



# When Two Become One...



## The Marriage of Clinical Practice and RAI 2.0 to Improve Resident Outcomes

Rachel Keung, BSN, RN • Dixie Butts, MA, BSN, RN • Szu Chi Lee, MSW, RCSW • David Reeves, BBA

### The Single Life Pre-RAI 2.0



- ❖ Assessment standards and care plan processes varied, and the resident chart was the main source of information
- ❖ It was difficult to measure changes in a resident's condition, effectiveness of care, as well as the needs of resident populations in facilities and the region

#### PROGRESS NOTES

05/03/09: Coccyx ulcer dressing was changed for a small amount of serous drainage. Wound base appears moist, red, with good granulation tissue. A mepore dressing was applied. ~~~~~  
The Nurse, RN, BSN.

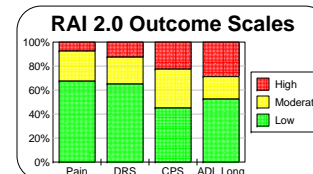
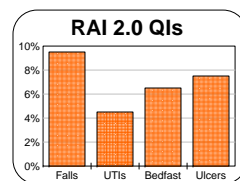
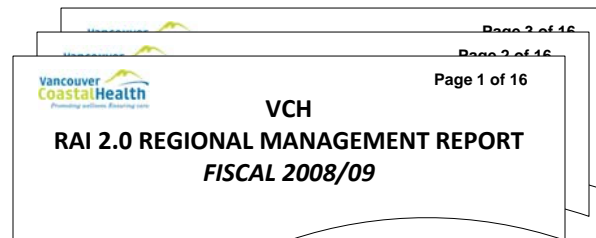
### The Introduction of RAI 2.0

- ❖ In 2006 VCH introduced RAI for residential care. It was clear that RAI must become part of everyday resident care so an integrated approach was established through the partnering of the RAI Project Team and Residential Practice Team

### The Marriage Clinical Practice & RAI Together



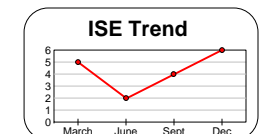
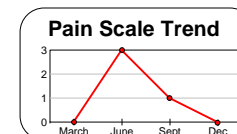
- ❖ RAI education for clinicians and facility/regional leaders
- ❖ Incorporating RAI into non-RAI nursing and care aide education
- ❖ "Data School" and on-site visits on interpretation and use of the data for decision support. Leaders were encouraged to apply RAI data using Plan-Do-Study-Act (PDSA) cycles
- ❖ VCH RAI Reports distributed to clinicians and leaders



### The Growing Relationship A New Lifestyle



- ❖ A standardized, regular process for resident assessment
- ❖ The Interdisciplinary Team reviews RAI outputs, trends and RAI coding to evaluate and validate any functional changes
- ❖ A resident-centred, evidence-based care plan is created at care conference in collaboration with resident and family



- ❖ Next Steps: Incorporate RAI data to support operational and strategic decisions, such as quality improvement initiatives

Residents with High Pain Scale Scores Residents with High DRS Scores and < Daily Anti-Depressant Medication or No Clinical Diagnosis			
Name	DRS	A-D Meds	Diagnosis
Betty Arden	14	< Daily	Yes
Laura Jones	12	Daily	No
Robert Lee	9	No	No
Angie Smith	5	< Daily	No
Harold Wong	4		