

How interRAI reduces data inefficiency in aged care

The interRAI Suite of Assessment Systems, if applied to the Australian aged care system, would solve the data inefficiency problem, with numerous other benefits.

To generate a system-wide consistent observation, the interRAI items and the systems in which they are embedded need to be given immediate consideration by key policy makers.

A recent case study “An illustration of data inefficiency in the Aged and community care system in Australia” produced by the University of Queensland Centre for Health Services Research and Aged Care Industry Information Technology Council (ACIITC), highlighted the inefficiencies of Australia’s current process. By way of example the Mobility measure was cited “...this clinical concept is recorded in 5 consecutive contexts using 8 separate observations which utilise 6 different formats.” By implementing interRAI this measure is reduced to simply a ‘self-report’ and ‘assessed’, both of which produce equivalent results for comparison and reporting.

The interRAI observation

The interRAI item for walking assistance; interRAI has two clinical observations that would document assistance with mobility: Assessor and Self-report versions.

1. Assessor Version:

Walking

[These codes apply to all basic ADL.]

Consider all episodes over 3-day period.

If all episodes are performed at the same level, score ADL at that level.

If any episodes at level 6, and others less dependent, score ADL as a 5.

Otherwise, focus on the three most dependent episodes [or all episodes if performed fewer than 3 times]. If most dependent episode is 1, score ADL as 1. If not, score ADL as least dependent of those episodes in range 2–5.

- 0 Independent** — No physical assistance, setup, or supervision in any episode
- 1 Independent, setup help only** — Article or device provided or placed within reach, no physical assistance or supervision in any episode
- 2 Supervision** — Oversight / cuing
- 3 Limited assistance** — Guided manoeuvring of limbs, physical guidance without taking weight
- 4 Extensive assistance** — Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
- 5 Maximal assistance** — Weight-bearing support (including lifting limbs) by 2+ helpers—OR—weight-bearing support for more than 50% of subtasks
- 6 Total dependence** — Full performance by others during all episodes
- 8 Activity did not occur during entire period**

2. Self-report version:

Walking

In the last 3 days, what was the **most** help you usually received to walk between locations on the same floor?

- 0 I did it all by myself without needing someone to keep an eye on me
- 1 Others helped me (Go to follow-up question)
- 2 I did not walk in the last 3 days

Follow-up question

- 1 I did it by myself but others set up the things I used
- 2 I did it by myself, but someone was nearby to keep an eye on me
- 3 I did it by myself, but sometimes I needed help
- 4 I did at least half of it by myself, but I always needed help
- 5 I did less than half of it by myself, and I always needed help
- 6 Others did all of this for me



The self-report version has been shown to produce results equivalent to the assessor version and can be translated accordingly.

Recommendations

interRAI Australia recommends introduction of the:

- interRAI Self-Reported CU as a self-assessment solution for the MyAgedCare consumer portal;
- interRAI CU (low complexity) and interRAI HC (high complexity) systems for the aged and community care programme eligibility (ACAT) assessment.
- interRAI CU and interRAI HC for the Home Support Programme and Home Packages Programmes respectively and;
- interRAI LTCF as the core assessment framework and Minimum Data Set for Residential Aged Care.

These systems extensively share common data elements, and derivative scales. The interRAI CU is effectively an abbreviated version of the interRAI HC. The interRAI LTCF shares over 50% of its data elements with the interRAI HC.

In each assessment, our example - the need for assistance in walking - is described in precisely the same manner, enabling direct comparison of performance across settings, and ease of training, interpretation and communication for clinicians and other stakeholders.

Conclusion

In the current aged care program, important clinical concepts are unnecessarily recorded in multiple different formats. By adopting the interRAI Suite of Assessment Systems across the aged and community care program, recording of these phenomena could be standardised, enabling direct comparison across settings and across the person's journey, and significant reduction in data burden.

For further information regarding the design of interRAI systems, and how they may be applied in the Australian aged care program, visit <https://interrai-au.org>