

New Release of interRAI's Long-Term Care Facilities (LTCF) Assessment System:

Version 10.0

interRAI is proud to announce the release of Version 10.0 of its Long-Term Care Facilities (LTCF) Assessment System, the manual for which is now available for purchase online at catalog.interRAI.org and the full system can be licensed for use via e-mail contracts@interRAI.org. Many new items have been added, while other items have been changed or deleted. The resulting instrument is about equal in length to the prior instrument, but, as is described below, includes significant upgrades in content.

The prior version of the LTCF — Version 9 — was created by interRAI Fellows to update the MDS 2.0, and included the input of the key individuals who were responsible for the design and implementation of MDS 1.0 and MDS 2.0. The newly released Version 10.0 was updated under the direction of the interRAI ISD Committee, including Dr. John Morris, who led the team that designed MDS 1.0, MDS 2.0, and interRAI LTCF Version 9.

Some of the major changes included in Version 10.0 consist of the following (please note that a more detailed listing can be found in the back of the Version 10.0 Assessment manual):

Section C. Cognition: To permit the full calculation of the most recent version of the Cognitive Performance Scale (CPS), items have been added to assess the person's presumed ability to carry out cognitively-based Instrumental Activities of Daily Living. These items assess the following:

- C2a. Manage finances
- C2b. Manage medications
- C2c. Manage use of electronic devices

Section E. Mood and Behaviour: Analysis of the prior list of clinician-reported mood items in the LTCF and in the Mental Health assessment tools identified ANGER as an additional area of interest. To address this new area, three items were added:

- Self-report: **E2d. Angry with yourself?**
- Self-report: E2e. Angry with others?
- Clinical judgment: **E3g. Outbursts of anger**

In addition, this review of mood items indicated that several of the prior judgement-based mood items could be dropped, including:



- Persistent anger with self or others
- Expressions, including nonverbal, of what appear to be unrealistic fears
- Repetitive health complaints
- Crying, tearfulness
- Recurrent statements that something terrible is about to happen

Section F. Psychosocial Well-being: To better assess social loneliness, the dichotomous clinical judgement item has been replaced by a more focused multi-response category loneliness item (note, this item is to be self-reported, when possible): **F4. Degree of Loneliness**.

Section H. Functional Status. Among changes of note are the addition of two ADL Performance items, and changes to the exercise and physical activity item.

- **H1a. Bathi**ng This item no longer includes the sub-task of transferring in and out of the tub/shower. The transfer component of bathing has been broken out into a new item: **H1b. Bath Transfer**
- A new item was introduced (an item that had previously been included in MDS 2.0): H1h. Locomotion off unit
- Old item G3a. Total hours of exercise or physical activity in LAST 3 days is
 now two items with a modified set of code responses. In its old format
 assessors were not consistently coding the item some coded only exercise
 and some were unclear on what types of tasks to include under "physical
 activity." The two new items are:
 - H3a. Total hours of exercise in LAST 3 Days
 - H3b. Total hors of physical activity in LAST 3 DAYS.

Section J. Disease and Diagnoses (was Section I in Version 9): The use of the open-ended option to record key disease states (ICDs) has led to significant underreporting of the conditions, i.e., a disease is present, but the assessor failed to enter the ICD code. On the other hand, where a specific line was present on the LTCF 9.0 form to note a specific disease, that disease was much less likely to be underreported. To remedy this significant deficit, in section J1. Disease Diagnoses, twenty-two new diagnostic and disease options have been added.

• Examples include: Seizures, vascular dementia, traumatic brain injury, PTSD, atrial fibrillation, peripheral vascular disease, and chronic kidney disease.



Section K. Health Conditions: The falls items have been changed to clarify when the incident occurred, as well as the consequences to the person from falling.

- K1. Falls There are now three falls time windows: K1a. Last 30 days, K1b. 31-90 days, and K1c. 91-180 days.
- A new falls consequence item has been added: K2. Any Fall with Major
 Consequences within last 90 days. Examples include fractures, concussion,
 subdural hematoma, other internal bleeding, and restrictions in walking for a
 week or more.

Section L. Oral and Nutritional Status. Additions have been made to identify better the nature of the problems:

- Five items are now included under L5. Swallowing Problems:
 - L5a. Aspirations
 - L5b. Food or fluid escapes from or dribbles from mouth during eating or drinking
 - L5c. Holds food in mouth after eating, does not swallow all food
 - L5d. Decrease in amount of food or fluid usually eaten
 - L5e. Ate one or more meals on AT LEAST 2 of LAST 3 DAYS
- L7. Dental/Oral Cavity Issues: This set of items has been reworked, as have instructions in the manual. It is hoped that the combination will provide the necessary instructions and incentives to complete these items.

Section N. Medications has undergone a major, carefully considered reorganization. Specifically:

• N1. List of All Medications on the old form has been deleted. As little systematic clinical use had been made of these items, an alternate set of drug items will significantly improve the clinical and outcome measurement process. Nevertheless, if sites have found value in the prior item set, although not shown on the form, they can be optionally include it on a site's Version 10.0 assessment form.

The following items replace the complete list of medications:

- N1. Total Number of Medications
- N2. Total Number of Herbal/Nutritional Supplements
- N3. Known Allergy to Any Drug This includes a slight rewording of the item on the old form (old Item N2. Allergy to Any Drug) plus the addition



of two sub-items which provide open-ended space for recording the drugs resulting in allergic reaction:

- N3a. First drug
- N3b. Second drug
- N4. Self-Reported Need for Medication Review
- N5. Recently Changed Medications
- N6. Cannabis Use The legal use of this substance is becoming more common.
- N7. Medicinal Use of Cannabis
- N8. Medication List
 - N8a. Antipsychotic
 - N8b. Anxiolytic
 - N8c. Antidepressant
 - N8d. Hypnotic
 - N8e. Opioid
 - N8f. Hypoglycemic agent (e.g., insulin, sulfonylureas)
 - N8g. Anticoagulant (warfarin, NOAC)