

Introducing interRAI

Standardised assessments for seamless, patient-centred care

by the Agency for Integrated Care (AIC)

The community care landscape in Singapore used to be characterised by the adoption of multiple disparate assessment tools, each with its own framework and terminology. This lack of standardisation and a common language led to fragmented communication among providers and inconsistent care planning.

For patients like Mr C, an 82-year-old widower living alone, transitions between different care settings, such as from hospital to home care, often led to repeated assessments and the risk of critical details being missed.

Recognising the need for change, the Ministry of Health (MOH) mandated the sector-wide adoption of interRAI as the standardised assessment tool in the community. This decision underscored Singapore's commitment to elevating care standards and marked a pivotal shift in care delivery.

What is interRAI?

The International Resident Assessment Instrument (interRAI) is a globally recognised system of assessment tools designed to evaluate health, daily living abilities and psychosocial needs across different care settings. Developed by an international team of researchers and clinicians, interRAI is used in over 35 countries. It is supported by clinical algorithms embedded within the system, helping the healthcare system shift from isolated assessments to integrated, person-centred care.

interRAI provides a standardised approach to client care that minimises duplicative assessments, ensures consistent clinical interpretation, streamlines information sharing and supports evidence-based planning. For clients like Mr C, this is critical to minimise repeating of information and inconsistent interpretations as they move between care settings.

Adapting to local context

In Singapore, the interRAI instrument has been refined to better reflect common scenarios seen locally, facilitating the identification of issues pertinent to clients in the community. Notable enhancements include the addition of questions regarding caregiver availability, which captures the degree of support provided by family members and migrant domestic workers.

The assessment also incorporates medical conditions frequently encountered locally such as hypertension and hyperlipidaemia within the diagnoses section to improve clinical relevance.

interRAI assessments go beyond simple data collection. Through its built-in clinical algorithm, the system transforms information into actionable outputs which serve as valuable decision-supporting tools for clinicians. These outputs include:

iii Outcome Scales

What is it?

- Summarise a person's functional, cognitive and health status
- Allow clinicians to track changes and progress over time

What is the impact?

- Early intervention, progress monitoring, tailored care

📅 Collaborative Action Plans (CAPs)

What is it?

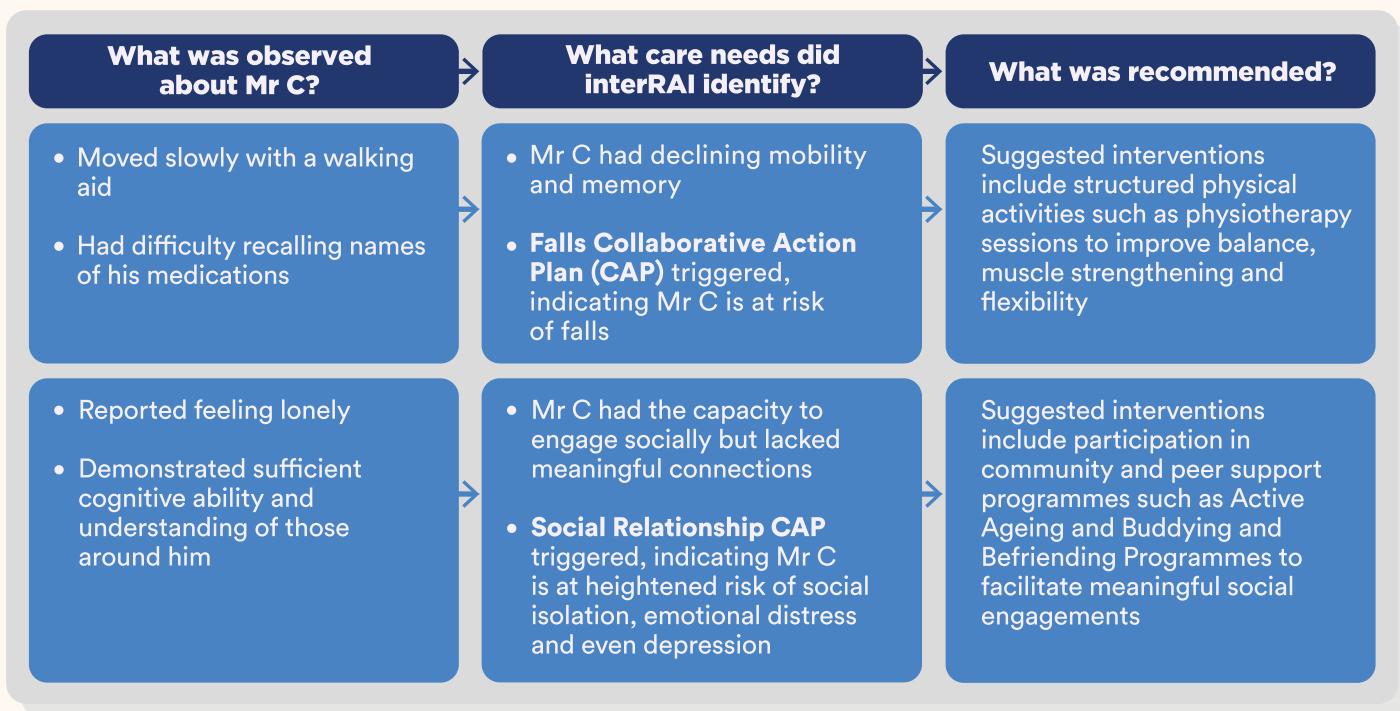
- Alert clinicians to areas of concern
- Offer evidence-based guidance for targeted interventions

What is the impact?

- Decision-supporting tool to guide holistic person-centred care planning

From data to action

When Mr C was discharged from the hospital after a hip fracture, the community nurse assigned to him conducted an interRAI assessment during his first home visit.



Through this standardised assessment, his nurse was able to move beyond siloed evaluations, providing integrated and holistic care tailored to Mr C's unique needs. As the assessment would be entered by Mr C's nurse into the national interRAI IT system, all healthcare providers involved in Mr C's care will have a common view of Mr C's assessments.

The Journey Ahead

With interRAI, every stage of the care journey – from service referrals to ongoing care planning and funding decisions – is guided by a common framework and language that bridges gaps across providers and settings. There will be three interRAI instruments used in Singapore for needs assessment and to guide care planning. The choice of instrument will depend on care needs and care settings.

The nationwide rollout of interRAI began in October 2024, starting with the subvented Nursing Homes. By April 2025, all subvented nursing homes have adopted interRAI, marking a significant milestone in Singapore's healthcare journey. This phased rollout ensures smooth adoption, with the next stage extending to the wider community care sector by 1 April 2026.

Looking ahead, there will be exciting developments for interRAI – from moving into potential new settings such as primary care, to more efficient ways of assessment such as using artificial intelligence and self-reporting.

Recommended interRAI tool for each setting

Community Care



Check-Up (CU)



Home Care (HC)
Will be used by clients with more complex needs

Residential Care



Long Term Care Facilities (LTCF)



Did you know?

To date, over 24,000 interRAI assessments have been conducted in Singapore since its rollout. More than 80 subvented nursing homes are currently using the LTCF interRAI.



Click or scan the QR code to discover how interRAI transforms client care!
Interested to find out more about interRAI implementation? Email us at interRAI-support@aic.sg.