

Resident Assessment Instrument – Mental Health (RAI-MH)

The ability to measure various health services activities is fundamental to ensure appropriate planning, management and funding of those services. Toward this end, the Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Hospital Association (OHA) have jointly working through committees of the Joint Policy and Planning Committee (JPPC), on a number of current and future hospital funding initiatives and models.

A recent development involves the work of the JPPC Psychiatric Working Group (PWG), which had a mandate "*to develop an integrated system for the funding and management of all psychiatric institutional services (i.e., Inpatients and Ambulatory patients) that is consistent with the objectives of mental health reform.*"

In 1996, the JPPC PWG entered into a partnership with *interRAI*, an international research group of clinicians and academics from 18 countries, who possessed a solid track record of research that included the development of instruments for long term care institutions and for home care programs. The result of this collaboration has resulted in the development of the *Resident Assessment Instrument - Mental Health (RAI-MH)*. This assessment tool is the first of its kind in the world; it has been designed for use in an integrated health services delivery environment.

The development of the RAI-MH will include: a) the development of *quality indicators* that can be used to prevent gaming of the case-mix algorithm, being developed, and b) the development of *Outcome measurements*, that can be used by Quality Improvement professionals to identify priority areas for internal *QI* initiatives and by regulatory agencies in conducting accreditation reviews, as well as the development of a training program.

Outcome measures combined with the care planning applications can be used by front line clinicians and by researchers to conduct outcome evaluations and to identify best practices in mental health. A *training* program that incorporates the principles of motivational design in its instructional approach will also be developed. A motivational design framework would structure training in a way that considers:

- i. **Interest**— nurses, social workers and psychiatrists must enjoy the learning process to be motivated to use RAI-MH;
- ii. **Relevance** — it must be clear to clinicians, administrators and policy-makers how they can use RAI-MH data in their day-to-day work;
- iii. **Learning Expectations** — recipients of training should have a clear understanding of the applications of RAI-MH, what their learning objectives will be and what they will need to do to build their skills as they become more experienced with the RAI-MH.

A working group of experts was convened to develop clinical quality indicators for the RAI-MH based on extensive consultation with front line clinicians in Ontario and across Canada. Case-mix algorithms for these quality indicators (*Q/s*) will be developed based on the RAI-MH items. The RAI-MH *Q/s* will then be validated against on-site inspections of collaborating agencies and facilities.

Pre-existing outcome measures from other RAI instruments (*i.e., Cognitive Performance Scale, ADL Hierarchy Scale, and the Index of Social Engagement*) will be validated against gold standard measures in mental health settings. In addition, new outcome measures will be developed and validated (*e.g., a depression scale, index of behavior disturbance, psychiatry co-morbidity index*).

A survey of mental health professional training needs, will be conducted. Multi-media educational programs based on motivational design principles will be developed and evaluated in mental health settings.

Under the leadership and management of the JPPC Psychiatric Working Group, the RAI-MH instrument development, and its research team, will be lead by the Canadian Collaborating Centre for *interRAI* at Providence Centre. The RAI-MH is expected to be developed by the Fall of 1998.