

For Information

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DATE: September 11, 2012

REPORT TITLE: **RESIDENT ASSESSMENT AND FUNDING TOOL FOR LONG TERM CARE**

FROM: Janette Smith, Commissioner of Health Services

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**OBJECTIVE**

To provide an update on Ontario's implementation of the Resident Assessment Instrument-Minimum Data Set 2.0 (RAI-MDS) in all long term care homes, and the operational and financial effects on the Region of Peel's five Long Term Care Homes.

**REPORT HIGHLIGHTS**

- In January 2009, the Ontario Ministry of Health and Long-Term Care (MOHLTC) announced the mandatory use of a common assessment tool referred to as Resident Assessment Instrument-Minimum Data Sets (RAI MDS), for all of Ontario's long-term care homes.
- The goal of the common assessment tool is to evaluate care requirements for each resident in a standardized, comprehensive and resident-focused manner.
- The Case Mix Index (CMI) which is derived from the score assigned to these assessments is a critical element in the province's determination of funding for nursing and personal care in long term care homes.
- In Peel, final implementation of RAI-MDS on April 1, 2012 resulted in a slight decrease of \$213,000 in 2012 and \$260,000 in 2013 but is expected to increase in 2014 and beyond.

**DISCUSSION****1. Background**

Prior to 2009, the indexing of care in Ontario's LTC homes was determined annually by the Ministry of Health Long-Term Care (MOHLTC) using the Alberta Classification System. This system had many gaps, in that it did not recognize a resident's needs for complex professional and rehabilitation/restorative care. It also did not provide standard measures of quality indicators across Ontario.

In January 2009, the Ministry of Health and Long-Term Care (MOHLTC) announced the mandatory use of a common assessment tool for all of Ontario's long term care homes. The province chose the Resident Assessment Instrument-Minimum Data Set 2.0, a leading set

September 11, 2012

## RESIDENT ASSESSMENT AND FUNDING TOOL FOR LONG TERM CARE

of computerized care management tools adopted by long term care in more than 30 countries.

RAI-MDS provides standardized, comprehensive and resident-focused assessment tools. It prescribes a defined observation period for each part of an assessment and clearly defines who, when, what and how assessments are conducted. Each resident is assessed according to their needs.

RAI-MDS provides consistent and comprehensive data that enables care providers to capture each resident's strengths, needs and preferences which serve as the basis of their individualized care plans.

Among its benefits RAI-MDS :

- Provides standardized assessments that flag concerns and complex care in a timely fashion;
- Fosters an inter-disciplinary approach to deliver care;
- Enhances care processes and improves quality by delivering clear information;
- Creates consistent and comprehensive data used by the Canadian Institute of Health Information, Local Health Integration Networks (LHINs) and MOHLTC for benchmarking, policy development and sector planning; and
- Collection of performance data for benchmarking care providers within the sector and public reporting by the Ontario Health Quality Council, starting in September 2012.

Information entered into a resident's RAI-MDS assessment is analyzed by a companion computer program that prepares a number of reports for individual residents designed to help the care team identify resident needs and capabilities; monitor their progress and wellbeing; and understand how best to allocate staff and resources in the home to meet those needs.

### a) Case Mix Index

After an assessment is done, a resident's care needs are evaluated and assigned a 'Case Mix Index' value (CMI). Residents with the highest care needs have the highest CMI while more independent residents have a lower CMI.

Residents' needs are evaluated at admission, quarterly thereafter, as well as after a significant change in their health have occurred. Assessments are conducted over a seven-day period, during which all disciplines (e.g. Registered Nurses and Registered Practical Nurses, Dietitian, Activation) are required to review the capabilities, strengths, needs and preferences of a resident. A "care conference" with the resident, family and representatives from all of the health professions is also held annually.

The data collection process required for measuring CMI is also used for other management and clinical functions, including the key indicators of quality that Health Quality Ontario requires for public reporting.

September 11, 2012

## RESIDENT ASSESSMENT AND FUNDING TOOL FOR LONG TERM CARE

### b) Health Funding

The completed RAI-MDS assessments for all residents of a long term care home are submitted to the Canadian Institute of Health Information on a quarterly basis and an average quarterly CMI is then determined for the whole home for that quarter.

The Ministry of Health and Long-Term Care uses the average of four quarterly results to determine the CMI for the home on an annual basis for funding.

For the purpose of funding, homes experience 'lag' time between the assignment of a CMI and the application of their CMI to annual funding. For example, the CMI achieved between April 1, 2010 and March 31, 2011 has been used to determine the funding in the current provincial fiscal year April 1, 2012 to March 31, 2013.

This funding is one part of the overall resource structure and specifically streams funding into the Nursing and Personal Care envelope. Peel Long Term Care Homes started to receive RAI-MDS based funding in April 2012.

## 2. Introducing RAI-MDS in Peel

Peel Long Term Care Homes implemented RAI-MDS in spring 2010 as reported to Council in May of that year. RAI-MDS introduced significant requirements for staff to document resident care and clinical treatment data using coding specific to the RAI-MDS tool.

MOHLTC funded implementation of RAI-MDS including training, education and onsite support for the process. Funding was also approved to sustain the tool, including funding for a RAI specialist at each LTC home. The specialist's role includes staff education and training; coordinating and ensuring accurate data collection; and preparing and submitting quarterly data.

## 3. Proposed Direction

Full implementation of RAI-MDS represents a significant step forward in quality assurance for Ontarians who require long term care.

The transition to a CMI-based funding model has highlighted the need for staff across Peel LTC Homes to apply the tool correctly and consistently to ensure all relevant data, related to care, is accurately collected and submitted. This information is critical to receiving appropriate funding from MOHLTC and to ensure that key quality indicators reported publicly by Health Quality Ontario reflects the high quality of care we provide.

The introduction of new technology, specifically point of care terminals approved by Council and now being installed in all five homes, will support timely and accurate recording of resident information by personal care staff. As well, the continuous training of Registered Nurses and Registered Practical Nurses combined with monitoring by supervisors and the RAI specialist will support continuous improvement in the accuracy of our practices.

September 11, 2012

**RESIDENT ASSESSMENT AND FUNDING TOOL FOR LONG TERM CARE****FINANCIAL IMPLICATIONS**

Prior to full implementation, on April 1, 2012, funding for Peel's homes was protected and frozen based on each home's classification under the previous funding model. Implementation of RAI-MDS resulted in a slight reduction of funding for some Regionally operated homes.

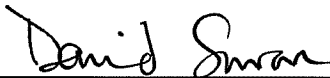
The transition to the new funding CMI will result in a decrease of \$213,000 in 2012 and \$260,000 in 2013 but is expected to stabilize and increase in 2014. Due to the time lag between the calculation of the CMI and its effect on funding, the additional investments that Regional Council has made to improve documentation should lead to an increase in provincial funding in 2014 and beyond.

**CONCLUSION**

Full implementation of RAI-MDS in all Ontario long term care homes is completed. This integrated system of care assessment tools and funding of care offers many benefits for residents, families and care providers, and supports continuous improvement for individual homes and the entire Ontario sector. While there is a short term decrease in funding for fiscal years 2012 and 2013, the longer term outlook is positive for increasing cost recovery.



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**Approved for Submission:**

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