Clinical Task Instruction

Delegated Task

D-CP03: Montreal Cognitive Assessment (MoCA)

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant to:

- accurately collect and record information using a standard screening/assessment tool and procedure, the Montreal Cognitive Assessment (MoCA).

VERSION CONTROL

Version:	1.2		
Reviewed: (Profession)	Directors of Occupational Therapy, Directors of Psychology, Directors of Social Work	Date:	04/06/2026
Approved: (Operational)	Chief Allied Health Officer, Queensland Health	Date:	20/07/2026
Document custodian:	Chief Allied Health Officer, Queensland Health	Review date:	20/07/2026
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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to the Office of the Chief Allied Health Officer (OCAHO) at: allied_health_advisory@health.qld.gov.au

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: https://www.health.qld.gov.au/ahwac/html/ahassist

Prior to use please check https://www.health.qld.gov.au/ahwac/html/clintaskinstructions for the latest version of this CTI.

Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop.
- Mandatory training requirements relevant to Queensland Health clinical roles are assumed knowledge for this CTI.
- Completion of MoCA training and certification if required by the HHS. Available at: https://www.mocatest.org/.
- Completion of the following Queensland Health allied health assistant training modules (or corresponding units of competency in HLT43021 Certificate IV in Allied Health Assistance) or equivalent work-based learning:
  - assist with development and maintenance of client functional status.

  Access the module/s at: https://www.health.qld.gov.au/ahwac/html/ahassist-modules

Clinical knowledge

- The following content knowledge is required by an allied health assistant delivering this task:
  - basic knowledge of cognition and cognitive impairment to the extent required to complete this task, including explanation to the client and reporting to the delegating health professional
  - basic knowledge of the purpose and administration of the MoCA including the process for collecting information, scoring and documentation requirements.
- The knowledge requirements will be met by the following activities:
  - completing the training program/s (listed above)
  - reviewing the Learning resource
  - receiving instruction from an allied health professional in the training phase.

Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an allied health assistant delivering this task:
  - Nil

Safety and quality

Client

- The allied health assistant will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the allied health assistant during the task:
  - the ideal time to test clients is when they are most alert, such as after breakfast or showering. For clients who are displaying signs of drowsiness, discuss with the delegating health professional rescheduling the test to a time when the client is likely to be more alert.
  - the client's ability to participate in cognitive screening may be impacted by pre-existing conditions including intellectual impairment, mental illness, neurological injury (i.e. stroke/cerebrovascular accident [CVA], acquired brain injury), mental illness or a history of drug

and/or alcohol abuse. Additionally, the client may present with signs of increasing confusion, a worsening ability to follow directions, reduced alertness or concentration or worsening pain. If the client's presentation does not match the delegation instruction, cease the task and liaise with the delegating health professional regarding observations.

- non–English speaking clients should complete testing with the use of an interpreter. If the allied health assistant has not previously worked with an interpreter additional information in the delegation instruction may be required to support testing. At a minimum the allied health assistant needs to confirm the language spoken by the interpreter is one the client is familiar with i.e. same dialect. The interpreter should be instructed to relay the questions and answers in a simple and objective manner which offers no additional assistance to the client. The interpreter should be requested to advise of any subtle or unintended changes to the meaning of test instructions due to language or cultural factors. Note any variances in the instructions provided and the use of an interpreter as part of recording test results.
- clients must be able to communicate answers that can be understood by the interviewer. The clarity of communication can be affected by muscle weakness (dysarthria), when the client has difficulty getting messages from the brain to make their muscles work (dyspraxia) or in their comprehension or expressive language (dysphasia). Compensatory strategies for communicating may include slowing down their speech, using more breath to speak louder, using descriptive strategies, writing or using an i-pad, computer or other communication device. If the client's responses are not clear and able to be understood, and communication strategies were not included in the delegation instruction, or are not effective, cease the task and liaise with the delegating health professional.
- clients may have physical or sensory limitations that impact on testing including not being able to, hear or see fully, point/move hands, or hold a pencil. This may be due to hand weakness, deformity, injury or pain. The delegating health professional should provide instructions on how to assist the client to physically perform the other components of the test if possible e.g. use a clip board, tape the paper to the desk to prevent movement, provide a pencil grip or thick marker, encourage use of the opposite hand. Complete the MoCA verbal questioning components. The allied health assistant should note the components not completed and/or assistance provided as part of recording the test results. If the client's presentation does not match the delegation instruction, cease the task and liaise with the delegating health professional regarding observations.
- clients who have less than 12 years education will have one point added to their total score.

Equipment, aids and appliances

- As part of testing, clients will need to respond to verbal questioning and visual stimulus. If the client requires glasses or hearing aids, ensure these are in working order and fitted correctly.
- Any changes to the standard testing protocol for the test will reduce its validity and reliability. The testing procedure and guidelines should always be applied. For example standard question phrasing, time limitations, or use of prompts and self-correction should be consistently applied. See the Learning resource section.

Environment

- The test should be conducted in a quiet location that provides privacy. This includes minimising background noise and distractions e.g. close curtain/door, turn off the radio/TV, request visitors sit outside whilst testing occurs.

Performance of clinical task

1. Delegation instructions

- Receive the delegated task from the health professional
- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
  - pre-existing conditions impacting on participation, including cognition and communication
  - current medical conditions
  - special requirements e.g. interpreter, compensatory strategies for communication problems or hand weakness.
- Review the medical record and liaise with members of the healthcare team prior to commencing the task and advise the delegating health professional if there are any recent changes which may impact on a client's capacity to participate in the task i.e. recent deterioration.

2. Preparation

- Local recording form
- 2 pens

3. Introduce task and seek consent

- The allied health assistant introduces themself to the client.
- The allied health assistant checks three forms of client identification: full name, date of birth, plus one of the following: hospital unit record (UR) number, Medicare number, or address.
- The allied health assistant describes the task to the client. For example:
  - I'm going to ask you to complete an assessment process with me. These questions check how your thinking is at the moment. It includes memory and concentration. It will show your healthcare team how we can best help you.
- The allied health assistant seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, Version 2.6 (2025).

4. Positioning

- The client's position during the task should be:
  - at the bedside/in bed with an over bed table positioned in front of the client, or seated at a table and supported in a chair.
- The allied health assistant's position during the task should be:
  - in a position where the allied health assistant is easily able to point to stimulus items and provide instructions.
- If using an interpreter:
  - seat the interpreter next to the allied health assistant. This will make it easier for the client to synthesise non-verbal cues from the test administrator and the verbal cues from the interpreter.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
  1. Administer the MoCA as per tool guidelines for administration and scoring instructions. See the Safety and quality section and Learning resource section.
  2. Score each question, recording the results on the local recording form found at www.mocacognition.com.
  3. Calculate the overall score using the guidelines.
- During the task:
  - ensure reliability of the tool by:
    - using the written instructions as per the guideline for each test item. Do not alter phrasing by adding or changing working.
    - record the client's first response to each item.
  - clients may feel vulnerable or anxious or become upset, frustrated and/or irritable during the task and this may impact their performance. This may be due to increased anxiety, stress, frustration or resistance to the task. If this occurs, pause the task and provide support and include observations as part of feedback. If the client continues to display symptoms, or does not consent to recommence the task, cease the task and liaise with the delegation health professional.
  - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above including CTI D-WTS01 When to stop.
- At the conclusion of the task:
  - encourage feedback from the client on the task.
  - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.
- For this task, the following specific information should be presented:
  - an overall score e.g. X/30
  - subtask scores including details of incorrect responses e.g. orientation 4/6 – unable to state date and day
  - observations including the use of hearing aids, glasses, interpreter, fatigue or appearance of being distracted
  - file the screening/assessment tool in the clinical record consistent with relevant documentation standards and local procedures.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

References and supporting documents

- Dementia Australia (n.d.) Available at: https://www.dementia.org.au/
- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop. Available at: https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.
- Queensland Health (2025). Guide to Informed Decision-making in Health Care. Version 2.6. Available at: https://www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare.

Assessment: performance criteria checklist

D-CP03: Montreal Cognitive Assessment (MoCA)

Name: **Position:** **Work Unit:**

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of supervising AHP	*Date and initials of supervising AHP*	*Date and initials of supervising AHP*
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including obtaining the relevant form and materials and ensuring the client and environment are prepared for the task i.e. client has glasses or hearing aids, environmental modifications complete.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
Delivers the task effectively and safely as per delegated instructions and CTI procedure. a) Clearly explains the task, checking the client's understanding. b) Completes the screening/assessment task as per the standard procedure (or deviates from the standard procedure where appropriate to maintain safety). c) Records information from the task accurately and appropriately as per the standard procedure, and where relevant, obtains additional relevant information (observations, client comments or questions) for reporting to the delegating health professional and/or recording in the medical record. d) During the task, maintains a safe clinical environment and manages risks appropriately. e) Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			

Comments:

Record of assessment competence:					
Assessor name:		Assessor position:		Competence achieved:	/ /
Scheduled review:					
Review date:	/ /				

Montreal Cognitive Assessment (MoCA): Learning resource

Background

Cognition relates to mental abilities such as knowledge, attention, memory, judgement, reasoning, problem solving, decision making, and comprehension. Some changes in cognition are expected with ageing. Mild Cognitive Impairment (MCI) is a term used to describe the stage beyond the expected cognitive decline of normal ageing. Clients with MCI may experience minor memory or mental function changes, but not sufficient to interfere with usual day to day activities.

Dementia is a form of cognitive impairment where the client's changes in mental function now impact on their ability to complete their usual life roles. There are different forms and causes of dementia. The most common types are Alzheimer's disease, vascular dementia and dementia with Lewy bodies (Dementia Australia, n.d.).

The MoCA is used to detect mild cognitive impairment. It was developed to distinguish clients with mild cognitive impairment from normal elderly clients. It is intended for clients with memory problems who score within the normal range on the Standardised Mini-Mental State Examination. The total possible score is 30 points, a score of 26 or above is considered normal.

Required reading

- Talking to someone with dementia. Dementia Australia. Available at: https://www.dementia.org.au/living-dementia/staying-connected/talking-someone-dementia
- Stroke Engine (2011). Montreal Cognitive Assessment (MoCA).
  - Purpose
  - Summary table

  Available at: https://strokengine.ca/en/assessments/montreal-cognitive-assessment-moca/

Queensland Health employees only

- Further information on the MoCA is available at: https://qheps.health.qld.gov.au/caru/networks/dementia/cognitive-impairment-screening-toolkit/assessment-tools/cognitive-impairment

Optional reading

- Dementia Australia (n.d.). Mild Cognitive Impairment. Available at: https://www.dementia.org.au/.
- Department of Health. Victoria. Managing Dementia (2024). Available at: https://www.health.vic.gov.au/older-people-in-hospital/cognition-dementia-delirium-and-depression/dementia/managing-dementia
- Queensland Health (2024). Chronic Conditions Manual: Section 4 – Management of diagnosed conditions. Dementia. Available at: https://www.ccm.health.qld.gov.au/management-of-diagnosed-conditions/dementia#section__3managementofdementia2578