

Overview of InterRAI Minimum Data Set Assessments in care of older people in addition to a short presentation on the relationship between admission characteristics on the MDS-AC instrument and outcome of acute care in Nordic countries and a comparison with traditional medical record.

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The InterRAI instruments have multiple benefits in various settings of older persons care. The main purpose is to enhance care planning through comprehensive geriatric assessment, but additional benefits are derived from its use in defining quality indicators, case-mix classification and in enhancing research. Currently there are instruments for nursing home and home care, mental health, post-acute care. An instrument for Acute Care is being developed. The goal is to have a fully integrated information system that will connect settings and allow easy transfer of information between settings.

Purpose of a research study: To describe main outcomes of care up to one year for elderly patients admitted to acute care hospitals in each of the Nordic countries and it's linkage to items of the MDS-AC assessment on admission.

Materials and methods: A 160 patient random sample, aged 75+ was selected from acute admissions in each of the Nordic countries. Data was collected within 24 hours with the MDS-AC instrument and linked to the following outcomes. Information on a sub-sample of 80 patients was compared with documentation in medical records during first 48 hours.

Results: The percent with each of the following outcomes at one year; living at home 55.8%, in an institution 10.4%, diseased 26.5%, positive outcome at one year that is living at home for the year without hospital readmissions 21%. Different combinations of 16 admission variables had predictive value for the various outcomes. Information on about half of various functional difficulties these patients present are missing in the traditional medical record.

Conclusions: Several variables from the MDS-AC instrument aid in predicting various outcomes of care for up to a year. The medical record does not register several functionally important variables that relate to outcome of care.