



RAI - MDS Overview in Long Term Care

2010

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Topics for Discussion

- ❑ Background on LTC in Ontario
- ❑ Overview of LTC Transformation
- ❑ MDS - RAI
- ❑ Utilizing MDS data for quality improvements
- ❑ Challenges & Barriers

BLOOMINGTON COVE

- ❑ 112 bed LTC facility
- ❑ specializing in dementia care
- ❑ 4 secure units
- ❑ 95% population have diagnosis of dementia
- ❑ Remainder have other mental health diagnosis
- ❑ Staff education focused on caring for resident with dementia-gentle persuasive approaches to dementia care

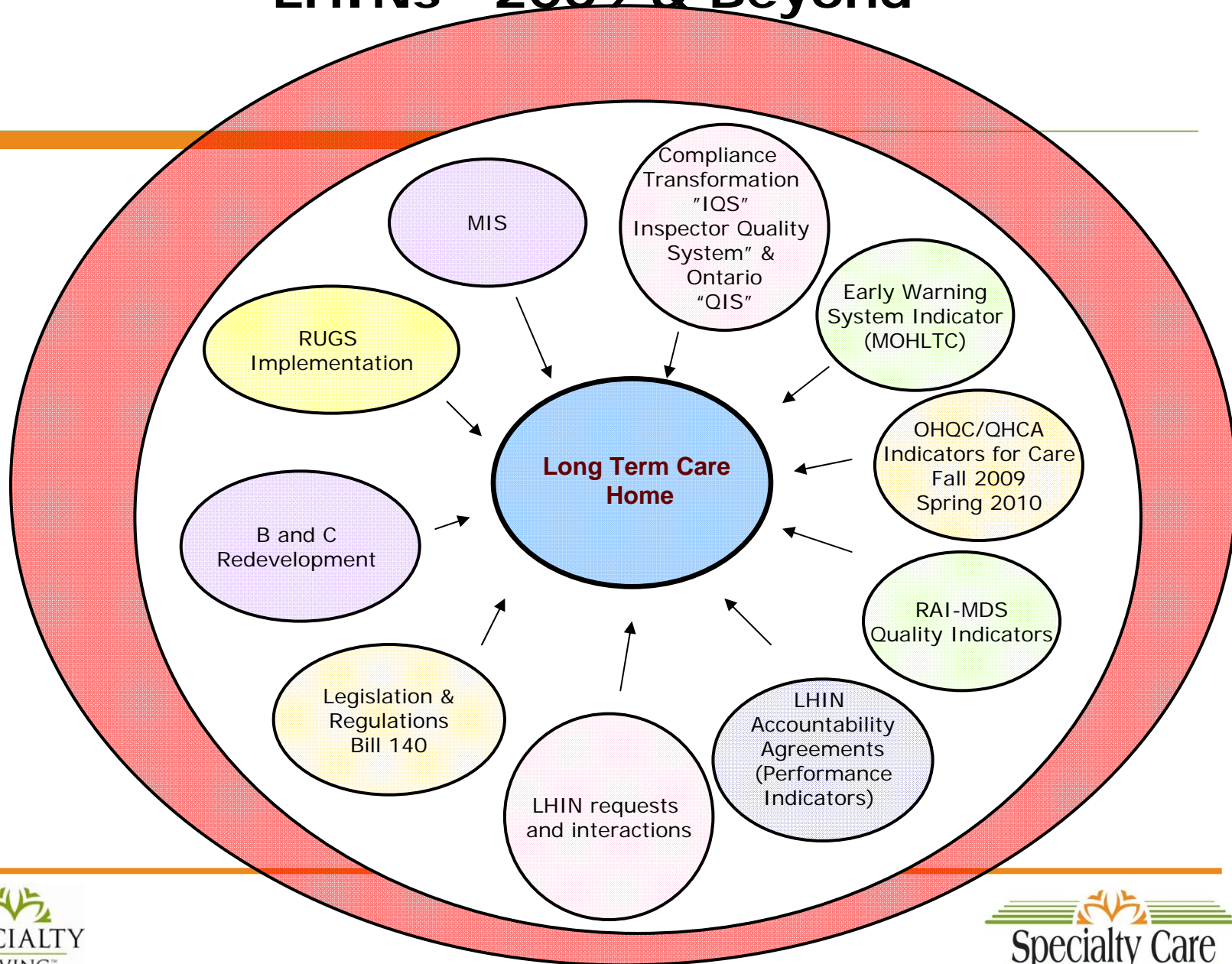
Long Term Care in Ontario

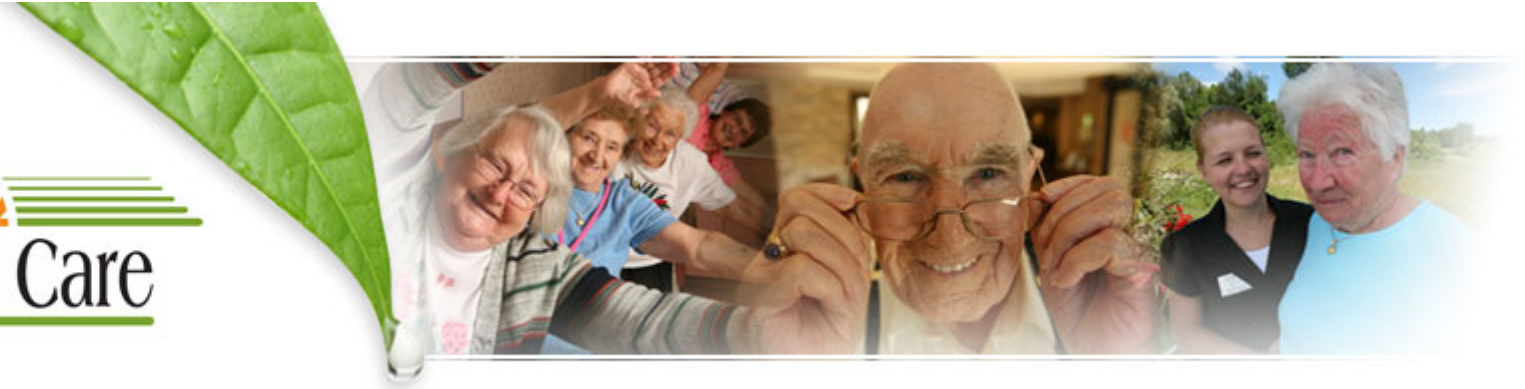
- ❑ 680 Long Term Care Home provide care and services to 76,000 residents
- ❑ Municipal, Private, Charitable and Not for Profit
- ❑ 3 different Acts at present to be replaced by a single LTCHA when it comes into effect July 1, 2010
- ❑ Regulated by over 400 compliance standards and monitored by the MOHLTC performance improvement branch compliance inspectors
 - To be replaced by new regulation when act proclaimed

LTC Transformation – what's changing

- ❑ Capital Renewal Program – B and C homes (2 D homes in Ontario)
- ❑ Funding – formulas and allocations
- ❑ RAI - MDS
- ❑ Replacing ARCs with RUGs
- ❑ LTC Homes Act regulations
- ❑ Changes in compliance processes – to be outcome focused
- ❑ Service Accountability Agreements with LHINs
- ❑ OHQC quality improvement and public reporting on quality indicators and resident/family experience (satisfaction)
- ❑ ER and ALC issues impact

NEW Initiatives from MOHLTC and LHINs –2009 & Beyond





RAI - MDS



Long-Term Care Homes Common Assessment Project RAI MDS

- ❑ The project was mandated by the Ontario provincial government for all LTC homes to use the RAI-MDS
- ❑ This involved 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 and a revised flow sheet to collect data
- ❑ The instrument is based on extensive international testing and used in over 21 countries.
- ❑ This has replaced the Alberta Classification system we currently use

RAI in Canada

Used in 8 provinces / territories

- ❑ Ontario
 - mandated in Complex Continuing care 1996
- ❑ Newfoundland
- ❑ Nova Scotia
- ❑ Manitoba
- ❑ Saskatchewan
 - mandated 2001
- ❑ Alberta
- ❑ British Columbia
- ❑ Yukon Territory
 - mandated 2001



RAI in Ontario Long-Term Care Homes

- ❑ To will been fully implemented in all the Ontario Long-term Care Homes by September 2010
- ❑ There were 8 phases of implementation of the RAI MDS in Ontario

The MDS

- ❑ MDS 2.0 is a holistic and interdisciplinary assessment tool for evaluating resident care needs
- ❑ 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
 - i.e. Depression rating scale, Pain scale - will eliminate further assessments unless identified as being required

Benefits for the Resident

- ❑ Offers a holistic interdisciplinary assessment of resident care needs using a singular assessment process
- ❑ Flags actual and potential resident care needs in a timely fashion
- ❑ Encourages resident and family involvement

Benefits for the Care Team

- ❑ Common language
 - All disciplines will use the same assessment tool

- ❑ Interdisciplinary team approach
 - For assessments and care planning

- ❑ Common timelines
 - Like processes and goals

- ❑ Holistic care approach
 - Plans are based on interdisciplinary best practices

Benefits for the Ministry

- ❑ Provides data for regional and system planning in the Local Health Integration Networks (LHINs)
- ❑ Enhances availability of quality, comprehensive data for province-wide benchmarking, policy development and risk management framework

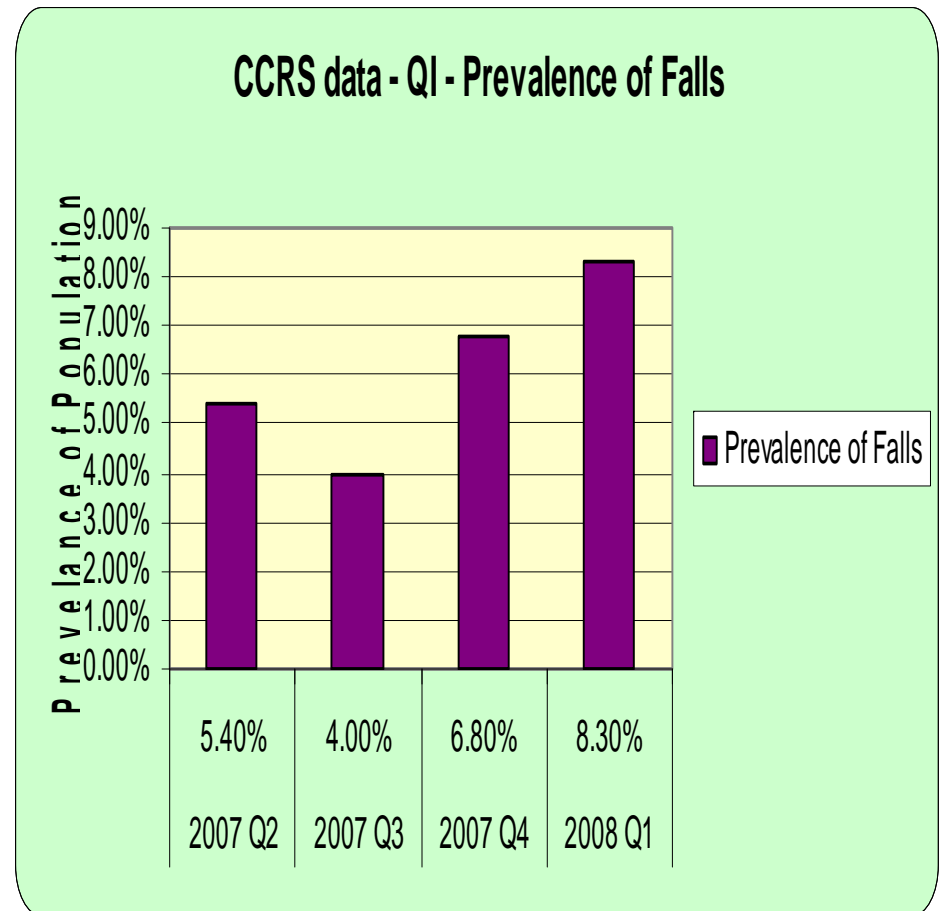


MDS DATA Utilization to Improve Resident Quality of Care

Falls Prevention and Restraint Management Program

Putting Quality Indicators to Work

- ❑ Risk: In January 2008, the home identified a trend in the QI indicator for prevalence of falls.
- ❑ Risk – High usage of physical restraints in addition to a MOH compliance finding in 2007 regarding restraint documentation



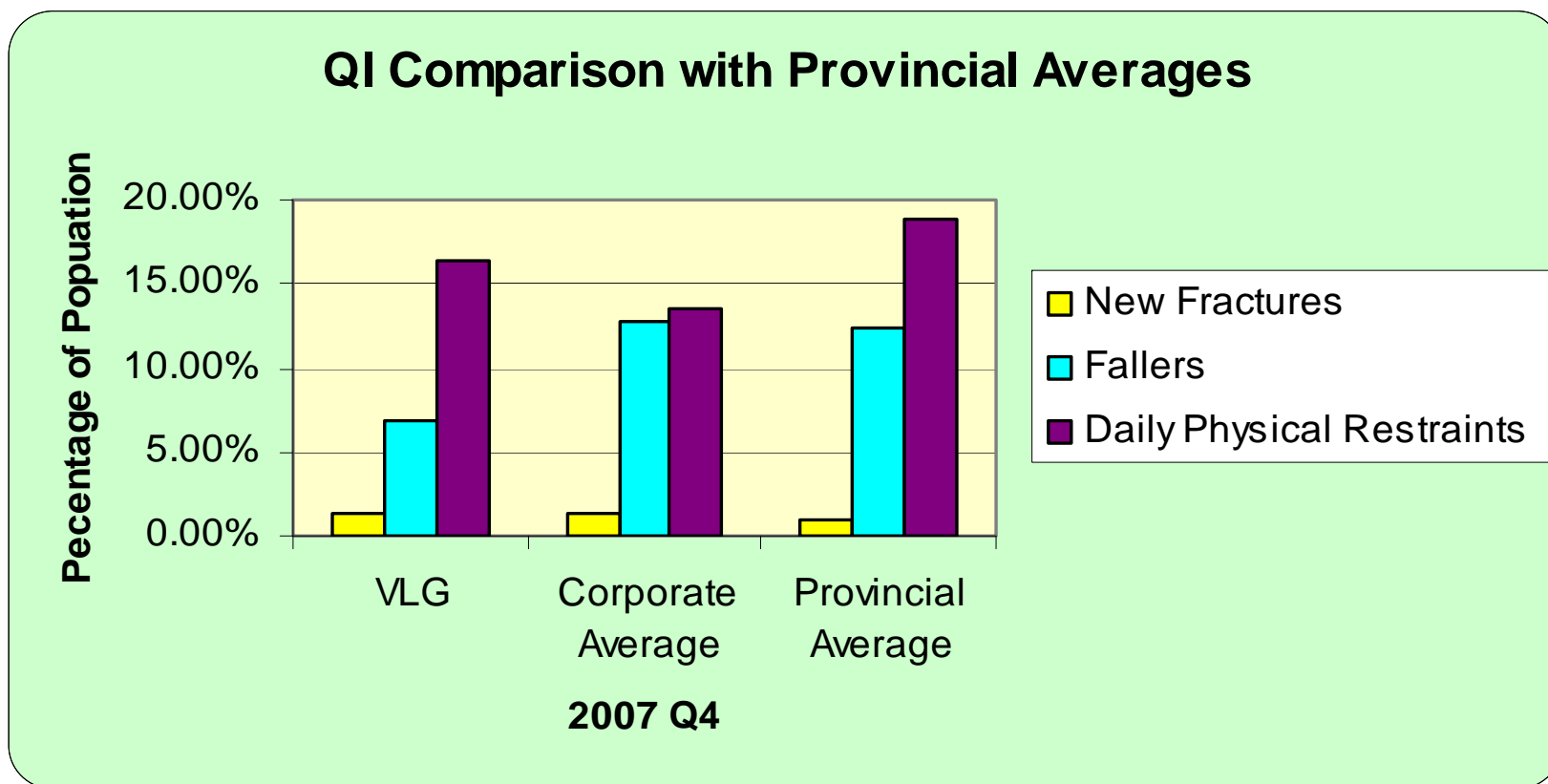
Quality Improvement Team Activity, Analysis of indicators

- The focus for the Quality Improvement team included:
 - Incidence of New Fractures
 - Prevalence of Falls
 - Prevalence of Daily Physical Restraints

- Risk: Then the process of reviewing where the home compared to with their organization and with the province.

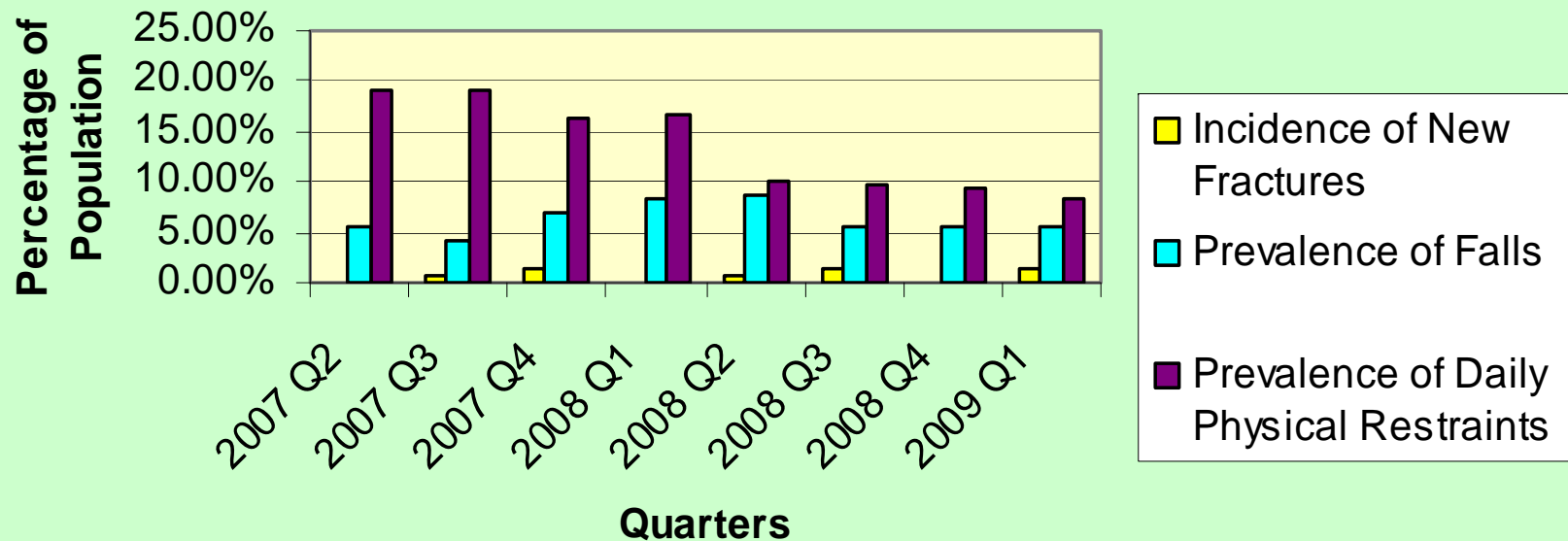
- The internal QI Indicators from the RAI MDS identified the home had a high prevalence of falls and restraint usage as benchmarked with the provincial average, and Specialty Care Corporate average.

MDS QI Indicators – New Fractures, Fallers, Daily Physical Restraints



Quality Outcomes – RAI MDS

Outcomes of Quality Improvement Falls & Restraint Reduction



Positive Impact of Team/Activity:

- ❑ The positive impact on residents and families and organization is the program promotes safer practice and the reduction of risk to all parties. (45% reduction of resident's using physical restraints).
- ❑ The program promoted residents rights and choices and is consistent with the Specialty Care policy.
- ❑ The program promotes team work at all levels with the focus of enhancing quality of life for the resident.
- ❑ The program has provided opportunity for employees to build skills, change practice, using interventions/tools that are innovative and current.

Positive Impact of Team/Activity:

- ❑ The program has provided education and awareness for families.
- ❑ Great partnership has developed with Shoppers Home Health, Physiotherapy and the entire multi-disciplinary team.
- ❑ The unmet standard that was issued by the MOH in 2007 was cleared in the 2008 compliance review. The MOH were very pleased with the improvement of restraint documentation in the home.

Conclusion

- ❑ The new program/team were successful using the MDS outcomes. They utilized all resources of the MDS to trend and benchmark quality results.
- ❑ The program resulted in improved resident safety in the home as well as enhanced quality of life for our residents.
- ❑ The program was able to reduce the number of emergency department visits by preventing injury from falls.

Challenges & Barriers

- ❑ The quality indicators the RAI MDS produces are a valuable tool to measure the quality of care in LTC
 - Due to the competing challenges in LTC, and current distribution of work by managers, the homes struggle with the day to day operations, and have minimal time to devote to quality improvement

Challenges & Barriers (cont'd)

- ❑ The OHQC/MOH-LTC/LHIN mandate to monitor quality care through the MDS indicators requires dedicated resources and time to properly analyze and implement sustainable quality practices
- ❑ Having resources available such as a dedicated staff to manage and monitor quality activities in the home would further enhance the quality of care provided to our residents

Thank You

Questions???