**STRENGTHS**

**interRAI AC as CGA**
- multidimensional evaluation of the patient;
- extensive picture of the patients needs and remaining capacities;
- promotion of multidisciplinary teamwork;
- provides an timely understanding of the patients’ condition early after admission;
- improvement of the collaboration and consultation between care settings;
- accurate information from home care organisations and nursing homes immediately after admission;
- the first introduction to an automatic transfer documentation at discharge.

**BelRAI web-based software**
- centralization of medical, paramedical and nursing data;
- patient details are consultable anywhere;
- optimal security and privacy protection;
- integrated in the Belgian eHealth platform;
- health summary report offers a clear and interpretable summary;
- links to the online manual (wiki-site).

**WEAKNESSES**

**interRAI AC as CGA**
- time-consuming process;
- organizational difficulties make timely assessment difficult resulting in inaccurate data (e.g. meanwhile the clinical profile has changes, discharge is planned);
- overlap with other instruments (e.g. MMSE, Katz), records and registration systems (e.g. diagnosis, medications);
- data quality and use of the clinical output is strongly dependable on conditions (e.g. participation of physicians, staffing, integration of RAI on team meetings);
- insufficient participation of all care setting blocks the transfer of data;
- interRAI has the image of a "purely registration" system lacking clinical value.

**BelRAI web-based software**
- user-friendliness of particular features;
- some adaptations are needed to function in the acute setting optimally;
- the BelRAI-software has a complex architecture due to privacy an security regulations;
- electronic input of data requires an extra time investment;
- dependent on the accessibility of the eHealth platform and the internet connection.

**POTENTIAL SITUATION**

**OPPORTUNITIES**

**interRAI AC as CGA**
- CAP’S Suggest individual care needs and a fast detection of problems;
- the BelRAI-outcomes can lead to an individualized care plan;
- standardization of items guarantee an uniform scoring;
- realization of the continuity in data collection across care settings;
- data transfer and interaction between care sectors in transitional care;
- education about clinical problems (e.g. delirium) and the approach by spreading clinical protocols and the wiki-site;
- anticipation in detecting problems that are not overt and not spontaneously reported by the patient;
- screening the patient systematically and in a standardized way (on the condition that the assessment is performed within 48 h after admission)
- benchmarking on ward and organization level;
- introduction of CGA on non-geriatric wards;
- further development of output (e.g., quality indicators);
- measurement of caregiver burden.

**BelRAI web-based software**
- integration with existing software.

**THREATS**

**interRAI AC as CGA**
- needs funding for staffing and coordination to avoid interference with the clinical work and workload;
- requires a good collaboration between the different sectors to realize data exchange;
- demands extensive and repeated training.

**BelRAI web-based software**
- suggestions for improvement of the users should be rapidly considered for adaptation;
- overlap with existing software.