Vancouver CoastalHealth

PARIS PRIMARY ACCESS Regional Information System

interRAI Contact Assessment with Comments & COS Summary

Name:		**PARIS ID:**
DOB:	**Age:**	**PHN:**
Gender:		**Phone:**
Home Address:		

Assessment Start Date: **Assessment End Date:** **Carried Out By:**

CA interRAI™ Contact Assessment (CA) Form
CIHI Canadian Standard Version
A Screening Level Assessment for Intake to Home and Community Care

interRAI™

[CODE FOR LAST 24 HOURS UNLESS OTHERWISE SPECIFIED]

SECTION A: DEMOGRAPHIC INFORMATION

1 NAME OF CLIENT

a. Family Name

b. Given Name

c. Middle Name/Initial

2 SEX / GENDER IDENTITY

a. **Sex [Country Specific - Canada]**

M Male
F Female
UN Not assigned male or female

b. **Gender identity [Canada - Only]**

M Male
F Female
OTH Other gender identity
UNK Not known
NA Not applicable

c. **Person self-identifies gender as [Canada - Only]**
*If the person responded "Other" to **A2b(Gender identity)** ask, "What best identifies your current gender identity?"*

If the person does not want to respond to the above question, leave the box blank. This item must not contain any names (full or partial) or the person's Healthcare Identification Number or date of birth

3 BIRTH DATE

4 MARITAL STATUS

1. Never married
2. Married
3. Partner / significant other
4. Widowed
5. Separated
6. Divorced

5 NUMERIC IDENTIFIERS (COUNTRY SPECIFIC - CANADA)

a. Healthcare Identification Number

b. Province or territory issuing Healthcare Identification Number

c. Case record number

6 POSTAL CODE OF USUAL LIVING ARRANGEMENT [COUNTRY SPECIFIC - CANADA]

7 AGENCY IDENTIFIER [COUNTRY SPECIFIC - CANADA]

8 INDIGENOUS IDENTITY [COUNTRY SPECIFIC - CANADA]
Person identifies as First Nations, Métis, or Inuit
0 No **1** Yes

a. **First Nations**

b **Métis**

c. **Inuit**

9 PRIMARY LANGUAGE (COUNTRY SPECIFIC - CANADA)
eng English
fra French

10 INTERPRETER NEEDED
0 No **1** Yes

11 REASONS FOR REFERRAL
Please see Comments section

12 LOCATION OF ASSESSMENT
1. Community
2. Hospital (excluding emergency department)
3. Emergency department
4. Other

Name:	DOB:	PARIS ID:

SECTION B: INTAKE AND INITIAL HISTORY

1 ASSESSMENT REFERENCE DATE

2 REFERRAL DETAILS

a. **Time frame for initiation of ordered treatments in community**

0 Not ordered
1 Treatment already initiated in community
2 48 hours or more
3 24 to less than 48 hours
4 12 to less than 24 hours
5 Less than 12 hours

a. **Administration of medication (other than IV)**

b. **Indwelling catheter**

c. **IV therapy**

d. **Wound care**

e. **Other (specify)**

b. **Referral to initiate or continue rehabilitation services**

0 No **1** Yes

c. **Referral to initiate or continue palliative services**

0 No **1** Yes

3 EXPECTED LIVING ARRANGEMENT DURING SERVICE PROVISION

1 Alone
2 With spouse / partner only
3 With spouse / partner and other(s)
4 With child (not spouse / partner)
5 With parent(s) or guardian(s)
6 With sibling(s)
7 With other relative(s)
8 With nonrelative(s)

4 EXPECTED RESIDENTIAL / LIVING STATUS DURING SERVICE PROVISION [COUNTRY SPECIFIC - CANADA]

1 Private home / apartment / rented room
2 Board and care
3 Assisted living or semi-independent living
4 Mental health residence -e.g., psychiatric group home
5 Group home for persons with physical disability
6 Setting for persons with intellectual disability
7 Psychiatric hospital /unit
8 Homeless (with or without shelter)
9 Residential care facility (e.g., long-term care home, nursing home)
10 Rehabilitation hospital / unit
11 Hospice facility / palliative care unit
12 Acute care hospital / unit
13 Correctional facility
14 Continuing care hospital / unit
15 Other

Name:	DOB:	PARIS ID:

SECTION C: PRELIMINARY SCREENER

1 COGNITIVE SKILLS FOR DAILY DECISION MAKING

Making decisions regarding tasks of daily life e.g., when to get up or have meals, which clothes to wear or activities to do

0 Independent - Decisions consistent, reasonable, and safe
1 Some but not severe impairment
2 Severely impaired - Never or rarely makes decisions

2 ACTIVITIES OF DAILY LIVING (ADL) SELF-PERFORMANCE

Most dependent episode over last 24 hours. If ADL did not occur in last 24 hours, code the most recent occurrence.

0 Independent or set-up help only
1 Supervision or some physical assistance by others
2 Total dependence - Full performance by others during entire period

a. **Bathing** - How takes a full-body bath / shower. Includes how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area EXCLUDE WASHING OF BACK AND HAIR, AS WELL AS TRANSFER IN/OUT OF BATH OR SHOWER

b. **Bath transfer** - How person transfers in / out of bath or shower

c. **Personal hygiene** - How manages personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing and drying face and hands EXCLUDE BATHS AND SHOWERS.

d. **Dressing lower body** - How dresses and undresses (street clothes,underwear} from the waist down, including prostheses, orthotics, belts, pants, skirts, shoes, fasteners, etc.

e. **Locomotion** - How moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair.

3 DYSPNEA (Shortness of Breath)

0 Absence of symptom
1 Absent at rest, but present when performed moderate activities
2 Absent at rest, but present when performed normal day-to-day activities
3 Present at rest

4 SELF-REPORTED HEALTH

Ask: "In general, how would you rate your health?"

0 Excellent
1 Good
2 Fair
3 Poor
8 Person could not (would not) respond

5 SELF-REPORTED MOOD [COUNTRY SPECIFIC CANADA]

0 Not in last 3 days
1 Not in last 3 days, but often feels that way
2 In 1-2 of last 3 days
3 Daily in last 3 days
8 Person could not (would not) respond

Ask: "In the last 3 days, how often have you felt..."

a. **Little interest or pleasure in things you normally enjoy?**

b. **Anxious, restless, or uneasy?**

c. **Sad, depressed, or hopeless?**

6 INSTABILITY OF CONDITIONS

0 No **1** Yes

a. **Conditions / diseases make cognitive, ADL, mood, or behaviour patterns unstable (fluctuating, precarious, or deteriorating)**

b. **Experiencing an acute episode or a flare-up of a recurrent or chronic problem**

7 HOME CARE OR COMMUNITY SUPPORT SERVICES MAY BE REQUIRED FOR THIS PERSON

0 No **1** Yes

Note: If ANY of
C1=1 or 2
C2(a-e) =1 or 2
C3 = 2 or 3
C4 = 3 or 8
C5(a-c) = 3
C6a = 1
C7 = 1
complete Sections D and E; otherwise, go to Item E8.

Name:	DOB:	PARIS ID:

SECTION D: CLINICAL EVALUATION

1 CHANGE IN DECISION MAKING AS COMPARED TO 90 DAYS AGO (OR SINCE LAST ASSESSMENT IF LESS THAN 90 DAYS AGO)

0 Improved
1 No change
2 Declined
8 Uncertain

2 ABILITY TO UNDERSTAND OTHERS (Comprehension)

Understanding information content (however able; with hearing or other assistive devices normally used)

0 Understands - Clear comprehension
1 Usually understands - Misses some part / intent of message BUT comprehends most conversation
2 Often understands - Misses some part / intent of message BUT with repetition or explanation can often comprehend conversation
3 Sometimes understands - Responds adequately to simple, direct communication only
4 Rarely or never understands

3 INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) CAPACITY

Code for CAPACITY based on presumed ability to carry out activity as independently as possible. This will require speculation by the assessor.

0 Independent or set-up help only
1 Supervision or some physical assistance by others
2 Total dependence -Full performance by others during entire period

a. **Meal preparation** - How prepares meals {e.g, planning meals, assembling ingredients, cooking, setting out food and utensils}

b. **Ordinary housework** - How performs ordinary work around the house (e.g.. doing dishes, dusting. making bed, tidying up, laundry)

c. **Manage medications** - How medications are managed (e.g remembering to take medications, opening bottles, taking correct drug dosages, giving injections, applying ointments)

d. **Stairs** - How manages full flight of stairs (e.g., 12-14 stairs)

e. **Shopping** - How performs in-store shopping for food and household items {e.g., selecting items, paying money) - EXCLUDE TRANSPORTATION OR USE OF GROCERY DELIVERY SERVICES

f. **Transportation** - How travels by paid transportation (e.g.; navigating bus system, paying taxi fare) or driving self (including getting out of house, into and out of vehicles}

4 CHANGE IN ADL STATUS AS COMPARED TO 90 DAYS AGO (OR SINCE LAST ASSESSMENT IF LESS THAN 90 DAYS AGO)

0 Improved
1 No change
2 Declined
8 Uncertain

5 DISEASE DIAGNOSES [COUNTRY SPECIFIC - CANADA]

Record diseases or diagnoses that have a major effect on the care required

0 Not present
1 Primary diagnosis / diagnoses for current referral
2 Diagnosis present, receiving active treatment
3 Diagnosis present, monitored but no active treatment

a. **Alzheimer's disease**
b. **Dementia other than Alzheimer's disease**
c. **Stroke**
d. **Coronary heart disease**
e. **Chronic obstructive pulmonary disease**
f. **Congestive heart failure**
g. **Cancer**
h. **Diabetes**

6 FALLS

Code for falls over specified time periods below

0 No fall
1 1 fall
2 2 or more falls

a. **Last 30 days**
b. **31-90 days**
c. **91-180 days**

7 PROBLEM FREQUENCY

Code for presence in last 3 days

0 Not present
1 Present but not exhibited in last 3 days
2 Exhibited on 1 of last 3 days
3 Exhibited on 2 of last 3 days
4 Exhibited daily in last 3 days

a. **Dizziness**
b. **Chest pain**
c. **Peripheral edema**
d. **Vomiting**

Name: **DOB:** **PARIS ID:**

8 PAIN SYMPTOMS

[Note: Always ask the person about pain frequency and intensity. Observe person and ask others who are in contact with the person.]

a. **Frequency with which person complains or shows evidence of pain** (including grimacing, teeth clenching, moaning, withdrawal when touched, or other nonverbal signs suggesting pain)

0 No pain
1 Present but not exhibited in last 3 days
2 Exhibited on 1-2 of last 3 days
3 Exhibited daily in last 3 days

b. **Intensity of highest level of pain present**

0 No pain
1 Mild
2 Moderate
3 Severe
4 Times when pain is horrible or excruciating

9 SMOKES TOBACCO DAILY

0 No
1 Not in last 3 days, but is usually a daily smoker
2 Yes

10 NUTRITIONAL ISSUES

0 No **1** Yes

a. I**n LAST 3 DAYS, noticeable decrease in the amount of food usually eaten or fluids usually consumed**

b. **Weight loss of 5% or more in LAST 30 DAYS or 10% or more in LAST 180 DAYS**

c. **Special diet**

11 PRESENCE OF PRESSURE ULCER / INJURY

0 No pressure ulcer
1 Any area of persistent skin redness
2 Any break in skin integrity {e.g. partial loss of skin layers, deep craters in the skin, breaks in skin exposing muscle or bone, necrotic eschar predominant}

12 MAJOR SKIN PROBLEMS - *e.g. lesions, 2nd- or 3rd-degree burns, healing surgical wounds*

0 No **1** Yes

13 TRAUMATIC INJURY - *traumatic injury that has a major effect on the care required (e.g., fracture, major physical injury resulting from assault or motor vehicle accident)*

0 No **1** Yes

14 TREATMENTS [COUNTRY SPECIFIC - CANADA]

Treatments received or scheduled in LAST 3 DAYS

0 Not ordered AND did not occur
1 Ordered, not implemented
2 1-2 of last 3 days
3 Daily in last 3 days

a. **Indwelling catheter**

b. **IV therapy**

c. **Oxygen therapy**

d. **Ventilator**

e. **Wound care**

15 TIME SINCE LAST HOSPITAL STAY

Code for most recent instance in LAST 90 DAYS

0 No hospitalization within 90 days
1 31-90 days ago
2 15-30 days ago
3 8-14 days ago
4 In last 7 days
5 Now in hospital

16 EMERGENCY DEPARTMENT VISIT

Code for number of visits during the LAST 90 DAYS (not counting overnight hospital stays)

17 SURGERY IN LAST 90 DAYS

0 No
1 Yes, without general anesthesia
2 Yes, with general anesthesia

18 TWO KEY INFORMAL HELPERS [COUNTRY SPECIFIC - CANADA]

a. **Relationship to person**

Helper 1 2

1 Child or child-in-law
2 Spouse
3 Partner / significant other
4 Parent / guardian
5 Sibling
6 Other relative
7 Friend
8 Neighbour
9 No informal helper

b. **Lives with person**

Helper 1 2

0 No
1 Yes, 6 months or less
2 Yes, more then 6 months
8 No informal helper

Name:	DOB:	PARIS ID:

19 **INFORMAL HELPER STATUS**

0 No **1** Yes

a. **Primary informal helper expresses feelings of distress, anger, or depression**

b. **Family or close friends report feeling overwhelmed by person's illness**

20 **DEGREE OF LONELINESS -** *use self-report when possible*

Ask: "How often do you feel lonely?"

0 Not lonely
1 Only in certain situations or triggered by specific events (e.g. anniversary of spouse's death)
2 Occasionally (less then weekly)
3 Frequently (weekly but less than daily)
4 Daily

21 **FINANCES**

Because of limited funds, during the last 30 days made trade-offs among purchasing any of the following: adequate food, shelter, clothing, prescribed medications, sufficient home heat or cooling, necessary health care

0 No **1** Yes

Name: **DOB:** **PARIS ID:**

SECTION E: SUMMARY

1 ALGORITHM SCORES
Record the computer-generated scores for each of the following.

a. **Assessment urgency** (score "1" to "6")
b. **Service urgency** (score "1" to "4")
c. **Rehabilitation** (score "1" to "5")

2 EXPECTED LENGTH OF SERVICE

1 1-14 days
2 15-60 days
3 61 or more days

3 ASSESSMENT URGENCY
Urgency for comprehensive, face-to-face assessment

0 Not required
1 More than 14 days
2 8-14 days
3 Within 7 days

4 URGENCY OF NEEDED SERVICES

0 Not needed
1 48 hours or more
2 24 to less than 48 hours
3 12 to less than 24 hours
4 Less than 12 hours

a. **Nursing**
b. **Personal support / household management**
c. **Physiotherapy**
d. **Occupational therapy**
e. **Dietitian services**
f. **Lab services, equipment, and medical supplies**
g. **Social work**
h. **Speech-language therapy**
i. **Other (specify)** _____

5 CLIENT GROUP [COUNTRY SPECIFIC-CANADA]

1 Acute
2 End-of-life
3 Rehabilitation
4 Long-term supportive care
5 Maintenance

6 PRIMARY MODE OF ASSESSMENT
Code for mode used for the majority of assessment items

1 In person
2 Virtual conference with video
3 Virtual conference, audio only

7 SOURCES OF INFORMATION USED TO COMPLETE THE interRAI CA

Code only ONE PRIMARY source and ALL APPLICABLE SECONDARY sources

0 Not applicable
1 Primary
2 Secondary

a. **Person**
b. **Spouse / partner**
c. **Parent / guardian**
d. **Child or child-in-law**
e. **Other relative**
f. **Friend or neighbour**
g. **Physician / physician assistant / nurse practitioner**
h. **Other home care / other health, or social service provider**

8 SIGNATURE OF PERSON COORDINATING / COMPLETING THE ASSESSMENT

_____
a. Signature (sign on above line)

b. Date assessment signed as complete

Name:	DOB:	PARIS ID:

COMMENTS SECTIONS

Reasons for Referral

Living Arrangements

Cognition

ADL / Toileting / Mobility

Mood / Behaviour / Sleep

Reason for no service - complete if "No" is selected in C7

IADL

Other Diagnoses

Name:	DOB:	PARIS ID:

COMMENTS SECTIONS (continued)

Falls

Pain

Nutrition

Treatment Details

Additional Comments

Plan

Name:	**DOB:**	**PARIS ID:**

Scale	Score	Range - Description	
Assessment Urgency (AUA)		**Range 1-6: 1 = least urgent to 6 = most urgent** *Used to prioritize the need and urgency for comprehensive follow up assessment with RAI-HC Uses 6 elements +SRI: Personal Hygiene, Dyspnea, Self-Reported Health, Conditions/Diseases Make Cognitive, ADL, Mood	
Service Urgency (SUA)		**Range 1-4: 1 = least urgent to 4 = most urgent** *Used to identify persons who may be in urgent need of services (e.g. wound care, IV medication) Uses 6 elements +SRI: Personal Hygiene, Pain Frequency, Treatments: IV Therapy, Wound Care,Time Since Last Hospital Stay,Emergency	
Rehabilitation (Rehab Algorithm)		**Range 1-5: 1 = least urgent to 5 = most urgent** **MISSING** displays when the person was referred to initiate or continue palliative services *Used to identify persons who may be candidates for rehabilitation services, specifically PT and OT Uses 7 elements +SRI: Locomotion, IADLs -Meal Preparation, Ordinary Housework, Managing Medications, Stairs, Change in ADL,Referral to Initiate or Continue Palliative Services	
Self-Reliance Index (SRI)		**Value: Self-Reliant (0) or Impaired (1)** Descriptive indicator that identifies presence of ADL or Cognitive impairments. *Used to calculate other algorithms Self-Reliant =self-reliant in all four ADLs and Cognition Impaired = impaired in one or more of those areas Uses 5 elements: ADLs Bathing, Personal Hygiene, Dressing Lower Body, Locomotion, and Cognitive Skills for Daily Decision-Making	
Pain Scale (PAIN)		**Range 0-4: Higher scores relate to more prevalent pain** *Indicates presence and intensity of pain Uses 2 elements which indicate observed or reported pain Pain Frequency Pain Intensity	0 = No pain 1 = Less than daily pain 2 = Daily pain but not severe 3 = Severe daily pain
Changes in Health End-stage Disease and Signs and Symptoms (CHESS-CA)		**Range 0-5: Higher scores are predictive of adverse outcomes such as: death, acute care admission, and caregiver burnout in home care clients.** *Detects frailty and instability in health *Screening mechanism to target clients for short-term intense medical interventions Uses 7 elements: Referral for Palliative Services, Dyspnea, Change in Decision Making, Change in ADL Status, Peripheral Edema, Decrease in Food or Fluids,Weight Loss	0 = No health instability 1 = Minimal health instability 2 = Low health instability 3 = Moderate health instability 4 = High health instability 5 = Very high health instability

interRAI Contact Assessment with Comments & COS Summary

Name:	DOB:	PARIS ID:

Scale	Score	Range - Description	
Personal Support (PSA)		**Range 1-6: Higher scores indicate greater need for personal support care** *Used to identify personal care needs Uses 14 elements +SRI: Cognitive Skills for Decision Making, ADL Performance in Bathing, Personal Hygiene, Dressing Lower Body, Locomotion, Conditions/Diseases Make Cognitive, ADL, Mood or Behaviour Patterns Unstable, Experiencing an Acute Episode or Flare-up of a Recurrent or Chronic Problem, Ability to Understand Others, IADL Capacity, Meal Preparation, Ordinary Housework, Managing Medications, Stairs, Informal Helper Status: Primary Informal Helper Feelings of Distress, Anger or Depression, Informal Helper Status: Family or Friends Overwhelmed	1 = Very low need 2 = Low need 3 = Mild need 4 = Moderate need 5 = High need 6 = Very high need
Distressed Mood Scale Self-Report (DMS)		**Range 0-9: Higher scores indicate poorer self-reported mood** **MISSING** displays if 2 or 3 of the questions were answered "would not or could not respond" *Used to summarize the self-reported mood Uses 3 elements: Little Interest Anxious, Restless or Uneasy Sad, Depressed or Hopeless	