Nursing Leadership Network

Using the RAI-MDS 2.0 to Enhance Care for Residents in Long-Term Care Homes in Ontario

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Long-Term Care Homes Common Assessment Project

- The project involves the implementation of a leading assessment instrument - *the Resident Assessment Instrument Minimum Data Set (RAI MDS) 2.0* for better assessment, care planning and quality improvement
- The instrument is based on extensive international testing and there are 20 countries using RAI instruments in long-term care

Overview

Implementing the Resident Assessment Instrument Minimum Data Set 2.0 (RAI MDS 2.0) – to enhance clinical assessment and care planning, and Improve resident care.

Benefits

- A common approach that involves and co-ordinates the entire care team
- Aids critical thinking and better analysis of care needs by care providers
- Pinpoints underlying conditions unseen or yet to emerge
- Provides better information for care process enhancement, quality improvement and comparative benchmarking
- Enhances the availability of consistent and comprehensive data

Continuing Care e-Health

Program Footprint

Local Health Integration Networks

Program Streams	Hospital	CCAC	CSS	CMH & A	LTCH
e-Referrals & Access Tracking	e-Referrals & Access Tracking System				
Common Assessments		HC CAP (CIAT) HC CAP (LSAS)		CMH CAP (CMHCA)	LTCH CAP (RAI MDS)
Business Systems		FSMS	CSS MIS	CMH&A MIS	LTCH MIS

Project Legend

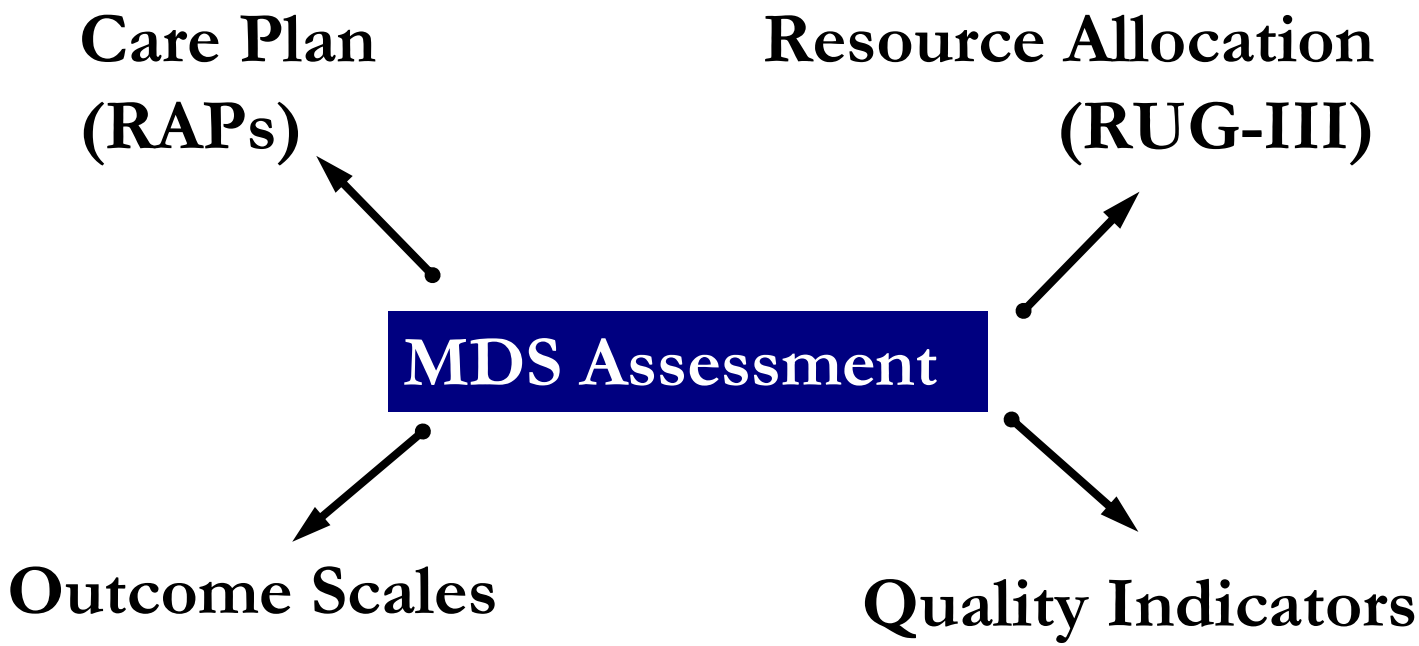
CAP = Common Assessment Project
CCM = Common Case Management
CIAT = Common Intake Assessment Tool
CSS = Community Support Services
CMH = Community Mental Health
CMH&A = Community Mental Health & Addictions
HC = Home Care
LSAS = Long Stay Assessment Software
LTCH = Long-Term Care Home
CA = Common Assessment
MIS = Management Information Systems
RAI MDS = Resident Assessment Tool Minimum Data Set
FSMS= Financial & Statistical Management Systems

The RAI-MDS 2.0

- MDS 2.0 is a holistic, interdisciplinary assessment tool
- It identifies the majority of a resident's strengths, needs and preferences to guide the staff in developing a more adequate, appropriate and individualized care plan
- MDS assessment tool has 19 sections with over 450 assessment items
- It captures residents care needs over 24 hours
- MDS has several built in screening tools: Mini Mental Status assessment, Depression rating scale, pressure ulcer scale, pain scale etc.

Everyone has a role in contributing to the MDS assessment!

What the RAI Provides



Source: Hirdes et al.,
Healthcare Management Forum 1999.

RAI Respects the Values of...

Resident Enablement

- Restorative and Maintenance Care

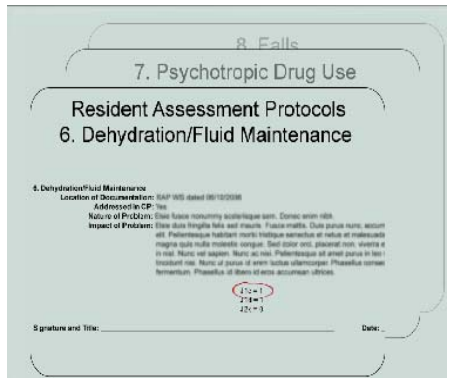
Interdisciplinary Teamwork

- Every team member has a role in RAI

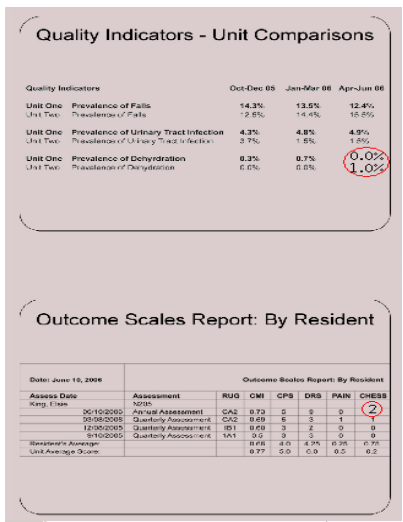
The RAI-MDS 2.0 Process

The assessment results are entered into RAI-MDS Software in the computer

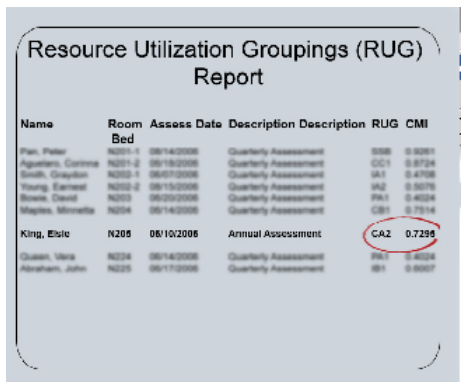
The MDS assessment information in the computer triggers RAPs and provides Quality Indicator, Outcome Measure and RUG reports



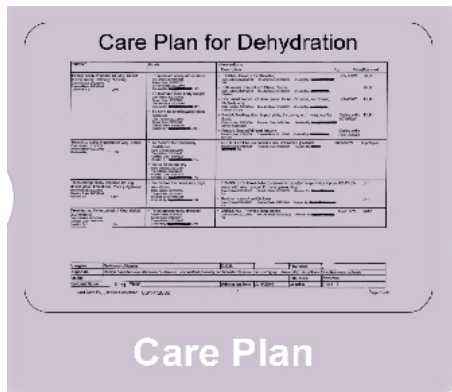
Resident Assessment Protocol (RAP) – a process to guide the care team to conduct further assessment of residents who have or are at risk of developing problems for the development of the care plan



Quality Indicators (QI) and Outcome Scale Report



Resource Utilization Groupings (RUG)



Benefits for Residents

- Offers a holistic interdisciplinary assessment of resident care needs and the development of a focused individualized care plan
- Flags actual and potential resident care needs in a timely fashion
- Encourages resident and family involvement
- Respects the value of helping our residents achieving their highest level of functioning and quality of life
- Helps to improve clinical practice by:
  - Tracking resident-specific outcomes and
  - Monitoring resident change over time

What Families have said:

"We were very impressed with the Home. We have noticed Mum is much happier, especially in bed, and is not complaining of pain as much. She is not on as many medications. The Home explained everything they were doing. They treat her like family".

"My brother felt like someone was finally paying attention to him. I noticed small improvements - he could walk on the carpet or out on the deck and he was able to dress himself. I was told what was being done and when I knew about his depression, I could watch out for signs of it and tell the staff".

"The variability in the care delivery worried me. RAI-MDS makes a big difference. It helps the staff give the same level of care, regardless of which PSW is on shift. When someone is new, they can quickly be better informed".

Benefits for the Care Team

A common **L**anguage

Interdisciplinary **T**eam Approach to assessment and care planning

Common dates, data, process and goals

Holistic care plans, based on interdisciplinary best practice

What Nurses have said:

"Now when I complete an assessment, I feel I am meeting these residents for the first time". (An RPN with 5 years working at the Home who was doing a first time assessment on a resident who had been in the Home for several years).

"The RAI-MDS highlighted foot care needs in the care of a resident with Diabetes. This enable the Home to take proactive steps to prevent foot care problems and ulceration of his legs, saving more significant treatments later on".

"One resident appeared happy and content and always had a smile for everyone when with other residents. The RAI-MDS assessment triggered a diagnosis of Depression. When we asked the care workers if this was possible, they remembered that the resident often had tears in her eyes when they went into her room".

What Personal Support Workers have said:

"The MDS showed that a resident who did not communicate was bright and articulate".

"A younger resident hated being in the Home and having been helped to overcome the after-effects of a stroke, was now working towards relocation to the assisted living facility next door to the Home".

Communication has improved. "People are really talking. We are finally being listened to".

What other members of the Interdisciplinary Team have said:

Dietician - “With MDS, I was able to help a diabetic resident with delirium by working with the PSWs to get her the assistance she needed to eat correctly. This increased her independence”.

Restorative Care - “With MDS, you can spend longer with each resident and get to know them better. There are better notes, better team working and I can access MDS anywhere in the building rather than having to go to a particular nursing station”.

Another Dietician said that she was attracted to working in a Home that was using RAI-MDS as she had already worked with it in Complex Continuing Care. She likes MDS and finds it leads to better communications across the team. She schedules her visits around MDS days so that she can contribute to the assessments and discussions.

Benefits for Managers

- MDS data provides better and timely information and reports for quality improvement, performance assessment, benchmarking and accreditation
- MDS data can also be used to support clinical best practice, strategic planning, program evaluation, quality improvement activities, resource allocation and clinical and operational review

What Administrators have said:

“It is resident focused and rehab. focused. ARCs penalizes that. It captures the things you do to rehabilitate a resident - but of course it takes more time.”

“ MDS is a great tool for managing the home as a business and it provides rich data for business cases. It is also a perfect tool for accreditation”.

“We are finding that the RAI-MDS is encouraging a more inclusive and methodical approach to care planning with wider team involvement and greater inclusion of the alert residents”.

What Directors of Care have said:

“The level of communications across the teams has improved significantly. The nursing team had inadequate knowledge of the work of the Activities, Dietary and Restorative Care teams - that has now changed. It means we can share the load and work towards the same goals”.

“Given the high turnover of staff in our sector, the MDS assessment and the RAPs help safeguard and protect our residents. Many newly hired employees and new graduated nurses do not have a lot of long-term care experience or geriatric assessment skills. They may miss important issues for a resident. However, MDS and RAPs are foolproof. They enable a comprehensive assessment and critical analysis of the problems that are triggered”.

What Directors of Care have said (cont'd):

"The MDS seems to give voice to the quiet, undemanding residents who do not speak up or have family to do so. The whole care team can now see that these residents have needs, opinions, intelligence and a sense of humour. In the past, non-participation in activities was simply noted. Now, they are able to establish why the person doesn't choose to take part and find other ways to motivate them".

Implementation Support

- **Regional team** (*Implementation Team Lead and RAI Educators*) provide education to the homes

- **Support Centre**:
  Operates 08:30-16:30 Monday to Friday
  Support Centre provides in-person help and support

- **Web Portal**
  Document library, FAQs for Coding, discussion boards for homes, news, committee information

- **Computer-based education program** (e-Learning)

- **Project Toolkit**

- Resident Assessment Instrument and RAPs Canadian Version **User's Manual** from CIHI

Where are We Today?

217 Homes have been trained or in the process of training

- **10 homes in phase 1**
  commenced June 2005
  graduated October 2006
- **10 homes in phase 2**
  commenced September 2005
  graduated October 2006
- **69 homes in phase 3**
  commenced March 2006
- **70 homes in phase 4**
  commenced March 2007
- **58 homes in phase 5**
  commenced January 2008

*** Note: all Long-term care homes to be trained by 2010**

Contact information

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Canadian Institute of Health Information

www.cihi.ca

Long-Term Care Homes Branch

www.ltchomes.net

Quote

"Beautiful young people are accidents of nature, but beautiful old people are works of art."

Eleanor Roosevelt

Questions?