



## The RAI in Residential Care: Quality Improvement Where the Rubber Hits the Road



Canadian Institute  
for Health Information

Institut canadien  
d'information sur la santé

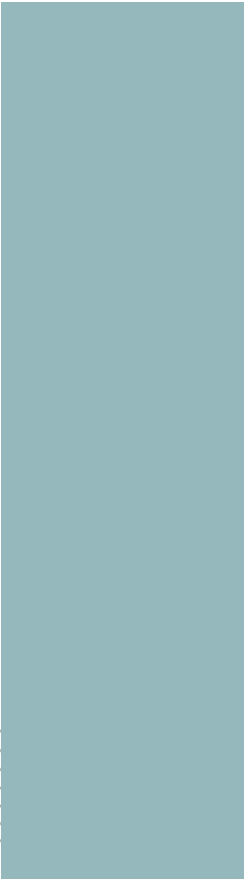


# Roadmap

- Hopes and fears for RAI in NZ
- Introduction to Hillel Lodge
- The RAI in real time
- The beauty of benchmarking
- Successful RAI journeys
- Hopes and fears revisited



# Hopes and fears



# CIHI Mandate



Coordinate, develop, maintain  
and disseminate **health information**  
in Canada

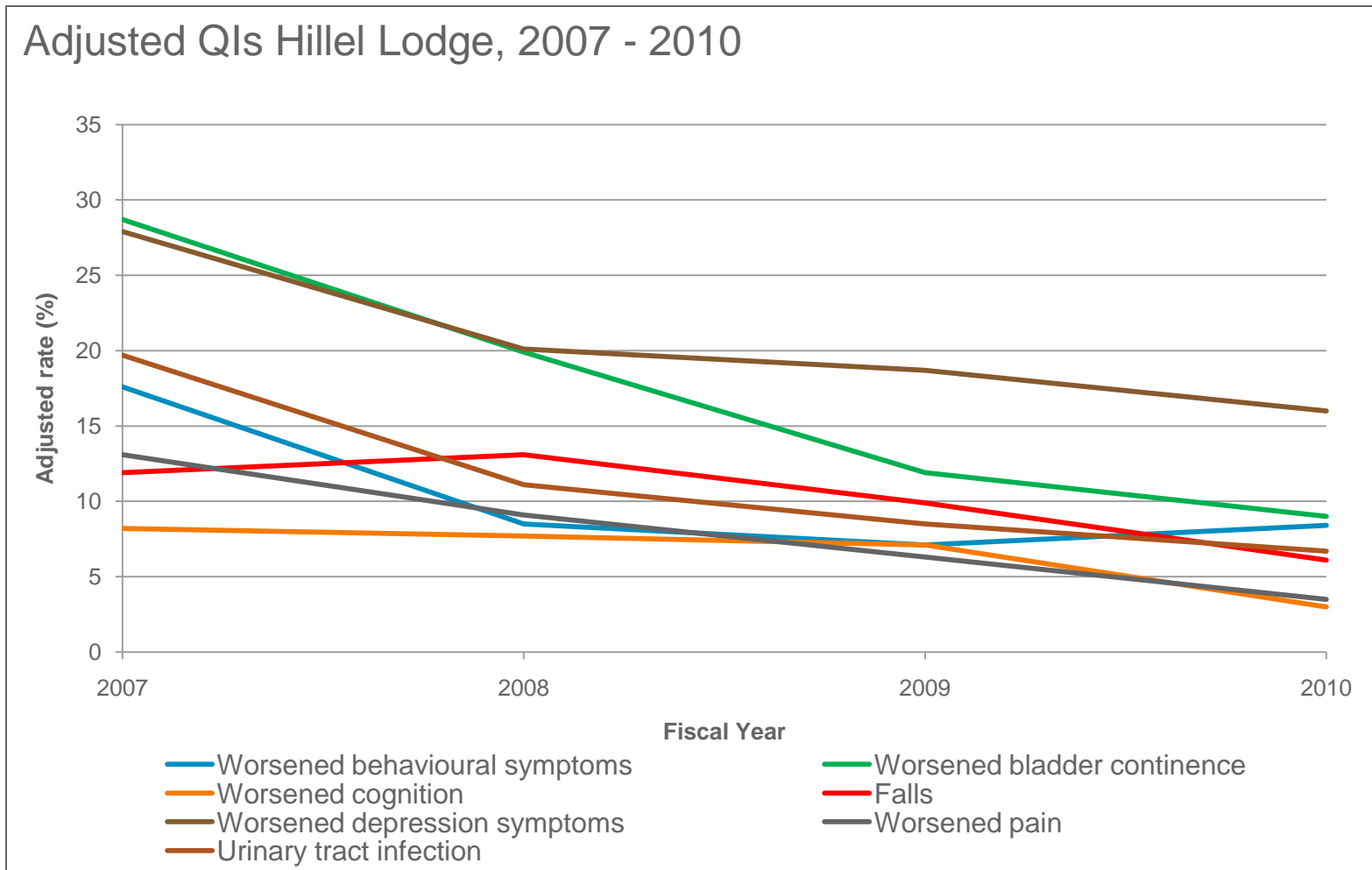
# How do we achieve our mandate?

- Set common data standards to ensure comparability
- Provide a national repository and ensure data quality, privacy and security
- Support data providers and users
- Release reports and analysis

# The Hillel Lodge story



# Hillel Lodge in Ontario improved quality every year since implementing the RAI!



Source: CIHI, CCRS 2010-2011



# The RAI in real time



# The RAI assessment is built into vendor software for point of care capture



## SECTION AB: DEMOGRAPHIC INFORMATION

	ADMISSION DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	<input type="text"/> <input type="text"/> Month	<input type="text"/> <input type="text"/> Day
--	----------------	---	--	--

## SECTION B: COGNITIVE PATTERNS

B1	COMATOSE *⊕	<i>(Persistent vegetative state or no discernible consciousness)</i> 0. No      1. Yes (Skip to item G1)	
B2	MEMORY	<i>(Recall of what was learned or known)</i> a. Short-term memory OK—seems or appears to recall after 5 minutes 0. Memory OK    1. Memory problem *⊕ b. Long-term memory OK—seems or appears to recall long past 0. Memory OK    1. Memory problem	
B3	MEMORY/ RECALL ABILITY	<i>(Check all that resident was normally able to recall during the LAST 7 DAYS.)</i> a. Current season b. Location of own room c. Staff names/faces d. That he/she is in a facility e. <i>NONE OF ABOVE</i> are recalled	a b c d e
B4	COGNITIVE SKILLS FOR DAILY DECISION MAKING *⊕	<i>(Made decisions regarding tasks of daily life.)</i> 0. INDEPENDENT—decisions consistent and reasonable 1. MODIFIED INDEPENDENCE—some difficulty in new situations only 2. MODERATELY IMPAIRED—decisions poor; cues or supervision required	

## SECTION C: COMMUNICATION/HEARING PATTERNS

C1	HEARING	<i>(With hearing appliance, if used)</i> 0. HEARS ADEQUATELY—normal talk, TV, phone 1. MINIMAL DIFFICULTY—when not in quiet setting 2. HEARS IN SPECIAL SITUATION ONLY—speaker has to adjust tonal quality and speak distinctly 3. HIGHLY IMPAIRED or absence of useful hearing	
C2	COMMUNICATION DEVICES/ TECHNIQUES	<i>(Check all that apply during LAST 7 DAYS.)</i> a. Hearing aid, present and used regularly b. Hearing aid, present and not used regularly c. Other receptive communication techniques used (e.g. lip reading) d. <i>NONE OF ABOVE</i>	a b c d
C3	MODES OF EXPRESSION	<i>(Check all used by resident to make needs known.)</i> a. Speech b. Writing messages to express or clarify needs c. American sign language or Braille d. Signs or gestures or sounds e. Communication board f. Other g. <i>NONE OF ABOVE</i>	a b c d e f g
C4	MAKING SELF	<i>(Expressing information content—however able)</i>	

# Hillel's Director of Care loves her new touch-screens!



# The care team immediately sees a report of triggered CAPs and scale scores



Resident Name: Mable C. URI: Y444420080130d567890

### RAI-MDS 2.0 Output Summary Report

RAI-MDS 2.0 Clinical Assessment Protocols (CAPs)	
<b>A - Functional Performance</b>	
1. Activities of Daily Living	✓ Triggered to prevent decline (1)
2. Physical Restraints	
<b>B - Cognition and Mental Health</b>	
3. Cognitive Loss	
4. Delirium	
5. Communication	✓ Triggered with potential for improvement (1)
6. Mood	✓ Triggered — medium risk (1)
7. Behaviour	
<b>C - Social Life</b>	
8. Activities	
9. Social Relationship	
<b>D - Clinical Issues</b>	
10. Falls	
11. Pain	
12. Pressure Ulcer	
13. Cardio-Respiratory Conditions	
14. Undernutrition	
15. Dehydration	
16. Feeding Tube	
17. Appropriate Medications	
18. Urinary Incontinence	✓ Triggered to prevent decline (2)
19. Bowel Conditions	
Total Triggered CAPs = 4	

RAI-MDS 2.0 Outcome Scales		
Pain Scale — 1 out of 3	DRS — 2 out of 14	CPS — 4 out of 6
CHESS Scale — 1 out of 5	InterRAI PURS — 2 out of 8	
Aggressive Behaviour Score — 0 out of 12	Index of Social Engagement — 3 out of 6	
ADL Self-Performance Hierarchy Scale — 4 out of 6		
ADL Short-Form Scale — 9 out of 16		
ADL Long-Form Scale — 18 out of 28		

# What do Hillel staff say about using the RAI for care planning?



*“The RAI has improved our care plans...they’re more individualized....”*

*“This has led to improved care....”*

*“Care plans take less time to complete, especially for new admissions....”*

*“We are more focused on what the resident **can** do....”*



# How are they using the RAI outcome scales?



*“Even our doctors ask for the resident outcome measures!”*

*“We all use a common language now”*

*“We show family members how their loved one is progressing or declining”*

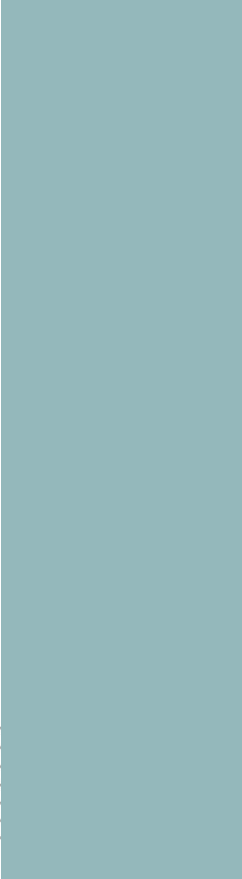
*“We measure a new treatment’s effectiveness”*

*“We identify areas of change in a resident we may have otherwise missed.”*





# The beauty of benchmarking

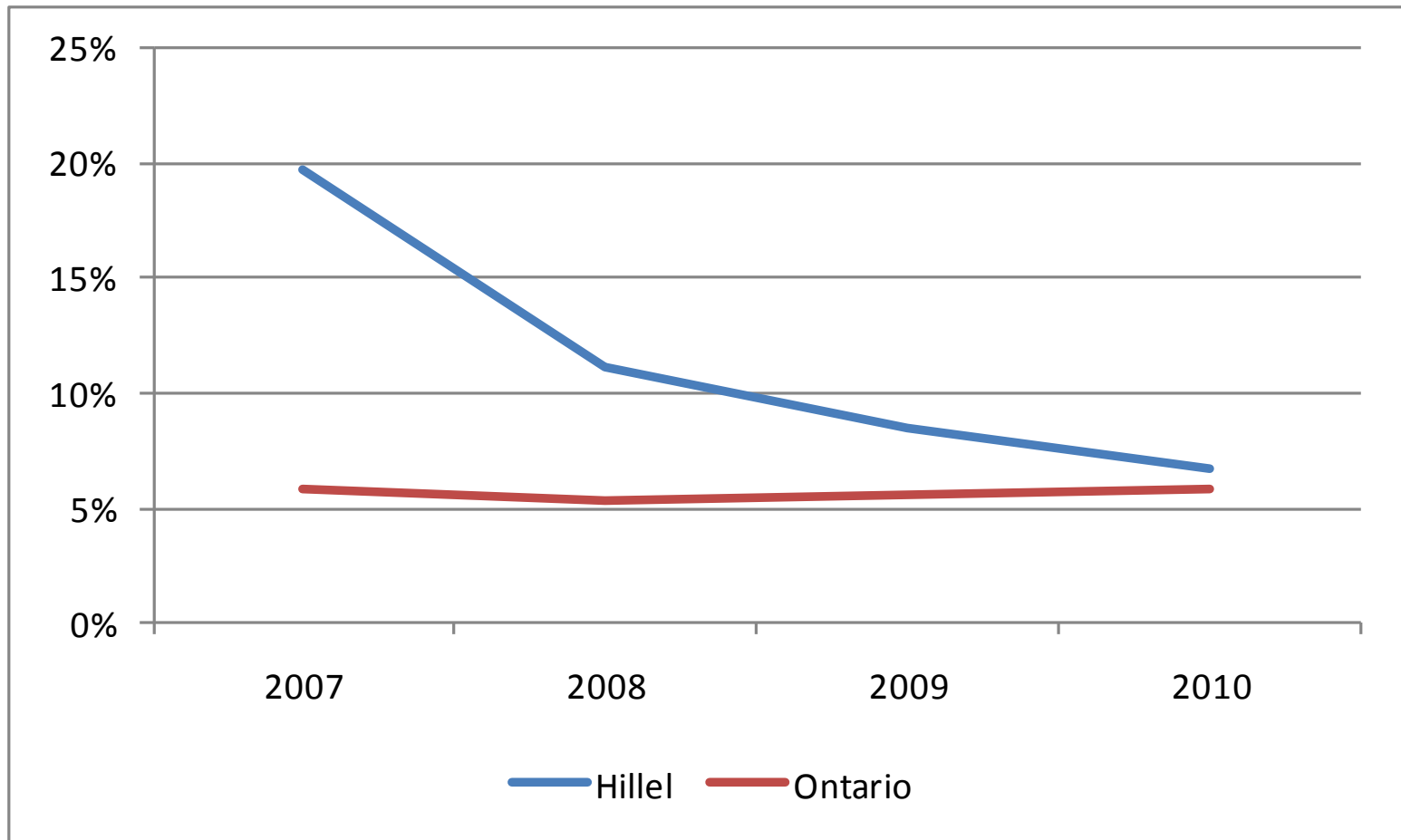


“I almost had a heart attack!!”

Morag Burch, Director of Care



Risk adjusted prevalence of urinary tract infections

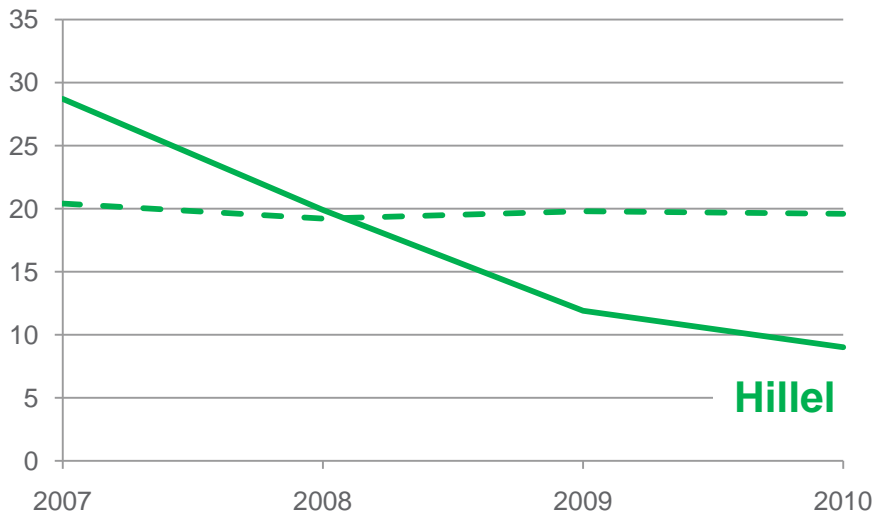


Source: CIHI, CCRS 2010 – 2011

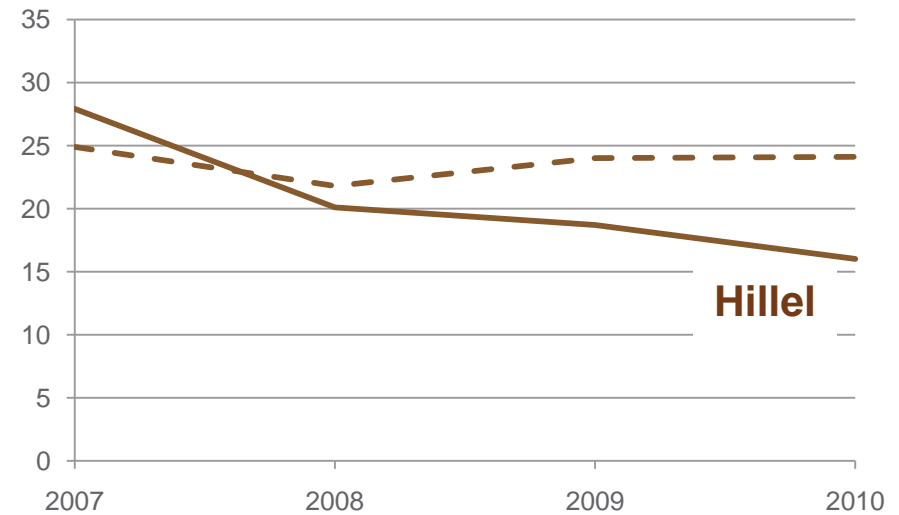
# They had other areas of concern



% worsened bladder continence



% worsened depression symptoms



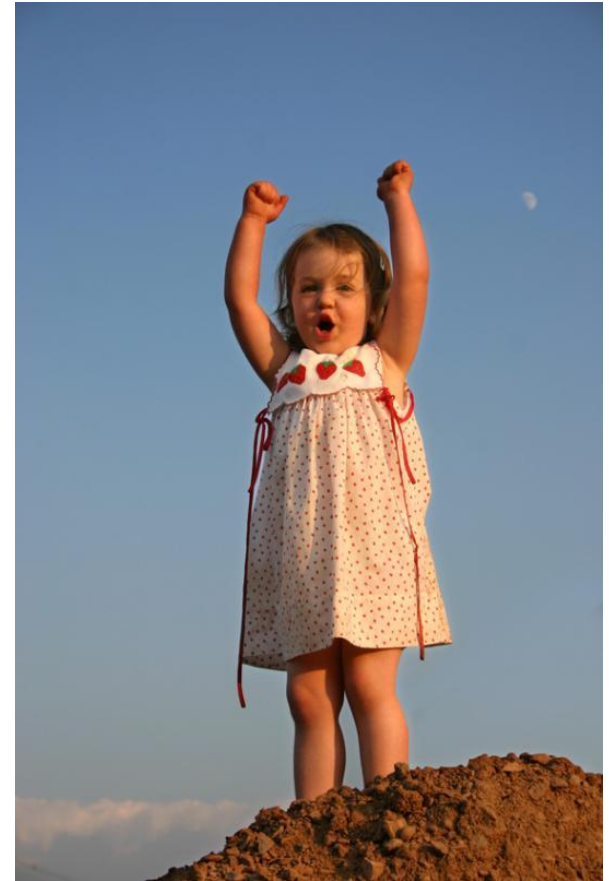
# How did they achieve these successes?

*“We looked at everything!”*

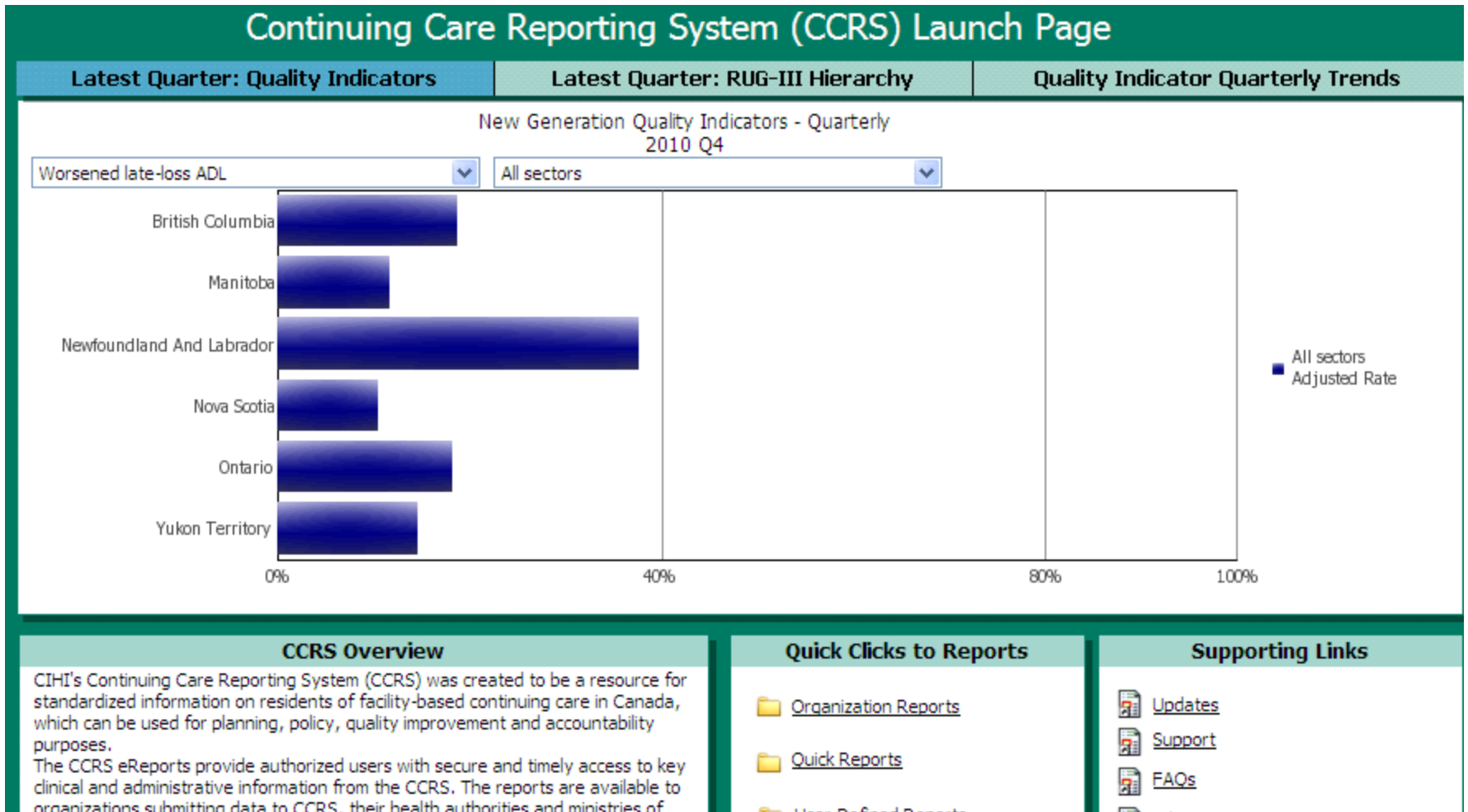
- What, how, products, policies and procedures

*“We engaged key partners...”*

- Shared experiences at RAI Coordinator Network meetings
- Created new Quality Improvement Committee
- Established focused quality groups (e.g. Falls Committee)
- Began reporting QIs to the Board and Hillel community
- **Participated in public reporting!!**



# Homes can use comparative reports to focus their quality improvement efforts



### CCRS Overview

CIHI's Continuing Care Reporting System (CCRS) was created to be a resource for standardized information on residents of facility-based continuing care in Canada, which can be used for planning, policy, quality improvement and accountability purposes.

The CCRS eReports provide authorized users with secure and timely access to key clinical and administrative information from the CCRS. The reports are available to organizations submitting data to CCRS, their health authorities and ministries of

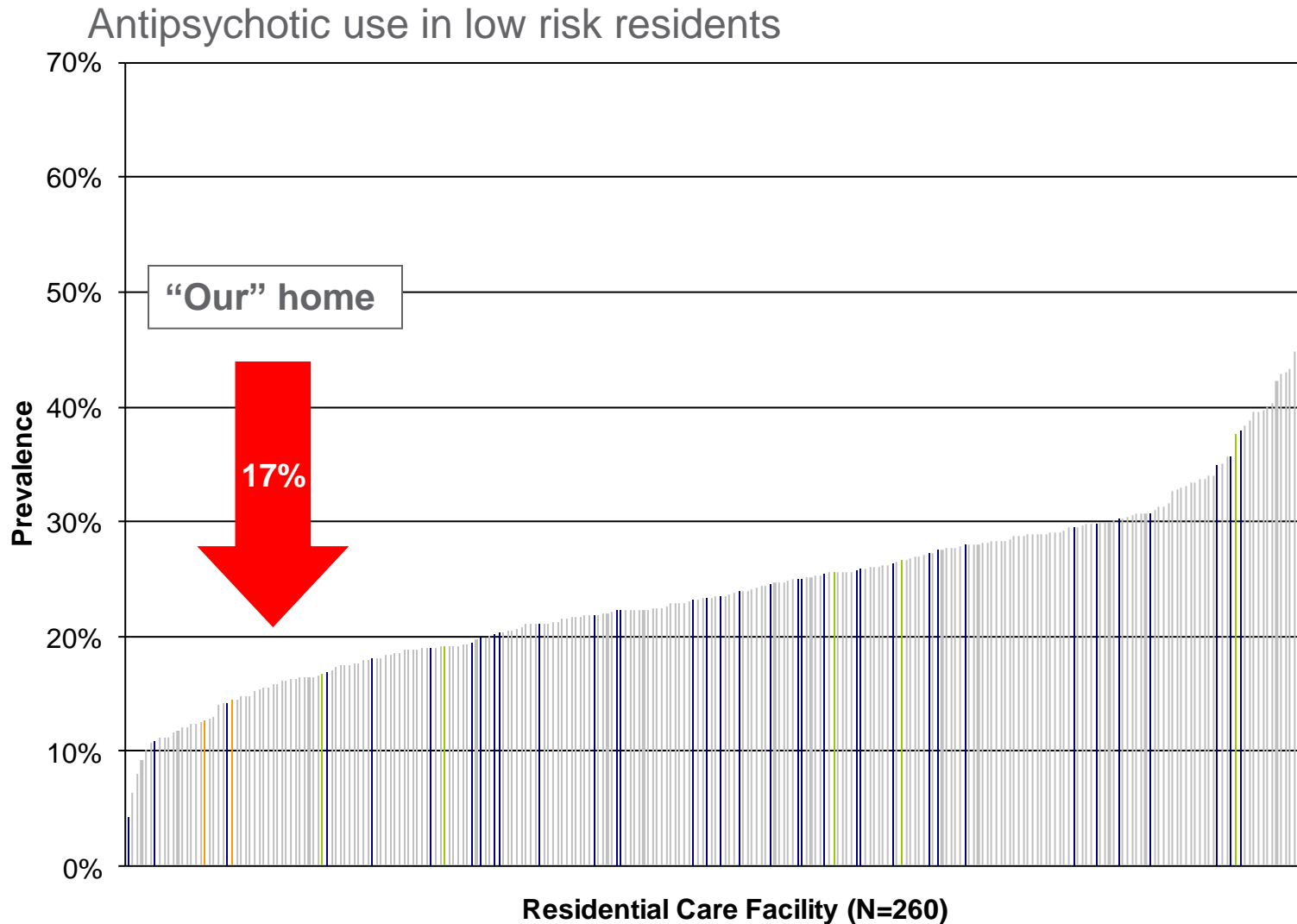
### Quick Clicks to Reports

- [Organization Reports](#)
- [Quick Reports](#)
- [User Defined Reports](#)

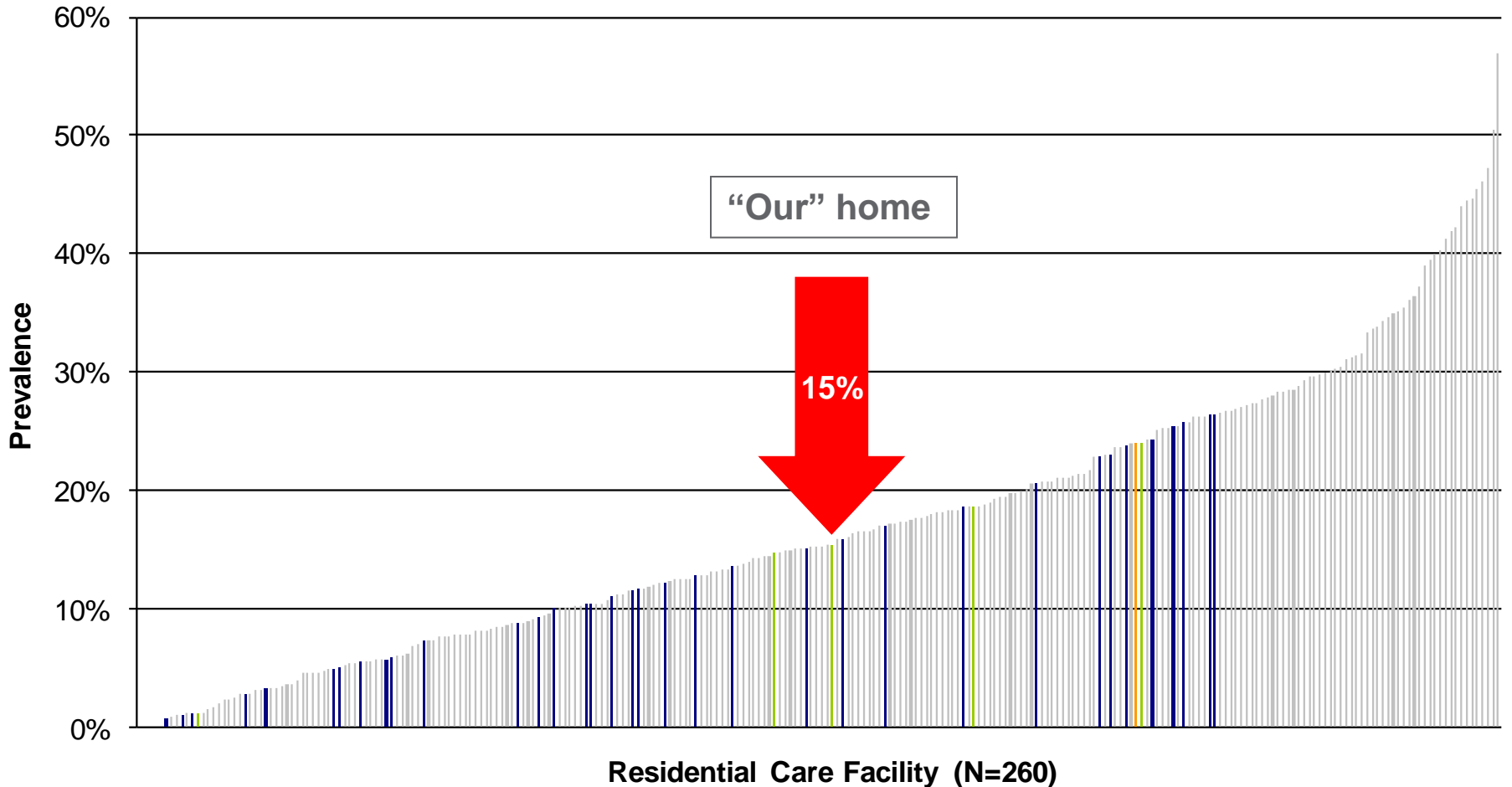
### Supporting Links

- [Updates](#)
- [Support](#)
- [FAQs](#)

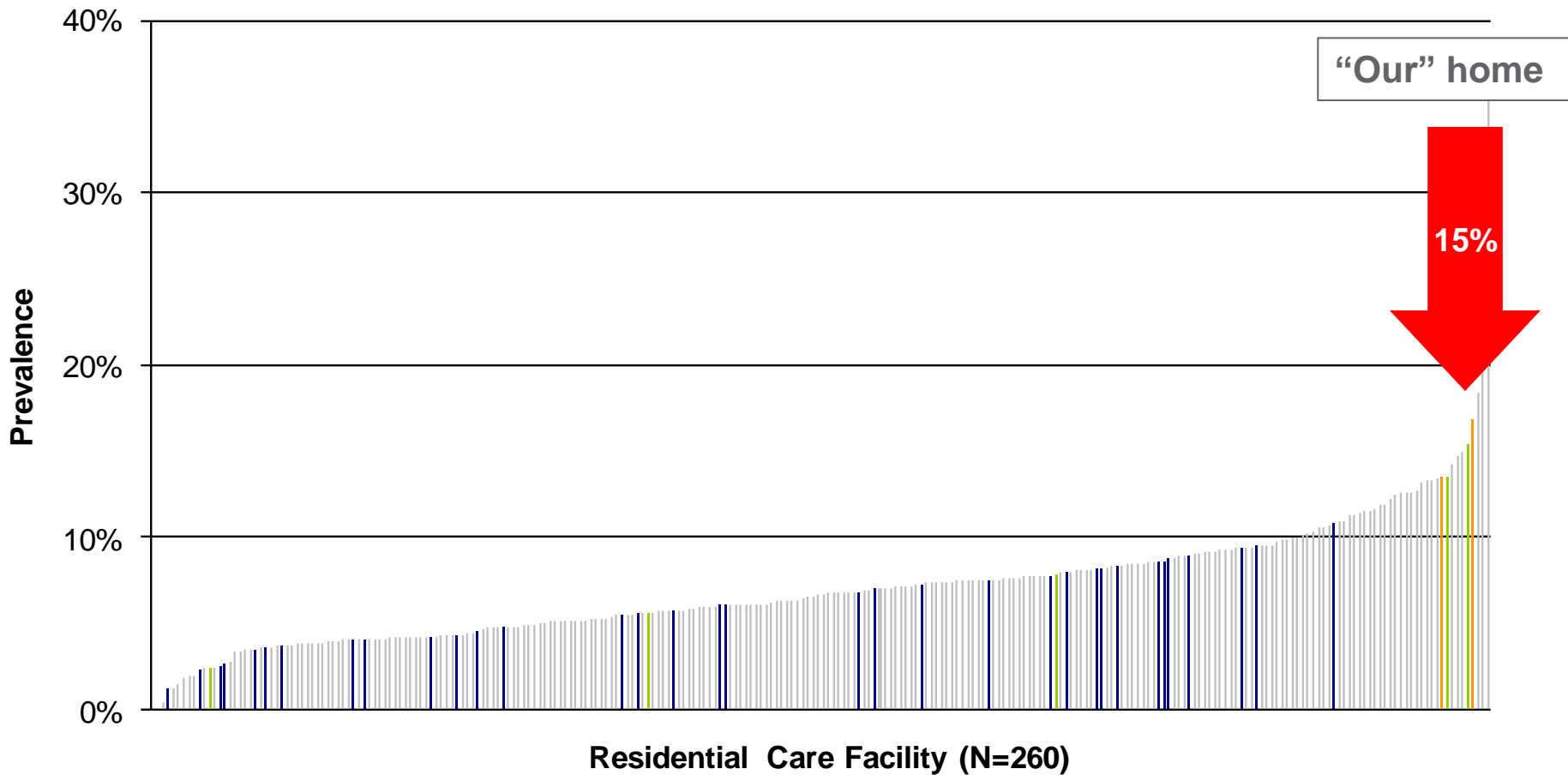
# Where do we stand compared to other homes on antipsychotic use at 17%?



Our restraint rate of 15% lower than our antipsychotics but our performance relative to others is worse....



...and we're almost off the chart on the prevalence of pressure ulcers at 15%!



Where would you begin?





# A successful RAI journey begins with a good roadmap and toolkit

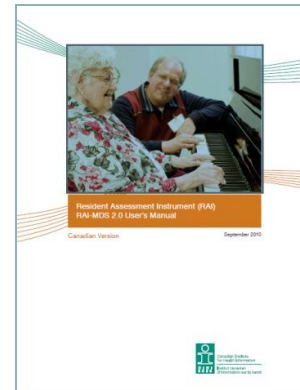


# Successful implementations promote consistency and sustainability



## > Implementation toolkits

- Readiness survey
- Checklists
- Forms/templates
- Streamlining tips



## > Resources

- Regional experts/trainers
- Help line
- Online Q & A
- Web conferences
- Mentor homes

A screenshot of the 'Search - CCRS' web interface. The page has a green header with the CIHI logo and the text 'Canadian Institute for Health Information... Institut canadien de l'information de santé'. Below the header, there is a search form with the following fields: 'Keywords:', 'Product:', 'Question Type:', 'Province/Territory:', 'Section:', 'Language:', 'Find Results with:', 'Show:', and 'Search in:'. Each field has a dropdown menu or a text input box. There are 'Search' and 'Clear' buttons at the bottom of the form. Below the search form, there is a section for 'Search by Question ID #' with a 'Question ID#:' field and a 'Search' button.

# Training must address all aspects of collection, submission and use of data



## Getting Started

*For those who are new to interRAI assessments and CIHI*

Overview of HCC at CIHI

Success Stories

Planning for Sustainable Implementation

## Collecting the Information

*For those who are gathering information and completing assessments*

Fundamentals of the RAI-MDS 2.0 Assessment Process

Coding the RAI-MDS 2.0 for Beginners

 Administrative Data Elements

Data Submission

## Using the Information

*For those who want to learn more about using HCC information for clinical and organizational decision-making*

Using RAI-MDS 2.0 Outputs for Care Planning—Part 1

Using RAI-MDS 2.0 Outputs for Care Planning—Part 2

Transitioning to interRAI CAPS

Introduction to CCRS eReports

Building CCRS eReports

Part 1: Demystifying Data—Getting the Most Out of Your eReports

Part 2: Using RAI Outputs for Organizational Decision Support

Part 3: Decision-Support Case Studies—Pulling It All Together

Case Mix—RUG-III

## Getting It Right

*For those who want to further develop skills in completing assessments and to stay current with interRAI research*

Coding the RAI-MDS 2.0 for Experienced Assessors (Series of Four Web Conferences)

Quality Series

# What helped at Hillel?

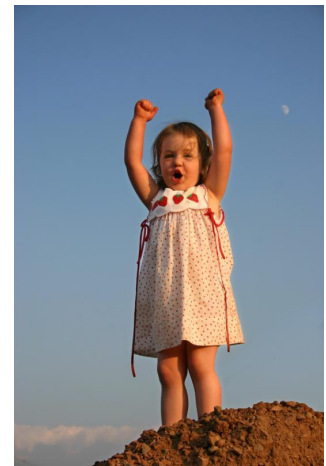
Leaders “**believed**” in the RAI...

“Acknowledge that it’s hard at first...but the benefits you reap are great”

“We loved the provincial toolkit”

“We learned about picking the right people to train”

“We had mentors...now we mentor others”





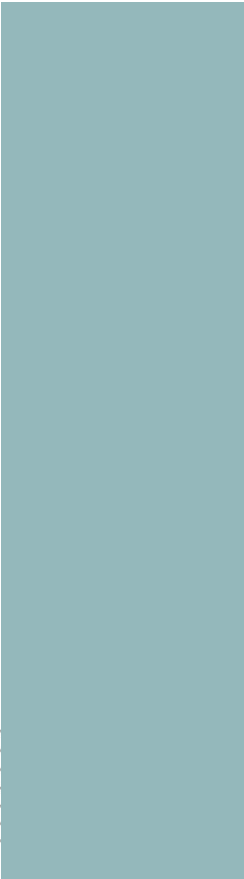
# Success in Saskatchewan



Aberdeen Saskatchewan: David McLennan



# Hopes and fears revisited





I'll show you my data...if you'll show me yours

NUDE  
BEACH

Questions?  
Comments?  
Ideas?

nwhite@cihi.ca  
www.cihi.ca