

THE interRAI¹ ACUTE CARE ASSESSMENT SYSTEM:

ENABLING THE IDENTIFICATION AND MANAGEMENT OF PHYSICAL, COGNITIVE AND PSYCHO-SOCIAL ISSUES IN THE INPATIENT SETTING

Early and accurate identification and management of important physical, cognitive and psychosocial issues is critical for the provision of high quality care in acute care settings. While most prevalent in older people, these problems or issues are common among all age groups.

Nurses and the patient admission assessment can and should play a pivotal role in the proactive identification and management of challenging issues early in a patient's hospital stay challenging conditions.

COMMON PHYSICAL, COGNITIVE & PSYCHOSOCIAL PROBLEMS

- Pain
- Mood Disorders
- Alcohol, Smoking, Drugs
- Pressure Ulcers
- Sleep Disturbances
- Social Isolation
- Delirium & Dementia
- Behaviour Problems
- Falls
- Mobility Problems
- Challenges in Self-Care
- Incontinence

THE interRAI AC ASSESSMENT SYSTEM

The interRAI AC System is a short, but comprehensive assessment that helps clinicians identify, assess and prioritize common physical, cognitive and psycho-social issues present amongst vulnerable patients in inpatient settings in order to improve patient safety and quality of care.

Designed to be integrated with the usual nursing admission processes common to all acute settings, the interRAI AC system helps to take a nurse's observations to produce standardised information that can be used in multiple ways to help better identify, plan and support the delivery of high quality care to support:

- Development of tailored care/management plans
- Targeting of at-risk patients
- Identification of patients who need specialist referral(s)
- Preparation for discharge and transfer of care

The interRAI AC System provides for each patient a personalized profile with several scales to monitor a patient's status and progress. It uses carefully tested clinical observations in combination with rigorous decision-support "algorithms" to provide useful clinical outputs including problem lists, and diagnostic and risk screening results, presented in a meaningful way that can guide and support a clinician's appropriate care planning responses that may include further assessment and care planning.

CLINICAL OUTPUTS

Problem List:

- (A full list of problems identified by the assessment)

Severity Scales:

- Activities of Daily Living Scale
- Cognitive Performance Scale
- Short Depression Scale
- Communication Scale
- Pressure Ulcer Risk Scale
- Body Mass Index

Diagnostic Screeners:

- Delirium
- Cognitive Impairment
- Malnutrition

Risk Screeners:

- Delirium
- Falls
- Pressure Ulcer/Injury
- Institutional Care
- Frailty Index

HOW IS IT COMPLETED?

On admission to a hospital unit, a patient and their family are usually interviewed as part of the standard admission process. Designed to be incorporated as part of this standard process, as information is secured, the interRAI AC assessment is completed. A summary report can be generated immediately to inform care planning as is outlined in the following figure.



Patient and Family are interviewed upon admission to the hospital unit.



The interRAI Acute Care (AC) assessment is completed as part of the standard admission process using a computer or tablet.



A summary report can be generated immediately to inform care planning.

The assessment can be updated at any time during the hospital stay, as the patient's status changes. This permits an automatic re-calculation of the clinical scales and screeners to enable further assessment of a patient's progress and revisions to their care plan.

The interRAI AC System also includes a "Discharge Assessment" feature, which updates the patient's status to transfer accurate information to the next set of care providers. This Discharge Assessment also enables the collection of 9 Quality Indicators, developed by interRAI and in line with commonly collected QI measures, to be scored and reported as is required.

DOES THE ASSESSMENT ADD TO EXISTING WORKLOADS?

The interRAI AC System's Admission Assessment requires, on average, 15 minutes to complete. The Discharge Assessment requires less than 10 minutes to complete. With only 56 items being required to be collected at admission, this system collects far fewer items than most existing nursing admission assessments covering the same issues. It has been purposefully designed with the input of nurses to significantly reduce the existing burden of nursing documentation.

The careful selection of items and the ability to use each item for multiple purposes ensures that it meets all of the important requirements for care planning while also allowing for additional uses such as the identification of safety and quality improvement opportunities.

THE interRAI ACUTE CARE SYSTEM QUALITY INDICATORS

- Urinary Catheter
- Cognitive Health
- Falls
- Mobility
- Pain
- New Discharge to Long-Term Care
- Prolonged Hospital Stay
- Self-Care
- Skin Integrity

The interRAI AC assessment is designed to prompt clinicians to further identify safety and quality improvement opportunities when an issue is signalled.

By using a digital format, the interRAI AC system is expected to further reduce the workload associated with "downstream" tasks, such as writing care plans, referrals to specialists and discharge report preparation, when it can help to address these opportunities through the way it generates clinical outputs.

Overall, this system is expected to reduce nursing documentation burden and increase the utility of admission assessments for the broader benefits of interprofessional-teams and the organisation as a whole.

IMPLEMENTATION OF THE interRAI AC

The interRAI AC Assessment System represents an important component of the overall inpatient admission process. It contributes to the overall assessment, complementing other elements of the nursing assessment and contributing to a more robust and timely inter-professional evaluation. To ensure efficient use, it must be integrated into the overall hospital admission and monitoring systems.

The nature of this integration will depend on existing systems, and whether the current systems are in paper or electronic format. Specialised software is required to make the various calculations, and to present the findings in a clinician-friendly format that can be integrated into appropriate workflows.

Thus, implementation requires careful planning that considers impact on existing systems, training and resources.

IN SUMMARY...

The interRAI Acute Care (AC) Assessment System offers important enhancements to the hospital admission process, yet demands less information than conventional assessments.

It provides a framework to support continuous monitoring across a patient's hospital stay, and quality indicators to further evaluating the overall quality of care being provided.

¹ interRAI is a not-for-profit, volunteer, organization founded in 1992 as an international network of practitioners and researchers committed to improving health care for persons who are elderly, frail or disabled. Our goal is to promote evidence-based clinical practice and policy decisions through the collection and interpretation of high-quality health information. At the time of publication, interRAI assessment systems were used in over 30 nations, across a wide variety of settings. interRAI licenses its assessment systems without royalties to any government or caregiver.

The interRAI Acute Care Assessment System is Part of the interRAI Hospital Systems

The interRAI Hospital Systems have been designed to provide a fully integrated assessment system across the hospital continuum of care from the emergency department to post-acute care/rehabilitation settings. Each assessment system within the Hospital Systems supports the care of all older adults including those who require more comprehensive assessments and care. Each of the Hospital System's assessments provide a framework for multidisciplinary care and aim to support an the overall continuity of care for patients.

How it Works:



1.

AN OPPORTUNITY TO LEVERAGE PRIOR ASSESSMENTS

A patient living in the community may have received prior home, community and/or long-term care interRAI Assessments:



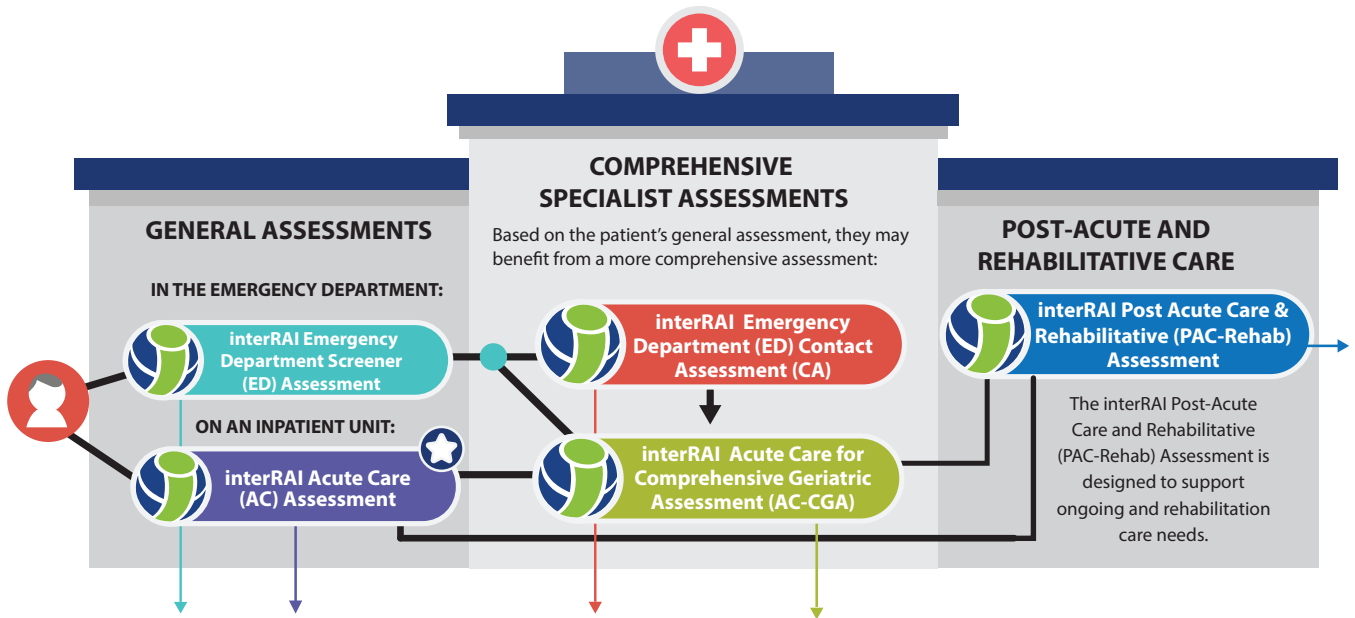
2.

A PATIENT VISITS THE EMERGENCY DEPARTMENT AND/OR IS ADMITTED TO THE HOSPITAL ON AN URGENT OR ELECTIVE BASIS

3.

ADMISSION AND SUBSEQUENT SPECIALIZED ASSESSMENTS:

Upon admission to the Emergency Department or the Hospital, one of the following assesments may be conducted that can be supported by information gathered in prior assessments.



4.



HOME AND COMMUNITY OR LONG-TERM CARE

When a patient returns to the community, their care can continue to be supported and guided by a variety of interRAI Home, Community, and Long-Term Care Assessments that can be supported by information in prior assessments.

