



Introducing the **interRAI Acute Care**

*Talking the same
language for effective
care of older people*





The interRAI Acute Care instrument is designed to support assessment and management of frail older patients in the acute care setting

interRAI - Acute Care
**Comprehensive Geriatric Assessment
& Care Planning
for Acute Care**

*Minimum Data Set
Test Version 1.04
[Multi-column format]
International
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The instrument enables:

- Profiling of cognitive, functional and psycho-social status
- Screening for common geriatric syndromes
- Risk assessment for adverse geriatric events

Built on the interRAI standards

- Reliable data items developed by clinicians
- Scales validated against gold standards
- Automated triggering mechanisms for problem lists, screening and risk profiling
- Part of an integrated system of instruments
 - Hospital, community and residential settings
 - Common items and scales
- Ready for electronic application

The domains are comprehensive...

- Cognition
- Communication
- Mood & behaviour
- Personal and instrumental ADL
- Mobility and activity
- Continence
- Nutrition, skin
- Diagnoses & medication
- Informal and formal support

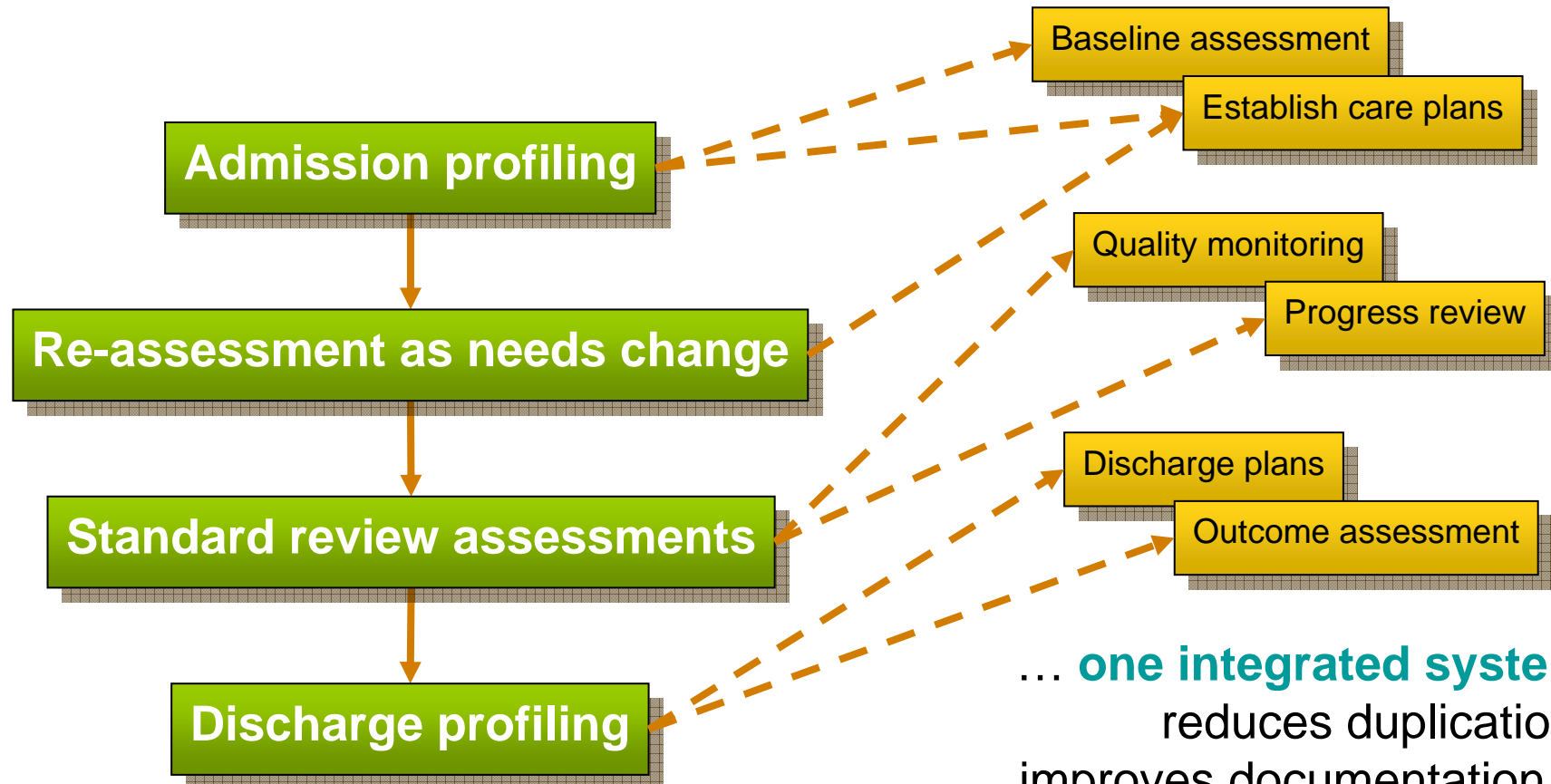
Comprehensive coverage across admission episodes

- 121 items
 - 25 Administrative / Demographic
 - 96 Clinical
- Multiple observation periods
 - Pre-morbid (3 days prior to acute illness)
 - Admission (initial 24 hour period)
 - Review assessments (for longer stay patients or when sudden change of status occurs)
 - Discharge (last 24 hours of episode)

The interRAI AC can be used to support an array of processes

- Profiling at admission
- Geriatric consultation services
- Whole of episode care
 - Pre-morbid, admission, progress, discharge
- Discharge preparation

interRAI instruments support management of entire episodes of care, not only admission assessment



... **one integrated system** reduces duplication, improves documentation & increases care quality.

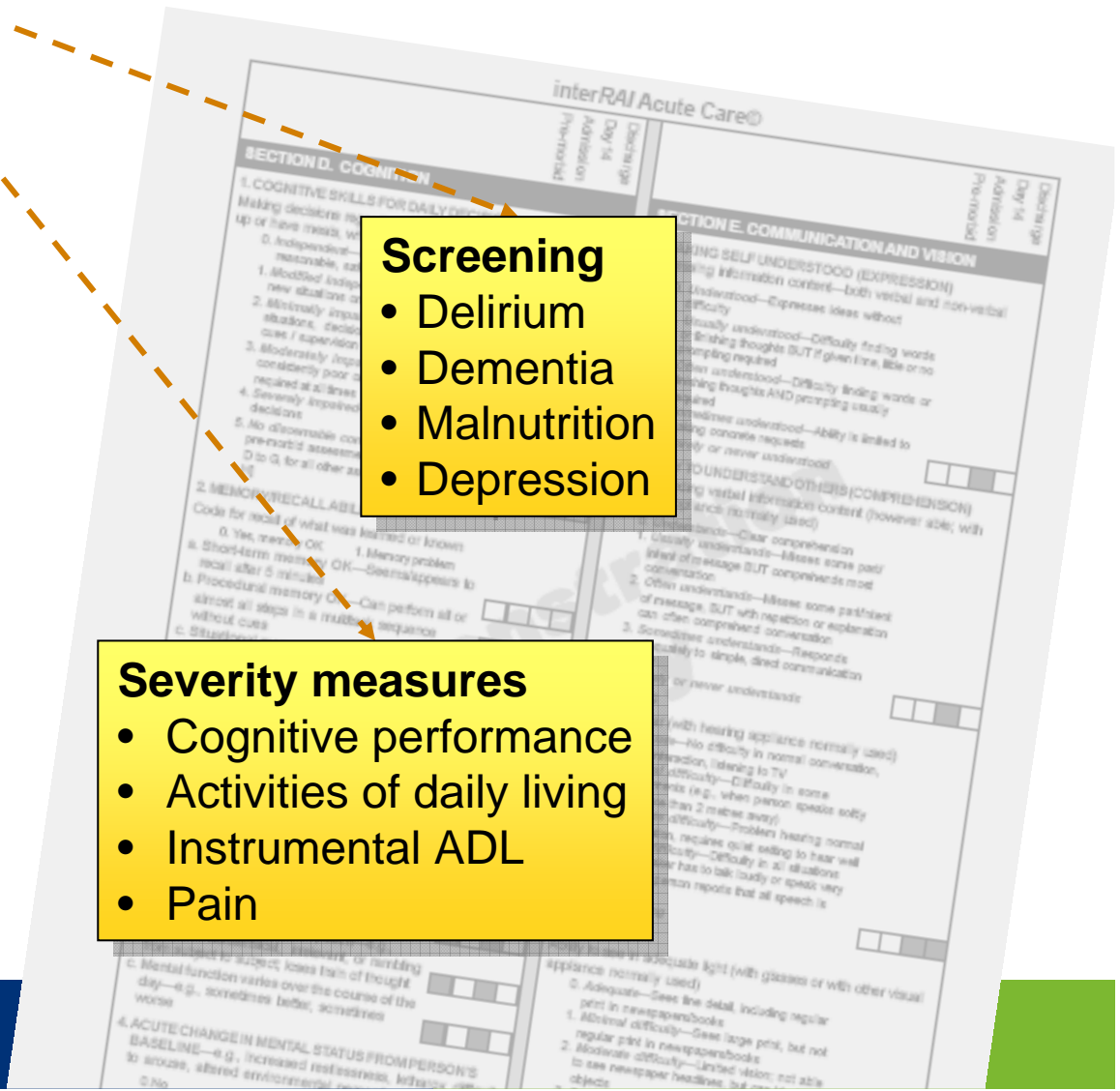
What does it deliver?

- Problem lists**
- Diagnoses
 - Geriatric syndromes

- Risk assessment**
- Delirium
 - Falls
 - Functional decline
 - Pressure ulcer
 - Readmission
 - Rehab. potential
 - Need for services

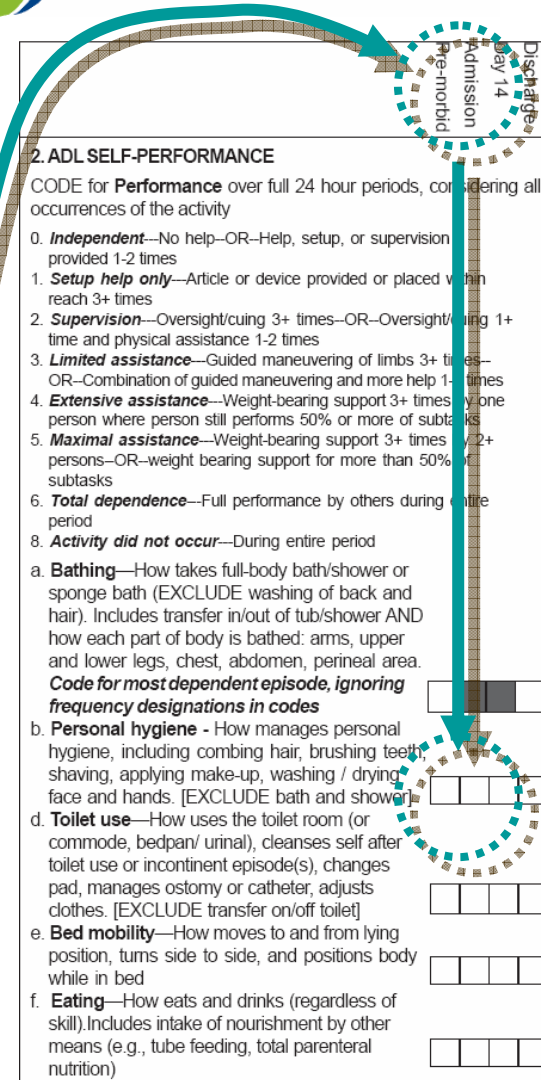
- Screening**
- Delirium
 - Dementia
 - Malnutrition
 - Depression

- Severity measures**
- Cognitive performance
 - Activities of daily living
 - Instrumental ADL
 - Pain



Recording change...

Extensive assessment of pre-morbid as well as current patient status enables rapid identification of new problems



2. ADL SELF-PERFORMANCE
 CODE for **Performance** over full 24 hour periods, considering all occurrences of the activity

- 0. **Independent**—No help—OR—Help, setup, or supervision provided 1-2 times
- 1. **Setup help only**—Article or device provided or placed within reach 3+ times
- 2. **Supervision**—Oversight/cuing 3+ times—OR—Oversight/cuing 1+ time and physical assistance 1-2 times
- 3. **Limited assistance**—Guided maneuvering of limbs 3+ times—OR—Combination of guided maneuvering and more help 1-2 times
- 4. **Extensive assistance**—Weight-bearing support 3+ times by one person where person still performs 50% or more of subtasks
- 5. **Maximal assistance**—Weight-bearing support 3+ times by 2+ persons—OR—weight bearing support for more than 50% of subtasks
- 6. **Total dependence**—Full performance by others during entire period
- 8. **Activity did not occur**—During entire period

a. **Bathing**—How takes full-body bath/shower or sponge bath (EXCLUDE washing of back and hair). Includes transfer in/out of tub/shower AND how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area.
Code for most dependent episode, ignoring frequency designations in codes

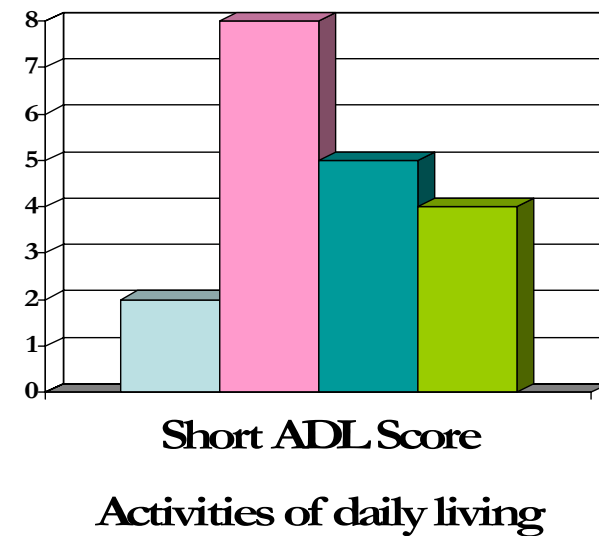
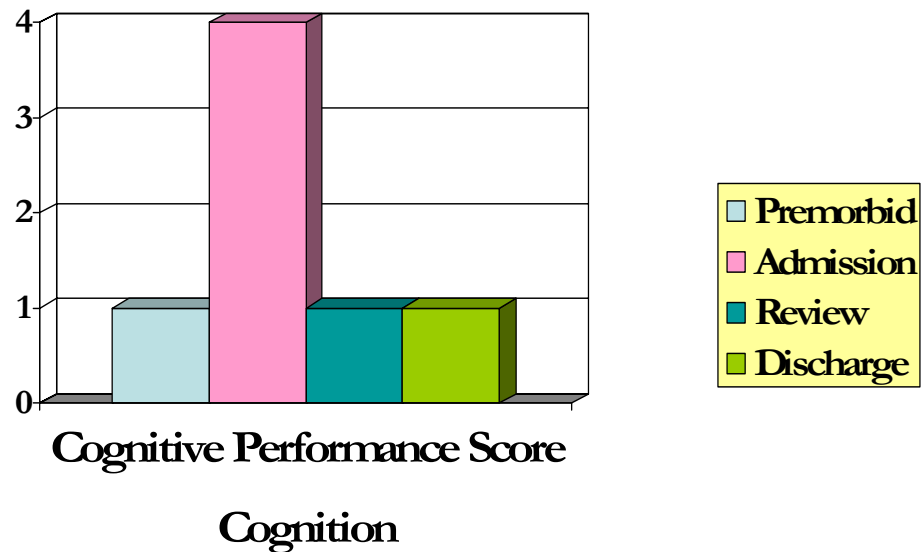
b. **Personal hygiene** - How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing / drying face and hands. [EXCLUDE bath and shower]

d. **Toilet use**—How uses the toilet room (or commode, bedpan/ urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes. [EXCLUDE transfer on/off toilet]

e. **Bed mobility**—How moves to and from lying position, turns side to side, and positions body while in bed

f. **Eating**—How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)

Inbuilt scales enable monitoring throughout an episode



Scaling to assess severity

- measures available within the interRAI-AC

- Cognitive performance scale (CPS)
- Communication scale
- Short ADL scale / ADL hierarchy scale
- IADL summary scale
- Pain scale
- Body mass index

How assessments are performed...

- Health professional with aged care experience
 - Solo or multi-disciplinary assessment
- Interview and observation
 - Patient, staff, family and patient record
- 20 to 75 minutes for admission assessment, 10 to 20 minutes at discharge depending on case complexity

The interRAI AC is an important productivity tool which reduces duplication of documentation and enhances discharge planning

The **interRAI AC** is a
powerful clinical tool that will...

- Support clinical evaluation
 - Enable electronic communication
 - Reduce duplication and paperwork
- and...

IMPROVE THE QUALITY OF CARE



**For more information
visit the interRAI websites**

www.interrai.org

(International)

www.interrai-au.org

(Australia)