

THE interRAI¹ ED ASSESSMENT SYSTEM: ENABLING RAPID SCREENING AND ASSESSMENT FOR OLDER ADULTS IN THE EMERGENCY DEPARTMENT

The Emergency Department (ED) is a common and growing access point for medical care and an entry point into the health care system for many older adults.

Older adults often present with non-specific or mild concerns but often have significant underlying pathologies, comorbidities, and geriatric syndromes. They frequently have physical or cognitive problems that require attention before they are discharged. Even if their medical problems require inpatient admission, they may need further geriatric assessment within the hospital.

COMMON PHYSICAL & PSYCHOSOCIAL PROBLEMS

- Delirium
- Falls
- Depression
- Frailty
- Malnutrition
- Precarious Informal Care Support

Despite its importance in diagnosis, treatment, and discharge, geriatric complexity often remains unidentified and unattended to in the ED. With its unique position at the interface between inpatient and outpatient/community care, EDs can have a substantial influence on the direction of subsequent care provided to older adults as well as their health outcomes.

THE interRAI ED ASSESSMENT SYSTEM

The purpose of the interRAI ED System is to help clinicians prioritize and assess vulnerable older patients in order to improve patient safety and quality of care. It helps prioritize often scarce resources for those most in need without imposing a large burden on front-line clinicians.

It includes two companion tools designed to assist clinicians to provide high quality, efficient assessment – the **interRAI ED Screener** and the **interRAI ED Contact Assessment (ED-CA)**.



interRAI ED ASSESSMENT SYSTEM

Helps prioritize and assess vulnerable older patients in order to improve patient safety and quality of care.



interRAI ED SCREENER

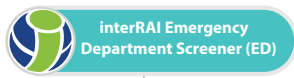
Short screening tool that provides a priority score for further assessment.



interRAI ED CONTACT ASSESSMENT (ED-CA)

An assessment tool that identifies common physical, cognitive and social issues that may need attention support a safe discharge or additional follow-up.

THE interRAI ED SCREENER



The ED Screener provides an individualized priority score ranging from:

- 1 - Indicating a low need for further assessment to
- 6 - Indicating a high need for further assessment



All older patients not in an acute medical crisis should be screened.

5-6

Further assessment or follow-up by geriatric or social service is recommended.

3-4

Further assessment or follow-up will be based on clinical judgement and the availability of geriatric and social service resources.

1-2

Unlikely to require further assessment or follow-up.



interRAI Emergency Department (ED) Contact Assessment (CA)

This 'At risk' subset of older patients will benefit from a more in-depth assessment.

The interRAI ED Screener is designed to rapidly prioritize older patients who require more detailed assessment so that vulnerable patients are not overlooked, and to provide a reliable method to organize follow-up in the hospital or the community. The screener requires approximately one minute to administer, and can be completed by general nursing staff soon after arrival in the ED. It provides a priority score from 1 (low need for further assessment) to 6 (high need).

For patients who score 5 or 6, further assessment or follow-up by specialized geriatric services, including geriatrics, ambulatory falls or memory clinics is recommended. For those who score 3 or 4, a decision to conduct further assessment or follow-up will be based on clinical judgement of the assessor, and the availability of specialized geriatric services and resources. Patients who score 1 or 2 are unlikely to require a further assessment or follow-up.

If the decision has been made to admit the patient to hospital, further assessment may be deferred until the patient is in hospital. However, if discharge home from the ED is anticipated, assessment is recommended in the ED before discharge (or if not possible, a follow-up assessment by community care teams should be arranged before discharge).

For patients requiring further assessment, the interRAI ED-Contact Assessment is appropriate.

The screenshots show the app's interface. The main screen has a 'Start' button and 'Information' and 'English' options. The information page explains the screener's purpose and target population. A question asks 'Do you need any supervision or help to take a bath or shower?' with 'Includes' and 'Excludes' lists. The 'High Risk' result screen shows a score of 6 and advises to 'Strongly consider an urgent'.

The interRAI ED Screener is available, free of charge, as an App to be used on an Apple or Android compatible device through the Apple App Store and Google Play. The App is available in multiple languages (English, French, German and more.)

The interRAI ED-CA is a short, but comprehensive assessment that identifies common physical, cognitive and social issues that may need attention to support a safe discharge.

It uses carefully tested clinical observations and decision-support scales to perform severity and risk screening. A set of clinical outputs guide further assessment and care planning.

CLINICAL OUTPUTS

Problem List:

- Potential Cognitive Impairment
- Communication
- Potential Delirium/Acute Confusional State
- Behaviour
- Hallucinations or Delusions
- Potential Depression and Anxiety
- Potential Substance Abuse
- ADL Limitation
- Instrumental ADL Limitation
- Falls
- Dyspnea
- Severe Pain
- Weight Loss

Severity Scales:

- Self-Reliance Indicator
- Assessment Urgency Algorithm
- Self-Reported Mood Scale
- Pain Scale

Risk Scales:

- Institutional Risk Scale
- ED Revisit Risk Scale

HOW IS IT COMPLETED?

The ED-CA assessment is completed as soon as appropriate, once urgent medical problems are attended and the patient is stable. The assessor reads the patient file, interviews and observes the patient, and communicates with family members. As information is collected, the interRAI assessment is completed and entered into a computer or tablet. A summary report including the clinical outputs is available immediately to inform care planning and to communicate with the entire care team.

HOW LONG DOES THE ASSESSMENT TAKE TO COMPLETE?

With just 36 items across 15 domains, an assessment can usually be completed in 15-20 minutes.

IMPLEMENTATION OF THE interRAI ED SCREENER AND interRAI ED-CA

Capacity to implement one or both tools will be dependent on the resources of each Emergency Department.

In planning implementation, ensure that any existing tools which do the same task are eliminated from the assessment processes to avoid duplication.

The interRAI Emergency Department Assessment System was developed and tested on older ED patients (age 70+) living in mostly private dwellings. The literature suggests that, at a minimum, all patients age 75 or older who are not in severe acute distress should be screened in the ED. Clinical discretion should be used to determine if younger patients should be screened.

Screening and assessment should be utilized as an early part of the regular assessment process in order to streamline the process as well as allow adequate time to adjust the therapeutic approach according to patient needs and risks. The identification of patient problems allows them to be considered in diagnosis, intervention, and disposition planning in order to decrease the probability of error, oversight, and unsuitable discharge. The results of both tools should be available on the medical record or electronic patient tracking board in order to prioritize resources by the entire ED care team. Geriatric or 'elder-friendly' Emergency Department care protocols as well as referrals for post-discharge follow-up should be developed for patients identified as high-risk or high-needs. The resource intensity of the protocols should be proportionate to the clinical priority level and involve appropriate clinical discretion at all times.

IN SUMMARY...

The interRAI ED Assessment System is an important component of safe and high quality geriatric ED care. It contributes to early detection, management, and efficient targeting of care for older patients. By using the system you can provide timely, need-based care as well as efficient referrals to geriatric services and community-based care.

For more information visit www.interRAI.org

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 ED 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:



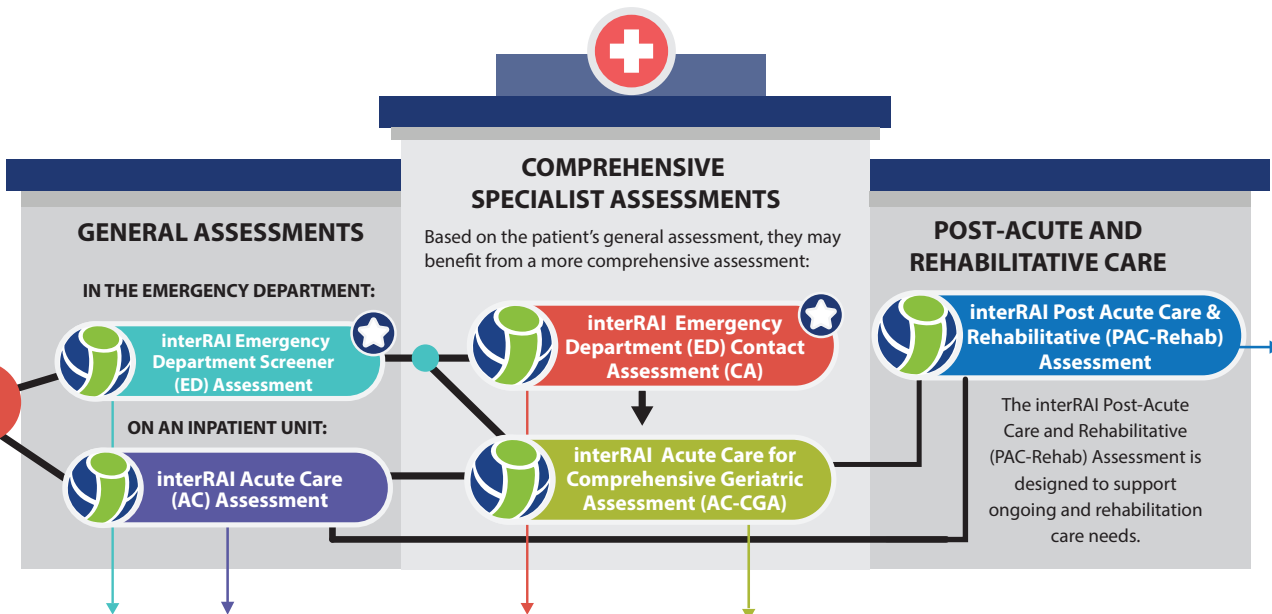
2.

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.

