

ADOPTED by Council at its meeting held August 8, 2011 [M193-2011 SDHC18/11]
/RB
Windsor, Ontario August 8, 2011

**REPORT NO. 18 of the
SOCIAL DEVELOPMENT,
HEALTH & CULTURE STANDING COMMITTEE**
of its meeting held July 13, 2011


Present: Councillor Al Maghnieh, Chair
Councillor Alan Halberstadt
Councillor Ron Jones
Councillor Ed Sleiman


Regrets: Councillor Percy Hatfield

That the following recommendation of the Social Development, Health and Culture Standing Committee **BE APPROVED** as follows:

Moved by Councillor Jones, seconded by Councillor Halberstadt,
That the Report from the Community Development & Health
Commissioner entitled "Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-
MDS) update" dated June 15, 2011 **BE RECEIVED** for information.
Carried.

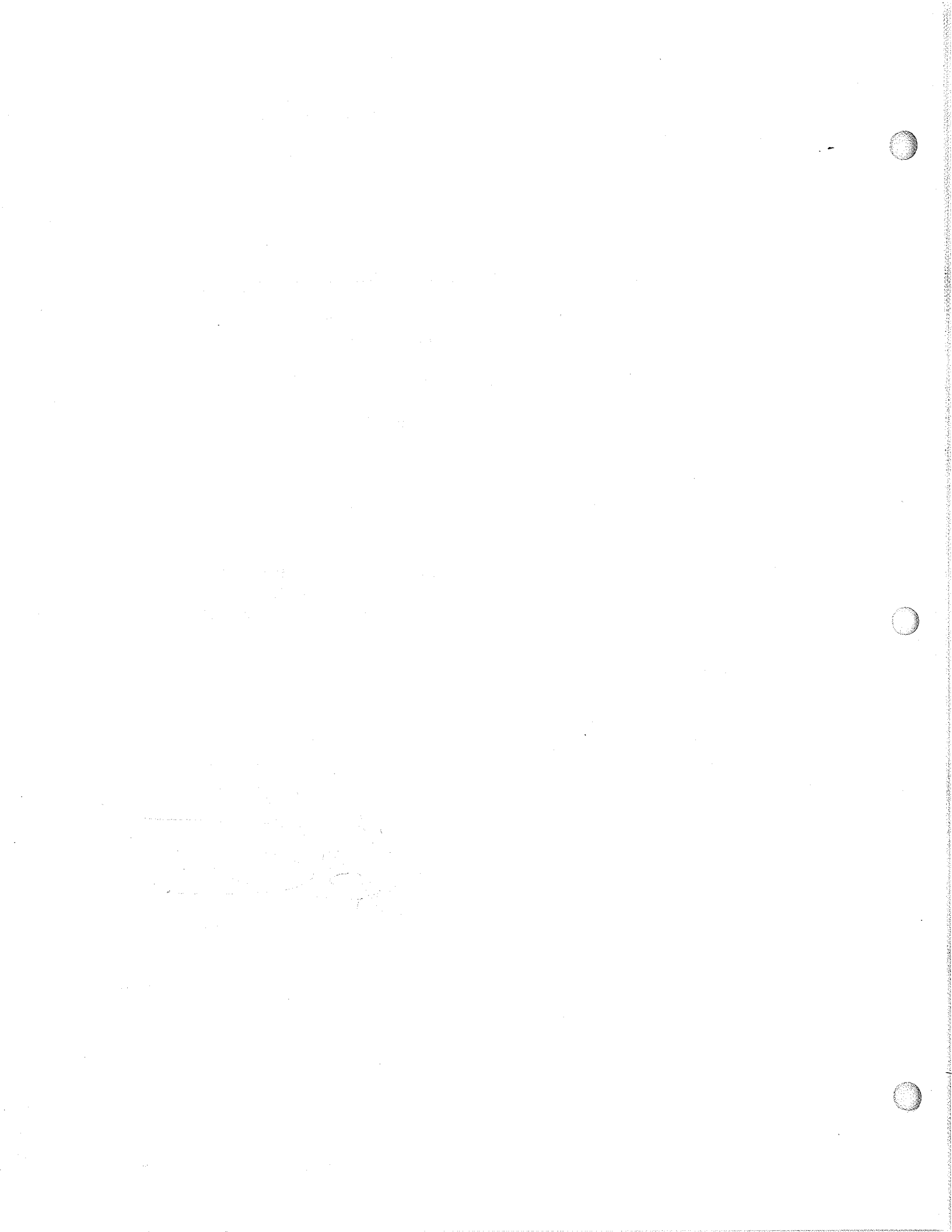
Clerk's Note: The Report from the Community Development & Health Commissioner entitled
"Resident Assessment Instrument (RAI-MDS 2.0) update" dated June 15, 2011 is attached as
background information.



CHAIRPERSON


DEPUTY CITY CLERK

Notification		
Social Development, Health & Culture Standing Committee		



THE CORPORATION OF THE CITY OF WINDSOR
Social Development, Health and Culture Standing Committee-
Administrative Report

**MISSION STATEMENT:**

"The City of Windsor, with the involvement of its citizens, will deliver effective and responsive municipal services, and will mobilize innovative community partnerships"

LiveLink REPORT #: 15369 AH2011	Report Date: June 15, 2011
Author's Name: Susan Rogers	Date to Standing Committee: July 13, 2011
Author's Phone: 519 253-6060 ext. 8269	Classification #:
Author's E-mail: srogers@city.windsor.on.ca	

To: Social Development, Health and Culture Standing Committee

Subject: RESIDENT ASSESSMENT INSTRUMENT (RAI-MDS 2.0) UPDATE

1. RECOMMENDATION: City Wide: Ward(s): _____

THAT the report providing an update on the background and implementation of the Resident Assessment Instrument - Minimum Data Set 2.0 (RAI-MDS) utilized at Huron Lodge **BE RECEIVED** for information.

EXECUTIVE SUMMARY:

N/A).

2. BACKGROUND:

In 1993, the Ministry of Health introduced the Alberta Classification System that placed residents within a system of care requirements to determine funding, or a case mix index, to the nursing and personal care envelope of long term care homes. The classification through this system was completed on a yearly basis. The scores from classification were used to predict total care requirements and that determined the funding formula based on resident care needs. The result of this formula determined the case mix index funding for each home in Ontario. In 2005, the Ministry of Health and Long Term Care began to implement the Resident Assessment Instrument - Minimum Data Set (RAI-MDS 2.0) for Long Term Care Homes. The new assessment instrument is used in over 21 countries, including the United States of America, and eight (8) provinces in Canada. The system gathers information about resident care in areas not formerly assessed by the previous process, inclusive of utilization of professional services and treatments, therapies, and physician visits. Information is gathered and submitted for funding calculations on a quarterly basis, instead of annually. The system is focused on the services and care provided as opposed to forecasting for the services and care into the future.

Long term care homes in Ontario could elect to participate in an early adopter program, on a voluntary basis, from phase one in 2005 to phase 5 in 2008 and have their case mix index frozen during the implementation phases. Due to the preparations for the transitioning to the new Huron Lodge in 2007, implementation was in 2009.

The Resident Assessment Instrument- Minimum Data Set 2.0 system was mandated by the Ontario Ministry of Health and Long Term Care in January 2009. In March 2009, under Council Resolution CR80/2009, an accountability agreement with the Ministry of Health and Long Term Care was initiated. In line with the Corporate Pillars of Our Society: Diverse and Caring and Our Government: Responsive and Responsible, Huron Lodge began the implementation of the new assessment system under phase six (6) of the project.

The implementation of the Resident Assessment Instrument - Minimum Data set 2.0 model included funding from the Ministry of Health and Long Term Care for the designation of an assessment co-ordinator at Huron Lodge. The role of the coordinator is to implement the system across the multidisciplinary team, coordinate assessments, ensure development of residents plans of care, schedule and perform training. This position is also required to monitor implementation progress, data quality, problem solve and submit data within the time sensitive deadlines. The position of coordinator was amalgamated into the existing portfolio of Nursing Office.

In December 2010, a data accuracy review team visited Huron Lodge to monitor the adherence to the assessment system and coding requirements. The results were used to focus on improvement of the assessment form coding for accuracy, not only at Huron Lodge, but also for data collection on coding accuracy across the province. Huron Lodge received a score of 89.32% in data accuracy across the health care team.

3. DISCUSSION:

The new process includes the collection of assessment information gathered, reviewed, and entered by the multidisciplinary team into a computerized assessment form. Care team members are required to complete the assessment tool on a specific schedule. Each quarter the home is required to submit the computerized assessment information electronically to the Canadian Institute for Health Information for processing and comparison. The assessment process captures resident care needs over a 24 hour period and involves an opportunity for both the resident and their family to participate in the development of a plan of care. The Resident Assessment Instrument - Minimum Data Set 2.0 process has monitoring systems in place and the standardized assessment form can be used to generate multiple reports on the status and the functionality of the resident.

The system is used at Huron Lodge for informed decision making regarding resource allocation, risk management, and program planning. It contains clinical data that is used to compare Huron Lodge with other homes in order to identify areas requiring improvement and align with best practices. The system allows assessments to be compared over time to track resident outcomes, prioritize quality improvement activities, and compare Huron Lodge's performance across the LHIN and the province. The Ministry of Health and Long Term Care has announced that data, assessments, and quality indicators will be used during the Resident Quality Inspections.

In March 2011, Huron Lodge was invited to participate in the Health Quality Ontario Long-Term Care Public Reporting internet site and to allow Huron Lodge data to be published in their annual report on long term care. Approval was given through CAO report CAO-1709 in June 2011 to join this voluntary initiative. The information that is published through this process identifies key areas where long term care homes are measuring quality and allows homes to complete both internal and external benchmarking.

In addition to the electronic data information submitted to the Canadian Institute of Health Information being used for statistical and quality improvement indicators, it will also be used in

the calculation of the funding to the nursing envelope under a new system called Resource Utilization Grouping III. Each day of data submitted for a resident at Huron Lodge is electronically calculated through a formula and placed within a utilization group which will then be used in the determining case mix index.

4. FINANCIAL MATTERS:

As part of the accountability agreement with the Ministry of Health and Long Term Care, signed under CR 80/2009, one-time funding of \$56,000 was provided to Huron Lodge from the Ministry of Health to be used specifically for one-time costs associated with implementation. These monies were used to offset training costs, staff replacement and clerical expenses incurred during the initial start up from 2009 to 2010.

In addition to the one time funds, sustainability funding was provided to Huron Lodge on a yearly basis under the accountability agreement. The funding is being provided to sustain the salary and benefits of a coordinator, for the support of the assessment implementation and practice environment. In 2009, these monies were prorated by the Ministry of Health to a value of \$7,367.00. The ongoing base sustainability funding payment works out to \$88,400 annually.

The implementation of the new process has not negatively affected the budget. The Ministry of Health and Long Term Care has provided protection to the funding levels during the transitioning periods. The Nursing and Personal Care per diem is adjusted by the Case Mix Index, which is calculated using information from the Resident Assessment Instrument.

In April 2010 and April 2011, Huron Lodge's case mix index for per diem calculation of the Nursing and Personal Care envelope was frozen at 92.8839. This equals to .92¢ per one dollar of per diem. For the time period of April 2012 to April 2015, as the transition to Resource Utilization Grouping funding method occurs, changes to the Case Mix Index cannot go up or down more than 5% over the previous year. As per the Resource Allocation Grouping Report from the Canadian Institute of Health Information, our case mix index level was recorded at 1.03% for the time period of January to March 2011. After April 2015, when Huron Lodge's transition is completed, the Ministry of Health and Long Term Care will no longer be providing protection or adjustment to the case mix index calculation.

This is illustrated in the chart below:

April 2010	April 2011	April 2012	April 2013	April 2014	April 2015
Protected Case Mix Index 92.8839	Protected Case Mix Index 92.8839	Resource Utilization Grouping limited to +/-5% from 2011	Resource Utilization Grouping limited to +/-5% from 2012	Resource Utilization Grouping limited to +/-5% from 2013	Resource Utilization Grouping from 2014

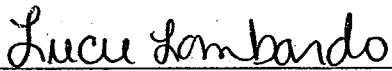
5. CONSULTATIONS:

Marco Aquino, Financial Planning Administrator

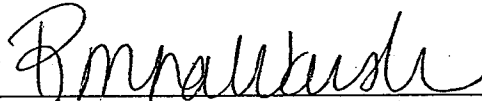
6. CONCLUSION:

Huron Lodge has successfully moved through the process from the Alberta Classification System to the mandated Resident Assessment Instrument - Minimum Data Set 2.0 process. During the transition, we have been able to identify and implement a sustainable approach to manage and measure improvement in resident outcomes over time. All reporting mechanisms to the Ministry of Health and Long Term Care were completed and regular monitoring and continuous improvement has occurred to ensure timely and accurate data submission.

The assessment allows for a proactive health management system which focuses on our residents' strengths and abilities. Huron Lodge now has an increased ability to track areas of progress, identify areas of improvement, and compare performance both internally and externally within the LHIN. The new process at Huron Lodge enables best practices and enhances compliance with the Long Term Care Homes Act and regulations and is in alignment with the City of Windsor's Community Strategic Plan.



Lucie Lombardo
Executive Director, Long Term Care



Ronna Warsh
Community Development and Health
Commissioner
Corporate Leader Development, Health,
Recreation and Culture



Susan Rogers
Director of Care, Huron Lodge

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APPENDICES:

DEPARTMENTS/OTHERS CONSULTED:

Name:

Phone #: 519 ext.

NOTIFICATION :

Name	Address	Email Address	Telephone	FAX