

interRAI Long-Term Care Facilities (LTCF) Assessment Form and User's Manual, Version 9.1.3, Canadian Edition: Errata and Addenda

The following are changes made to the Canadian edition of the interRAI Long Term Care Facilities (LTCF) Assessment Form and User's Manual, 9.1.2. Changes or additions to the manual are outlined below, but have not been implemented. Changes or additions to the form are outlined below, and have also been implemented in the updated version (9.1.3) of the form. The updated form is included, along with its older version, in the LTCF print and ebook manuals. Licenses to print the updated form are also available on the interRAI catalog. Page numbers refer to the published manual/forms (manual version 9.1.2). The table is organized alphabetically by item.

Manual or Form	Item	Page	Old	New
Manual	A2	7	A2. Gender <i>Coding</i> M. Male F. Female	A2. Sex/Gender Identity [Country Specific] <i>Intent</i> To document the person's sex and self-identified gender. Sex assigned at birth and gender identity should be asked as two separate questions to provide the most effective and inclusive information about the person.
Form	A2	1	2. GENDER M Male F Female	2. SEX/GENDER IDENTITY [EXAMPLE — CANADA]
Manual	A2a	7	not included	A2a. Sex <i>Definition</i> Person's sex that was assigned at birth. <i>Process</i> A person's biological sex plays an important role in treating certain health conditions and is a potential protective/risk factor. It can be used to predict health-related issues and outcomes. Ask the person, "What is your sex that was assigned at birth?" <i>Coding</i> M. Male F. Female UN. Not assigned male or female Use the code UN (Not assigned male or female) for persons who are biologically intersex at birth.
Form	A2a	1	not included	a. Sex M Male F Female UN Not assigned male or female

Manual or Form	Item	Page	Old	New
Manual	A2b	7	not included	<p>A2b. Gender identity</p> <p><i>Definition</i> Gender is the person's sense of being male, female, both, neither or anywhere along the gender spectrum. A person's gender identity may be the same as or different than their birth-assigned sex.</p> <p><i>Coding</i> M. Male F. Female OTH. Other gender identity UNK. Not known NA. Not applicable</p> <p>Use the code OTH (Other gender identity) for persons who do not identify solely as male or female (see A2c).</p> <p>Use the code UNK (Not known) when the person could not answer the asked question or refused to answer the question.</p> <p>Use the code NA (Not applicable) when the question was not asked because it was inappropriate (e.g., the person was severely cognitively impaired).</p>
Form	A2b	1	not included	<p>b. Gender identity</p> <p>M Male F Female OTH Other gender identity UNK Not known NA Not applicable</p>
Manual	A2c	7	not included	<p>A2c. Person self-identifies gender as</p> <p><i>Process</i> If the person responded "Other" to A2b (Gender Identity) ask, "What best identifies your current gender identity?"</p> <p><i>Coding</i> Use the open text box to record the person's verbatim response. If the person does not want to respond to the above question, leave the box blank.</p> <p>This item must not contain any names (full or partial) or the person's Health Care Identification Number or date of birth.</p>
Form	A2c	1	not included	<p>c. Person self-identifies gender as</p> <p><i>Do not include any names (full or partial), the person's Healthcare Identification Number, or date of birth.</i></p>
Manual	A10	13	<p><i>Coding</i> Use the large ("open text") box to record the person's verbatim response. Code the person's primary goal of care in the single line of boxes at the bottom, entering one letter in each box. Abbreviate if necessary. Enter "UNKNOWN" if the person is unable to articulate a goal of care.</p>	<p><i>Coding</i> Use the large ("open text") box to record the person's verbatim response.</p> <p>This item must not contain any names (full or partial) or the person's Health Care Identification Number, date of birth, sex or gender.</p> <p>Code the person's primary goal of care in the single line of boxes at the bottom, entering one letter in each box. Abbreviate if necessary. Enter "UNKNOWN" if the person is unable to articulate a goal of care.</p>

Manual or Form	Item	Page	Old	New
Form	A10	1	10. PERSON'S EXPRESSED GOALS OF CARE <i>Enter primary goal in boxes at bottom</i>	10. PERSON'S EXPRESSED GOALS OF CARE <i>Enter the primary goal in boxes at bottom.</i> Do not include any names (full or partial), the person's Healthcare Identification Number, date of birth, sex or gender.
Manual	A12	14	not included	A12. Return Date <i>Intent</i> To document the date the previously discharged person was readmitted to the long-term care facility. This item is completed only if A8 (Reason for Assessment) is coded "3" (Return assessment). <i>Coding</i> For the month and day of the return date, enter two digits each. Use a leading zero ("0") as a filler if a single digit. Use four digits for the year. Example: February 1, 2019. [2][0][1][9] [0][2] [0][1] Year Month Day This item can be left blank if A8 (Reason for Assessment) is not coded "3" (Return assessment).
Form	A12	1	not included	12. RETURN DATE [2][0][][] [][] [][] Year Month Day
Manual	B3	16	B3. Aboriginal Identity [Country Specific] <i>Intent</i> To document self-identification as an Aboriginal person. <i>Definition</i> Aboriginal identity — Refers to self-identification as a member of an Aboriginal community and does not require proof (that is, a status card) in order to be coded "1" for "Yes". <i>Process</i> Ask the person if he or she self-identifies as an Aboriginal person. If the person says yes, clarify which group(s) of Aboriginal people he or she identifies with. If the person is unable to respond, ask a family member or another knowledgeable informant whether the person would identify him/herself with any of the listed groups. For example, ask "Do you think of yourself as an Aboriginal person? Would you describe yourself as First Nations, Métis, or Inuit?"	B3. Indigenous Identity [Country Specific] <i>Intent</i> To document self-identification as an Indigenous person. <i>Definition</i> Indigenous identity — Refers to self-identification as a member of an Indigenous community and does not require proof (that is, a status card) in order to be coded "1" for "Yes". <i>Process</i> Ask the person if he or she self-identifies as an Indigenous person. If the person says yes, clarify which group(s) of Indigenous people he or she identifies with. If the person is unable to respond, ask a family member or another knowledgeable informant whether the person would identify him/herself with any of the listed groups. For example, ask "Do you think of yourself as an Indigenous person? Would you describe yourself as First Nations, Métis, or Inuit?"
Manual	B3	16–17	Examples of How to Code Aboriginal Identity The person tells the assessor that her great-great grandfather was Métis but she does not think of herself as Métis or any other Aboriginal group. Code: B3a (First Nations) = "0" B3b (Métis) = "0" B3c (Inuit) = "0"	Examples of How to Code Indigenous Identity The person tells the assessor that her great-great grandfather was Métis but she does not think of herself as Métis or any other Indigenous group. Code: B3a (First Nations) = "0" B3b (Métis) = "0" B3c (Inuit) = "0"

Manual or Form	Item	Page	Old	New
Form	B3	1	2. ABORIGINAL IDENTITY [EXAMPLE — CANADA]	3. INDIGENOUS IDENTITY [EXAMPLE — CANADA]
Manual	B4	17	<i>Coding</i> Enter the three-letter code for the person's primary language in the boxes provided. Enter “eng” if the language is identified as English. Enter “fre” if the language is identified as French.	<i>Coding</i> Enter the three-letter code for the person's primary language in the boxes provided. Enter “eng” if the language is identified as English. Enter “fra” if the language is identified as French.
Form	B4	1	eng English fre French	eng English fra French
Manual	B5	18	7. Psychiatric hospital/unit — A hospital that focuses on the diagnosis and treatment of psychiatric disorders and which is separate from other in-patient facilities, such as an acute care, rehabilitation, or continuing care hospital. A psychiatric unit is a single unit, located in a general hospital, which is dedicated to the diagnosis and treatment of psychiatric disorders.	7. Psychiatric hospital/unit — A hospital that focuses on the diagnosis and treatment of disorders and which is separate from other inpatient facilities, such as an acute care, rehabilitation, or continuing care hospital. A psychiatric unit is a care unit, located in a general hospital, which is dedicated to the diagnosis and treatment of psychiatric disorders.
Manual	B5	19	11. Hospice facility/palliative care unit — A hospice facility (or unit within a facility providing more general care) that provides care to persons who have a terminal illness with a prognosis of less than 6 months to live as certified by a physician. The goal of hospice care is to provide comfort and quality of life while assisting the person and family. Palliative care is the care of persons whose diseases are not responsive to curative treatments. It targets pain and symptom relief without precluding the use of life-prolonging treatments and provides support systems for the person and his or her family. Palliative care is often provided from the time a person is diagnosed with a life-threatening illness.	11. Hospice facility/palliative care unit — A hospice facility (or unit within a facility providing more general care) that provides care to persons who have a terminal illness with a prognosis of less than 6 months to live as certified by a physician. The goal of hospice care is to provide comfort and quality of life while assisting the person and family. Palliative care is the care of persons whose diseases are not responsive to curative treatments. It targets pain and symptom relief, without precluding the use of life-prolonging treatments. Palliative care is often provided from the time a person is diagnosed with a life threatening illness and provides support systems for the person and his or her family.
Manual	B8b	21	[. .] supportive services of the following types: supervision, meal service, transportation, etc.	[. .] supportive services of the following types: supervision, meal service, transportation, home health, home maker, personal care, etc.
Manual	B10	22	not included	B10. Interpreter Needed [Country Specific] Note: If not in Canada, please consult your addendum. <i>Intent</i> To determine whether the person requires the assistance of an interpreter to communicate with others. <i>Process</i> Observe and listen. Review clinical records or check with family or referral source to determine the need for an interpreter. <i>Coding</i> Code for the need for an interpreter. 0. No 1. Yes
Form	B10	1	not included	10. INTERPRETER NEEDED [EXAMPLE — CANADA] 0 No 1 Yes

Manual or Form	Item	Page	Old	New
Manual	F1c	43	F1c. Other interaction with long-standing social relation or family member — The person had contact by telephone or e-mail with a family member, friend, or social acquaintance [. .]	F1c. Other interaction with long-standing social relation or family member — The person had contact by telephone, e-mail, or video call with a family member, friend, or social acquaintance [. .]
Form	F1c	3	c. Other interaction with long-standing social relation or family member — e.g., telephone, e-mail	c. Other interaction with long-standing social relation or family member — e.g., telephone, e-mail, video call
Manual	G2a	53	G2a. Primary mode of locomotion <i>Intent</i> To record the primary mode of locomotion and type of appliances, aids, or assistive devices the person used over the last 3 days.	G2a. Primary mode of locomotion indoors <i>Intent</i> To record the primary mode of locomotion and type of appliances, aids, or assistive devices the person used over the last 3 days indoors.
Form	G2a	3	a. Primary mode of locomotion	a. Primary mode of locomotion indoors
Manual	H1	59	<i>Coding</i> 1. Complete control with any catheter or ostomy — Control with use of any type of catheter or urinary collection device.	<i>Coding</i> 1. Managed with any catheter or ostomy over last 3 days — Managed with any type of catheter or urinary collection device.
Form	H1	4	1 Control with any catheter or ostomy over last 3 days	1 Managed with any catheter or ostomy over last 3 days
Manual	J1	67	<i>Definition</i> Fall — Any unintentional change in position where the person ends up on the floor, ground, or other lower level; includes falls that occur while being assisted by others. <i>Coding</i> 0. No fall in last 90 days 1. No fall in last 30 days, but fell 31–90 days ago 2. One fall in last 30 days 3. Two or more falls in last 30 days	<i>Definition</i> Any unintentional change in position where the person ends up on the floor, ground or other lower level; includes falls that occur while being assisted by others. J1a. Last 30 days J1b. 31–90 days ago J1c. 91–180 days ago <i>Coding</i> Enter the number of falls that occurred during the time periods of: last 30 days (J1a), 31–90 days ago (J1b) and 91–180 days ago (J1c). 0. No fall 1. One fall 2. Two or more falls
Form	J1	5	1. FALLS 0 No fall in last 90 days 1 No fall in last 30 days, but fell 31–90 days ago 2 One fall in last 30 days 3 Two or more falls in last 30 days	1. FALLS <i>Code for falls over specified time periods</i> 0 No fall 1 One fall 2 Two or more falls a. Last 30 days b. 31–90 days ago c. 91–180 days ago
Manual	J2	67	J2. Recent Falls <i>Intent</i> To determine whether the person has a recent history of falling. Asked at follow-up assessment only, and then only if there is less than 30 days since the last assessment. <i>Definition</i> Fall — Any unintentional change in position where the person ends up on the floor, ground, or other lower level; includes falls that occur while being assisted by others.	Item removed

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Manual or Form	Item	Page	Old	New
Manual <i>(continued)</i>			<i>Coding</i> If this is the first assessment, or if more than 30 days have passed since the last assessment, simply leave this item blank. If this is a follow-up assessment, with less than 30 days since the last assessment, code for the occurrence of one or more falls since the last assessment. 0. No 1. Yes [blank] Not applicable (first assessment, or more than 30 days since last assessment)	
Form	J2	5	2. RECENT FALLS <i>[Skip if last assessed more than 30 days ago or if this is first assessment]</i> 0 No 1 Yes [blank] Not applicable (first assessment, or more than 30 days since last assessment)	Item removed
Manual	J3	68	J3. Problem Frequency	J2. Problem Frequency
Form	J3	5	3. PROBLEM FREQUENCY	2. PROBLEM FREQUENCY
Manual	J4	71	J4. Dyspnea (Shortness of Breath)	J3. Dyspnea (Shortness of Breath)
Form	J4	5	4. DYSPNEA (Shortness of Breath)	3. DYSPNEA (Shortness of Breath)
Manual	J5	71	J5. Fatigue	J4. Fatigue
Form	J5	5	5. FATIGUE	4. FATIGUE
Manual	J6	72	J6. Pain Symptoms	J5. Pain Symptoms
Form	J6	5	6. PAIN SYMPTOMS	5. PAIN SYMPTOMS
Form	J6d	5	d. Breakthrough pain — Times in LAST 3 DAYS when person experienced sudden, acute flare-ups of pain	d. Breakthrough pain — Person experienced sudden, acute flare-ups of pain in LAST 3 DAYS
Manual	J7	74	J7. Instability of Conditions	J6. Instability of Conditions
Form	J7	5	7. INSTABILITY OF CONDITIONS	6. INSTABILITY OF CONDITIONS
Manual	J8	75	J8. Self-Reported Health	J7. Self-Reported Health
Form	J8	5	8. SELF-REPORTED HEALTH	7. SELF-REPORTED HEALTH
Manual	J9	76	J9. Tobacco and Alcohol	J8. Tobacco and Alcohol
Form	J9	5	9. TOBACCO AND ALCOHOL	8. TOBACCO AND ALCOHOL
Manual	K3	80	4. Can swallow only pureed solids AND thickened liquids	4. Can swallow only pureed solids — AND — thickened liquids
Form	K3	6	4 Can swallow only pureed solids AND thickened liquids	4 Can swallow only pureed solids — AND — thickened liquids
Manual	N1	91	N1. List of All Medications	N1. List of All Medications (optional)
Form	N1	7	1. LIST OF ALL MEDICATIONS	1. LIST OF ALL MEDICATIONS (OPTIONAL)

Manual or Form	Item	Page	Old	New
Manual	N3	101	not included	<p>N3. Total Number of Medications</p> <p><i>Intent</i> To facilitate medication management by having a total count of the number of different medications (prescription and over-the-counter medications) that the person has taken in the last 3 days, excluding herbal/nutritional supplements.</p> <p><i>Definition</i> Medications— Include all medications (prescription and over-the-counter medications) taken in the last 3 days on a maintenance, regular or occasional basis including, for example, creams, ointments, eye drops and artificial tears.</p> <p>Count prescription medications that have been discontinued but that were taken in the last 3 days, as well as drugs prescribed PRN (as needed) that were taken during this period.</p> <ul style="list-style-type: none"> • Over-the-counter medications include all drugs obtained without a prescription. • Maintenance medications include medications that are prescribed on a regular schedule, such as vitamin injections given once a month, even if they were not administered in the last 3 days. • Compounded medications are composed of two or more compounds (e.g., co-amoxiclav, in which clavulanic acid is combined with amoxicillin). Any multi-compound or compounded drug is counted as one medication. <p><i>Process</i> Count all medications actually taken in the last 3 days. This includes any medications taken, not just prescribed medications, regardless of how they were obtained. Check the person's medication management records and confirm with the person whether they or a family member administered any medication in the last 3 days.</p> <p>Confirm that the medication list is current, that there have been no recent changes and that the person is actually taking each prescription, especially those listed as PRN (as needed). Do not count new medications unless the person has already begun taking them during the assessment period.</p> <p>Count the total number of different medications the person has taken during the assessment period, including long-acting medications that may not have been taken in the last 3 days but are part of the person's regular medication regimen, including long-acting products such as monthly vitamin B12 injections.</p> <p>In recording the information on the form or in the computer, be sure to double-check the total number of medications so that you do</p>

(continued)

Manual or Form	Item	Page	Old	New
Manual <i>(continued)</i>				<p>not miss any. Make sure you count medications that may have been discontinued but were taken in the last 3 days. Do not record illicit drug use in the count of medications.</p> <p><i>Coding</i> Enter the exact number of different medications taken in the last 3 days. Enter 15 if the person has taken more than 15 medications.</p>
Form	N3	7	not included	<p>3. TOTAL NUMBER OF MEDICATIONS <i>Record the number of different medications (prescription and over-the-counter), including eye and ear drops, taken regularly or on an occasional basis in last 3 days (note: also include medication taken on a maintenance basis). Enter 15 if 15 or higher.</i></p>
Manual	N4	101	not included	<p>N4. Total Number of Herbal/Nutritional Supplements</p> <p><i>Intent</i> To determine the total number of different herbal and nutritional supplements taken regularly or on an occasional basis in the last 3 days. Selected herbal/nutritional supplements may interact with other medications taken by the person.</p> <p><i>Definition</i> Herbal/nutritional supplements are a group of products used for their potential therapeutic properties or to augment the nutritional content of diets. These include minerals, vitamins, herbs, meal supplements, sports nutrition products, natural food supplements and other related products.</p> <p>In different countries, differing national policies regarding herbal substances and preparations may apply.</p> <p><i>Process</i> Ask the person or informal caregivers whether the person is taking any herbal or nutritional supplements in addition to what may be recorded in the medical record. Count the number of different herbal/nutritional supplements that the person has taken during the last 3 days.</p> <p><i>Coding</i> Enter the number of different herbal/nutritional supplements taken in the last 3 days. Enter 15 if the person has taken more than 15 different herbal/nutritional supplements.</p>
Form	N4	7	not included	<p>4. TOTAL NUMBER OF HERBAL/ NUTRITIONAL SUPPLEMENTS <i>Record the number of different herbal and nutritional supplements taken regularly or on an occasional basis in the last 3 days. Enter 15 if 15 or higher.</i></p>

Manual or Form	Item	Page	Old	New
Manual	N5	101	not included	<p>N5. Recently Changed Medications</p> <p><i>Intent</i> To determine whether the person has been prescribed a new medication or had a medication stopped or altered in the last 14 days by a prescribing health professional. A person with a recent medication change is at higher risk of medication-related adverse events, including side effects, drug–drug interactions, drug–disease interactions, non-adherence or difficulty managing medications independently.</p> <p><i>Process</i> Review the medication management record to determine whether the person has been prescribed a new medication or has had a medication stopped or altered in the last 14 days. Include medications that were changed prior to admission to the long-term care facility, if the admission date was less than 14 days ago. If necessary, consult with the person’s pharmacist or physician.</p> <p><i>Coding</i> 0. No 1. Yes</p>
Form	N5	7	not included	<p>5. RECENTLY CHANGED MEDICATIONS <i>Prescribing health professional has prescribed a new medication or stopped or altered an existing medication in the last 14 days</i></p> <p>0 No 1 Yes</p>
Manual	N6	101	not included	<p>N6. Self-Reported Need for Medication Review</p> <p><i>Intent</i> To determine whether the person has concerns about the medications he or she is taking that should be discussed with a health professional. These concerns may signal medication safety issues (potential medication-related adverse events), medication inefficiency, medication management or adherence problems.</p> <p><i>Process</i> Ask, “Do you have concerns about your medications that you want to discuss with a health professional?”</p> <p><i>Coding</i> 0. No (or no medications prescribed) 1. Yes 8. Could not (would not) respond</p>
Form	N6	7	not included	<p>6. SELF-REPORTED NEED FOR MEDICATION REVIEW <i>Ask: “Do you have concerns about your medications that you want to discuss with a health professional?”</i></p> <p>0 No 1 Yes 8 Could not (would not) respond</p>

Manual or Form	Item	Page	Old	New
Manual	N7	101	not included	<p>N7. Receipt of Psychotropic Medication</p> <p><i>Intent</i> To record whether the person received psychotropic medication(s) in the last 7 days. A longer look-back than 3 days is used for this item to increase the ability to detect the use of certain medications.</p> <p><i>Definition</i> N7a. Antipsychotic/Neuroleptic — Drugs that affect psychological function, behaviours or experience. This class of drugs acts on the nervous system. N7b. Anxiolytic — Class of drugs designed to eliminate or reduce anxiety. N7c. Antidepressant — Class of drugs that works to reduce signs of depression or eliminate a depression. N7d. Hypnotic — Drugs that inhibit the receiving of sensory impressions in the cortical centres of the brain, thus causing partial or complete unconsciousness. This item includes sedatives.</p> <p><i>Process</i> Review available documentation (e.g., pharmacy record, medication administration records). If necessary, consult with the person's pharmacist or physician. Include medications given to the person by any route (e.g., PO, IM, IV) and in any setting (e.g., at home, in the long-term care home, in a hospital emergency department). This item also includes long-acting medication taken less often than weekly (e.g., fluphenazine decanoate, haloperidol decanoate given every few weeks or monthly).</p> <p><i>Coding</i> Code for each category of psychotropic medication taken in the last 7 days (or since last assessment). Also enter "1" if long-acting psychotropic medication is used less than weekly (e.g., in the last month).</p> <p>0. No 1. Yes</p>
Form	N7	7	not included	<p>7. RECEIPT OF PSYCHOTROPIC MEDICATION</p> <p><i>Psychotropic medication taken in the LAST 7 DAYS (or since last assessment). Also enter "1" if long-acting medication used less than weekly (e.g., in the last month)</i></p> <p>a. Antipsychotic/Neuroleptic 0 No 1 Yes</p> <p>b. Anxiolytic 0 No 1 Yes</p> <p>c. Antidepressant 0 No 1 Yes</p> <p>d. Hypnotic 0 No 1 Yes</p>

Manual or Form	Item	Page	Old	New
Manual	N8	101	not included	N8. Medication by Daily Injection <i>Intent</i> To determine whether the person received any type of medication on a daily basis by subcutaneous, intramuscular or intradermal injection in the last 3 days. <i>Process</i> Review available documentation (e.g., pharmacy record, medication administration records). If necessary, consult with the person's pharmacist or physician. Do not include intravenous (IV) fluids or medications. <i>Coding</i> Code for receipt of daily medication by injection. 0. No 1. Yes
Form	N8	7	not included	8. MEDICATION BY DAILY INJECTION 0 No 1 Yes
Manual	P1	111	P1. Decision-Maker for Personal Care and Property [Country Specific]	P1. Decision-Maker for Personal Care and Property [Country Specific] (Optional)
Form	P1	8	1. DECISION-MAKER FOR PERSONAL CARE AND PROPERTY [EXAMPLE — CANADA]	1. DECISION-MAKER FOR PERSONAL CARE AND PROPERTY [EXAMPLE — CANADA] (OPTIONAL)
Manual	P2	112	P2. Advance Directives [Country Specific]	P2. Advance Directives [Country Specific] (Optional)
Form	P2	8	2. ADVANCE DIRECTIVES [EXAMPLE — CANADA]	2. ADVANCE DIRECTIVES [EXAMPLE — CANADA] (OPTIONAL)
Manual	R2	118	11. Hospice facility/palliative care unit — A hospice facility (or unit within a facility providing more general care) provides care to persons who have a terminal illness with a prognosis of less than 6 months to live as certified by a physician. The goal of hospice care is to provide comfort and quality of life while assisting the person and family. Palliative care is the care of persons whose diseases are not responsive to curative treatments. It targets pain and symptom relief, without precluding use of life-prolonging treatments. Palliative care is often provided from the time a person is diagnosed with a life-threatening illness.	11. Hospice facility/palliative care unit — A hospice facility (or unit within a facility providing more general care) that provides care to persons who have a terminal illness with a prognosis of less than 6 months to live as certified by a physician. The goal of hospice care is to provide comfort and quality of life while assisting the person and family. Palliative care is the care of persons whose diseases are not responsive to curative treatments. It targets pain and symptom relief, without precluding the use of life-prolonging treatments. Palliative care is often provided from the time a person is diagnosed with a life threatening illness and provides support systems for the person and his or her family.