

## interRAI<sup>TM</sup> Contact Assessment in Transitional Care

a pilot study to investigate the usefulness of the assessment based on functional status of the patient population

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### ABSTRACT

BACKGROUND: Older patients are frequently transitioned between different health care settings. Transitioning these patients out of the hospital and into another setting successfully is of critical concern for patients, health care providers, and hospitals alike. Unsuccessful transitions from the hospital can quickly lead to unnecessary and costly readmissions. Older adults are especially vulnerable to experiencing a decline in functional status during hospitalization which may lead to an increased need for supportive care and services.

PURPOSE: To conduct a pilot study that explores if using an interRAI<sup>IM</sup> assessment tool could help identify patient's level of urgency for needing further assessment or services in a transition care center setting. If patients can be identified earlier in the transitional care setting, then appropriate services could be provided to decrease their risk for readmission. We also wanted to explore the relationship, if any, that functional status and race/ethnicity have on patients urgency needs for further assessment and services.

METHODS: A random sample of adults 50 years and older receiving care at a transition center in northern Florida were recruited for this study (N=31). Face-to-face interviews were conducted using the interRAI<sup>TM</sup> Contact Assessment (CA). The assessment included the following topics: 1) demographic information; 2) conditions; 3) severity of symptoms; 4) functional abilities; 5) hospital stays; 6) social history; 7) informal helpers; and 8) history of falls.

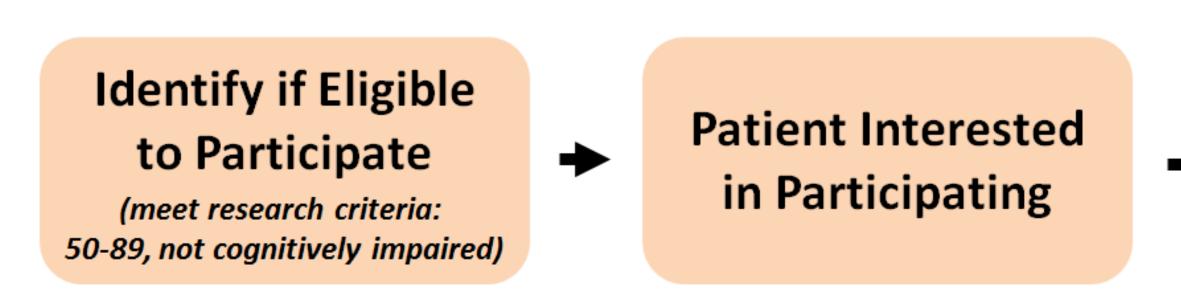
RESULTS: The interRAI<sup>TM</sup> CA was found useful in identifying patients who are in need of further in-depth assessment and specialized services, but not necessarily supportive services. Patients' levels of urgency for further assessment based on functional status was also identified by race and ethnicity, but we are unable to draw any conclusions about these relationships due to our small sample size.

CONCLUSION: Older adults being transitioned between health care settings may have functional decline that can be identified by the interRAI<sup>TM</sup> CA. Further work will determine how to develop a patient-centered and site-specific assessment instrument that can lead to a reduction in preventable readmissions in the transitional care setting.

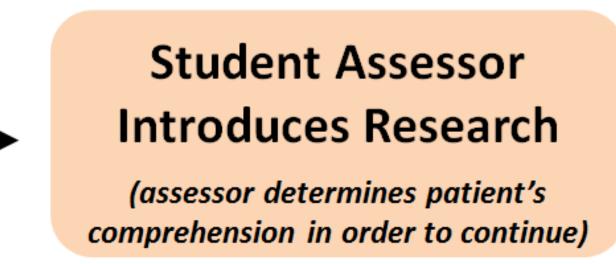
### CONTEXT

- U.S. preventable readmission costs (2004) = \$729 million
- Multimorbidity negatively impacts the elderly's functional status and risk for hospitalization and readmission.
- Racial/ethnic disparities in 180-day readmission rates and in the risk for complications that may be preventable with effective post-discharge care remain serious concerns.
- In the past year, in one northern Florida city alone, there was no post discharge care coordination for over 300 elderly (age 55+) visits to the ER.

### METHODS









Student Assessor **Begins Interview** (assessor reads script based on the interRAI CA form)

Total study participants: 31

status.

# patients with decline in functional status: 16

Differences were noted in the

spread of scores for assessment

urgency between those with a

decline in functional status and

those with no decline in functional

# patients with no decline in functional status: 15

Patient Scored with

Manual Algorithm (decision support algorithms outlined in User's Manual)

### while scores for Non-Hispanic Whites were concentrated in the medium category. As expected, patients with no decline in functional

CONCLUSIONS

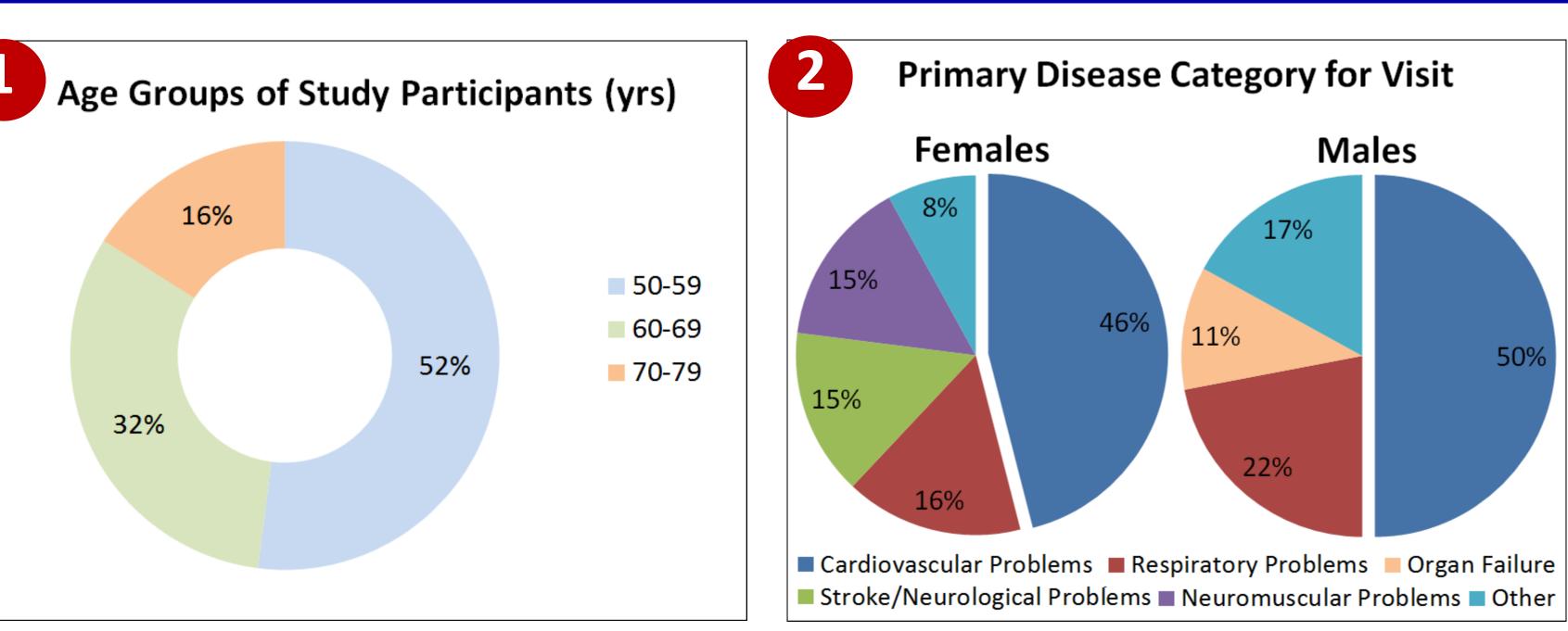
When comparing urgency scores by race/ ethnicity,

Non-Hispanic Blacks had assessment urgency scores

that spread into the low and medium categories,

- status had scores in the low to medium category for assessment urgency and rehabilitation urgency. In comparison, patients with a decline in functional
- status had scores spread into the high urgency category for assessment urgency and rehabilitation urgency.
- The tool may have not been sensitive enough to identify patients who were in need of supportive services given that many of them had caregivers.
- Given our small sample size and cross-sectional descriptive data, we cannot extrapolate our findings to a larger population.

## SAMPLE CHARACTERISTICS

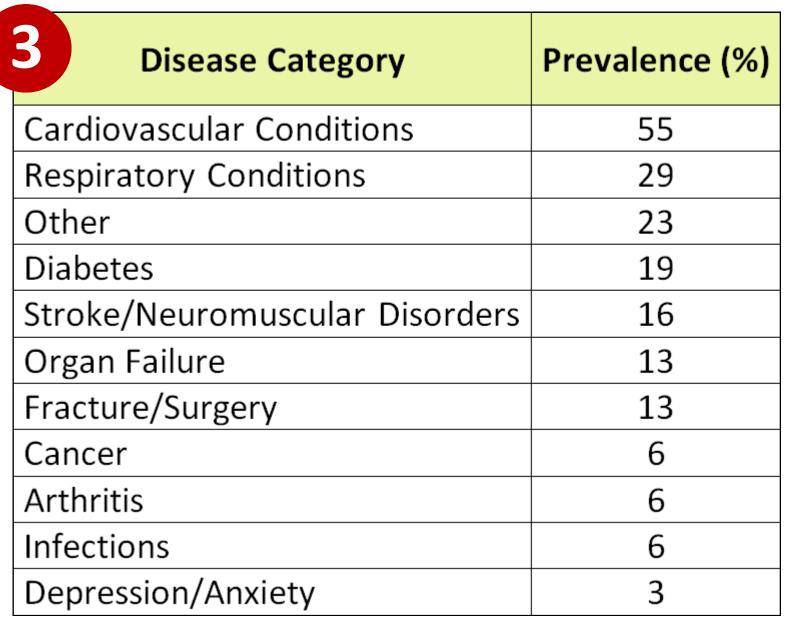


Cardiovascular problems were the most common category in both males and females.

Decline in Functional Status within 90 days

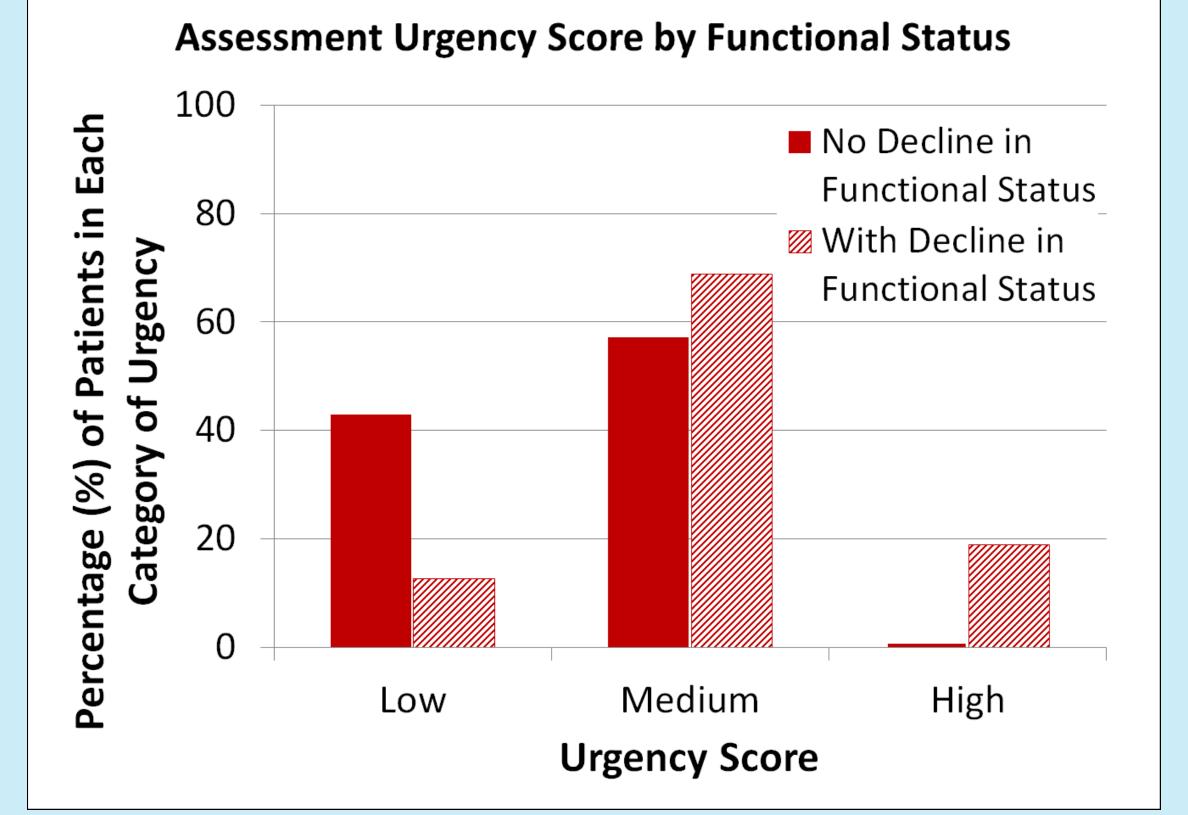
Stroke/Neurological Problems

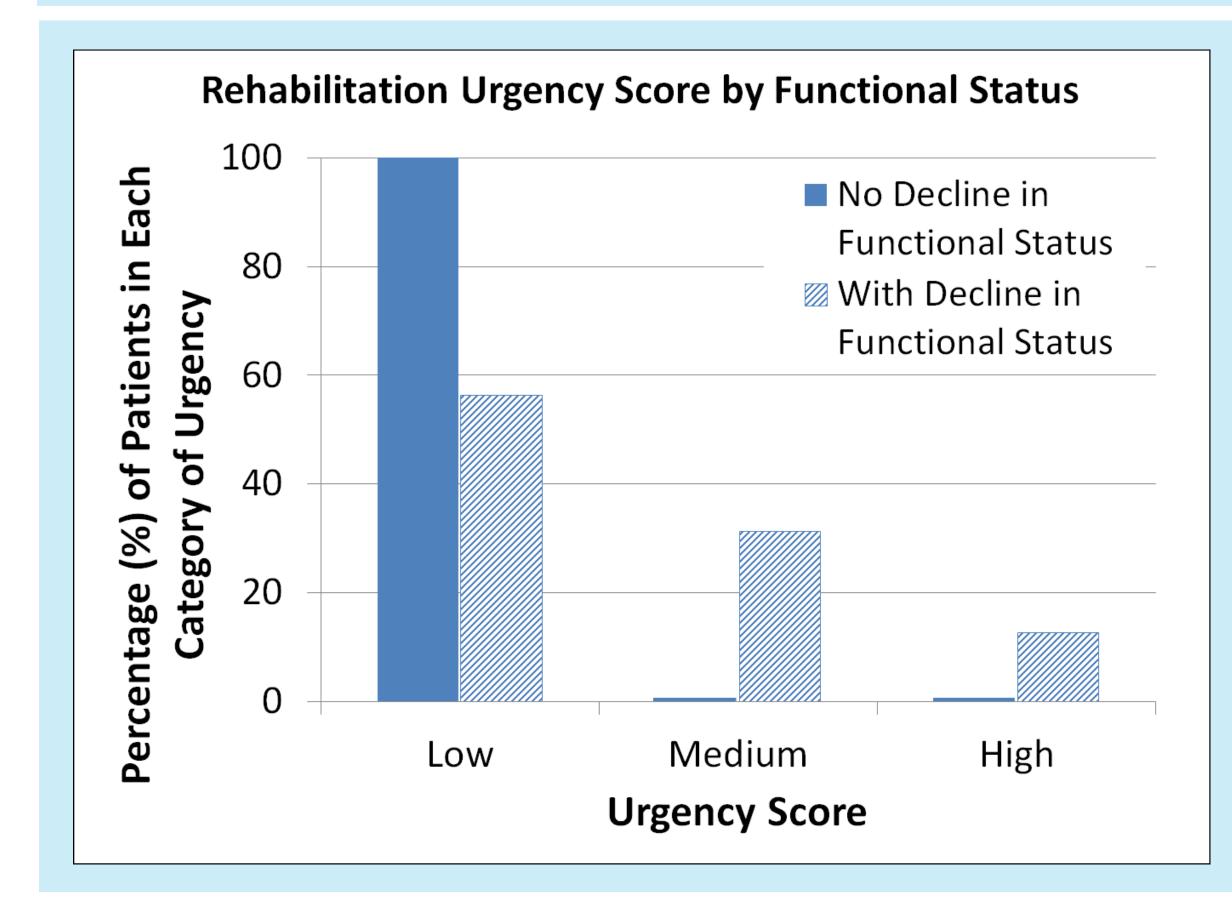
**Disease Category** 

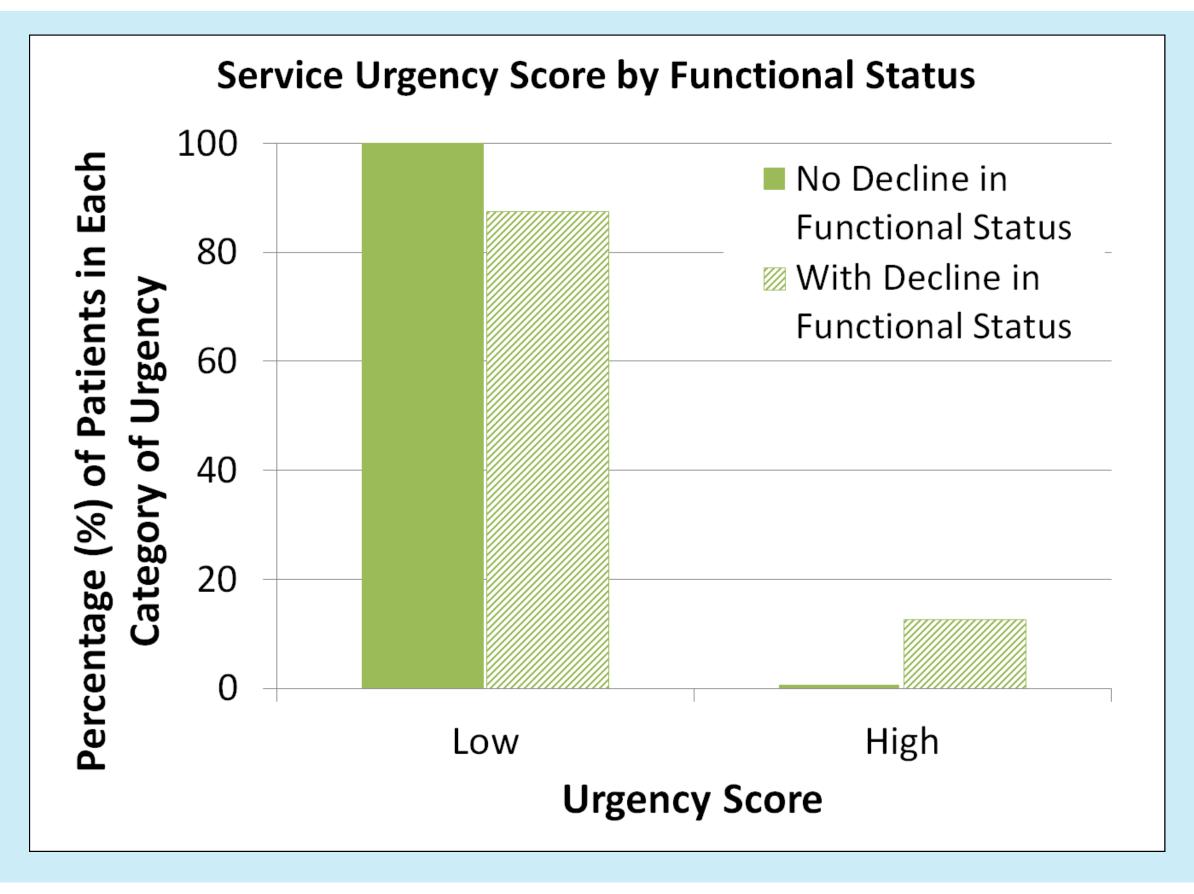


\*50% of the study participants had 2 or more diseases.

# RESULTS (cont'd)







Differences were noted in the spread of scores for rehabilitation urgency between those with a decline in functional status and those with no decline in functional status.

### No differences were noted in the spread of scores for service urgency between those with a decline in functional status and those with no decline in functional status.

### FUTURE DIRECTION

- Compare data retrieved from medical records to data obtained via patient interviews.
- Refine the instrument to better suit the transition center population.
- Include a larger number of participants.
- Conduct a longer study that includes follow up for a defined time period.

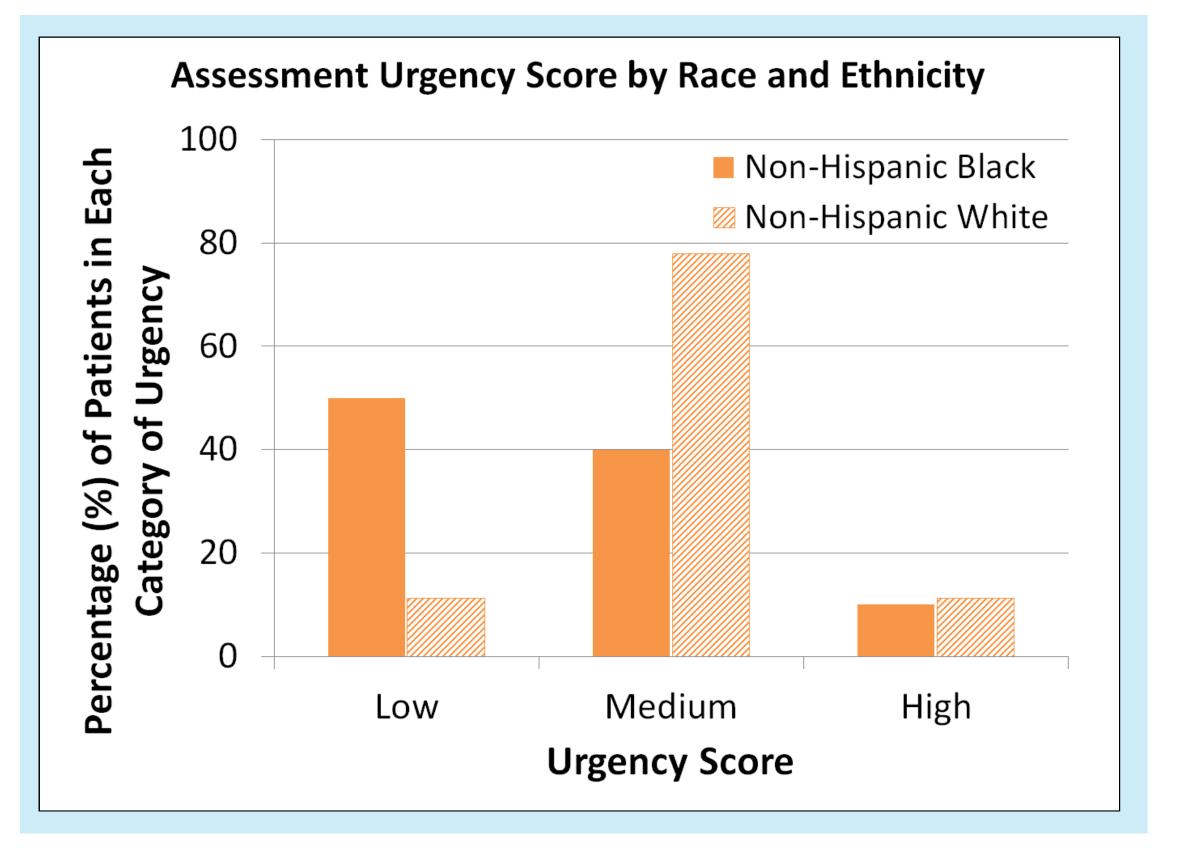
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### RESULTS



Differences were noted in the spread of scores for assessment urgency between Non-Hispanic Blacks and Non-Hispanic Whites.

% of patients in each disease

category with functional

status decline