

Long-Term Care Facilities Outcome Scales



You will find four new Outcome Scales within the Long-Term Care Facilities Assessment.

Outcome Scale	Score	Description	Coded items included in the scale
Composite Mood Scale	0-9	<p>Mood disturbances in older adults can greatly impact their daily lives, worsening other health issues and reducing social interactions. Factors like poverty, homelessness, loss of cultural connection, and low self-worth can lead to anhedonia (loss of pleasure) and poor health outcomes. Addressing mood issues is crucial for effective restorative care planning.</p> <p>The interRAI mood scales provide reliable mental health measures for diverse populations and care settings. They use a person-centred approach, considering both the individual's and clinician's perspectives to assess mood disturbances related to dysphoria, anxiety, and anhedonia.</p> <p>These mood scales are decision support tools that can be used to help improve access to mental health services and may be used for screening to flag possible mood disorders for referral purposes.</p> <p>While they are associated with diagnoses of mood disorders or depression, they are not intended to be a substitute for judgement by mental health professionals.</p>	<p>E1e - Repetitive anxious complaints/concerns (non-health related)</p> <p>E1f - Sad, pained or worried facial expressions</p> <p>E1i - Withdrawal from activities of interest</p> <p>E1k - Expressions, including non-verbal, of lack of pleasure (anhedonia)</p> <p>E2a - Self-report: Little interest or pleasure in things you normally enjoy</p> <p>E2b - Self-report: Anxious, restless, or uneasy</p> <p>E2c - Self-report: Sad, depressed or hopeless</p>

Outcome Scale	Score	Description	Coded items included in the scale
		Interested in the research related to developing this score? Click here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9108209/	
Clinician-Rated Mood Scale	0-9	The Clinician-rated scale can be used when: <ul style="list-style-type: none"> The Clinician rated scale has a higher value than the Self-Reported scale The Self-reported scale has more than 1 item missing. <p>The higher the score, the worse the person's mood is, from the clinician's perspective.</p>	E1e - Repetitive anxious complaints/concerns (non-health related) E1f - Sad, pained or worried facial expressions E1i - Withdrawal from activities of interest E1k - Expressions, including non-verbal, of lack of pleasure (anhedonia)
Self-Report Mood Scale	0-9	This score reflects the person's self-reported mood. The higher the score, the worse the person's mood is, from the person's perspective. If more than one item is coded '8' where the person could not or would not respond, the scale cannot be calculated.	E2a - Self-report: Little interest or pleasure in things you normally enjoy E2b - Self-report: Anxious, restless, or uneasy E2c - Self-report: Sad, depressed or hopeless
First Fall Risk Scale	0-6	Predicting falls in those without a previous fall is crucial for preventing injuries. Identifying and intervening before the first fall can reduce the high personal and economic costs among older adults. The 1st Fall algorithm uses assistive device usage, unsteady gait, age, cognition, pain, and incontinence to categorise individuals from low to high risk. It predicts future falls for those who haven't fallen in the past 90 days, facilitating earlier identification of at-risk individuals and helping to create personalised care plans. Resources, such as physical and occupational therapy services or exercise classes, can then be allocated to those at high risk.	A2 – Gender G2a – Primary mode of mobility G2i – Bed Mobility G6 – Change in ADL status H1 – Bladder Continence I1h – Parkinson's Disease J2d – Unsteady gait J6a – Unstable conditions Age at assessment (in years) ADL Hierarchy Scale score Cognitive Performance Scale score

Outcome Scale	Score	Description	Coded items included in the scale
		<p>The higher the score, the higher the risk for a fall occurring.</p> <p>Interested in the research related to developing this score? Click here: https://bmccgeriatr.biomedcentral.com/articles/10.1186/s12877-019-1300-2</p>	Pain Scale score



To view the Outcome Scales and their scores when completing LTCF assessments, click on 'Outcomes' then 'Details'.

H. Continence

I. Disease Diagnoses

J. Health Conditions

K. Oral and Nutritional Status

L. Skin Condition

M. Activity Pursuit

N. Medications

O. Treatments and Procedures

P. Responsibility and Directives

Q. Discharge Potential

Assessment Summary (CAPs)

Outcomes

Save

Complete

Check Errors

Clear Errors

Outputs

Outcomes

ADL Hierarchy Scale (0-6)

4 = Extensive Assistance Required

Details

4/6

ADL Scale - Long form (0-28)

23 = Higher scores indicate greater dependency.

Details

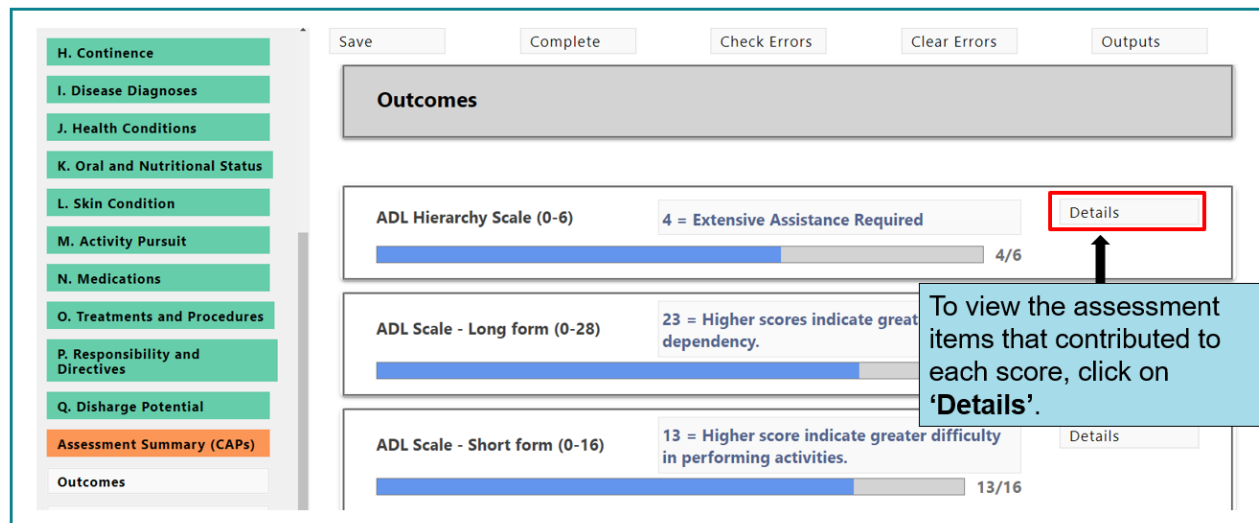
23/28

Click on 'Outcomes' to view current assessment Outcome Scale scores in detail.

13 = Higher score indicate greater difficulty in performing activities.

Details

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Save Complete Check Errors Clear Errors Outputs

Outcomes

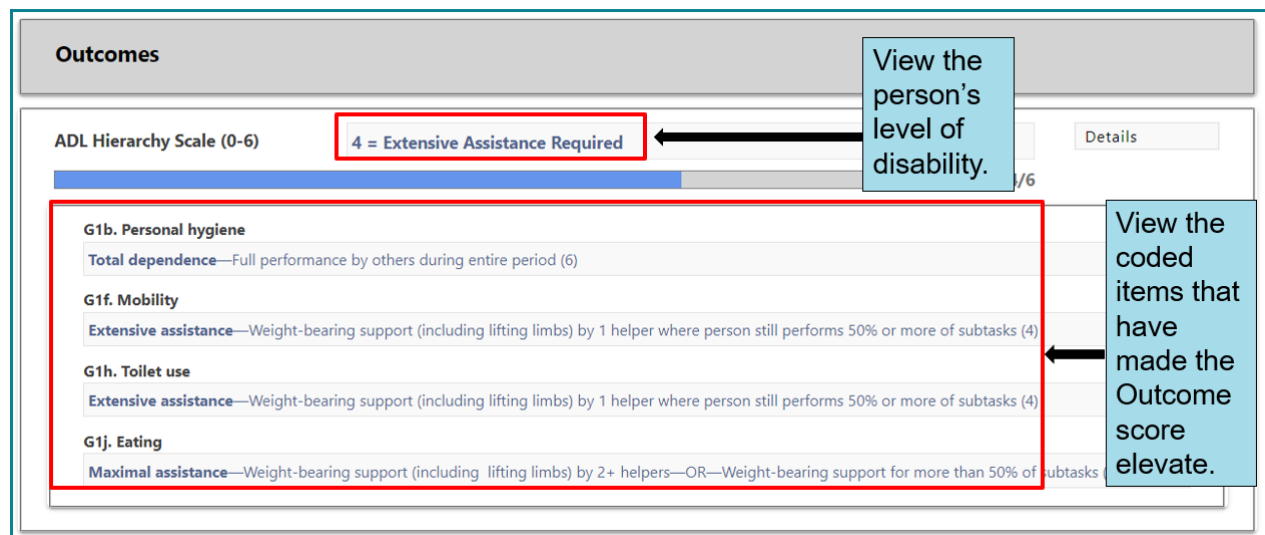
ADL Hierarchy Scale (0-6) 4 = Extensive Assistance Required Details

ADL Scale - Long form (0-28) 23 = Higher scores indicate greater dependency.

ADL Scale - Short form (0-16) 13 = Higher score indicate greater difficulty in performing activities. Details

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To view the assessment items that contributed to each score, click on 'Details'.



Outcomes

ADL Hierarchy Scale (0-6) 4 = Extensive Assistance Required Details

G1b. Personal hygiene
Total dependence—Full performance by others during entire period (6)

G1f. Mobility
Extensive assistance—Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks (4)

G1h. Toilet use
Extensive assistance—Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks (4)

G1j. Eating
Maximal assistance—Weight-bearing support (including lifting limbs) by 2+ helpers—OR—Weight-bearing support for more than 50% of subtasks

View the person's level of disability.

View the coded items that have made the Outcome score elevate.