Understanding and Using interRAI Assessment Information

CIHI

CIHI and interRAI

The Canadian Institute for Health Information (CIHI) enjoys a long-standing partnership with interRAI, a not-for-profit international research network committed to improving care for people with complex medical needs.

CIHI receives clinical and functional information, demographic data, administrative information, and service and treatment data from interRAI assessments and makes it available to health organizations across Canada. Organizations can then use the data to make evidence-informed decisions on clinical practice, planning, benchmarking and resource allocation.

What information is generated?

Outcome scales
Person-level summary measures of the clinical and functional status of a person
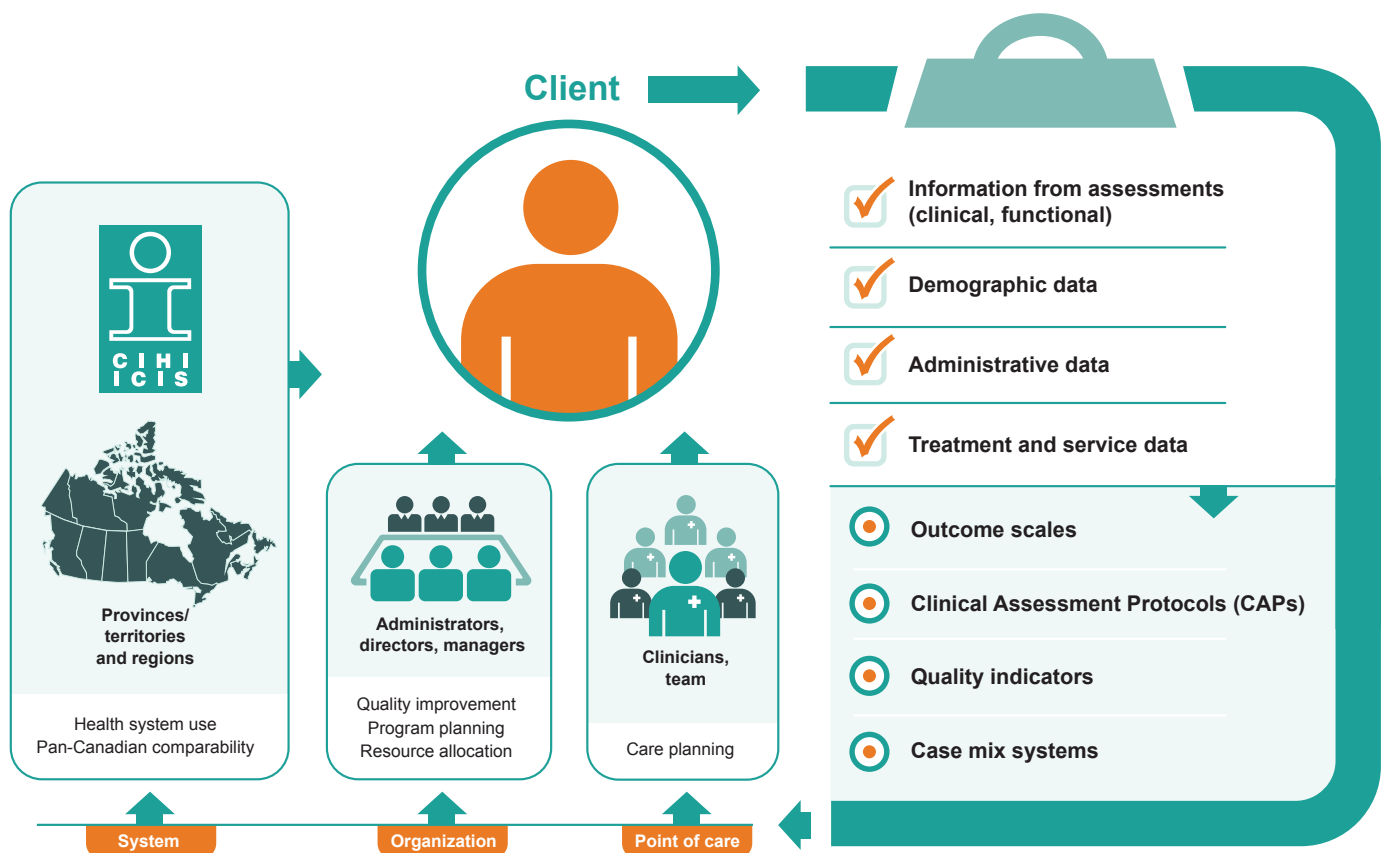
Quality indicators (QIs)
Organization-level measures of quality across key domains, including safety, health status, appropriateness and effectiveness

Clinical Assessment Protocols (CAPs)
Person-level reports that identify areas where a person may be at risk of decline or have potential for improvement

Case mix systems
Organization-level reports that group health system users with similar clinical characteristics and predicted resource use

Client

- ✓ Information from assessments (clinical, functional)
- ✓ Demographic data
- ✓ Administrative data
- ✓ Treatment and service data
- ◉ Outcome scales
- ◉ Clinical Assessment Protocols (CAPs)
- ◉ Quality indicators
- ◉ Case mix systems

CIHI ICIS

Provinces/ territories and regions

Health system use
Pan-Canadian comparability

Administrators, directors, managers

Quality improvement
Program planning
Resource allocation

Clinicians, team

Care planning

System   Organization   Point of care

How can this information be used?

(P)

Point of care

To inform the care plan and track change
*Used by clinicians to measure
clinical and functional status*

(O)

Organization

To inform quality initiatives
and management of resources
*Used by managers and administrators
to drive continuous improvement efforts*

(S)

System

To inform resource allocation,
benchmarking and funding models
*Used by policy-makers and planners
for health system use*

Outcome scales **(P) (O)**

Point of care • Example

Tomas, a nurse, completes an interRAI assessment and reviews the outcome scale scores to get an overall picture of the person's clinical status. He notes that several of the scale scores are high — including the Pain Scale score, which is 3 out of 4. Tomas is able to use the scores as part of a communication plan that is shared with others who provide care and with family and friends of the person he is assessing.

When a reassessment is done 3 months later, Tomas notices that the scale scores have lowered — including the Pain Scale score, which is now 1 out of 4. This provides data to evaluate the care that was given.

CAPs **(P) (O)**

Point of care • Example

Lee discusses a new admission at a team meeting. She reviews the outcome scales and CAPs to provide a picture of the person's clinical and functional status, and to identify areas for improvement and ways to prevent further decline.

Lee builds a care plan by using her professional experience and by consulting with colleagues, the person being assessed and the family. This care plan addresses the CAPs in a comprehensive way. For example, the Mood and Social Relationships CAPs were triggered in the assessment, so Lee works with the social worker and psychologist on interventions to address these areas, such as by linking the person to community programs on discharge.

Quality indicators **(O) (S)**

Organization • Example

An organization reviews its QIs on a quarterly basis. The reviews show that the organization's Potentially Inappropriate Use of Antipsychotics in Long-Term Care QI is higher than that of several of its peer facilities, as well as the provincial and national averages.

Following a comprehensive program review, it is found that antipsychotic medication is given as the first-line treatment to manage behaviour issues among people with dementia. The organization decides to create an intervention plan that includes a multi-dimensional care model. Health care providers are trained and given tools to share ideas on how to address behavioural concerns. After 6 months, the rate drops by 25%.

Results of the project are posted in the staffing units to share the success.

Case mix **(O) (S)**

System • Example

A provincial organization reviews case mix reports for its jurisdiction every quarter, as part of an overall quality of care and funding strategy.

The reviews show an increase over time in the proportion of people classified in the "extensive services" category. This demonstrates a need for specialized staffing and equipment for the facilities that showed this increase. Using this information as a starting point for further investigation, the organization is able to update its provincial funding formula to include an adjustment for specialized nursing care.