

# OLTCA Homes Share Their RAI-MDS 2.0 Implementation Success Strategies

There is no doubt that newcomers to the Long Term Care Homes Common Assessment Project have many questions about the changes that lie ahead. They often wonder about their team's readiness to adapt to and welcome the transformational processes of the Resident Assessment Instrument Minimum Data Set (RAI-MDS 2.0) and about their ability to cope with challenges along the way. Yet today, all Ontario long term care homes have taken the leap into the world of RAI and are witnessing first-hand the many benefits that this common assessment instrument brings to their homes and residents.

Following an announcement from the Ministry of Health and Long-Term Care on January 7, 2009, all homes in the province have been scheduled to begin the implementation of this resident-centred common assessment tool. The aim of the tool is to improve care-planning capabilities, strengthen team communication and provide better information for quality improvement.

So how can homes ensure that they are successful during this important transition? By following these five easy tips from OLTCA's RAI homes, long term care facilities should be on the path to success.

## 1. Secure staff buy-in

*"Getting staff buy-in, right from the start, is especially important. To achieve this, you should regularly communicate your plan and demonstrate your commitment. Show your team members how they stand to benefit from the implementation."*

—Mario Jacques, director of care, Villa Marconi

### by Anastasia Romanov

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Without staff buy-in, implementing RAI-MDS can be a big challenge. Communication is key. Every team member plays an important role during the assessment process. Showing each of them not only how they stand to benefit from the new process but also the impact it will have on the residents in their home can be essential.

Identify individuals with great rapport and leadership qualities and aim to channel RAI benefits through them. There is a steep learning curve during the initial stages of the project, so encouragement is very important. It is essential that the leadership team is visible and available during this transition. The team must be open to receiving suggestions and comments from staff and, of course, sharing their feedback throughout the process.

Remember: the team's support during this period is instrumental. Throughout the implementation phases, many RAI coordinators have indicated that having their leadership team 100 per cent behind them was one of the key ingredients of their success.

## 2. Plan, plan, plan

*"The planning phase is very important. Have a solid vision of where you are going, what goals you would like to achieve and how you will get there."*

—Implementation team, Vision Nursing Home

As the saying goes, 'Failing to plan is planning to fail.' It is important to take the time to plan the implementation. Planning begins with the development of an action plan. The action plan is about putting strategies into place for the RAI journey.

Along with the action plan, a daily RAI schedule should be developed and an implementation checklist created for each education module. The action plan should be clearly stated and incorporate the what, who, when, why, where and how for a successful RAI implementation.

A good action plan will help the team stay focused and implement RAI in a timely manner. Determine the important milestones

for the team's journey. Form an interdisciplinary team approach in implementation; determine who will be contributing or participating and what each person will do.

Remember: just like a plan of care, the action plan should be useful and realistic. If it is not meeting the team's needs, revisit it, re-evaluate it and customize it to suit your home.

## 3. Stay open-minded

*"My advice to all RAI coordinators is to be open-minded. Always look for more knowledge and be willing to share it. It's a true team effort."*

—Marilyn Laite, RAI coordinator,  
Woods Park Care Centre

No one individual, no matter how skilled or enthusiastic, can bring a long term care home to a successful completion of the RAI-MDS implementation. It really does require commitment from the entire interdisciplinary team. The saying, 'There is no I in team,' couldn't be more true here. Although there certainly are clear leaders in the implementation, such as RAI coordinators, it is the input and dedication from the entire team that ensures RAI benefits are realized in the home.

RAI coordinators should share what they learn with the rest of their team. The coordinator's role is to teach, support and be available. Coordinators should try to be flexible and optimistic, while always asking for help if needed. Their solid understanding and knowledge of the RAI-MDS will allow them to build team spirit and keep the team on track. Coordinators should reiterate the importance of each staff member's individual contribution to the MDS assessment and how his or her input ultimately ensures the best possible outcome for each resident.

Remember: this is a resident-centred care plan with all disciplines contributing to one assessment. There should no longer be any silos. All disciplines—including nursing, personal support workers, restorative, recreation, social work, dietary and therapies staff and physicians—have a leading role on the RAI stage.

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#### 4. Use the available resources

*“Project resources are very valuable during the process. The project support portal, information technology toolkit and education toolkits can help you not only prepare for the implementation, but also guide you throughout the education period.”*

—Marijane Huliganga, RAI coordinator,  
Villa Colombo

During RAI implementation, the long term care home has access to a large assortment of project resources. These have been primarily developed to guide long term care homes during this important initiative. All of the resources are free of charge and most are available at the click of a button.

In partnership with the early-adopter homes and based on many lessons learned, the project team has developed a comprehensive library of support documents, which are available for download from the project support portal. They include an information technology toolkit, all education materials used during training, a detailed ‘frequently

asked questions’ document, recordings of 60 Minutes continuing education sessions and much more.

Remember: the project team is a long term care home’s key resource. The team is there to listen and help and is just a phone call or email away.

#### 5. Keep an eye on the big picture

*“Don’t get discouraged. Seek support from those who have implemented. They are your best allies and a great resource. They are often willing to assist. Remember to look to the future and keep the big picture in sight.”*

—Susan Wendt, administrator, Leisureworld  
Brampton Woods

Once a long term care home has a plan in place and a team on board, it is well on its way and well prepared for the RAI journey. However, all RAI homes will face hurdles and bumps at one time or another. This is not unusual when going through such a significant change.

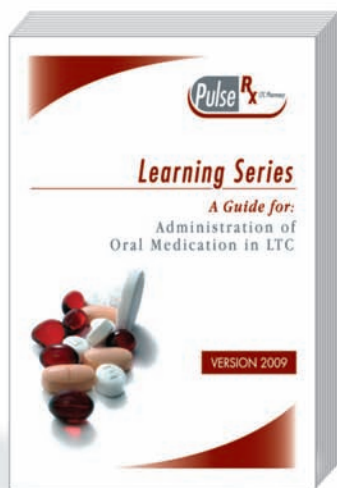
The key is not to get discouraged and to always seek support.

Long term care homes have access to the project’s mentorship program, which can put them in touch with experienced RAI homes. The staff at these homes are always happy to help.

Remember: mentors signed up to this program to help. According to senior program member Wendy Campbell from Stayner Nursing Home, mentors offer a “friendly voice” and a safe place where those being mentored can comfortably ask their burning questions.

Thinking about the big picture and all of the benefits that will be reaped as a result of RAI implementation will keep long term care homes on course, moving steadily toward graduation one milestone at a time. **LTC**

*To learn more about RAI-MDS 2.0 and its benefits, contact the Project Support Centre at (416) 314-7365 or 1-866-909-5600 or visit [www.ehealthontario.ca/ccim](http://www.ehealthontario.ca/ccim).*



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## CASE STUDY: An RAI Story

I have been working at Leisureworld, Brampton Woods, since it opened in March 2003. I am a registered practical nurse and I worked as a charge nurse on one of the units. In April 2006 my administrator, Susan Wendt, approached me about a coordinator position she was creating for this new system—Resident Assessment Instrument Minimum Data Set (RAI-MDS 2.0)—that would have an impact on funding down the road and would be beneficial for quality resident care.

I wasn't sure I was ready to take on such an enormous project, and I felt as if all my hair was standing up on end from all the information that was put my way. Susan reassured me by saying that it wasn't different from the documentation and care planning I was already doing, just better. She explained to me how RAI-MDS is a way of benchmarking to identify our home's strengths and weaknesses. She also told me how the new MDS terminology reflects what the residents can do for themselves and how staff can support them. Needless to say, she had my buy-in. What can I say? I'm a softy when it comes to optimal care for our residents.

### Nothing worthwhile is easy!

Our facility went through hardships, just like any other facility that is adopting MDS. We entered phase three of the project, proving that nothing worthwhile in life is ever easy. Knowing this, I took baby steps—but I planned everything in my daily planner.

I started by training the personal support workers on the new flow sheets. At first, they complained about the increased paperwork

they had to complete. I could not stress enough how they were the most important staff members in this new system and that the new terminology was more accurate. I was still meeting with some resistance even after our kick-off celebration, but I knew that the rest of the staff would buy-in over time. The endorsement of the personal support workers who understood the system would eventually rub off on the staff who were still trying to figure it out or even resisting the change.

I then trained all of the full-time registered staff on day and evening shifts on how to code. At one point, tensions were running a little high. When I would go onto a unit to check the staff's coding, they would say, "What are you doing here?" I would then tell them that "MDS is here to stay!" and laugh my head off to relieve the tension. And it worked. I continued to explain to staff how RAI-MDS would be the new system in every home and that they had this great opportunity to learn a new skill. I believe most staff now understand how important RAI-MDS is, since all long term care homes will eventually be using the system.

### The next phase

When our home moved on to risk assessment and care planning, it was a huge job. The registered staff were creating risk assessment plans as I was working on changing our care plans to the MDS language. At the time, our home was experiencing a shortage of registered staff due to a new hospital opening and a massive hiring. Things could not have been tighter. But the staff and I kept to our resident schedule, which was provided by the project. We continued to pick away at our list until all of our residents were on the MDS system.

Now that we have successfully implemented RAI-MDS in our home, it is a normal way of life for us. I continue to retrain and support both new and old staff in our new and improved way of thinking. We have had tremendous support from the Common Assessment Project.

I remember when one of the RAI educators came to visit our home. She looked at our

coding and found some areas that needed improvement. She was very understanding. She knew that our home had just started the project. We corrected the mistake so it wouldn't happen again. She told us that we should continue to look forward, and that as time passed our coding will improve.

The same held true for risk assessment planning. After two years of coding, the information is more accurate and the quality of our risk assessment planning continues to improve. We are now tweaking our care plans over time.

### A rewarding challenge

I have enjoyed my journey to RAI-MDS implementation. I have experienced every possible human emotion, but it was fun! It is totally normal to feel anxious when taking on a project of this magnitude. What we need to remember is that this is a road we are travelling down and the destination is the full implementation of RAI-MDS. It is an enormous learning curve for all of us, but the project support centre is there every inch of the way.

Take baby steps and concentrate on putting one foot forward at a time. Don't overwhelm yourself by looking at the whole picture all of the time; the project will guide each facility as it moves through the process. The RAI coordinator sets the course on cruise control and before long your home will reach its destination.

Yes, there were bumps. Issues did arise. But where there is a will there is always a way. If something is too easy then it's probably too good to be true. We are nurses and we know how to make the best with what we have for our residents. It doesn't matter how we get to the light at the end of the tunnel, as long as the system we put in place works and all the pieces of the puzzle (the interdisciplinary team) fit together.

There are still some areas that require fine tuning and eventually, as a province, we will iron out any problems. My administrator, Susan, always reminds me not to waste time reinventing the wheel. If I can get to where I am now then so can everyone else.

#### by Sylvia Masters

*Sylvia Masters, RPN, has been with Leisureworld, Brampton Woods, since the home opened in 2003. She has been the RAI coordinator since 2006 and has facilitated the implementation of MDS in the home. Ms. Masters can be reached at (905) 799-7502 ext. 2006 or [sylvia.masters@leisureworld.ca](mailto:sylvia.masters@leisureworld.ca).*