



Sensible Use of the RAI

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Key Concepts

- *RAI consists of*
 - *MDS*
 - *Care area triggers / assessment*
- *How can we make sense of this and use the data effectively and efficiently?*
- Essential approaches
 - Identify how to make best use of the data elements in the MDS
 - Incorporate results into the full care delivery process



The Three Human Dimensions

PSYCHOSOCIAL

FUNCTIONAL

PHYSICAL



MDS: Key Sections

- Physical
 - Functional
 - Psychosocial
 - Other
-
- Some MDS sections mix several of the above together



MDS: Physical

- B – Hearing / speech / vision
- C – Cognitive patterns
- D – Mood
- I – Active disease diagnoses
- J – Health conditions
- K – Swallowing / nutritional status



MDS: Physical

- L – Oral / dental status
- M – Skin conditions
- N – Medications
- O – Special treatments / procedures
- P – Restraints



MDS: Functional

- E – Behavior
- G – Functional status
- H – Bladder and bowel



MDS: Psychosocial

- F – Preferences for customary routine and activities
- Q – Participation in assessment and goal setting



RAI Triggers

- Twenty areas
 - Mix of causes and consequences
- Better to think of them in terms of the three dimensions
 - Physical
 - Functional
 - Psychosocial



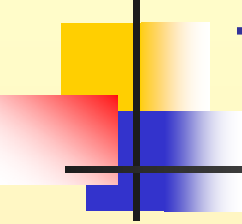
Combining Approach to Triggers

- Many triggers may be approached by a combined effort
 - Symptoms intertwined and cannot readily be separated
 - Often have common causes
 - Management of common causes can have broad impact
 - Efficient and often effective



Combined Approach to Assessment and Review

- Effective
- Efficient use of staff time, resources
- Biologically sound
 - Consistent with actual human physiology and function
 - Seeks common causes and links between causes and consequences



Combining Approach to Triggers: Example

- Makes sense to consider together, before going off in diverse directions
 - 1-Delirium
 - 2-Cognitive loss
 - 4-Communication
 - 7-Psychosocial well being
 - 8-Mood state
 - 9-Behavioral symptoms
 - 17-Psychopharmacological medications



Care Area Triggers: Physical

- 1. Delirium
- 9. Behavioral symptoms
- 8. Mood State
- 2. Cognitive loss / dementia
- 17. Psychotropic drug use
- 16. Skin care and pressure ulcers
- 19. Pain
- 14. Dehydration / fluid maintenance
- 12. Nutritional / 13. Feeding tube
- 15. Oral health / dental care
- 6. Urinary incontinence / catheters
- 3. Vision



Care Area Triggers: Functional

- 4. Communication
- 5. ADL Functional/Rehabilitation Potential
- 11. Falls
- 18. Physical restraints

Care Area Triggers:

Psychosocial

- 7. Psychosocial well-being
- 10. Activities
- 20. Return to community



Causes and Consequences

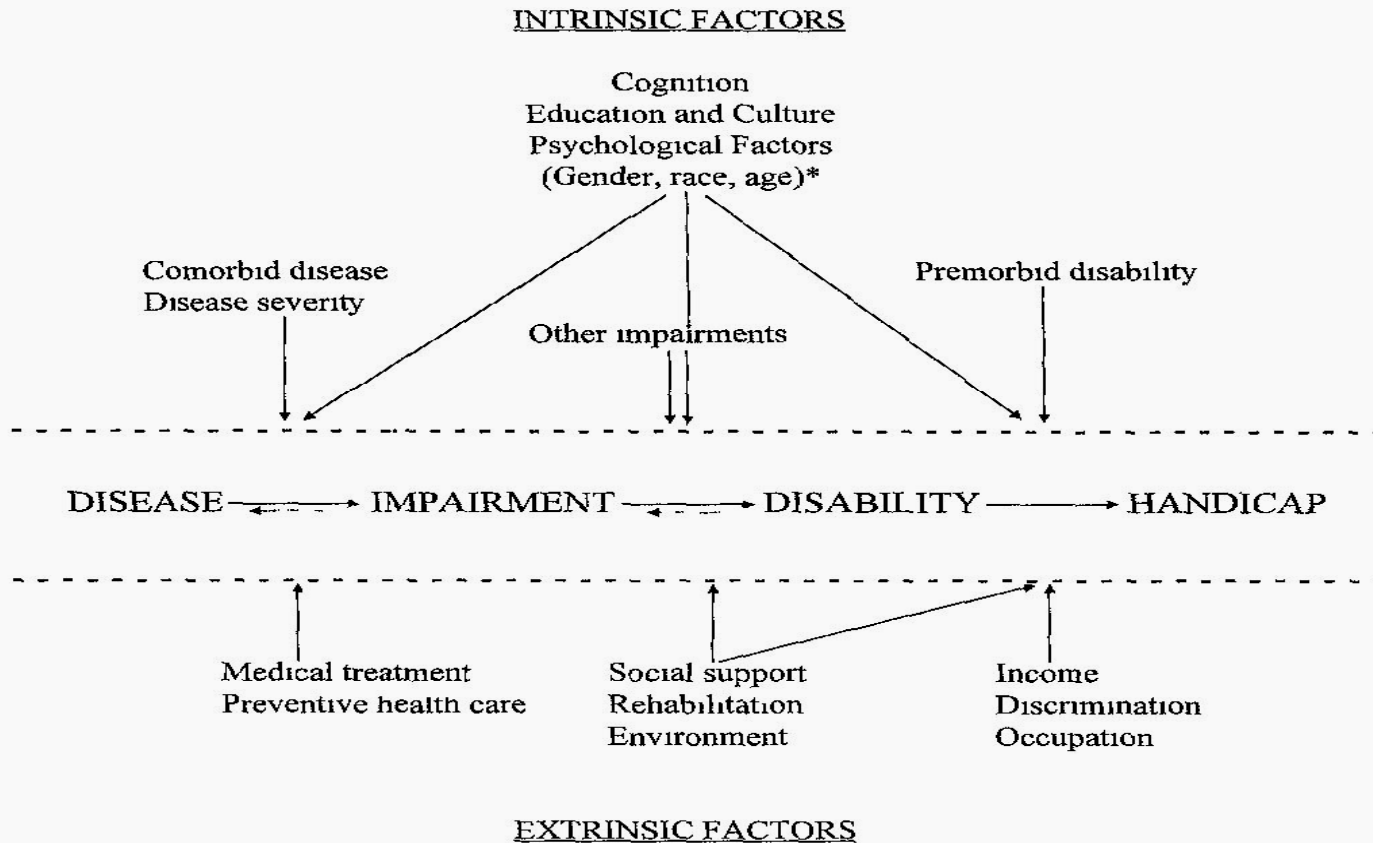
Complications →	One	Multiple
Causes		
One	+ / +	+ / + + + +
Multiple	+ + + + / +	+ + + + / + + + +

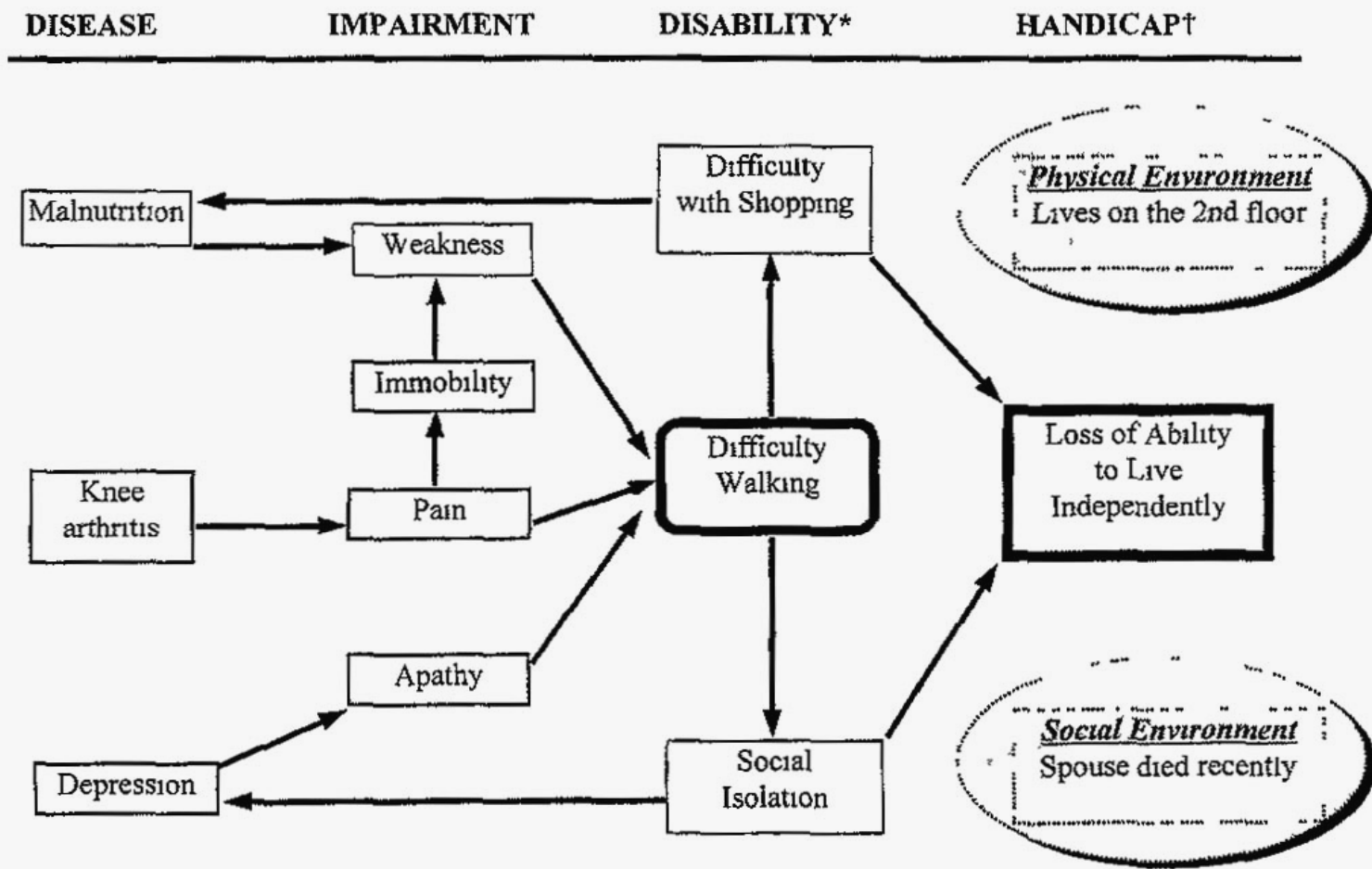


Causes and Consequences

- For any of the 4 key circumstances
 - 1:1
 - 1:Multiple
 - Multiple:1
 - Multiple:Multiple
- Interventions need *context!*
 - Not just in context of a single symptom or risk factor

Causes and Consequences





INTERVENTIONS

- | | | | |
|--------------------------------|------------------------|---------------------------|-------------------------------|
| <i>Nutritional supplements</i> | <i>Knee exercise</i> | <i>Cane</i> | <i>Move to 1st floor</i> |
| <i>Antidepressants</i> | <i>Pain Medication</i> | <i>Meals on Wheels</i> | <i>Church volunteers</i> |
| <i>(Knee replacement) ±</i> | | <i>Handicap transport</i> | <i>Bereavement counseling</i> |



Causes and Consequences: One-to-One Example

- One cause → One consequence (1:1)
 - No other factors involved
 - Usually occurs in otherwise healthy people or those with minor chronic conditions
- Accident → fracture → impaired mobility until fracture heals



Causes and Consequences: One-to-Multiple Examples

- Example

- Major stroke in previously well individual → impaired mobility, self-care deficit, fall risk, altered nutritional status, altered mood
- Myocardial infarction with cardiac arrest → impaired cognition, chronic renal failure, self-care deficit, activity intolerance
- COPD (advanced) → activity intolerance, altered breathing patterns, impaired gas exchange, self-care deficit

- New and old impairments may interact to increase risk for additional impairments

Causes and Consequences: Multiple-to-One Examples

- Example

- Hydration risk due to

- CVA and dementia (neurological), chronic renal failure (urinary), colitis r/t antibiotic use (gastrointestinal)

- Fall risk due to

- Parkinson's Disease (neurological), osteoarthritis (musculoskeletal), side effects of medications used to treat depression, hypertension, and heart failure (vascular and neurological), hypothyroidism (endocrine)

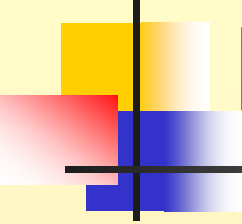
- May not suffice just to treat one cause or contributing factor

- Only some factors may be treatable or reversible



Causes and Consequences (Multiple:Multiple)

- Multiple causes → Multiple impairments
 - Several acute and/or chronic conditions + risk factors
 - Multiple complications
 - Often made worse by pre-existing impairments
- Very common in the nursing home population
 - Both short-stay and long-term



Causes and Consequences: Multiple-to-One Examples

- Example

- [New stroke + diabetes + ischemic cardiovascular disease + previous neurological disease + chronic renal failure] → [impaired mobility + self-care deficit + altered nutritional status + impaired fluid balance + pain + risk of altered skin integrity]



Steps to Using the MDS/CATs

- 1. Perform the assessments
- 2. Identify triggers
- 3. Identify causes and common findings among triggers
 - For example, a common medication in multiple trigger areas
- 4. Define links among triggers and their causes
 - Relationships among causes
 - Connections between causes and consequences



Steps to Using the MDS/CATs

- 5. Make a clear issue or problem statement
 - As much detail and as specific as possible
 - Never fruitful to try to care plan the “chief complaint”
- 6. Clarify why these are issues needing interventions
 - In contrast to variations of normal or unremarkable findings
 - In relation to resident/patient wishes, goals



Steps to Using the MDS/CATs

- 7. Identify priorities
 - For example, stopping a medication may improve multiple issues (falling, weight loss, delirium)
- 8. Develop a targeted, resident-specific care plan
 - Additional follow-up and clarification
 - Identify areas needing additional assessment, testing
 - Identify areas not needing interventions
 - Interventions
 - Address common causes of multiple issues
 - Identify and implement symptomatic interventions