



Home Care Assessment and Form Changes

April 2025

Speakers:

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Indigenous Services
Canada

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Autochtones Canada

Canada



Welcome & Introduction





Learning Outcomes

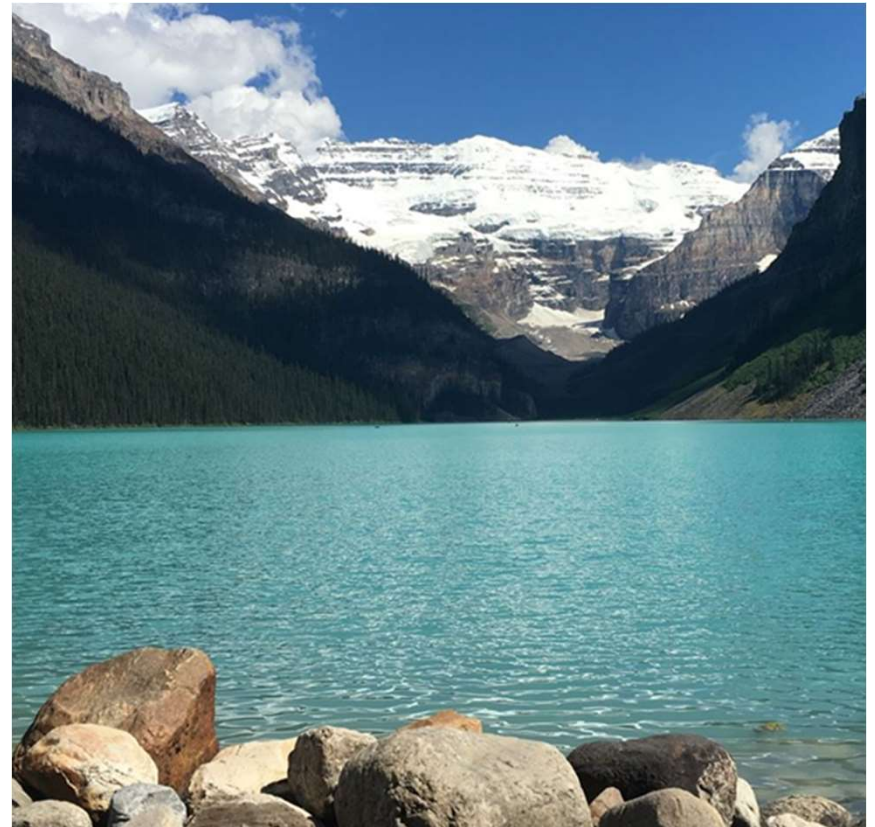
Assessment guide & client groups

Applications of Inter-RAI assessments, Pediatric and EOL assessments.

Primary forms for admission & re-assessment

Access to forms & assessments

Land Acknowledgement



Making Our Virtual Meeting Great!




Please take a moment to mute your audio



Safe environment to share comments



Dedicated Questions & Answers time.



Overview of update forms

RATIONALE FOR CHANGES



FORMS REORGANIZATION

Onehealth Changes

- Removal of numbered forms
- Alphabetical order, drop-down menu, organized by primary and secondary form

ISC Logo Removal

- To allow for First Nations branding

Form-fillable PDF

- Primary forms now and goal for supportive forms in future

Limitations

- Consent forms requiring signature

ONEHEALTH CHANGES – FORMS PAGE

https://www.onehealth.ca/ab/Nursing/Home-Care-Nursing/Home-Care-Forms/Home-Care-Assessment

Home Care Assessment

Home Care Assessment Guidelines

- [Assessment Guide for Home and Community Care](#)
- [Primary Form and Assessment Checklist](#)

Home Care Forms

[Collapse All](#) [Expand All](#)

- Primary Forms (Required)**
- Secondary Forms (As Needed)**

Home Care Assessment Resources

- [Bowel & Bladder Continence Resource \(RNAO\)](#)
- [Braden Scale for Predicting Pressure Sore Risk](#)
- [Braden Score Intervention Guide](#)
- [Braden Q Scale \(pediatrics\)](#)
- [Braden Q Scale Intervention Guide \(pediatrics\)](#)
- [FACES Pain Scale Resource](#)
- [FLACC-r Behavioural Pain Scale Resource](#)
- [Pain Assessment Resource](#)
- [Visit Notice](#)

Supportive Materials

- [CSO Form Telehealth Video](#)
- [Express Scripts](#)
- [ISC Occurrence Report – Patient Incident Green Form](#)
- [Jordan's Principle](#)
- [NIHB Medical Supplies & Equipment](#)
- [NIHB Medical Transportation](#)
- [NIHB Mental Health](#)
- [NIHB Pharmacy](#)
- [NIHB Vision](#)
- [NIHB Program Updates](#)

FORMS BUILT INTO EMR



Care Plan and Service Record



Best Possible Medication History & Medication Reconciliation



Client Equipment List



HCA Service Record



PT/INR Monitoring Record



Verbal/Telephone Order



Progress Notes



Signature Sheet

FORMS UPLOADS TO EMR

Primary Forms	Secondary Forms
Pediatric Contact Assessment	Bladder & Bowel Continence Assessment
Pediatric Comprehensive Assessment	Client Referral Form
End of Life Comprehensive Assessment	Client Transfer Form
Pediatric Falls Risk Assessment Tool	Diabetes Client Care Flow Sheet
Pediatric Falls Risk Little Schmidy Tool	Feedback Form
Safety Assessment Form & Save Visit Plan	Foot Assessment & Flow Sheet
Discharge from Home Care Services	HCA Monthend
Primary Form and Assessment Checklist	Homemaker Seasonal Record
	Homemaker Service Record
	Hypertension Flowsheet
	Inlow's Diabetic Foot Screen (Wounds Canada)
	Medication Administration & Assistance Record
	Methotrexate Monitoring Record
	Ostomy Assessment & Flowsheet
	Pain Treatment Flowsheet
	Service Task List for Client Use
	Wound Assessment Form & Treatment Plan
	Basic & Advanced Lower Limb Assessments

INTERIM PROCESS



- +
 - -

Overview of Home Care Assessments



HOME CARE ASSESSMENTS – Key Changes

Removal

- 030 Admission Intake Assessment and Discharge
- 029 Health Assessment for Long Term Home Care

Introduction

- InterRAI Contact Assessment (CA)
- InterRAI Home Care Assessment (HC)
- Pediatric Contact Assessment (CA)
- Pediatric Comprehensive Assessment
- End of Life Comprehensive Assessment

A screenshot of a form titled "ADMISSION AND DISCHARGE" from the "PERSONAL INFORMATION" section. The form includes fields for Client Name, Gender, D.O.B., Address, Phone, and Family Members. A large red prohibition sign is overlaid on the form, indicating its removal.

A screenshot of a form titled "LONG TERM HOME CARE" from the "DATA Baseline Data" section. The form includes a table for assessment dates and a section for "FAMILY FUNCTION". A large red prohibition sign is overlaid on the form, indicating its removal.



interRAI

NEW REGIONAL ASSESSMENTS



Pediatric
Contact
Assessment

Pediatric
Comprehensive
Assessment

End of Life
Comprehensive
Assessment

Pediatric Contact Assessment



Pediatric Contact
Assessment

Pediatric Comprehensive Assessment



Pediatric
prehensive Assessr

End of Life Comprehensive Assessment



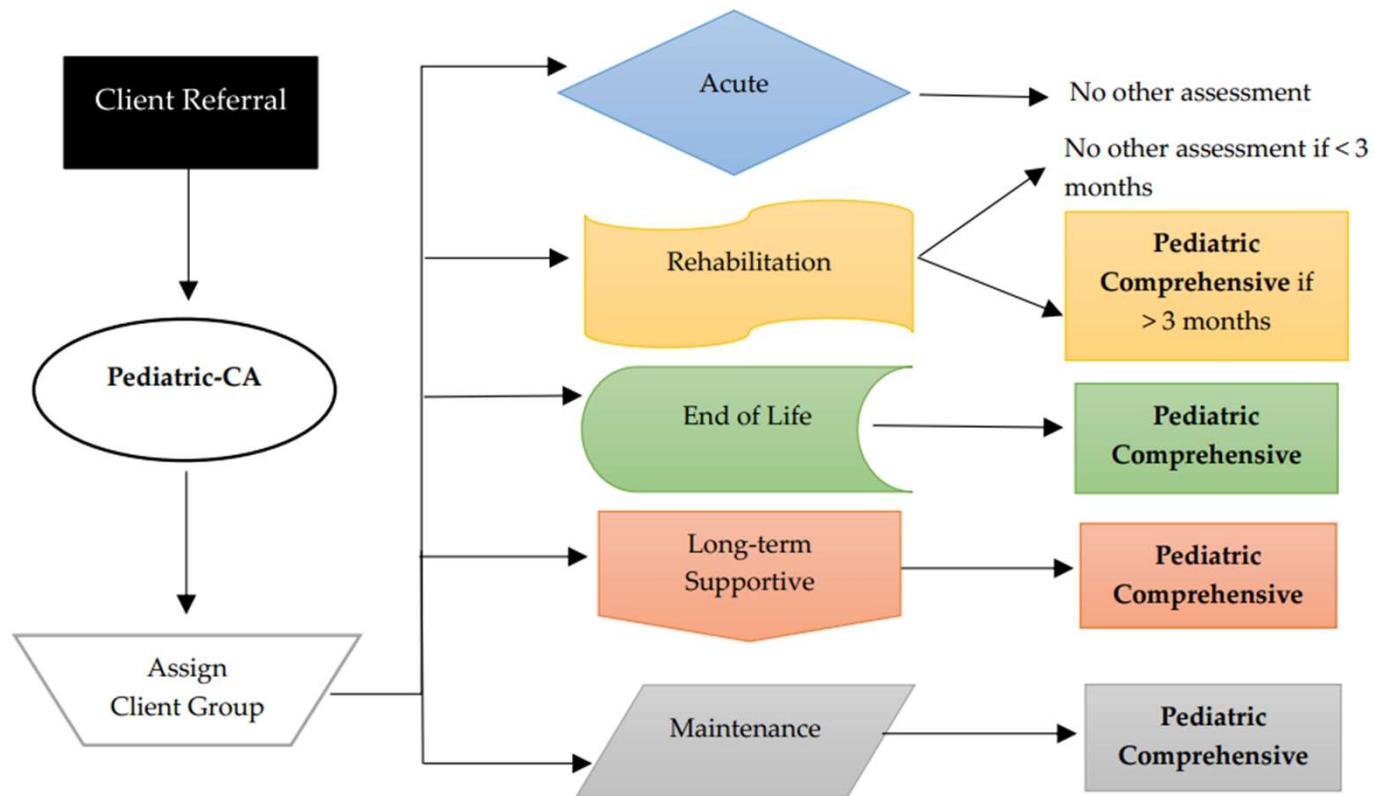
EOL
prehensive Assessr

ASSESSMENTS BY CLIENT GROUP

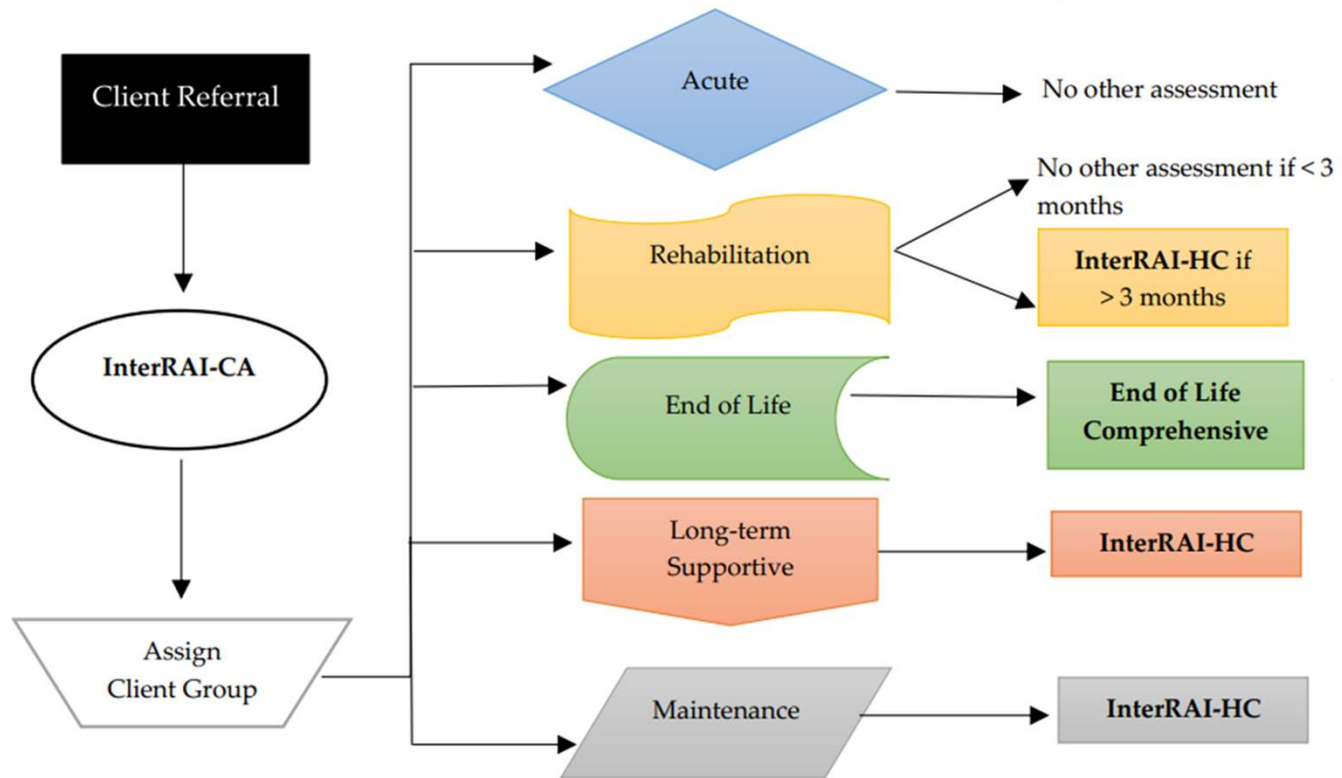
Client Group	Client Group Definition	Assessment Tool for Clients < 18 years	Assessment Tool for Adult Clients
Acute*	A client whose outcomes are predictable, and recovery is expected in a short time frame OR a client who needs immediate or urgent care (within 3 months) to improve or stabilize a medical or post-surgical condition.	Pediatric Contact Assessment (CA)	InterRAI Contact Assessment (CA)
End of Life	A client with an end-stage disease who is approaching a period of time closer to death. The timeline for death should not be the pivotal criteria for determining the client group. Judgment should be substantiated by well-documented disease diagnosis and deteriorating clinical course.	Pediatric Comprehensive Assessment	End of Life Comprehensive Assessment
Rehabilitation*	A client with a stable health condition that is expected to improve with a time-limited focus on goal-oriented, function rehabilitation. The rehabilitation plan specifies an expected duration of therapy.	Pediatric-CA (<3 months) OR Pediatric Comprehensive (> 3 months)	InterRAI-CA (<3 months) OR InterRAI-HC (>3 months)
Long-Term Supportive	A client who is at significant risk of institutionalization due to unstable, chronic health conditions and/or living condition(s) and/or personal resources.	Pediatric Comprehensive	InterRAI-HC
Maintenance*	A client with stable chronic health conditions, stable living conditions, and stable personal resources who needs ongoing support to remain living at home.	Pediatric Comprehensive	InterRAI-HC

*Appropriate Recommendation for Case Management by Licensed Practical Nurse

Decision Algorithm for Pediatric Client



Decision Algorithm for Adult Client



REASSESSMENTS

Client Group	Reassessment Time Frame
Acute	Significant change in status; if the client's care needs extend past 3 months the client must be reassigned to the appropriate client group and reassessed with the designated assessment tool.
End of Life	Significant change in status or every 6 months if the same client group is reassigned.
Rehabilitation	Significant change in status or every 6 months if same client group is reassigned.
Long-Term Supportive	Significant change in status or annually if same client group is reassigned.
Maintenance	Significant change in status or annually if same client group is reassigned.

*Significant change in status is an improvement or decline that affects the client's health status, that is not self-limiting and that requires review or revision of the care plan to ensure the appropriate care is given



Inter-RAI Assessments (Adults)



INTER-RAI CONTACT
(CA) ASSESSMENT



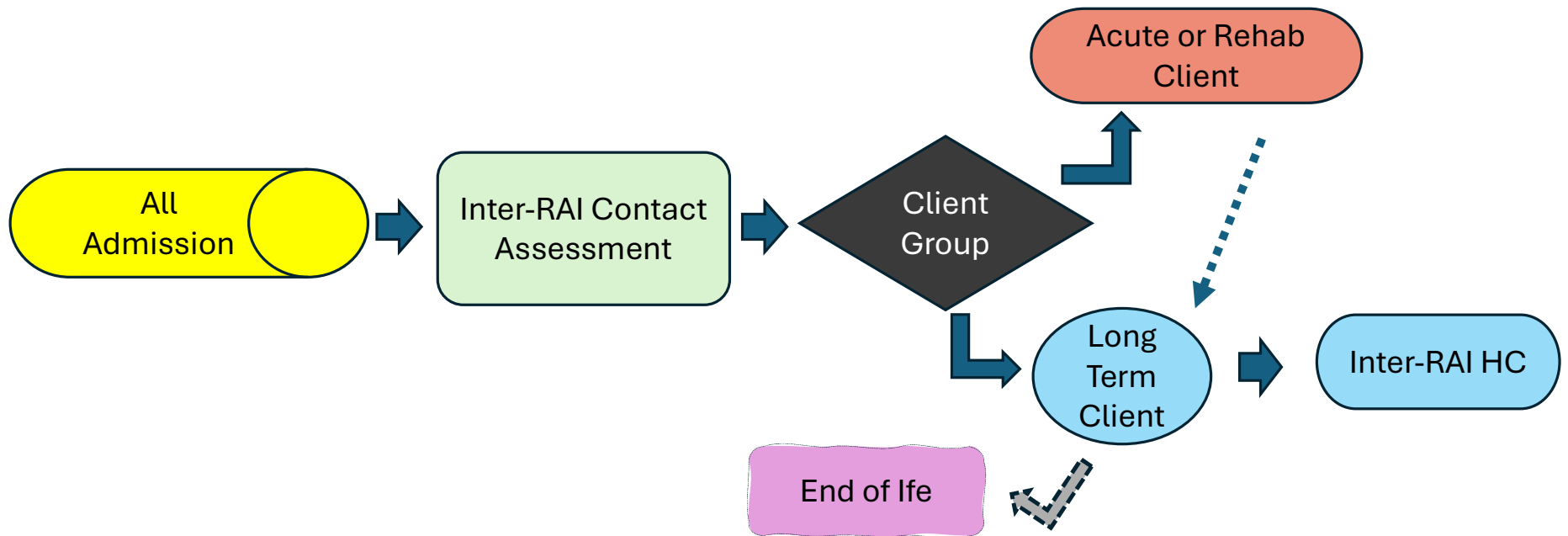
INTER-RAI HOME CARE
(HC) ASSESSMENT

Inter-RAI Assessments

Starting April 2025 Inter-RAI assessments will become primary mandatory assessments forms for adults in Home Care.

Old Home Care Assessment	New Home Care Assessment
➤ ADMISSION INTAKE ASSESSMENT AND DISCHARGE	InterRAI CA
➤ PRIORITY SCREENING TOOL	
➤ HEALTH ASSESSMENT FOR LONG TERM HOME CARE	InterRAI HC
➤ PROBLEM LIST	

Inter-RAI Assessment by Client Groups (Adults)



Inter-RAI Contact (CA) Assessment

First point of contact



```
graph TD; A[First point of contact] --> B[Basic screener for all intakes or referrals to home care]; B --> C[Identifies persons with complex health needs requiring more detailed evaluation.]
```

Basic screener for all intakes or referrals to home care

Identifies persons with complex health needs requiring more detailed evaluation.

Inter-RAI Home Care (HC) Assessment

Comprehensive Assessment

```
graph TD; A[Comprehensive Assessment] --> B[Identify issues & strengths]; B --> C[Indicators for care planning];
```

Identify issues & strengths

Indicators for care planning

When do you complete an Inter-RAI assessment?

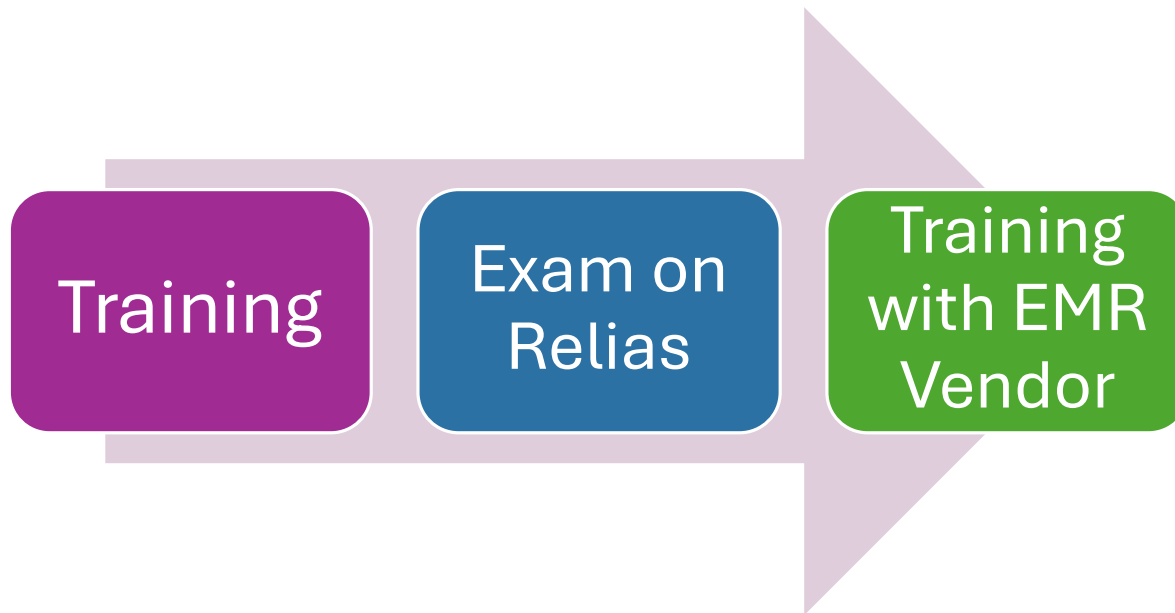
Admission

Annually
(Long term
clients)

Change in
health
status

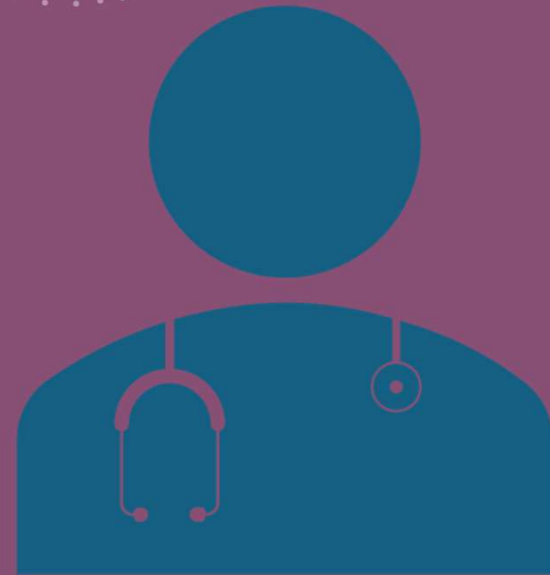
Residential
Care
Placement

Inter-RAI Training Requirements



Who can complete Inter-RAI assessments?

- **RN**
- **LPN** in the role of case manager or assigned by RN



Option 1-Live trainings & Self study modules


Course Title	Delivery
interRAI-Contact Assessment - Intake from Community/Hospital	Self-study course
interRAI-HC Beginners 1 – Introduction to the Assessment	Self-study course
interRAI-HC Beginners 2 – Completing the Assessment (Part 1)	Live Session on March 26, 2025 11:00 – 13:30
interRAI-HC Beginners 2 – Completing the Assessment (Part 2)	Live Session on March 27, 2025 11:00 – 13:30
interRAI-HC Beginners 3 – Outcome Scales and CAPs	Self-study course

Option 2-Self study training through CIHI

Only available for nurses who have RAI assessment experience.

Course Number	Course Title	Date and Time
1228E interRAI-CA	Beginners - Intake from Community/Hospital	Self-study course (1.5hrs)
5009E interRAI-HC	This is a learning bundle, complete the following courses. <ul style="list-style-type: none">• 1093E-interRAI HC: Beginners 1 – Introduction to the Assessment• 1332E-interRAI HC: Beginners 2 – Completing the Full Assessment• 898E-interRAI HC: Beginners 3 – Outcome Scales and CAPs	Self-study course (6-8hrs)

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By logging in, you agree to CIHI's website [Terms of use](#).


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Create Profile - Select Your Affiliation

By registering, you are creating a profile that CIHI will use to identify which services you are eligible to receive. All personal information is kept strictly confidential, in accordance with CIHI's [Privacy and Security Policies](#). For more information about creating a profile and the types of services available see [Help](#).

It is very important that you identify your specific organization or site when you create your profile. This information is used to verify your secure and appropriate access to specific CIHI products and services. If you are employed by multiple organizations that are not affiliated, please send an email to help@cihi.ca.

Select your organization or site (required) 

- To find your organization or site, begin typing its name: a list of options will appear.
- Can't find your organization or site? Enter a different variation of the name. (Hint:- enter the legal name, not an abbreviation or nickname.)

If you are not affiliated with an organization, please [follow this link for further instructions](#).

If you require assistance, send an email to help@cihi.ca or call 613-241-5543.



Next >

Authenticate your CIHI account

1

Follow the auto-generated CIHIH email to authenticate your new CIHI account.

2

You will be able to register for Inter-RAI HC live sessions or the self study modules after you have authenticated your CIHI account.

3

Please contact Help@CIHI.ca if you have any problems creating your CIHI profile.

Option 3: Group facilitation



This option is available for programs that will need group training for their nurses to transit to the new Inter-RAI assessments.

Please contact your nursing advisor for details.

Guide & Checklist

Assessment Guide for Home and Community Care

ASSESSMENT GUIDE FOR HOME AND COMMUNITY CARE

Intent: The purpose of this document is to provide direction to the Case Manager/assessing nurse in applying the Home and Community Care comprehensive assessment tools in practice as part of the initial assessment and ongoing reassessment.

Guiding Principles: Standardized instruments support a person-centered, province wide, integrated service access and delivery approach, help prevent duplication of documentation, and help facilitate communication among health care providers.

Initial Comprehensive Tool Selection

Client Group	Client Group Definition	Assessment Tool to be used for clients < 18 years	Assessment Tool to be used for Adult clients
Acute*	A client whose outcomes are predictable and recovery is expected in a short time frame - OR A client who needs immediate or urgent care (within 3 months) to improve or stabilize a medical or post-surgical condition.	Pediatric-Contact Assessment (CA)	InterRAI-Contact Assessment (CA)
End of Life	In one's best clinical judgment, a client with an end-stage disease who is approaching a period of time closer to death. The timeline for death should not be the pivotal criteria for determining client's group. Judgment should be substantiated by well-documented disease diagnosis and deteriorating clinical course.	Pediatric Comprehensive	End of Life Comprehensive
Rehabilitation*	A client with a stable health condition that is expected to improve with a time-limited focus on goal-oriented, functional rehabilitation. The rehabilitation plan specifies goals an expected duration of therapy.	Pediatric-CA (< 3 months) or Pediatric Comprehensive (> 3 months)	InterRAI-CA (< 3 months) or InterRAI-HC (> 3 months)
Long-term Supportive	A client who is at significant risk of institutionalization due to unstable, chronic health conditions and/or living conditions) and/or personal resources.	Pediatric Comprehensive	InterRAI-HC
Maintenance*	A client with stable chronic health conditions, stable living conditions and stable personal resources who needs ongoing support to remain living at home.	Pediatric Comprehensive	InterRAI-HC

Legend
* Appropriate for Case Management by Licensed Practical Nurse (LPN)

Assessment Guide for Home and Community Care (2025) Adapted with permission from AHS Provincial Continuing Care Assessment Guide

Primary Form and Assessment Checklist

PRIMARY FORM & ASSESSMENT CHECKLIST

	Population	Primary Required Assessment/Forms
Admission	Adult	<input type="checkbox"/> InterRAI-CA for all client groups <input type="checkbox"/> InterRAI-HC if services > 3 months OR End-of-Life Comprehensive if End-of-Life Client Group <input type="checkbox"/> Safety Assessment Form & Safe Visit Plan <input type="checkbox"/> Braden Scale (if not completing InterRAI-HC) <input type="checkbox"/> Consent for Treatment <input type="checkbox"/> Best Possible Medication History (BPMH) & Medication Reconciliation <input type="checkbox"/> Care Plan & Service Record <input type="checkbox"/> Signature Sheet (if using paper medical record) <input type="checkbox"/> Progress Notes (if using paper medical record)
	Pediatric	<input type="checkbox"/> Pediatric-CA for all client groups <input type="checkbox"/> Pediatric Comprehensive if services > 3months <input type="checkbox"/> Safety Assessment Form & Safe Visit Plan <input type="checkbox"/> Pediatric Falls Risk Tool (choose one): <input type="checkbox"/> Pod-FRAT <input type="checkbox"/> Little-Schmidy <input type="checkbox"/> Braden Q Scale <input type="checkbox"/> Consent for Treatment <input type="checkbox"/> Best Possible Medication History (BPMH) & Medication Reconciliation <input type="checkbox"/> Care Plan & Service Record <input type="checkbox"/> Signature Sheet (if using paper medical record) <input type="checkbox"/> Progress Notes (if using paper medical record)
Reassessment	Adult	<input type="checkbox"/> InterRAI-HC OR End-of-Life Comprehensive <input type="checkbox"/> Safety Assessment Form & Safe Visit Plan <input type="checkbox"/> Best Possible Medication History (BPMH) & Medication Reconciliation <input type="checkbox"/> Care Plan & Service Record
	Pediatric	<input type="checkbox"/> Pediatric Comprehensive <input type="checkbox"/> Safety Assessment Form & Safe Visit Plan <input type="checkbox"/> Best Possible Medication History (BPMH) & Medication Reconciliation <input type="checkbox"/> Care Plan & Service Record If applicable, reassess: <input type="checkbox"/> Pediatric Falls Risk Tool (choose one) <input type="checkbox"/> Pod-FRAT <input type="checkbox"/> Little-Schmidy <input type="checkbox"/> Braden Q Scale
Discharge	Adult and Pediatric	<input type="checkbox"/> Discharge from Home Care Services <input type="checkbox"/> Feedback Form

Primary Form/Assessment Checklist 2025 (Developed by DCC All Home and Community Care in Collaboration with the Home and Community Care Nurses Working Group)



Okaki Demonstration



Regional Home Care Supports



Provide training for programs transitioning from old RAI HC to new InterRAI HC, CA assessments



Provide training for new assessors on use of new InterRAI assessment



Provide support when completing assessments if needed, in person or online

Contacts

Questions for Inter-RAI or Home Care Assessments

Regional Home Care Email : sdmcregiondeab-abregionhcc@sac-isc.gc.ca

Okaki Help Desk

PH: 587-409-0031

Email: Helpdesk@Okaki.com

Questions

