et al. The cluster-randomized BRIGHT Trial: proactive case finding for community-dwelling older adults. *Ann Fam Med*. 2014;12(6):514-524.

BRIGHT SCREEN

(Brief Risk Identification for Geriatric Health Tool)

Please circle your response to the questions below and return the completed questionnaire in the envelope provided.

Thinking of how you have been in the last 3 months

1. Do you usually need any help with ordinary housework?	Yes	No
2. Do you need someone to help you get around indoors?	Yes	No
3. Have you tripped or fallen at all?	Yes	No
4. Do you get short of breath walking across the room?	Yes	No
5. Do you usually need someone to help you bathe or shower?	Yes	No
6. Do you usually need someone to help you comb your hair, brush your teeth, shave, apply makeup, or wash/dry your face and hands?	Yes	No
7. Do you usually need someone to help you dress your lower body?	Yes	No
8. Have you been bothered by feeling down, depressed or hopeless?	Yes	No
9. Do you have any difficulties making decisions about everyday activities?	Yes	No
10. Do you have memory problems that make everyday activities difficult?	Yes	No
11. In general do you have good health?	Yes	No

Did you fill in this questionnaire by yourself?	Yes	No
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Thank you for filling it in.

Appendix 2

The population in the current trial was potentially the 'better' half of community dwellers. The admission rate of just 6-8% to residential care over 3 years is low and the hospitalisation rate of 8-9% for this age group suggests that the population was perhaps at higher health status than the total NZ population aged 75+. A subgroup, preselected with greater levels of disability, did not respond in any different way to this intervention, suggesting that other strategies are needed to improve outcomes for older people.

The BRIGHT tool was developed in NZ, and validated¹ against the MaPLE score, a measure of likelihood of development of disability, of the InterRAI comprehensive assessment tool, an assessment process covering health, social, functional and financial factors, developed to assist in comprehensive geriatric assessment. It is as valid as other screening tools to detect those with potential for functional decline, however all tools have inaccuracy and it is possible that the tool was not accurate in the current population. It is more likely that the tool did identify people at risk of decline, but the response was not adequate to change the trajectory and the result was an identification of issues that required residential care placement. We screen out the majority of those in the intervention group potentially reassuring the practice of those not needing attention; this is what a screening tool is for. A large number of false positives would be expected and 30% of all intervention participants were receiving home help before the intervention began. Potentially a better targeted second step placed within primary care² may have enabled appropriate services to be better directed.

References

1. Kerse N, Boyd M, McLean C, Koziol-McLain J, Robb G. The BRIGHT tool. *Age Ageing*. 2008;37(5):553-588.
2. Walters K, Kharicha K, Iliffe PS, et al. Promoting health and wellbeing for older people in primary care: a feasibility study. *Lancet*. 2013;382(S3):S99.