THE REGIONAL MUNICIPALITY OF YORK

REPORT NO. 2
OF THE REGIONAL COMMISSIONER OF COMMUNITY SERVICES, HOUSING AND HEALTH SERVICES

For Consideration by
The Council of The Regional Municipality of York
on April 19, 2007

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2007 LTC FUNDING ANNOUNCEMENTS AND BUDGET ADJUSTMENTS NEW PROVINCIAL CARE MANAGEMENT SYSTEM

1. RECOMMENDATIONS

It is recommended that:

1. Council authorize receipt and expenditure of $134,600 in base annualized funding increases and $89,320 in one-time 100% funding from the Ministry of Health and Long-Term Care (MOHLTC) for the implementation of a new provincial computerized common health care assessment, documentation and care management system (*see Attachment 1*).

2. Council authorize a 1.8 FTE increase in the approved LTC 2007 staffing complement to accommodate the creation and recruitment of the necessary positions for program implementation.

3. The 2007 Long Term Care and Seniors Business Plan and Budget be amended to incorporate these changes.

2. PURPOSE

The purpose of this report is to secure approval from Regional Council for the receipt and expenditure of additional subsidy from the MOHLTC for program costs related to

implementation of the new provincial computerized common health care assessment, documentation and care management system.

3. BACKGROUND

The MOHLTC is implementing a new computerized common health care assessment, documentation and care management system as part of the government's eHealth plan to create an electronic health record for all Ontarians. The project began in early 2005 and the MOHLTC plans to implement the new system and software in all Ontario LTC facilities. The new system will replace the current Levels of Care Classification system with a more comprehensive system that incorporates classification, common assessment protocols, clinical outcomes, quality indicators, resource utilization groupings and documentation. On February 28, 2007 staff received notification from the MOHLTC that the Newmarket and Maple Health Centers had been selected to participate in the Phase 4 rollout of the project.

4. ANALYSIS AND OPTIONS

All long term care facilities across Ontario will be required to adopt and implement the documentation and care management system by March 2008. Participating in this initiative was identified in the Long Term Care and Seniors Branch (LTCSB) 2007 Business Plan but we were unable to determine/confirm actual funding and the implementation timeframe pending MOHLTC notification. Under this initiative, the LTCSB will receive $223,920 of which $134,600 is for base funding and $89,320 is for one-time funding for implementation of the new software and care management system.

4.1 Overview of New System

The new documentation, assessment and care management system that the MOHLTC has adopted is called the RAI-MDS 2.0 (Resident Assessment Instrument Minimum Data Set). A version of this system is already in use in acute and chronic care hospitals in the province and is the common assessment instrument of choice in several other provinces and 21 other countries. The system helps to manage resident assessments, care planning, clinical care improvement and resource management. It may also be used for planning, funding health resources and the development of health policy.

4.2 RAI-MDS Benefits

Some of the benefits associated with the use of this new instrument and software include:

- increased involvement of clients and families in care planning
- incorporates evidence based care planning which helps to design better individualized care plans
- automatically flags potential problems, potential benefits and monitors existing clinical risks

- standardizes assessment protocols
- built-in outcome measurement tools and quality indicators that can be used by staff to enhance clinical care
- automated and standardized quality information and resource utilization reports for management decision-making and benchmarking

4.3 Relationship to Vision 2026

These funding initiatives support the attainment of the Vision 2026 goals of developing Quality Communities for a Diverse Population and Responding to the Needs of our Residents. The LTCSB offers a continuum of community-based, outreach, day and institutional services that support clients with a diverse range of care and support needs. The funding provided under these initiatives supports the delivery of those programs and services.

5. FINANCIAL IMPLICATIONS

Under this initiative, the LTCSB will receive an additional $223,920 in MOHLTC funding in 2007. Of that amount $134,600 is base sustainability funding for staffing increases necessary for replacement of existing care plans and maintaining the health care assessments and records utilizing this new system and $89,320 is for one time funding for staff training for implementation of the RAI-MDS software and care management program.

The Ministry funding will cover 100% of the operating costs associated with the implementation of this new system and it is anticipated that any ongoing costs associated with this system and staffing will also be funded by the Ministry. There is no net cost to the Region in 2007 and it is projected that 2008 funding from the Ministry will continue to cover 100% of the costs.

The following chart depicts the annualized and current year program allocations and funding increases.

Table 1
Overview of Funding Increases and Allocations

Program	Current Year $ Increase (Mar – Dec 2007)	Annualized $ Increase	FTE Increase
RAI-MDS 2.0 Software/Training/ Implementation Costs	$ 89,320	$ 0	n/a
RAI-MDS 2.0 Staffing Coordinators	134,600	$134,600*	1.8
Total	$223,920	$134,600	1.8

* Estimate - Annualized increase to be determined by MOHLTC following time and motion studies which is to be completed at end of early adopter phase. In the interim the positions will be filled on either a temporary or secondment basis only and will not be made permanent until the 100% annualized funding is confirmed by the MOHLTC.

6. LOCAL MUNICIPAL IMPACT

The utilization of the Ministry funding will allow us to continue to meet the needs of clients with greater service needs and enhance our client assessment, planning and care management systems, which will benefit and support the programs and services we provide for all citizens needing/using our services in York Region.

7. CONCLUSION

The approval of the recommendations regarding the receipt and expenditure of the additional subsidy from the MOHLTC will enable us to adopt and implement the new provincial computerized common health care assessment, documentation and care management system at the Newmarket and Maple Health Centres. It will also enhance our client assessment and care planning and further improve our CQI processes and ability to benchmark.

For more information on this report, please contact Shawn Turner, General Manager of the Long Term Care and Seniors Branch of the Health Services Department.

The Senior Management Group has reviewed this report.

(The attachment referred to in this clause is attached to this report.)

Respectfully submitted,

March 21, 2007
Newmarket, Ontario

J. Simmons
Commissioner of Community Services, Housing and Health Services

(Report No. 2 of the Commissioner of Community Services, Housing and Health Services was adopted, without amendment, by Regional Council at its meeting held on April 19, 2007.)

Attachment #1

Wednesday February 28, 2007

Dear Administrator,

Congratulations! Your Home has been selected to participate in Phase 4 of the RAI MDS 2.0 rollout. Please see attached documents for comprehensive information.

If you have any questions or concerns, please contact us at the Project Support Centre.

Long-Term Care Homes Common Assessment Project
Telephone: 416.314.7365 / 1.866.909.5600
fax number: 416.314.1585
e-mail: ltchproject@moh.gov.on.ca

www.eHealthOntario.ca

Welcome to Phase 4 of RAI-MDS 2.0 Early Adoption!

Thank you for taking part in the next stage of the province-wide Resident Assessment Instrument Minimum Data Set 2.0 (RAI-MDS 2.0) implementation. As a Phase 4 Early Adopter, you have the opportunity to benefit from a comprehensive resident assessment tool that can improve care planning capabilities, strengthen team communications and provide better information for continuous quality improvement.

The success of the project is dependent on a strong partnership between Early Adopters and the Project Team. Together, we will:

- Help develop best practices for future rollouts of the RAI-MDS 2.0
- Inform the streamlining of RAI-MDS 2.0-related processes
- Continue to explore ways to use the MDS 2.0 assessment data for clinical and operational improvement
- Work to develop the new RAI-MDS 2.0 partnership framework with the Ministry of Health and Long-Term Care's Compliance, Inspection and Enforcement Unit

From the outset, we want you to know that the Project Team is here to listen and here to help. Our key objective is giving you the support and advice you need. We have an Implementation Team and a Project Support Centre that are available to answer your individual questions via telephone and e-mail.

As part of the Project, you will play an important role in supporting quality health outcomes for residents of all long-term care homes in Ontario. Thank you again for partnering with us.

The enclosed Welcome Package has the details of your first steps.

We hope you're looking forward to getting started as much as we are!

Shelley Kapitan
Senior Project Manager
Long-Term Care Homes Common Assessment Project

ASSESSMENT & CARE

LONG-TERM CARE HOMES COMMON ASSESSMENT

We are working to allow Residents' needs, abilities and preferences to be built into their Plan of Care on a best practice basis no matter where or when they are assessed.

"Now when I complete an assessment I feel I am meeting these residents for the first time"
RPN with 5 years at a home

Today's situation

Long-Term Care homes use a variety of methods to capture residents' abilities, preferences and care needs when they create the plan of care. While standards are often very high, this lack of consistency and the inability to gather standardized clinical information makes it difficult to compare and improve the quality of care. It also restricts the ability for homes to exchange information efficiently with other health agencies.

Tomorrow's vision

All residents in Long-Term Care homes across Ontario will be assessed with one standardized, automated common assessment instrument. The consistent and detailed information it provides will help enhance the diagnosis and management of care needs and provide benchmarks within and across all homes. Care Teams will be able to work more efficiently with CCACs, hospitals and other health agencies - all using the same language.

The direction

The Resident Assessment Instrument Minimum Data Set 2.0 (RAI-MDS 2.0) is the common assessment instrument of choice in more than 20 countries, and growing. Ontario is now joining them and leading the way in using the RAI-MDS 2.0 approach to create in-depth care plans. Frontline teams will gain a tool to gather consistent information on resident care needs. The instrument increases the involvement of the residents and their families and helps to develop individualized care plans to meet those needs.

The quality indicators and outcome scales built into the RAI-MDS 2.0 suite of programs can be used by Long-Term Care homes to enhance their standards and quality of care. The instrument also provides consistent, quality information for management decision-making and LHIN and Ministry of Health and Long-Term Care planning.

How we'll get there

The Long-Term Care homes Common Assessment Project will implement the RAI-MDS 2.0 in all Ontario Long-Term Care homes. Three Early Adopter phases featuring 89 homes are well underway. These homes have helped to test the education, support, funding and timing plans for full implementation. A further Early Adopter phase is about to begin.

The benefits

The instrument will produce benefits for all Long-Term Care homes.

- Residents will benefit from standardized assessments. The RAI-MDS 2.0 flags potential concerns and complex care needs in a timely fashion
- It encourages resident and family involvement and supports an interdisciplinary approach to care delivery
- The instrument aids critical thinking and better analysis of care needs by care providers
- Long-Term Care home Administrators will have better information for care process enhancement, quality improvement and comparative benchmarking
- The RAI-MDS 2.0 enhances the availability of consistent and comprehensive data that LHIN's and the Ministry of Health and Long-Term Care can use for benchmarking, policy development and system planning

Continuing Care e-Health

Continuing Care e-Health is about delivering better health care to clients at home and in our communities. We play a critical role in improving the health care system for providers, residents and clients. We support the needs of more than 2,600 organizations and thousands of clients at home and in our communities.

For more information

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