

# Momentum Upgrade November 2020

## Community Health Assessment (CHA) – Outcome Measure

### interRAI HC Crisis Identification and Situational Improvement Strategies (CRISIS)

The Crisis Identification and Situational Improvement Strategies scale categorizes a person based on his or her likelihood of being placed in a long-term care facility within 90 days of assessment. The algorithm is a two-step process:

- The person is categorized into 7 distinct clinical groups and then based on their attributes from the interRAI HC assessment
- They are assigned a level of risk (between 1 and 5) for immediate placement in a long-term care facility.

Post assessment activities should include exploring reversibility of key factors that have informed a moderate to high score and exploring the person and their family/whanau preferences for ongoing care.

| Items from HC assessment | Items from CHA assessment | Description   |
|--------------------------|---------------------------|---|
| C1                       | FS1                       | Cognitive skills for daily decision making  |
| C4                       | C5                        | Acute change in mental status   |
| E3                       | E4                        | Behaviour symptoms (wandering, verbal abuse, physical abuse, socially inappropriate or disruptive behaviour, or resists care) |
| F2e                      | F1e                       | Fearful of a family member or close acquaintance  |
| F1f                      | F1f                       | Neglected, abused or mistreated   |
| J1a                      | J1a                       | Falls in last 30 days   |
| J1b                      | J1b                       | Falls 31 to 90 days ago   |
| J2h                      | J2e                       | Delusions   |
| J2i                      | J2f                       | Hallucinations  |
| J2t                      | J9h                       | Hygiene   |
| P1b                      | P2b1                      | Informal helper lives with person   |
| P2a                      | P3a                       | Informal helper(s) is unable to continue in caring activities   |
| P2b                      | P3b                       | Primary informal helper expresses feelings of distress, anger or depression   |
| R2                       | R2                        | Overall self-sufficiency has changed significantly as compared to 90 days ago   |

|  |      |  |
|--|------|--|
| <b>J1a or J1b ≥ 1</b>                                    |      | Falls frequency  |
| <b>Activities of Daily Living Hierarchy Scale (ADLH)</b> | ADLH | Personal hygiene, Mobility, Toilet use, Eating performance |
| <b>Depression Rating Scale (DRS)</b>                     |      | Depression Rating Scale ≥6                                 |

#### Clinical Categories Definitions

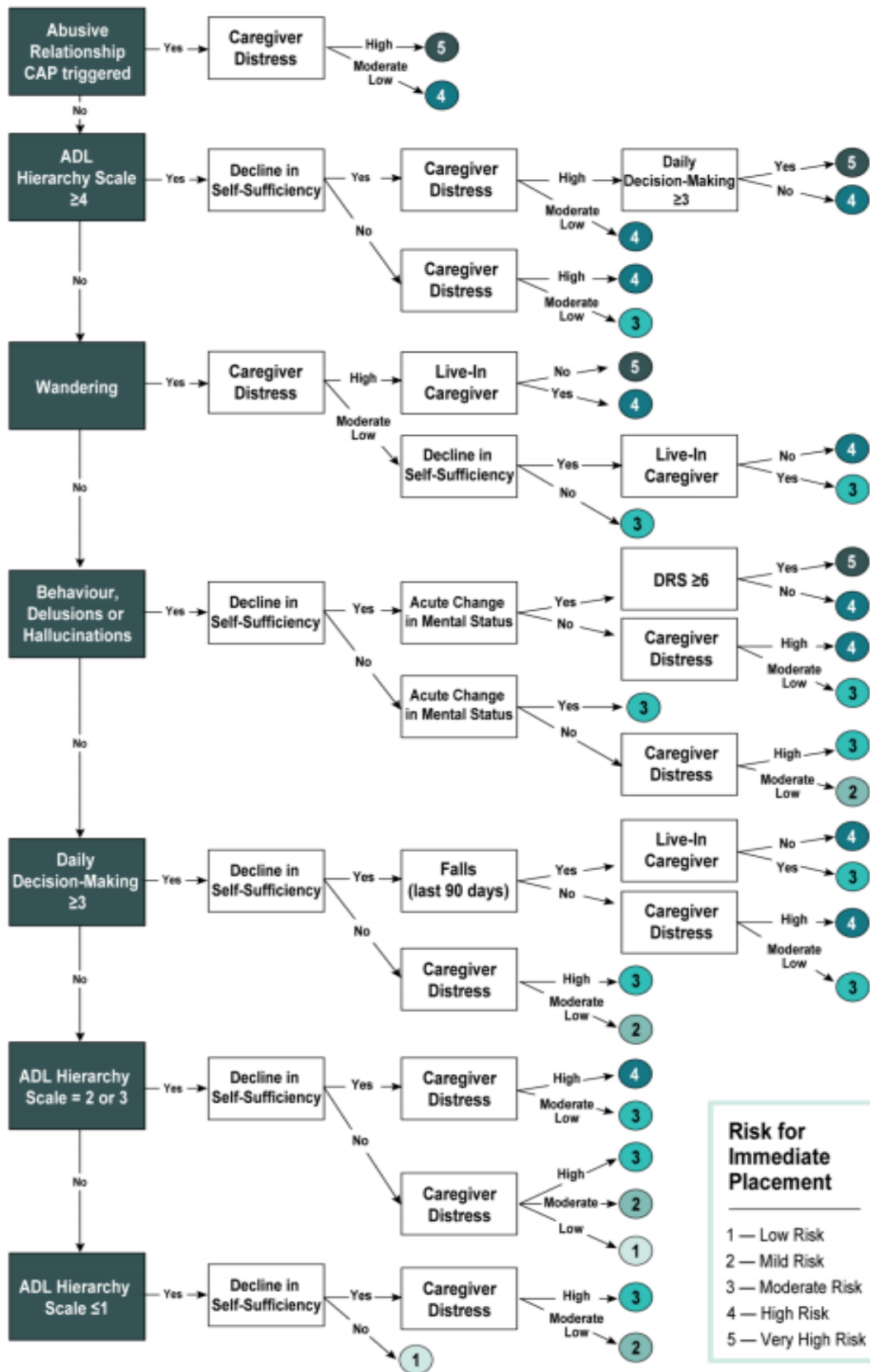
| Clinical Category                             | HC MDS Items                                   |
|---|--|
| <b>Abusive Relationship CAP</b>               | Any of K9a, K9b, K9d = 1 (swap versions to NZ) |
| <b>High ADL Impairment</b>                    | ADL Hierarchy 4-6                              |
| <b>Wandering</b>                              | E3a = 1 or 2                                   |
| <b>Behaviour, Delusions or Hallucinations</b> | Any of E3b – E3e = 1 or 2, of K3f=1 or K3g = 1 |
| <b>Cognitive Impairment</b>                   | B2a = 3 or 4                                   |
| <b>Moderate ADL Impairment</b>                | ADL Hierarchy 2-3                              |
| <b>Mild ADL Impairment</b>                    | ADL Hierarchy 0-1                              |

## Personal Support (PS) Scale

The Personal Support (PS) score ranges from 1 to 6. It is designed as a decision support tool that can be used to prioritize those needing community-based support and the allocation of resources. Research has found that regardless of the attributes used, all persons who fall into the same group have a similar need for support services. The following table describes the items in the Home Care MDS that inform the scale.

| MDS items HC assessment | MDS items CHA assessment | Description   |
|-------------------------|--------------------------|---|
| <b>C1</b>               | FS1                      | Cognitive skills for daily decision making  |
| <b>D1</b>               | D1                       | Making self-understood  |
| <b>D2</b>               | D2                       | Ability to understand others  |
| <b>G1ab</b>             | G1ab                     | Meal preparation – capacity   |
| <b>G1bb</b>             | G1bb                     | Ordinary housework – capacity   |
| <b>G1db</b>             | G1db                     | Managing Medications - capacity   |
| <b>G1eb</b>             | G1eb                     | Phone use – capacity  |
| <b>G2a</b>              | FS2a                     | Bathing   |
| <b>G2b</b>              | FS2b                     | Personal hygiene  |
| <b>G2d</b>              | FS2c                     | Dressing lower body   |
| <b>G2f</b>              | G2c                      | Mobility  |
| <b>G2i</b>              | G7a                      | Bed mobility  |
| <b>H1</b>               | H1                       | Bladder incontinence  |
| <b>H3</b>               | H3                       | Bowel continence  |
| <b>J6a</b>              | J6a                      | Conditions/diseases make cognitive, ADL, mood or behaviour patterns unstable  |
| <b>P2b</b>              | P3b                      | Primary informal helper expresses feelings or distress, anger or depression   |
| <b>ADL Short Form</b>   | ADL Short Form           | Personal hygiene, Mobility, Toilet use, Eating. Scale 0 to 16. Higher scores indicate greater difficulty performing activity. |

**CRISIS decision tree**



**Risk for Immediate Placement**

- 1 — Low Risk
- 2 — Mild Risk
- 3 — Moderate Risk
- 4 — High Risk
- 5 — Very High Risk

Source  
Adapted with permission from interRAI Canada.

Source: <https://www.cih.ca/en/resources-for-home-care-interrai-assessors>

## interRAI Vulnerable Persons at Risk Scale (VPR)

The Vulnerable Persons at Risk Scale (VPR) has a score of 0 -2. It identifies persons receiving home-based supports who are most in need of support during emergencies and disasters. The score is calculated using the following items. The Disability Risk score is a mini score found within these items and is detailed in Table 2.

Items that inform the VPR can be grouped into the following components:

- Impairment
- Social Isolation
- Caregiver status

Source: University of Waterloo, Faculty of Applied Sciences; School of Public Health and Health Systems; Unleashing the Power of InterRAI ACCOUNTABLE AND SUSTAINABLE CARE September 10 2019

Table 1

| MDS Items HC assessment   | MDS items CHA assessment | Description   |
|---|--------------------------|---|
| A14a  | A12a                     | Living arrangement  |
| D4  | D4                       | Vision  |
| E1i   | E1h                      | Withdrawal of activities if interest  |
| E1j   | E1i                      | Reduced social interaction  |
| F4  | F4                       | Time alone  |
| G1ab  | G1ab                     | Meal preparation – capacity   |
| G1db  | G1db                     | Managing medications - capacity   |
| G2f   | G2c                      | Mobility  |
| G2g   | G2d                      | Toilet Transfer   |
| G2h   | G2e                      | Toilet Use  |
| G3a   | FS3                      | Primary mode of locomotion indoors  |
| N2b   | N4b                      | Dialysis  |
| N2e   | N4e                      | Oxygen therapy  |
| P1b   | P2b1                     | Lives with person   |
| P2a   | P3a                      | Informal helper is unable to continue in caring activities  |
| P2b   | P3b                      | Primary informal helper expresses feelings of distress, anger or depression   |
| <b>Activities of Daily Living Hierarchy Scale (ADLH)</b>                | ADLH                     | Personal hygiene, Mobility, Toilet Use, Eating  |
| <b>Cognitive Performance Scale (CPS)</b>                                | CPS                      | Daily decision making, Short term memory, making oneself understood, Eating performance   |
| <b>Changes in Health, End Stage Disease, Signs and Symptoms (CHESS)</b> | CHESS                    | Change in decision making, change in ADL status, End stage disease, Vomiting, Peripheral oedema, Dyspnoea, Weight loss, Fluid intake, Dehydrated, One or fewer meals a day, decrease in food or fluid, Fluid output exceeds input |

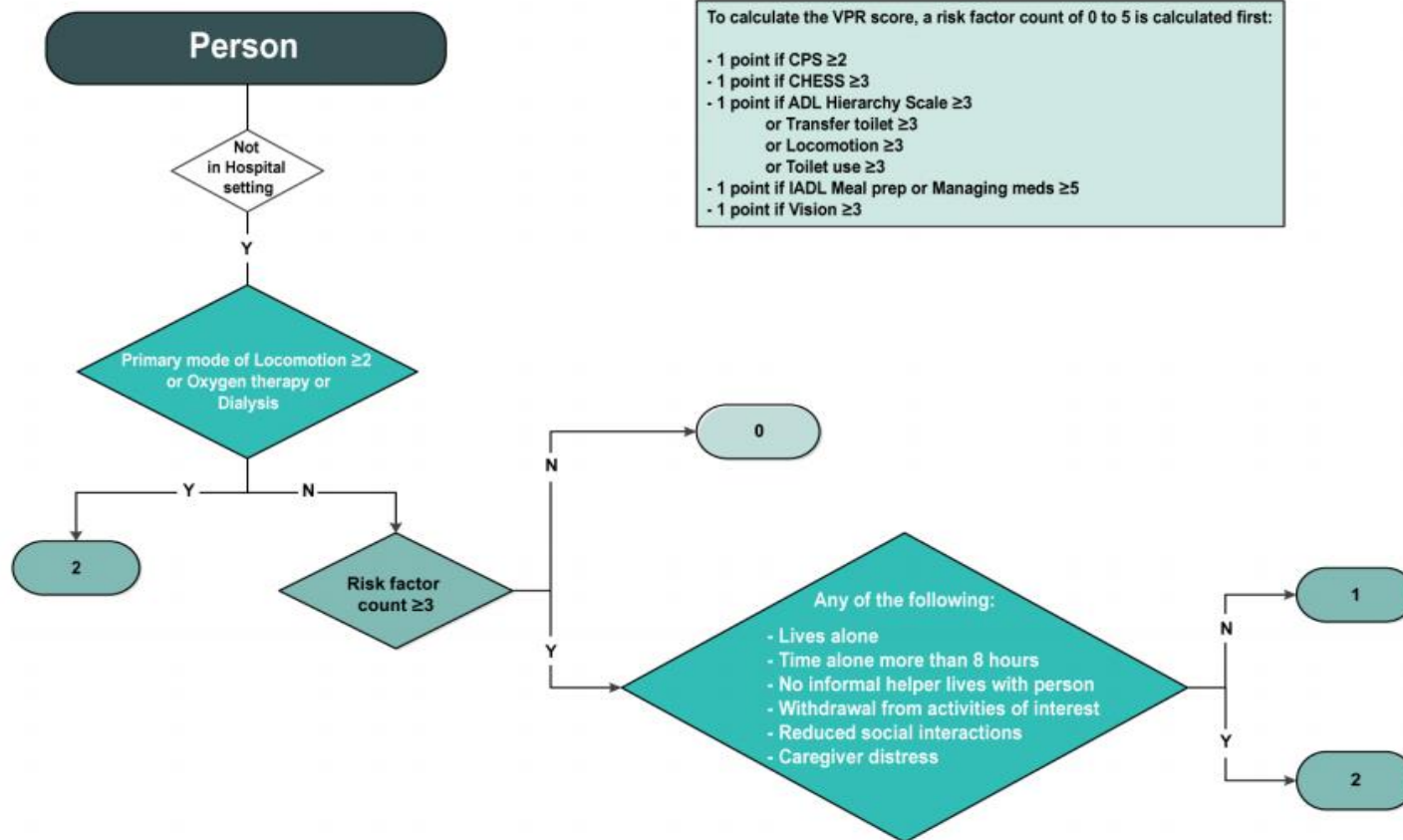
Table 2

| Disability Risk Scale Score | Description   |
|-----------------------------|---|
| 1                           | If CPS $\geq$ 2   |
| 1                           | If CHESS $\geq$ 3   |
| 1                           | If ADLH $\geq$ 3 or G2g/G2d = (3,4,5,6,8) or G2f/G2c = (3,4,5,6,8) or G2h/G2e = (3,4,5,6,8) |
| 1                           | If G1ab = (5,6) or G1db = (5,6)   |
| 1                           | If D4 $\geq$ 3  |
| 5                           | <b>Total possible Disability Risk Score:</b>  |

Table 3

| VPR Scale Score | Description  |
|-----------------|--|
| 0               | Disability Risk Score = 0                              |
| 1               | Disability Risk Score $\geq$ 3                         |
| 2               | G3a/FS3 = (2,3) or N2e/ N4e = (1,2,3) or N4b = (1,2,3) |

VPR decision tree



Source  
Canadian Institute for Health Information.

Figure 1  
Source: <https://www.cihi.ca/sites/default/files/document/interrai-hc-vpr-job-aid-en-web.pdf>

