

*“A Knowledgeable and Compassionate partner”*



# Build Your Own MDS Coordinator:

## Module 2 - The RAI Process



# APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 1.0 contact hours.

# CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

# SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, in-person**
  - In order to obtain nursing contact hours, you must attend the entire activity, participate in case study analysis, and complete the evaluation.
- **Live, virtual**
  - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.
- **Web-Based/On-Demand**
  - In order to obtain nursing contact hours, you must view the entire program, and complete the evaluation.

# The RAI Process

## Learning Objectives

- Understand a general overview of the RAI
- Recognize the role the MDS plays in the RAI process
- Identify the components of the RAI process
- Describe the interdisciplinary team (IDT)
- Appreciate the results of the RAI process.



# Overview of the RAI

- The Resident Assessment Instrument (RAI) helps nursing home staff gather definitive information on a resident's strengths and needs, which must be addressed in an individualized care plan.
- It also assists staff with evaluating goal achievement and revising care plans accordingly by enabling the nursing home to track changes in the resident's status.
- As the process of problem identification is integrated with sound clinical interventions, the care plan becomes each resident's unique path toward achieving or maintaining their highest practical level of well-being.
- The RAI helps nursing home staff look at residents holistically—as individuals for whom quality of life and quality of care are mutually significant and necessary.

# Components of the RAI

- The RAI consists of three basic components:
  - **1. Minimum Data Set (MDS) Version 3.0**
    - A core set of screening, clinical, and functional status data elements, including common definitions and coding categories, which form the foundation of a comprehensive assessment for all residents of nursing homes certified to participate in Medicare or Medicaid.

**M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage** CATs QM \$\$ ★ QRP

A. Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues

Enter Number

1. Number of Stage 1 pressure injuries CAA: \*16

B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister

Enter Number

1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3 CAA: \*12, \*16, \*N045.01 ★, S038.02 ★,

2. Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry S038.02 ★

C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling

Enter Number

1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4 CAA: \*12, \*16, \*N045.01 ★, S038.02 ★

2. Number of these Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry S038.02 ★

D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling

Enter Number

1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device CAA: \*12, \*16, \*N045.01 ★, S038.02 ★,

2. Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry S038.02 ★



# Components of the RAI

- The RAI consists of three basic components (cont.):

- Care Area Assessment (CAA) process**

- Designed to assist the assessor to systematically interpret the information recorded on the MDS by focusing on key issues identified during the assessment process so that decisions as to whether and how to intervene can be explored with the resident. There are three components.

- Care Area Triggers (CATs)
      - Care Area Assessment (CAA)
      - CAA Summary (Section V of the MDS 3.0)

**M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage** CATs QM \$\$ ★ QRP

A. Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues

Enter Number  1. Number of Stage 1 pressure injuries CAA: \*16 ✓

B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister

Enter Number  1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3 CAA: \*12, \*16, \*N045.01 ★, \*S038.02 ★

Enter Number  2. Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry S038.02 ★

C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling

Enter Number  1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4 CAA: \*12, \*16, \*N045.01 ★, \*S038.02 ★

Enter Number  2. Number of these Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry S038.02 ★

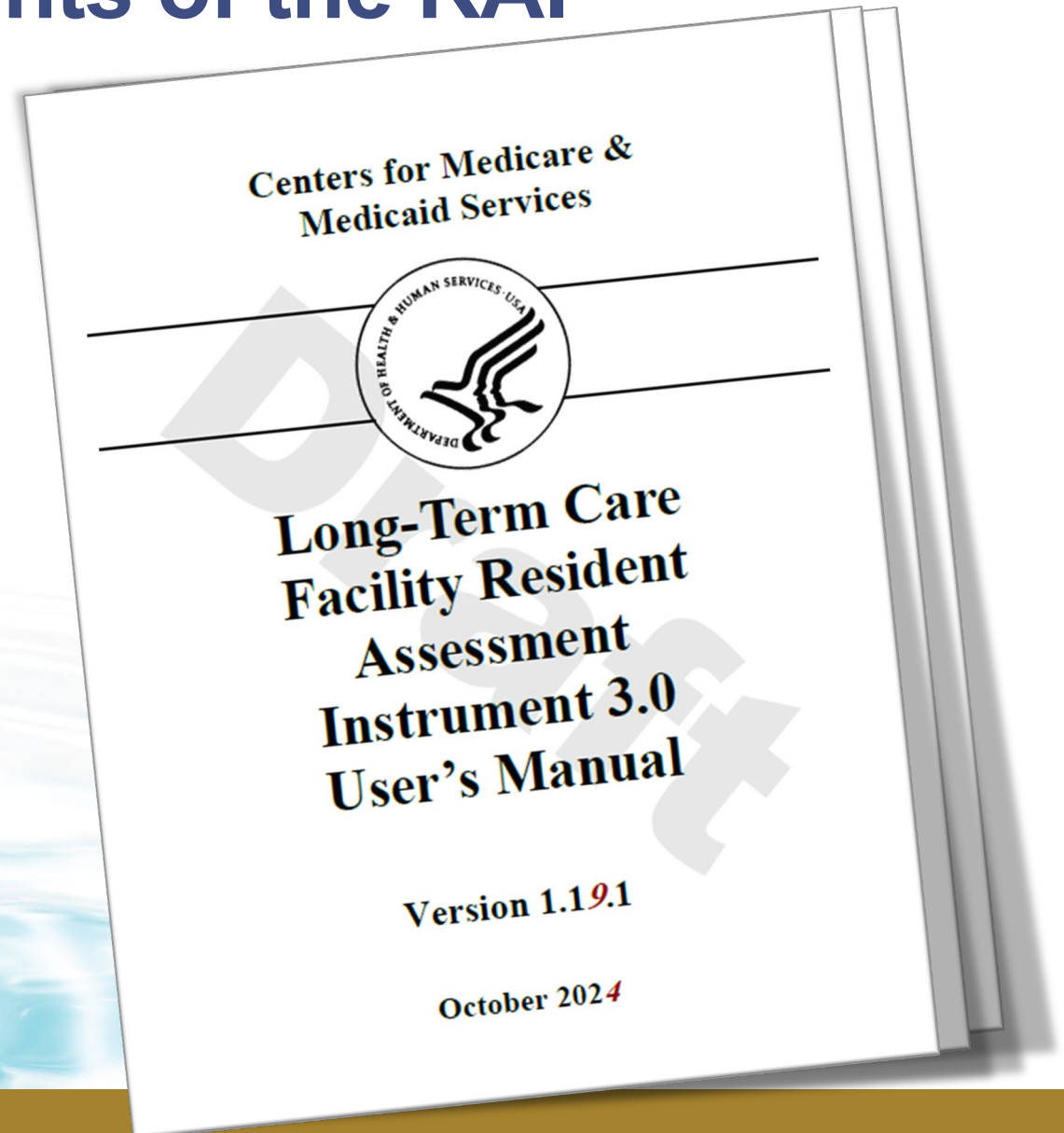
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Enter Number  1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device CAA: \*12, \*16, ✓

Enter Number  2. Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry S038.02 ★

# Components of the RAI

- The RAI consists of three basic components (cont.):
  - **RAI Utilization Guidelines**
    - The Utilization Guidelines provide instructions for when and how to use the RAI.
    - The Utilization Guidelines, also known as the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, includes instructions for completion of the RAI as well as structured frameworks for synthesizing MDS and other clinical information.





# Components of the RAI

- **The utilization of all three components of the RAI yields information about a resident's functional status, strengths, weaknesses, and preferences, as well as offering guidance on further assessment once problems have been identified.**

# The RAI is Interdisciplinary

- **Interdisciplinary use of the RAI** promotes this emphasis on quality of care and quality of life.
- Nursing homes have found that involving disciplines such as dietary, social work, physical therapy, occupational therapy, speech language pathology, pharmacy, and activities/recreational therapy in the RAI process has fostered a more holistic approach to resident care and strengthened team communication.
- This interdisciplinary process also helps to support the spheres of influence on the resident's experience of care, including:
  - workplace practices,
  - the nursing home's cultural and physical environment,
  - staff satisfaction,
  - clinical and care practice delivery,
  - shared leadership,
  - family and community relationships, and
  - Federal/State/local government regulations.

# Results: The Nursing Process

- Clinicians are generally taught a problem identification process as part of their professional education.
- For example, the nursing profession's problem identification model is called **the nursing process**, which consists of assessment, diagnosis, outcome identification, planning, implementation, and evaluation.





# Results: The Nursing Process

## The Nursing Process

**Assessment**—Taking stock of all observations, information, and knowledge about a resident from all available sources (e.g., medical records, the resident, resident’s family, and/or guardian or other legally authorized representative).

**Decision Making/Diagnosing**—Determining with the resident (resident’s family and/or guardian or other legally authorized representative), the resident’s physician and the interdisciplinary team, the severity, functional impact, and scope of a resident’s clinical issues and needs.

**Identification of Outcomes**—Determining the expected outcomes forms the basis for evaluating resident-specific goals and interventions that are designed to help residents achieve those goals.

**Care Planning**—Establishing a course of action with input from the resident (resident’s family and/or guardian or other legally authorized representative), resident’s physician and interdisciplinary team that moves a resident toward resident-specific goals utilizing individual resident strengths and interdisciplinary expertise; crafting the “how” of resident care.

**Implementation**—Putting that course of action (specific interventions derived through interdisciplinary individualized care planning) into motion by staff knowledgeable about the resident’s care goals and approaches; carrying out the “how” and “when” of resident care.

**Evaluation**—Critically reviewing individualized care plan goals, interventions and implementation in terms of achieved resident outcomes as identified and assessing the need to modify the care plan (i.e., change interventions) to adjust to changes in the resident’s status, goals, or improvement or decline.

# Results: Solution Oriented, Dynamic Process

- If you look at the RAI process as a solution oriented and dynamic process, it becomes a richly practical means of helping nursing home staff gather and analyze information in order to improve a resident's quality of care and quality of life.
- The RAI offers a clear path toward using all members of the interdisciplinary team in a proactive process.

# Results: Solution Oriented, Dynamic Process

- The key to successfully using the RAI process is to understand that its structure is designed to enhance resident care, increase a resident's active participation in care, and promote the quality of a resident's life.
- This occurs not only because it follows an interdisciplinary problem-solving model, but also because staff (across all shifts), residents and families (and/or guardian or other legally authorized representative) and physicians (or other authorized healthcare professionals as allowable under state law) are all involved in its "hands on" approach.
- The result is a process that flows smoothly and allows for good communication and tracking of resident care.



# Results: Solution Oriented, Dynamic Process

- Nursing home staff who have applied the RAI process in this manner have discovered that it results in the following outcomes:
  - Residents Respond to Individualized Care:
    - When residents actively participate in their care, and care plans reflect appropriate resident-specific approaches to care based on careful consideration of individual problems and causes, linked with input from residents, residents' families (and/or guardian or other legally authorized representative), and the interdisciplinary team, residents have experienced goal achievement and either their level of functioning has improved or has deteriorated at a slower rate.

# Results: Solution Oriented, Dynamic Process

- Nursing home staff who have applied the RAI process in this manner have discovered that it results in the following outcomes:
  - **Staff Communication Has Become More Effective:**
    - When staff members are involved in a resident's ongoing assessment and have input into the determination and development of a resident's care plan, the commitment to and the understanding of that care plan is enhanced. This challenges staff to hone the professional skills of their discipline as well as focus on the individuality of the resident.

# Results: Solution Oriented, Dynamic Process

- Nursing home staff who have applied the RAI process in this manner have discovered that it results in the following outcomes:
- **Resident and Family Involvement in Care Has Increased:**
  - When considering the information gained from resident and family involvement in the care planning process, staff members have a much better picture of the resident, and residents and families have a better understanding of the goals and processes of care.



# Results: Solution Oriented, Dynamic Process

- Nursing home staff who have applied the RAI process in this manner have discovered that it results in the following outcomes:
  - **Increased Clarity of Documentation:**
    - When the approaches to achieving a specific goal are understood and distinct, the need for voluminous documentation diminishes
    - When staff members are communicating effectively among themselves with respect to resident care, repetitive documentation is not necessary and contradictory notes do not occur.
    - Tracking care and outcomes becomes easier to accomplish

# The RAI is Interdisciplinary

- Over time, the various uses of the MDS have expanded but its primary purpose as an assessment instrument is to identify resident care problems that are addressed in an individualized care plan has stayed the same.
- Data collected from MDS assessments are also used for the Skilled Nursing Facility Prospective Payment System (SNF PPS) Medicare reimbursement system, many State Medicaid reimbursement systems, and monitoring the quality of care provided to nursing home residents.
- **The RAI process is key to all of these**

# References

- Long Term Care Facility Resident Assessment Instrument 3.0 User's Manual version 1.19.1  
<https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual>

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