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 informed, appropriate approach to care
So Let's 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 (%)**

- Social: 17%
- Brittle Informal: 11%
- Prevention: 75%
- Falls: 13%
- Mood Status: 14%
- Drinking Alcohol: 3%
- Dehydration: 9%
- Communication: 6%
- Cardio Vascular: 28%
- Pain: 23%
- Bladder: 36%
- IADL: 2%
- ADL: 4%

**Assisted Living (%)**

- Social: 21%
- Brittle Informal: 54%
- Prevention: 81%
- Falls: 25%
- Mood Status: 30%
- Drinking Alcohol: 2%
- Dehydration: 10%
- Communication: 23%
- Cardio Vascular: 31%
- Pain: 15%
- Bladder Continence: 45%
- IADL: 9%
- ADL: 25%
### Number of Triggered CAPs

<table>
<thead>
<tr>
<th>Sample</th>
<th>CCRC Indep Living</th>
<th>Assisted Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>% With NO triggered CAP</td>
<td>15.8%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Mean Number of Triggered CAPs</td>
<td>2.0</td>
<td>3.5</td>
</tr>
<tr>
<td>Percent With Five or More Triggered CAPs</td>
<td>6.8%</td>
<td>26.7%</td>
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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 living
Mood Goal Alternatives

- Treaty 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
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, stoke, 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