

Momentum Upgrade November 2020

Changes Specific to Long Term Care Facilities (LTCF) Assessments

Overview screen:

If the resident has their own telephone number this can now be added to the overview screen. A dedicated tab for phone numbers has been added to the software.

ADT (Admission, Discharge and Transfer)

It is now also possible to view any [ADT Bed Conflict Report](#) and [ADT Bed Occupancy History Report](#) using the Reports Function on the Home Page.



The Fracture Risk Scale (FRS)

The Fracture Risk scale has a score of 1-8 and is found only in the LTCF assessment. This scale identifies the person's risk of hip fractures within one year of assessment. The higher the score the higher the risk.

MDS Items LTCF Assessment	Description
A3, A9	Age at assessment
E3a	Wandering
G1e	Walking
G1g	Transfer Toilet
I1a	Hip fracture during the last 30 days (or since last assessment if less than 30 days)
I1b	Other fracture during last 30 days (or since last assessment if less than 30 days)
J1a or b ≥ 1	Falls Frequency
Body Mass Index	Ratio of body weight to height
Cognitive Performance Scale	Scale 0-6

The FRS is different from existing fracture risk assessment tools in that it does not use bone mineral density and includes fracture risk factors that are relevant to the long-term care (LTC) population. Moreover, to ensure that it was valid for LTC residents and easily scalable, the FRS was designed and validated using large population-based datasets that include routinely collected data from LTC residents. The FRS was developed using decision tree analysis and the included items are walking in corridor (independent, supervision to extensive assistance or total assistance/walking did not occur), wandering (no wandering to infrequent wandering, less than daily wandering, or daily wandering), falling status within the past 30 days (no/yes), cognitive performance scale (intact cognition, borderline intact or mild impairment, or moderate to very severe impairment), transfer status (how resident moves between surfaces to and from; bed, chair,

wheelchair, standing position), (independent to extensive assistance, or total assistance/transfer did not occur), age greater than 85 years (no/yes), body mass index (BMI) (< 18, 18–30, or > 30 kg/m²), and previous fractures in past 180 days (no/yes). The FRS includes eight fracture risk level categories (level 1 represents the lowest and level 8 represents the highest fracture risk). Within the FRS, assessment of risk continues through the decision tree until a terminal risk level is identified. For example, individuals who can walk in corridor independently with BMI > 30 are defined as fracture risk level 3. However, if BMI is between 18 and 30, risk level also depends on history of falls, fracture and cognitive performance.

Source: Negm et al. BMC Geriatrics (2018) 18:320

Known Issues to be Corrected in the Future

Care Plan Software

A problem has been identified in the care planning software. New care plans can be created and saved successfully. Once made active the previous care plan is automatically discontinued.

However, once discontinued the previous care plan will no longer display its objectives or foci. This could be problematic from an auditing perspective.

To avoid this, it is necessary to discontinue the previous care plan BEFORE copying or creating a new care plan.

For more information go to www.interrai.co.nz and view:

What's New interRAI software upgrade
November 2020 Version4.00.0136.0026