Guideline for Completing Community-Based interRAI Assessments via a Live Video Stream

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Purpose

This guideline describes how clinician-administered community-based interRAI assessments such as the interRAI Home Care and interRAI Community Health Assessment may be completed remotely through live video stream in exceptional circumstances, such as the COVID-19 global pandemic.

Home and community support services help people remain at home and out of hospital or other institutional settings. The interRAI standard is a face-to-face assessment with the person and their assessor. However, during emergencies, regular practices may need to be adjusted to focus on the best we can do in the circumstances to focus on priorities.

Completing an interRAI Contact Assessment or Home Care assessment through live video stream provides an opportunity for assessments to continue without increasing the risk of contagion for the person and their assessor, as well providing business continuity for assessors who may be in self-isolation yet able to work.

Guideline

Pre-assessment preparation

Contact the person or their family member/carer to prepare for the assessment:

- Check whether a mobile device capable of sharing live video between the person and the assessor is available, preferably this will be a tablet or portable laptop.
- Check whether the person is comfortable with this technology and how much support they may need.
- Practice with the person to see if the device can be positioned to allow both close-ups and views of the whole person, to see the person in motion, and to observe the environment.
- Practice sending photos of the environment if the device is not mobile.
- Identify a third person who can attend the assessment to hold the device and liaise with the assessor if the person cannot manipulate the device adequately themselves. Ideally this is the family member/carer accompanying the person being assessed and who is alert to appropriate precautions against infection.
- Ask the person to collect all their medications together.
- Have the person’s current height and weight information available, where possible.
- Ask the person to have available other documentation that is routinely collected for the assessment, such as health care identification number.
- Review the person’s previous assessment (if this is not their first assessment) to highlight any issues that may require specific clinical observation or discussion.
- Arrange the opportunity for family/carer involvement in the assessment. If the family member/carer is in the home, check that they will be available to participate while the person is assessed. If the family member/carer will not be in the home at the time of the assessment, try to include them via conference.
call, either by linking them to the video connection or via a conference call. If that is not possible, arrange for a follow-up call with the family/carer at another time.

- A family member/carer must be present if the person has any known cognitive or communication problems.

**Completing the interRAI Home Care Assessment**

- Assess the person through structured conversation, in the same way as a face-to-face assessment.
- Obtain information from family member/carer and others (such as the general practitioner) in the same way as a face-to-face assessment.
- Use the mobile device to enable observations that are fundamental to the assessment.
- During the assessment, additionally use the relevant sections of the assessment to explore:
  a) Cognitive or functional losses that might occur due to isolation or adverse consequences of isolation.
  b) Psychosocial issues that might be affected by isolation.
  c) Any issues related to medication and food, which may be problematic if the person doesn’t have support to access them, prepare medications, or make meals.
  d) Pay particular attention to any physical COVID-19 health symptoms related to the outbreak:
    i. Fever
    ii. Dyspnea (shortness of breath)
    iii. COPD (chronic obstructive pulmonary disease)
    iv. Heart Failure
  e) The interRAI community assessments do not include an item on a new, continuing cough or sore throat. You should ask whether the person has had these symptoms in the last three days and record the observation in your supplementary notes.
- Ask the family member/carer for input to provide any supplementary information that is not demonstrated readily through the device.
- Do not rely on auto-population methods to carry over clinical observations from a previous assessment. Because COVID-19 can lead to rapid, severe changes in the health of vulnerable persons it is important that your assessment is sensitive to changes in physical or mental health, cognition, function, and other clinical signs.
- If you notice substantial changes in the person’s health and well-being based on the new assessment (e.g., change in cognitive function), ensure that other health care partners are aware of the change. These are the priorities for care planning before attending to other triggered CAPs.

**General**

1. The assessment may take longer than normal because all the usual cues from being face-to-face with the person will not be available; however, this and preparation time are traded off with no travel time.
2. Depending on your workplace policy, this may be an opportunity to check whether the family member/carer who also is present at the assessment has the COVID-19 symptoms listed earlier.
3. Height and weight items that are not available through pre-assessment preparation may be deferred to the next assessment.
4. The Contact Assessment also may be completed over the telephone. An example of telephone protocol may be found at [www.interrai.co.nz](http://www.interrai.co.nz).