



# interRAI Home Care (HC) Outcome Scales

## Overview

Outcome scales, developed by interRAI, are used to evaluate the clinical status of a person. Each outcome scale describes the person in certain standardized clinical areas, such as depression, cognitive performance and activities of daily living (ADLs).

Upon completing the assessment, clinicians build person-centred care plans using embedded clinical outputs that provide evidence-based information to promote consistent decisions among home care staff and to support evidence-informed resource allocation.

The person's baseline scores are generated from the initial assessment. These scores can be compared with those generated from subsequent assessment(s) to monitor changes over time and to determine whether the interventions put into place have been effective.

## Purpose

This document is designed to help assessors understand the assessment items that contribute to the interRAI HC outcome scales.



# Job Aid

Outcome scale	Description	interRAI HC assessment items	Score range
<b>ABS</b> Aggressive Behaviour Scale	<p>This scale provides a measure of aggressive behaviour.</p> <p>The ABS is highly correlated with the <b>Cohen Mansfield Agitation Inventory (CMAI) Aggression Subscale</b>.</p> <p>This scale is not calculated if the person is comatose (C1 — Cognitive Skills for Daily Decision-Making = 5).</p>	<ul style="list-style-type: none"> <li>• Verbal abuse (E3b)</li> <li>• Physical abuse (E3c)</li> <li>• Socially inappropriate or disruptive behaviour (E3d)</li> <li>• Resists care (E3f)</li> </ul>	<p><b>0–12</b></p> <p>Higher scores indicate greater frequency and intensity of aggressive behaviour.</p>
<b>ADL–IADL Functional Scale</b> Instrumental Activities of Daily Living	<p>This scale is a summary measure of both the ADL Self-Performance Hierarchy Scale and the IADL Capacity Hierarchy Scale (see below). It categorizes the person based on impairment in both ADLs and IADLs.</p>	<ul style="list-style-type: none"> <li>• ADL Self-Performance Hierarchy Scale (0–6)</li> <li>• IADL Capacity Hierarchy Scale (0–6)</li> </ul>	<p><b>0–11</b></p> <p>Higher scores indicate greater impairment in ADLs and/or IADLs.</p>
<b>ADL Long Form</b>	<p>This scale provides a measure of the person’s ability to perform ADLs. The ADL Long Form is more sensitive to clinical changes than the other ADL scales.</p>	<ul style="list-style-type: none"> <li>• Personal hygiene (G2b)</li> <li>• Dressing upper body (G2c)</li> <li>• Dressing lower body (G2d)</li> <li>• Locomotion (G2f)</li> <li>• Toilet use (G2h)</li> <li>• Bed mobility (G2i)</li> <li>• Eating (G2j)</li> </ul>	<p><b>0–28</b></p> <p>Higher scores indicate more dependence in ADL performance.</p>
<b>ADL Self-Performance Hierarchy Scale</b>	<p>This scale reflects the disablement process by grouping ADL performance levels into discrete stages of loss (early loss: personal hygiene; middle loss: toileting and locomotion; late loss: eating).</p>	<ul style="list-style-type: none"> <li>• Personal hygiene (G2b)</li> <li>• Locomotion (G2f)</li> <li>• Toilet use (G2h)</li> <li>• Eating (G2j)</li> </ul>	<p><b>0–6</b></p> <p>Higher scores indicate greater decline (progressive loss) in ADL performance.</p>
<b>ADL Short Form</b>	<p>This scale provides a measure of the person’s ADL self-performance status based on items that reflect stages of loss (early, middle and late loss).</p>	<ul style="list-style-type: none"> <li>• Personal hygiene (G2b)</li> <li>• Locomotion (G2f)</li> <li>• Toilet use (G2h)</li> <li>• Eating (G2j)</li> </ul>	<p><b>0–16</b></p> <p>Higher scores indicate more dependence in ADL performance.</p>



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Outcome scale	Description	interRAI HC assessment items	Score range
<p><b>CHES</b> Changes in Health, End-Stage Disease and Signs and Symptoms</p>	<p>This scale detects frailty and health instability and was designed to identify persons at risk of serious decline.</p>	<ul style="list-style-type: none"> <li>• Change in decision-making (C5)</li> <li>• Change in ADL status (G6)</li> <li>• Vomiting (J2n)</li> <li>• Peripheral edema (J2u)</li> <li>• Dyspnea (J3)</li> <li>• End-stage disease, 6 or fewer months to live (J6c)</li> <li>• Weight loss of 5% or more in last 30 days or 10% or more in last 180 days (K2a)</li> <li>• Dehydrated or BUN/creatinine ratio &gt;20 (K2b)</li> <li>• Fluid intake &lt;1000 ml/day (K2c)</li> <li>• Fluid output exceeds input (K2d)</li> <li>• Decrease in amount of food or fluid usually consumed (K2e)</li> <li>• Ate one or fewer meals on at least 2 of last 3 days (K2f)</li> </ul>	<p><b>0–5</b></p> <p>Higher scores are associated with adverse outcomes, such as mortality, hospitalization, pain, caregiver stress and poor self-rated health.</p>
<p><b>Communication Scale</b></p>	<p>This scale summarizes a person’s ability to communicate with others and to comprehend information.</p> <p>This scale is not calculated if the person is comatose (C1 — Cognitive Skills for Daily Decision-Making = 5).</p>	<ul style="list-style-type: none"> <li>• Making Self Understood (D1)</li> <li>• Ability to Understand Others (D2)</li> </ul>	<p><b>0–8</b></p> <p>Higher scores indicate greater difficulty in communicating with others.</p>
<p><b>CPS</b> Cognitive Performance Scale</p>	<p>This scale describes the cognitive status of a person.</p> <p>It has been validated against the <b>Mini-Mental State Examination (MMSE)</b> and the <b>Test for Severe Impairment (TSI)</b>.</p>	<ul style="list-style-type: none"> <li>• Cognitive Skills for Daily Decision-Making (C1)</li> <li>• Short-term memory OK (C2a)</li> <li>• Making Self Understood (D1)</li> <li>• Eating (G2j)</li> </ul>	<p><b>0–6</b></p> <p>Higher scores indicate more severe cognitive impairment.</p>



# Job Aid

Outcome scale	Description	interRAI HC assessment items	Score range
<b>CPS2</b>	This scale describes the cognitive status of a person. The CPS2 is particularly sensitive to changes in early levels of cognitive decline.	<ul style="list-style-type: none"> <li>• Cognitive Skills for Daily Decision-Making (C1)</li> <li>• Short-term memory OK (C2a)</li> <li>• Making Self Understood (D1)</li> <li>• Managing finances (G1cC)</li> <li>• Managing medications (G1dC)</li> <li>• Walking (G2e)</li> </ul>	<p><b>0–8</b></p> <p>Higher scores indicate a greater degree of cognitive impairment.</p>
<b>DbSI</b> Deafblind Severity Index Scale	<p>This scale is a summary measure of impairment in hearing and vision.</p> <p>This scale is not calculated if the person is comatose (C1 — Cognitive Skills for Daily Decision-Making = 5).</p>	<ul style="list-style-type: none"> <li>• Hearing (D3)</li> <li>• Vision (D4)</li> </ul>	<p><b>0–5</b></p> <p>Higher scores indicate a greater degree of impairment in both senses.</p>
<b>DRS</b> Depression Rating Scale	<p>This scale can be used as a clinical screen for depression.</p> <p>It has been validated against the <b>Hamilton Depression Rating Scale</b> (HDRS), the <b>Cornell Scale for Depression in Dementia</b> (CSDD) and the <b>Calgary Depression Scale</b> (CDS).</p> <p>This scale is not calculated if the person is comatose (C1 — Cognitive Skills for Daily Decision-Making = 5).</p>	<ul style="list-style-type: none"> <li>• Made negative statements (E1a)</li> <li>• Persistent anger with self or others (E1b)</li> <li>• Expressions, including non-verbal, of what appear to be unrealistic fears (E1c)</li> <li>• Repetitive health complaints (E1d)</li> <li>• Repetitive anxious complaints/ concerns (E1e)</li> <li>• Sad, pained or worried facial expressions (E1f)</li> <li>• Crying, tearfulness (E1g)</li> </ul>	<p><b>0–14</b></p> <p>A score of 3 or more may indicate a potential or actual problem with depression.</p>
<b>IADL Capacity Hierarchy Scale</b>	This scale provides a measure of the person's capacity (rather than performance) to complete tasks based on items that reflect stages of loss (early, middle and late).	<ul style="list-style-type: none"> <li>• Meal preparation (G1aC)</li> <li>• Ordinary housework (G1bC)</li> <li>• Managing finances (G1cC)</li> <li>• Managing medications (G1dC)</li> <li>• Shopping (G1gC)</li> </ul>	<p><b>0–6</b></p> <p>Higher scores indicate greater decline (progressive loss) in IADL capacity.</p>



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Outcome scale	Description	interRAI HC assessment items	Score range
<b>interRAI PURS</b> Pressure Ulcer Risk Scale	This scale identifies persons at various levels of risk for developing a pressure ulcer with the objective of targeting risk factors for prevention.  As an output from an interRAI assessment, the PURS eliminates duplicated effort required for separate pressure ulcer risk scoring.	<ul style="list-style-type: none"> <li>• Walking (G2e)</li> <li>• Bed mobility (G2i)</li> <li>• Bowel Continence (H3)</li> <li>• Dyspnea (J3)</li> <li>• Frequency with which person complains or shows evidence of pain (J5a)</li> <li>• Weight loss of 5% or more in last 30 days or 10% or more in last 180 days (K2a)</li> <li>• Prior Pressure Ulcer (L2)</li> </ul>	<b>0–8</b>  Higher scores indicate a higher relative risk for developing a new pressure ulcer.
<b>Pain Scale</b>	This scale summarizes the presence and intensity of pain.  This scale validates well against the <b>Visual Analogue Scale</b> .	<ul style="list-style-type: none"> <li>• Frequency with which person complains or shows evidence of pain (J5a)</li> <li>• Intensity of highest level of pain present (J5b)</li> </ul>	<b>0–4</b>  Higher scores indicate more severe pain.

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