

Clinical Assessment Protocols

*A tool to improve care follow-up in
COLLAGE*

CAP 101

- **What is a CAP?**
- **Why are CAPs needed?**

CAP Components

- Each CAP references a discrete problem that warrants immediate follow-up
- CAPs include the following content
 - A problem statement that references how the issue of the specific CAP impacts on the life of the person
 - Targeting Trigger – specifies whether resident warrants follow-up in the specific arena of the CAP
 - Goals of Care – a road map of where to go
 - Care Guidelines – A best-practice based approach to the care of the person for whom the problem is triggered

14 CAPs Can be Derived from The CHA Assessment

- ***Functional Performance - 2***
- ***Clinical Complexity - 8***
- ***Communication/Mental Health - 2***
- ***Social Life - 2***

General Overview

- **CAPs reference areas that are important to our daily lives**
- **CAP text has been crafted so as to be must be relevant to the assessor**
- **CAP triggers identify those who would benefit from care**
- **The CAP Guidelines lay the foundation of an informrf, appropriate approach to care**

So Lets Further Review the Assessment and CAP Process

CAP Triggers

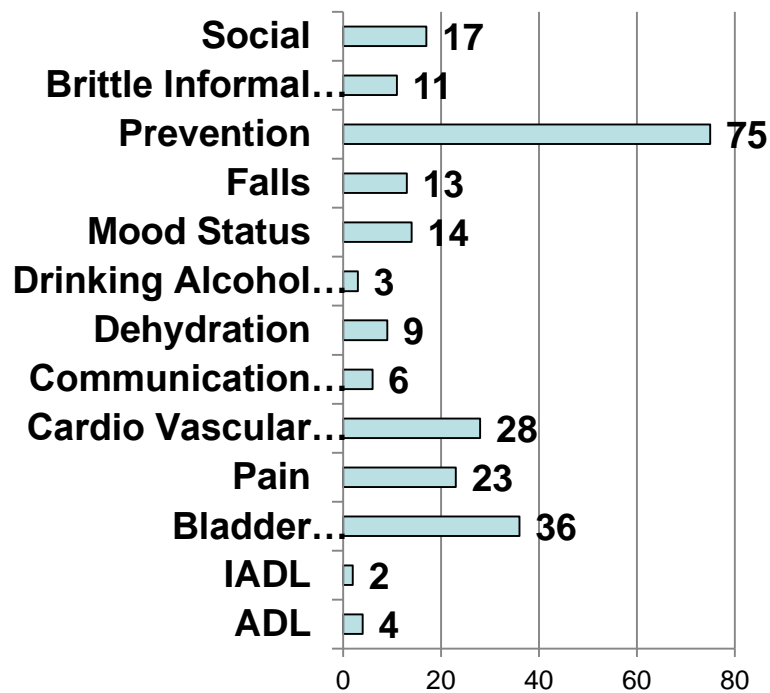
- **Each CAP builds off the information in the assessments, referencing a selected set of very specific problems**
- **CAP Triggers link the data gathered in the assessment to the basic problem referenced by the CAP**
- **Subsets of assessment items are brought together to identify persons who may benefit from care in each of the problem areas**

Trigger Development – Basic Principals

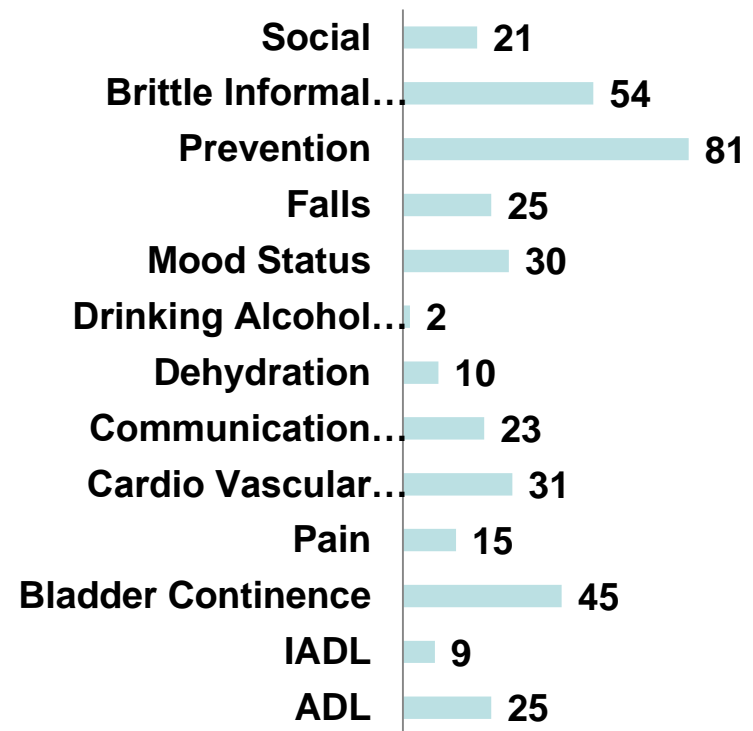
- **More than one CAP trigger level, if possible**
- **Put forward a trigger level only if it identifies a true risk group**
- **Ensured the face validity of trigger elements themselves**
 - **The elements used had to make sense from a causal perspective**

CAP Trigger Rates

CCRC - Independent Living (%)



Assisted Living (%)



Number of Triggered CAPs

Sample	CCRC Indep Living	Assisted Living
% With NO triggered CAP	15.8%	2.1%
Mean Number of Triggered CAPs	2.0	3.5
Percent With Five or More Triggered CAPs	6.8%	26.7%

CAP Goals of Care

- **The goals of care vary from one CAP to the next**
- **But across the CAPs they include:**
 - **Problem resolution**
 - **Reducing the risk of decline**
 - **Increasing the potential for improvement**

Care Protocol -- Decisions

- **Incorporate evidence-based recommendations into a practical framework**
- **Reviewed the most current evidence from the peer-reviewed literature, international best practice guidelines, and information provided by subject matter experts from around the globe**
- **Made use of interRAI and outside experts**
- **Extensive review by interRAI's members**

Care Protocol -- Decisions

- **Did best not to “dumb down” the discussion or add needless detail**
- **Referenced related CAPs whenever reasonable**
 - **Tried to minimized presenting duplicate Guideline material across related CAPs**
 - **Made sure the referenced CAP had explicit, content addressing the issue**

CAP Guidelines Help us See the Whole Person

- **The person can speak as an individual**
- **The assessor can better inform the person of a course of care with a reasonable change of success**
- **The person and assessor can move forward with an appropriate service plan**

But

- **Moving a whole systems of care, even for the individual, is difficult**
- **Some people will have multiple, complex problems**
- **Staying the course in any one problem area is difficult**
- **But with the CAPs we have an informed, integrated approach to move the process – staff listen, people in care speak, autonomy is acknowledged, and good programs for complex problems are championed**
- **We need to talk, design, implement, and evaluate together**

Thus the Role of the CAPs

- **Step 1:** Identify high-priority cases warranting special care interventions
- **Step 2:** Focus on the preventative and care provision issues that might actually make a difference
- **Step 3:** Build the intervention on best-practice protocols whenever possible
- **Step 4:** Titrate approach to care based on experience

CAP Examples

Mood Disorders CAP Trigger

- Based on a scale created by summing seven of the mood items in the CHA – “it is what you see”
- There are two triggered level based on this scale
 - A score of 3 or higher indicates high risk -- 3% in CCRC independent, 11% in assisted living
 - A score of 1 or 2 indicates medium risk – 11% in CCRC independent, 19% in assisted livig

Mood Goal Alternatives

- Treat serious threats to self or others that relate to person's mood disorder
- Treat underlying causal factors
- Treat the mood problem itself
- Monitor for effectiveness

Mood Guidelines

- Identify serious risk – e.g., suicidal thoughts
- Have the full spectrum of mood symptoms been identified – do you have the full picture. In particular review the 3 self-report mood items
- Review for drugs causing mood problem
- Look to relationship to medical conditions – e.g., delirium, pain, infection, thyroid problem, recent CVA, cancer, dementia
- Assess relationship to psychosocial changes – a move, illness of a loved one, perception that person is seriously ill, worsening incontinence
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Social Relationships

- To be triggered for follow-up must feel lonely OR be distressed by declining social activity
 - Applies to 17% in CCRC independent living, 21% in assisted living
- Poor social relationships can cloud many aspects of a person's life

Social Relationship Goals of Care

- Seek ways to engage person with others
 - Note person's historical and preferred level of engagement with others
 - Note whether loneliness is of recent origin
- Identify serious conflicts with others
- Identify underlying mental-health problems – on meds, behavior symptoms
- Treat underlying depression – e.g., angry, withdrawn

Soc Rel Guidelines

- Determine factors that may impinge on relationships - function, fatigue, pain, vision, cognition
- Environmental determinants – new resident, death of close friend
- Interactive and personal strengths – preferred activities

Falls

- Differentiate based on prior history of falls: single or multiple fall – total triggered equals 13% in CCRC independent and 25% in assisted living
- Assess for contributing factors
 - Need for gait, balance, strength program
 - Review of medications
 - Program in place to address blood pressure problems
 - Vision, stroke, alcoholism,
 - Cognitive problems
 - Environmental factors – light, time of day, carpets

A Few Key Reminders

CAP TRIGGERING

- **Purpose:** Help target services to those most likely to benefit from an intervention
- **Modeled:** Those most likely to decline or improve in status in a given problem area
- **There may be multiple levels of triggering**
 - **Goal:** identify the highest likelihood persons
 - **Secondarily:** if possible, identify more sensitively another group, which may be addressed in a CAP

CAP GUIDELINES

- **CAP Guidelines help the assessor:**
 - **Arrive at an appropriate service plan, and**
 - **Where possible and required, leads to the initiation of needed services or an appropriate referral**