Case Study Approach: Understanding the Assessment Outcomes

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Goals of Training

- How to interpret the outcomes of the COLLAGE Assessments

- How to use the information to inform the COLLAGE conversation to develop a Client Plan

Outcomes:

- Personal Wellness Plan

- COLLAGE Indicators Report
  - interRAI Scales
  - Clinical Assessment Protocols (CAPs)

How are Assessors Informed?

- The client: COLLAGE conversation and more

- Observation

- Other team members — Interdisciplinary Team

- Other documents — client records or chart

- COLLAGE reports
  - Personal Wellness Profile (PWP)
  - Indicators Report

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8 Components the Person Centered Planning

1. What is important TO the person and what is important FOR the person?
2. What does a good day and bad day look like?
3. What relationships are important?
4. What are the resident's wishes and dreams?
5. What is working and not working?
6. Development of appreciation of who the participant is
7. Participant's history
8. Best ways to communicate

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Mrs. R

Assessment Indicators Report

- Indicators report generated by assessor from the assessment and the CAPs Trigger Report

- Why use it?

  – Summary of Wellness and clinical assessment information presented in a usable way

  – Holistic summary of current status

  – Allows input and structure for the development of the Health Aging Plan

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Assessment Indicators by Wellness Domain

Member: The Kendal Corporation

Site: Kendal at Longwood

Community Health Date: 8/11/2011 Functional Supplement Date: N/A Wellness Date: 8/11/2011

Emotional	
Mood CAP	Not triggered
Mood Scale	None
Stress Wellness Preference	Not interested in speaking with someone on how to better cope with stress

Intellectual	
Cognitive Loss CAP	Triggered - monitor
Cognitive Performance Scale	Intact
Cognitive Performance Scale with Rate your Memory	Intact, self-rated memory problems
Memory Summary	Mild and wants training
Memory Wellness Preference	Interested in a program to improve memory
Communication CAP	Not triggered
Communication Scale	Intact

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Resident CAPs Report

Member: The Kendal Corporation

Site: Kendal at Longwood

Assessment Set Date: 08/11/2011

CAP	Status	Triggering Items
Abusive Relationship	Not triggered	
Activities	Could not be calculated	
ADL	Could not be calculated	
Appropriate Medications	Not triggered	
Behavior	Could not be calculated	
Bowel Conditions	Could not be calculated	
Cardiorespiratory Conditions	Not triggered	
Cognitive Loss	Triggered - monitor	
Communication	Not triggered	
Dehydration	Not triggered	
Delirium	Could not be calculated	
Falls	Not triggered	

Personal Wellness Profile

- Resident report – summarizes WA and Core
- Features simple evidenced-based scoring, 1 to 5
- Resident-directed content clustered around four themes
  - What your score may mean for you
  - What you may consider doing to promote your wellness
  - How your score compares to all others in your community
  - Flag for healthy aging preference (readiness)

PWP:

Sample domain

Personal Wellness Profile for:
D M

Cognitive Performance

1) Here's your score:	What your score may mean for you:
1	You feel quite satisfied with the degree in which you are able to participate in conversations, enjoy intellectual stimulation, and make decisions on a daily basis. Congratulations! You do feel that your memory has been mildly affected which can be as a result of normal aging.
2) What you can do to promote your own wellness:	You're doing great!
3) Here's a breakdown based on scores of all residents at COLLAGE members	⇨ 1 - No challenges 68% 2 - Minor challenges 17% 3 - Mild challenges 8% 4 - Moderate challenges 0% 5 - Severe challenges 2%
4) Healthy Aging Preference	According to your responses, you have been experiencing some forgetfulness. While all of us forget from time to time – forget where we put the keys or forget someone's birthday, forgetting when to take our medications or an important appointment can indicate something more serious. Your responses indicate an interest in participating in a memory improvement program.

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COLLAGE Use of interRAI Scales

- Current software system: scale reports
  o Assessment Indicators by Wellness Domain
- Will include key scales:

Default Core:

- Depression Rating Scale (DRS) – Mood

Default Comprehensive:

- Cognitive Performance Scale (CPS) - current
- IADL- performance/capacity scale - current
- Pain Scale - used in determining pain CAP

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What Do Scales Do?

- Scales help to get a summary, a snapshot of the person's current status in a given issue area

- Scales correlate to the CAPs and help fill in the overall picture of the person

Scale	Range	What it tells us
IADL-Performance (actual) IADL-Capacity (ability)	Score values: 0-48	Higher the score the more difficulty (Items included summary of all of the IADL: ordinary housework, meal preparation, finances, medication management, phone use, stairs, shopping, transportation)
Pain	Score values: 0-3	Less than daily =1 Mild to moderate =2 Severe =3
Cognitive Performance Scale	Score values: 0-6	Intact =0 Borderline =1 Mild =2 Moderate =3 Moderate/severe =4 Severe =5 Coma =6
Depression	Score values: 0-14	Less=0 high=10-14 (Reflects items: anger, repetitive complaints, behavior, sadness, fears)

Depression Rating Scale (DRS)

Score	Item
0–3	Made negative statements
0–3	Persistent anger with self or others
0–3	Expressions (including nonverbal) of what appear to be unrealistic fears
0–3	Repetitive health complaints
0–3	Repetitive anxious complaints/concerns (non-health- related)
0–3	Sad, pained, worried facial expression
0–3	Crying, tearfulness

Range: 0–14

Scoring:

0 = No mood symptoms

14 = All mood symptoms present in last 3 days

Scores of 3 or greater indicate major or minor depressive disorders.

The Depression Rating Scale (DRS) is calculated by summing all seven input items after recoding each input item to a three-point (0, 1, 2) scale. The first two levels, 0 and 1, are rescaled to 0; level 2 is rescaled to 1; and level 3 is rescaled to 2.
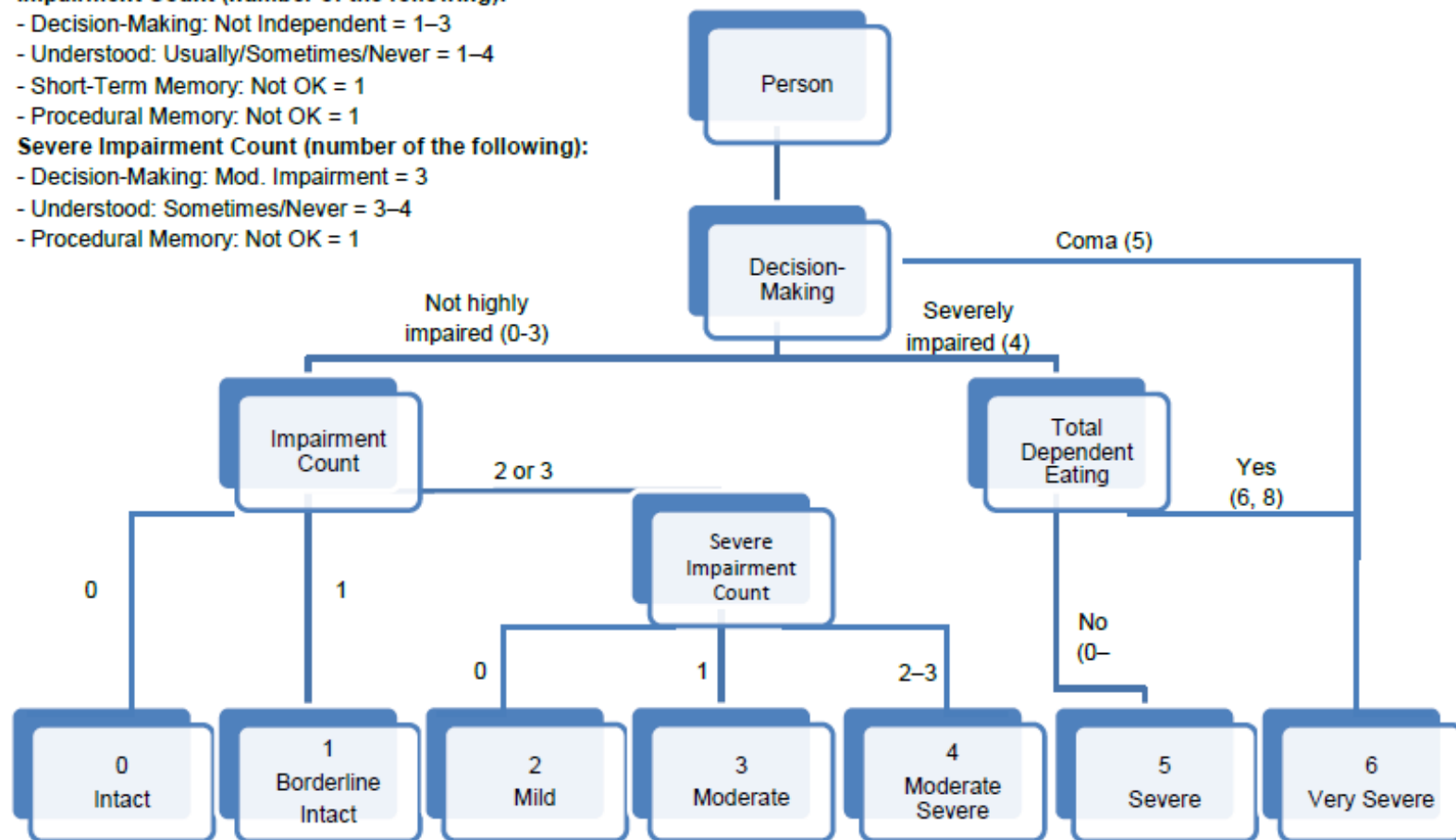
Cognitive Performance Scale

Impairment Count (number of the following):
- Decision-Making: Not Independent = 1–3
- Understood: Usually/Sometimes/Never = 1–4
- Short-Term Memory: Not OK = 1
- Procedural Memory: Not OK = 1

Severe Impairment Count (number of the following):
- Decision-Making: Mod. Impairment = 3
- Understood: Sometimes/Never = 3–4
- Procedural Memory: Not OK = 1

Person

Decision-Making

Coma (5)

Not highly impaired (0-3)

Severely impaired (4)

Impairment Count

2 or 3

Total Dependent Eating

Yes (6, 8)

Severe Impairment Count

No (0–

0

1

0

1

2–3

0
Intact

1
Borderline Intact

2
Mild

3
Moderate

4
Moderate Severe

5
Severe

6
Very Severe

Source: Morris JN, Fries BE, Mehr DR, Hawes C, Philips C, Mor V, Lipsitz L. 1994. MDS Cognitive Performance Scale. *Journal of Gerontology: Medical Sciences* 49(4): M174–M182.

IADL Performance Scale

This scale is based upon a sum of 8 items that range from 0 to 48 with higher scores indicating greater difficulty in performing instrumental activities of daily living.

Variables	Range	Score
Meal Prep Housework Managing Finances Managing Medications Phone use Shopping Transportation	Score values: 0 to 6	Higher the score the more difficulty

ADL Hierarchy Scale

This scale groups activities of daily living according to the stage of the disablement process in which they occur. Early loss ADL's (e.g., dressing) are assigned lower scores than late loss ADL's (e.g., eating). The ADL Hierarchy Scale ranges from 0 (no impairment) to 6 (total impairment).

Variables	Range	Score
Personal Hygiene Locomotion Toileting Eating	Score values: 0 to 6	No impairment=0 Total impairment=6

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Pain Scale
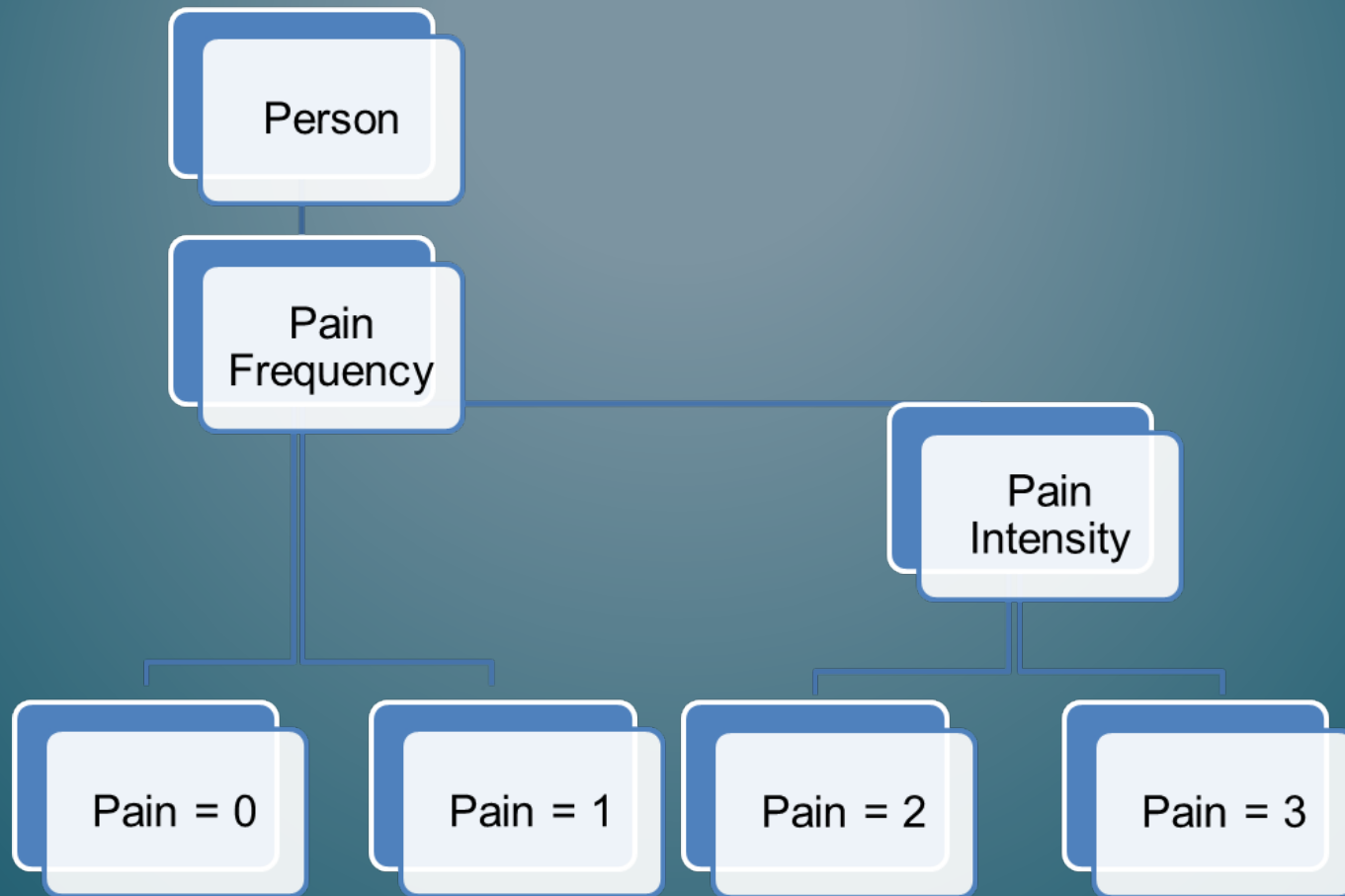
Scale Exercise

- IADL Difficulty

- Pain

- Depression Rating

- ADL Hierarchy

- Cognitive Performance Scale

What is a CAP?

- CAP = Clinical Assessment Protocol

- Care planning **guidelines** triggered by item responses in assessment

- 4 key **issue areas**

  – Cognition/Mental Health

  – Physical Function

  – Clinical Issues

  – Social Life

Why Use CAPs?

- Support clinical observations, critical thinking, intuition
- Correlate with scales
- Suggest evidenced-based strategies and approaches to care
  - Short term goals:
    - Address things that can be "corrected" now
  - Long term goals:
    - Prevent decline
    - Improve Functioning
    - Monitor

How Do CAPs Work?

- CAPs link information gathered during assessment to specific issue/problem areas

- Each CAP has its own algorithm

- Algorithm translates assessment results into an evaluation outcome

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CAPs Sections

***Goals: What might be achieved

- **Short term**: What can be addressed now?
- **Long Term**: What needs to happen in future?
- Trigger Levels
  – **Prevent decline**: maintain current level of self-sufficiency
  – **Improve**: regain self-performance
  – **Monitor**: watch for potential changes

Anatomy of a CAP

- Problem: how issue can affect person's status

- Correlated CAPs: other problems that affect planning strategies for a given CAP area

- Goals of Care: what we are trying to achieve

- Trigger Level: person's relative degree of risk

- Guidelines:
  - ways to think through underlying issues
  - suggestions/strategies for wellness planning

COLLAGE CAPs

Default Care Assessment Protocols (CAPs)	Flex CAPs
• Appropriate Medications • Cardio-respiratory Conditions • Falls • Pain • Communications* • Informal Support* • Prevention* • Social Relationship* • Tobacco/Alcohol* • Under nutrition*	• Abusive relationships • Dehydration • Mood • Physical Activities • Urinary

*Denotes in addition to the Core = Comprehensive
• If add Flex CAPs = all 25 CAPs (right hand column)

Thinking Through an Indicators Report

- Look at CAPs and Scales within Wellness Domains

- Identify triggered CAPs & other concerns that will be important to address to maintain a client's independence

- Determine what CAPs relate to another Wellness Domains

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Thinking Through CAPs and Scales to Help Inform a Healthy Aging Plan

Apply person-centered planning

- Short Term Goal
  - o Address any reversible, acute issues/reversible issues first
- Long Term Goal
  - o Prevent decline
  - o Improve function
  - o Monitor

Personal Wellness Plan (PWP)

- Informs us regarding client preferences

- Does the PWP correlate with the CAPs and Scales from the assessment?

- Integrate what you know from the domains into the HAP

The Healthy Aging Plan, Person-centered

- Individual goals: short term, long term
- Areas discussed: wellness domains (Indicators)
- Individual's concerns -- from PWP and conversation
- Assessor concerns -- Assessments and IDT
- Recommendations for action
  - Proposed programs and services
  - Formal and informal
  - Address identified goals

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Practice Case Studies