

interRAI CHA Webinar

Welcome to the Webinar

We'll be starting in just a few minutes!



Your Webinar Leaders:

Tim Valyear and Leslie Eckel



HOME & COMMUNITY
SUPPORT
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Many questions on the functional supplement ask for the opinion of others; for example, is the caregiver overwhelmed, does a care professional feel the client is capable of improvement? How should these be coded when we do not have access to caregivers/professionals to provide us with their response?

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How many assessments does someone have to do to maintain competency?



The interRAI manual gives a list of definitions for responding to question A11 (residential setting at time of assessment). What is the difference between answer 2 and 3. The description looks the same.

I have always been told that CHA assessments are to be done in the client's home where their living environment can be observed. Those observations in the home are very crucial and telling. However, we often hear of CHA assessments being done with clients while attending a program (while at an adult day program, seniors center, etc.). Thoughts?

Please give advice on how to make the interviews more fluid, any helpful hints would be appreciated.

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What is an effective means to input medication data when you have a varying day-to-day dose such as a medication like Coumadin? (One day it is 2mg, next day it is 2.5 mg and the cycle repeats.)

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How do Tim and Leslie approach clients who are quiet and may not be ready to answer personal questions, as well as those who have speech impairments?

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Are we supposed to close off every time we finish an assessment?



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When another assessment is triggered after completing the CHA like a functional, mental health or deaf and blind and we have left the visit, we go and input it and realize that these are triggered? Can we wait till the next visit to complete or do we need to go back right away. I have pressed the cancel button thinking I needed to close the assessment and now I cannot go back in to edit.

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M. Social Relations Informal Help It is difficult to get a clear picture at times.

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What ideas or actions for dealing with family members or POA with a distinctly different idea(s) of the clients cognition or physical abilities? An example being when the client indicates they manage but the family or POA insists that the client needs help.

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Is there a Standard Care Plan for all Triggered CAPS that can be used for reference purposes?

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How does the interRAI CHA data integrate with other sectors such as hospitals and CCAC? For example, can a Dr. or nurse access a client's interRAI CHA data? Can a placement coordinator, team coordinator, OT, PT, SW at CCAC access a client's data? If not, how long it will take for integration?

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How can assessors openly discuss the questions around mental health?



OCSA/Capacity Builder interRAI CHA Training:

http://www.capacitybuilders.ca/interRAI_CHA_training.php

- 2-day Coding Workshop
 - 1-day Coding Refresher Workshop
- 3.5 hour CAPS and Care Planning Workshop
 - 3-Hour Assessment Skills Workshop
 - Coaching and Mentoring

This webinar will be recorded and posted in the Members Only section of the OCSA Website.

We'll be sending an interRAI CHA training survey out this week.

