

Assessing adults using the Palliative Care Assessment who are in an inpatient setting less than 90 days

The following are training guidelines for completing interRAI Palliative Care Assessment when the older adult is in an inpatient setting (or Respite Care).

Purpose: Use for assessing community clients, in hospital less than 90 days, for identifying support options prior to discharge.

This document provides guidelines for a comprehensive clinical assessment of clients who are in an inpatient setting (or in respite care).

The interRAI Home Care assessment was developed by interRAI to assess people in home. The Canadian Institute for Health Information (CIHI) produced coding standards for MDS-Home Care in collaboration with interRAI (2009) to support a need to assess people in hospital settings.

This document follows a similar concept for the interRAI Palliative Care assessment and is developed for New Zealand interRAI assessors. It is directly related to the software (form) used in New Zealand and is designed to guide appropriate coding.

Coding Standards for interRAI: Using Palliative Care Assessment in Inpatient Settings

Assessment in an inpatient setting is different from visiting the older adult in their usual environment. Try to reduce the face to face time you have with the person and use other reports as much as possible. Ideally the assessment is completed as close to discharge as possible and incorporates and includes the clinical opinion of the inpatient staff including relevant members of the allied health team.

Instructions:

Code all sections according to the standard interRAI manual except for the changes outlined below

Review client's notes prior to assessment to gather as many relevant details as possible.

Seek opinion from inpatient staff to provide input into the assessment for older people, especially those who have problems with conversation.

Aim to contact family to seek other reports, this may be by telephone if they are unable to be present during the assessment.

Keep the notes section to a minimum, use only to explain or clarify ongoing issues for the older adult.

Aim to be as accurate as possible, at times you may need to rely on your clinical judgement.