

## **Guideline for Completing Long-term Care Facility-Based interRAI Assessments During COVID-19 Pandemic**

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### **Purpose**

This guideline describes how clinician-administered long-term care facility-based interRAI assessments such as the interRAI LTCF and MDS/RAI 2.0 may be completed in exceptional circumstances where direct contact is unwise, such as during the COVID-19 global pandemic. First and foremost, it is essential to continue using interRAI assessments as clinical tools in order to manage the direct and indirect impact of the pandemic on long-term care or nursing home residents.

A secondary benefit is that these data provide vital information to public health and health care professionals managing the pandemic in progress or evaluating its impact in the aftermath. This information can help to improve care in the future should another pandemic occur.

The aim of interRAI assessments is to support the health and well-being of the person *in place* and to prevent avoidable transfers to hospital or emergency department visits. The interRAI standard is for assessors to use all sources of information available including: a face-to-face assessment of the person; review of pertinent chart information; and communication with other informants (e.g., staff, primary family contact).

During emergencies, regular practices may need to be adjusted to do the best in the circumstances to focus on key priorities. For example, during the COVID-19 global pandemic there may be a requirement to restrict entry to the facility to essential staff members only. This may make it difficult to reach informants who would otherwise have been available (e.g., part-time staff, staff on sick leave, family visitors). In addition, if a facility experiences an outbreak, it may be necessary to temporarily suspend assessments to manage acute medical issues affecting large numbers of residents.

These guidelines deal with different circumstances that a facility may face during the global pandemic. In this context, facilities will generally have three key clinical priorities: a) keep COVID-19 out of the facility to prevent infection of residents and staff; b) maintain the health and well-being of residents not affected by COVID-19; and c) prevent spread of the infection to outside of the facility.

### **Guidelines**

#### **A. Restricted entry to facility, but no outbreak within facility**

In this scenario, the facility is “locked down” to prevent entry of non-essential staff and other visitors, but no residents are known to be affected by the COVID-19 virus. A primary focus of the facility will be to avoid residents being admitted to hospital. The aim of the interRAI assessment in this scenario is

to manage on-going implications for the health of the person which may result in hospitalization for reasons other than COVID-19. Risks to the resident's health and well-being in this scenario include: cognitive decline (e.g., delirium); functional decline related to delirium and physical inactivity; depression and behavioural responses to external stressors and social isolation; medical instability due to unrecognized clinical changes (particularly cardiorespiratory); and falls or other changes that may occur.

It is essential to actively monitor the person, including completing interRAI assessments to: a) monitor the health of residents while facilities are locked down; b) use those assessments to detect changes in status; and c) guide immediate clinical management of the person. In addition, these interRAI assessment results could be used to support telehealth solutions whereby off-site clinicians could provide remote consultations based, in part, on the interRAI assessment results.

Conduct assessments based on usual interRAI recommendation practices. Interview the resident directly, consult the chart for diagnostic and medication information, and examine clinical notes for indication of changes in cognition, mood, behaviour, and functional status. Speak with other staff about their observations where appropriate. Follow standard infection control practices in any interactions with the person, staff, or outside visitors.

- If possible and necessary to complete the assessment, attempt to arrange a time for the primary family contact to discuss the assessment by phone. You can ask them to provide information on the person's status based on the last time they visited for items with look back periods that would overlap with that visit. Their insights can help you detect possible changes in the status of the person. This can also be an opportunity to reassure the family about the person's status during restricted access.
- During the assessment, use the relevant sections of the assessment to attend to issues that might be affected by social isolation resulting from the restricted access:
  - 1) Cognitive or functional losses that might occur due to isolation or adverse consequences of isolation;
  - 2) Psychosocial, mood, and behavioural issues that might be affected by isolation;
  - 3) Medical problems that may have flared up (e.g., changes in skin integrity, fatigue, falls).
- Pay particular attention to any physical COVID-19 health symptoms, and when present follow facility protocols regarding diagnosis, isolation, and staff protection:
  - a) Fever
  - b) Dyspnea (shortness of breath)
  - c) interRAI assessments do not include an item on a new, continuing cough. You should note whether the person has had these symptoms in the last three days and when the

symptoms started or ended (if applicable). Record the observation in your supplementary notes.

- interRAI has identified several risk factors for mortality associated with respiratory illnesses based on WHO reports related to COVID-19. The categories created by interRAI suggest the need for careful vigilance of such residents in a time where COVID-19 is potentially present within the environment. To complete this assessment, check available documentation and other relevant information sources to determine their presence and record their ICD codes if they are not already in the diagnostic pick list of the assessment form. Calculate the risk score by creating a simple count of the number of comorbid conditions below that are present. **Presence of 1-2 indicates an elevated risk of death beyond the standard level for long-term care residents. Presence of 3 or more indicates a substantially greater risk.** The key categories of major comorbidities of concern include:
  - d) Pulmonary problems (e.g., chronic obstructive pulmonary disease)
  - e) Cardiac problems (e.g., heart failure, coronary heart disease)
  - f) Kidney problems (e.g., renal failure)
  - g) Cancer with chemotherapy or radiation
  - h) Liver disease (e.g., cirrhosis of the liver)
  - i) Neurological diseases (e.g., Alzheimer or related dementia, multiple sclerosis, ALS, Parkinsons disease, hemi/para/quadruplegia, stroke, transient ischemic attack, cerebral palsy, Huntington's disease)
- 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.

## B. Facility with a COVID-19 Outbreak

In this scenario the facility is experiencing an outbreak of COVID-19. A primary focus of the facility will be to attend to core clinical tasks related to an increase in the number of seriously unwell residents. Depending on the demands of staff it may be appropriate temporarily to suspend completion of interRAI assessments. The aim of the interRAI assessment in this scenario is to use the information provided in Section A (above) to identify which residents are at increased risk of mortality based on World Health Organization reports (be mindful of new onset conditions that were not

present in the previous interRAI assessment, but that may now affect the person's risk levels). Nevertheless, it should be recognized that all residents in long-term care homes with such outbreaks will be at greatly increased risk compared with the general population of older adults in the community.

If a resident is discharged from your facility to an acute care hospital, send a copy of the most recent completed interRAI assessment report with the resident. This information will provide the hospital with valuable pre-morbid clinical information about the person's status prior to COVID-19 exposure.

### **C. After a COVID-19 Outbreak is Resolved**

In this scenario the outbreak of COVID-19 is resolved in your facility. The aim of the interRAI assessment in this scenario is to resume interRAI assessments as soon as possible. The outbreak and its associated impact on the facility (e.g., exclusion of outside visitors) may have had a profound impact on the health and well-being of residents, family members, and staff, even if they did not experience COVID-19 related illness. It will be important to identify and respond to these changes in a timely manner to ensure that the impact of the COVID-19 may be mitigated. As with any interRAI reassessment, it is essential that you do not rely on any "auto-populate" functions in your software in order to improve your ability to detect clinically significant change.