

Care Planning with the MDS 2.0: Falls and More

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Outline

- Care Planning with the MDS 2.0
- Original Resident Assessment Protocols (RAPs)
- New Clinical Assessment Protocols (CAPs)
- Care planning for falls: new CAP vs. old RAP



Background

- MDS 2.0: comprehensive assessment designed for residential care settings
- Used in Alberta, Saskatchewan, Manitoba, Ontario, Nova Scotia, Yukon as well as BC
- Data may be submitted to Canadian Institute for Health Information (CIHI) for national reporting



Applications of interRAI Instruments



Care Planning

- MDS 2.0 triggers designed to guide the care planning in the most important clinical domains
- Originally 18 Resident Assessment Protocols (RAPs) – used in Canada today
- New generation released in 2008: called Clinical Assessment Protocols (CAPs) for use in both community and residential care settings (along with new versions of assessments)
- CAPs designed to be more specific, i.e. trigger less frequently and among those most likely to show change



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interRAI Clinical Assessment Protocols (CAPs)

For Use With Community and Long-Term Care
Assessment Instruments

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Canadian Institute
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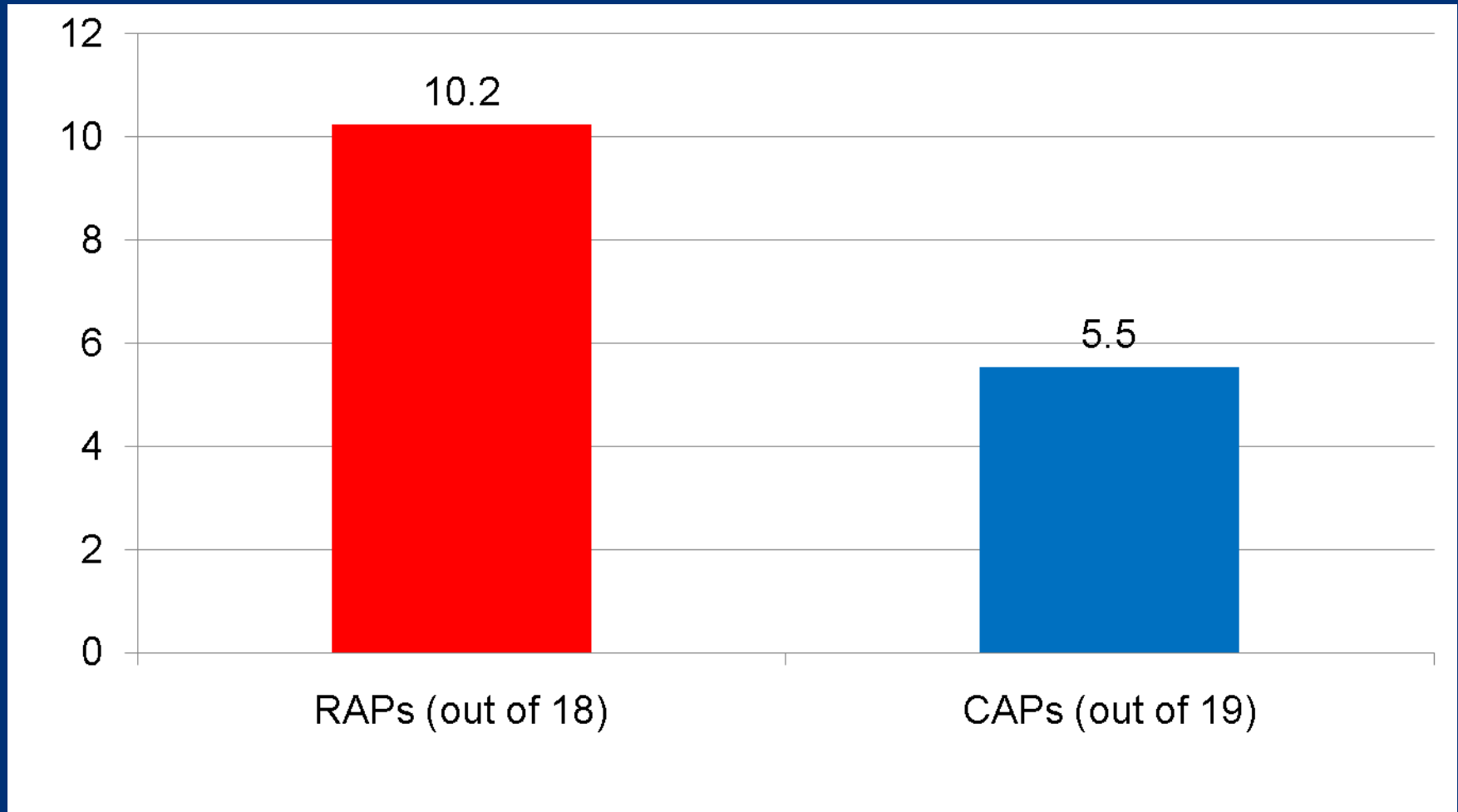
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RAPs & CAPs for MDS 2.0

Resident Assessment Protocols (18)	Clinical Assessment Protocols (19)
Delirium	Delirium
Cognitive Loss	Cognitive Loss
Vision	
Communication	Communication
ADL Function/Rehabilitation	ADL Function/Rehabilitation
Urinary Incontinence	Urinary Incontinence
Psychosocial well being	Social Relationship
Mood	Mood
Behaviour	Behaviour
Activities	Activities
Falls	Falls
Nutrition	Nutrition
Feeding Tube	Feeding Tube
Dehydration	Dehydration
Dental	
Pressure Ulcer	Pressure Ulcer
Psychotropic Medications	Appropriate Medications
Restraints	Restraints
	Pain
	Cardio Respiratory Conditions
	Bowel Incontinence



Reduced burden: Average # triggered

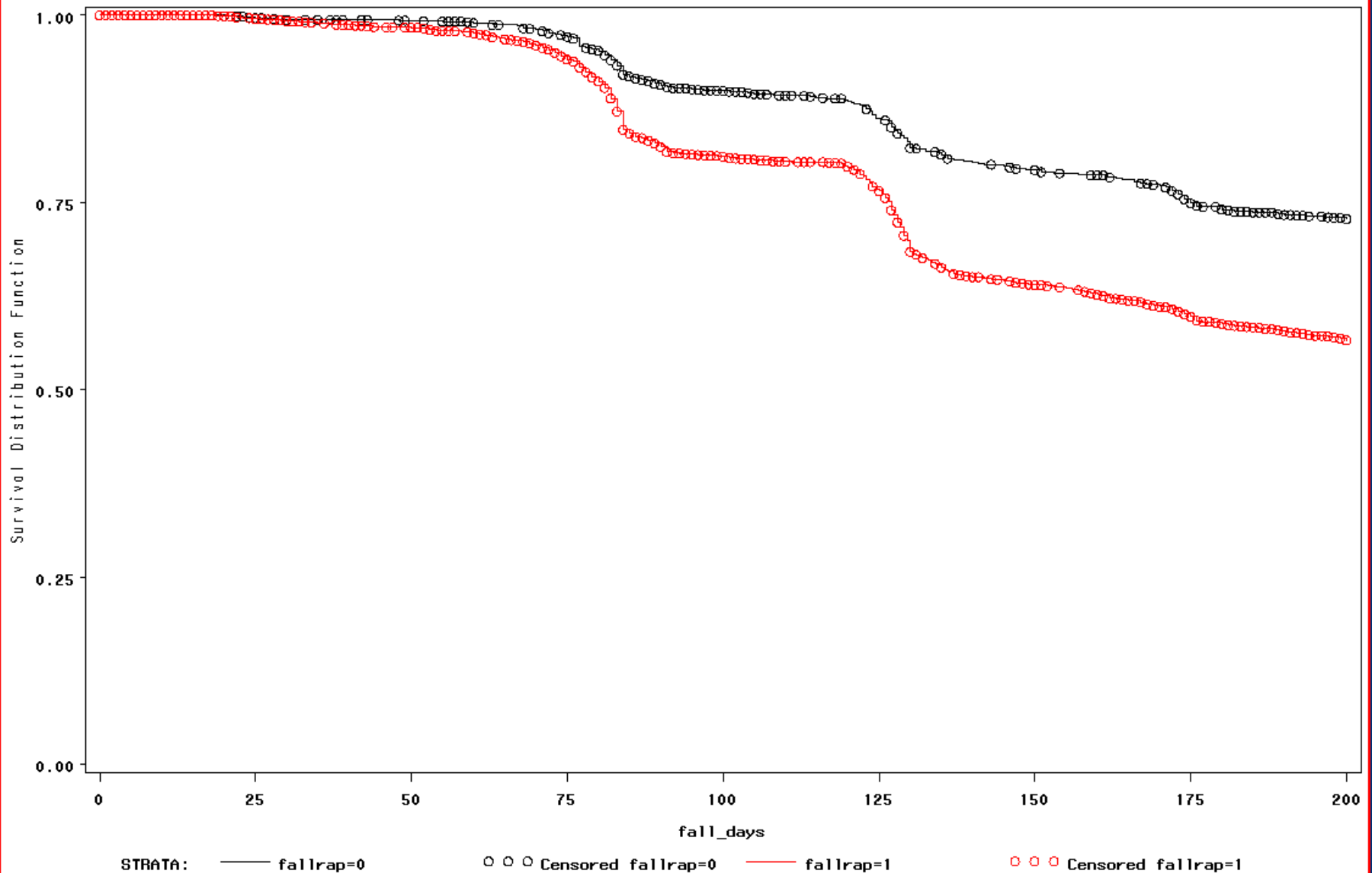


Comparing Falls Care Planning

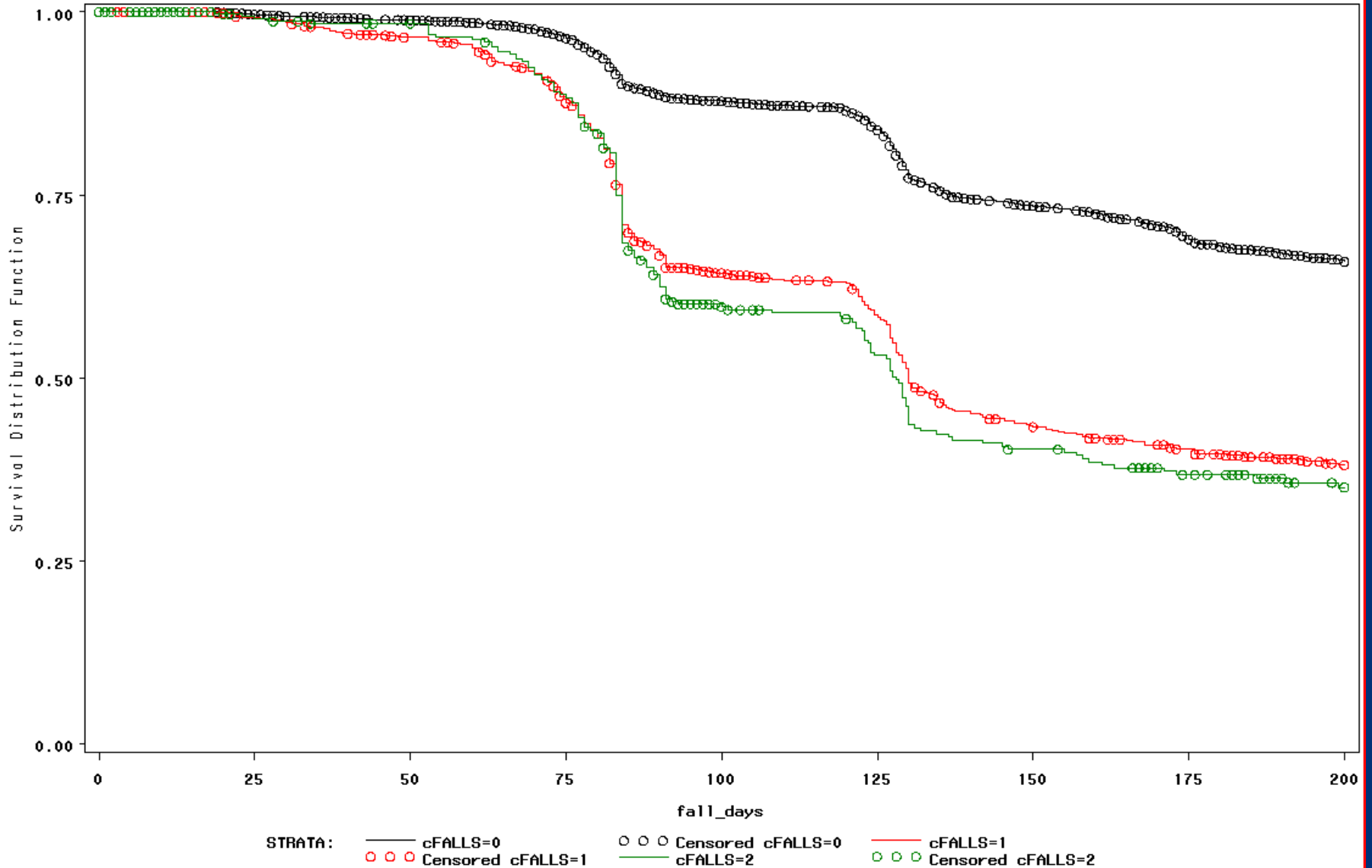
Falls RAP (old)	Falls CAP (new)
<p>7 factors:</p> <ol style="list-style-type: none"> 1. Wandering 2. Dizziness/vertigo 3. Fell in last 30 days 4. Fell 31 to 180 days ago 5. Antianxiety meds 6. Antidepressant meds 7. Trunk restraint 	<ul style="list-style-type: none"> • Not triggered: no fall in last 30 days • 'Low risk': Fall in last 30 days, but no fall last 31 to 180 days • "High risk": Fall in 30 days <u>and</u> fall last 31 to 180 days
Triggers ~ 70%	Triggers ~ 12%



Falls, Ontario LTC Homes, Falls RAP



Falls, Ontario LTC Homes, Falls CAP



(at least) 9 CAPs speak to care planning around falls:

CAP	% that trigger	Selected Notes from CAP Manual
Activities of Daily Living	80%	'if dizziness, falls, or recent hip fracture are present, see Falls CAP'
Restraints	20%	'is the person restrained because of a history of falling?'
Cognition	40%	'are there problems with standing balance and risk for falls? (see Falls CAP)'
Delirium	8%	'prevent secondary complications (for example, those associated with physical restraints, falls...'
Social Relationship	42%	'Health status factors: (for example, falls, pain, fatigue)'
Pain	20%	'...safety assessment (for example, falls, injuries)'
Dehydration	5%	'Goals of Care: to prevent associated complications (hypotension, falls, delirium, constipation).'
Medications	9%	'adverse effects: musculoskeletal and trauma: for example, accidents, falls, fractures, decline'
Urinary incontinence	50%	'causes many problems, including skin rashes, falls...'



From Dr. Katherine Berg

- “Certainly it is important to also prevent a fall in those individuals who are not triggered by the Fall cap”



RAPs or CAPs?

- The new CAPs are supported by CIHI and specifications are available to software vendors for incorporation into facility software



Summary

- RAPs/CAPs triggered from MDS 2.0 assessment can be used to guide care planning
- Newer CAPs trigger less often, on average, than the RAPs
- Falls CAP much more specific, less sensitive than older falls RAP
- Persons who do not trigger falls CAP trigger other CAPs for which falls is a consideration in care planning



Questions, Discussion

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