

**AGHPS
RAI-MH Survey Results
October 2005**

In May of this year, a survey was sent to Directors of Mental Health in 54 general hospital mental health programs throughout Ontario. A subsequent survey was sent in September to receive an updated picture. **19 hospitals (35%)** responded to the survey. (Appendix 1 lists the respondents).

The deadline for implementation of the RAI-MH was October 2005. When asked whether the hospital was going to be able to implement the RAI-MH by October 2005

- 12 stated yes**
- 3 stated no**
- 3 were uncertain**
- 1 did not respond**

When asked whether their response had changed since the initial survey was sent out in May

- 5 stated yes**
- 8 stated no**
- 2 were uncertain**
- 3 did not respond**
- 1 did not receive**

When asked what was going well with your implementation the following was noted:

- 10 indicated that training had gone very well.**
- 2 indicated software vendor**
- 2 indicated the ease of use of software itself**
- 1 indicated usefulness of data**

Respondents were asked if they were experiencing any specific challenges that were difficult to overcome.

- 3 indicated no**
- 15 indicated specific challenges (See Appendix 2)**

When asked if they had selected a vendor

- 13 said yes**
- 6 said no**

Of those who answered yes, the following vendors were noted as having been selected:

- 3 indicated Bsharp Technologies Incorporated**
- 2 indicated TREAT**
- 2 indicated High Next**
- 1 indicated Company Gold Care**
- 1 indicated Goldcare (Compana)**
- 1 indicated Consulting Cadre**
- 1 indicated Medecare**
- 1 indicated Med 20/20**
- 1 indicated Meditech**
- 1 indicated 3M**

Of those who had not yet chosen a vendor, the following barriers were indicated:

- 13 indicated collaboration**
- 1 indicated Resources (financial and staffing)**
- 1 indicated slow response of senior administration**
- 1 indicated selection process as need one vendor for four hospitals**
- 1 indicated French translation**
- 1 indicated time (including lead time, clinician time, timeliness of data)**

Of those who had not yet selected a vendor:

- 2 expected to make a selection within 30 days,**
- 2 expected to select a vendor within in 30-60 days,**
- 1 was uncertain when the selection would be made**
- 1 did not respond.**

When asked if the training provided by CIHI for site experts had met their needs:

- 17 indicated yes**
- 1 indicated somewhat**
- 1 did not respond.**

Comments:

- CIHI not always able to answer questions as they are working out some bugs still.***
- CIHI provided excellent training.***
- 2 indicated there were questions remaining***
- Follow-up training would be beneficial.***
- A bit early- tend to forget***

Respondents were asked if psychiatrists were completing part of the RAI-MH in their setting.

- 13 indicated yes**
- 6 indicated no.**

Of those who answered yes, they were then asked to indicate what questions the psychiatrists would be completing.

- 4 indicated Section Q**
- 1 indicated Q 1 & 2**
- 1 indicated Q a-p**
- 4 indicated Section A 3-4**
- 1 indicated P3**
- 2 indicated L1 indicated I medical diagnosis**
- 1 indicated BB4, 5, 6, 7; CC 2, 3, 4, 5; A 3, 4; J all;**
- 1 indicated O**
- 5 indicated I X11, 11**
- 2 indicated A 4 a-d**
- provisional diagnosis, DSM-IV and GAT scores**

When asked what feedback they had received from psychiatrists

- 1 indicated they do not want to record time and type of intervention**
- 2 indicated overall cooperation**
- 3 indicated additional workload to psychiatrists**
- 3 indicated concern of nursing time resources**
- 2 indicated psychiatrist resistance questioning billing for time to complete assessments**
- 1 indicated concern of the ability to meet the commitment to RAI**
- 1 indicated they want to see clinical usefulness of software**
- 1 indicated that psychiatrists are appreciative that the selected vendor had included both ICD and DSM codes**
- 1 indicated that as of yet not completing back page of discharge. But we are looking now at getting completion.**

Respondents were asked in addition to advocating for a delay in implementation and additional funding, were there other ways that the AGHPS could be helpful.

- 1 indicated urging the Ministry and CIHI to determine if they are comfortable with nurses determining ICD diagnoses.**
- 1 indicated access to French documentation**
- 1 indicated having a contact number that doctor's could call with their questions.**
- 1 indicated a need to ensure that hospitals that have complied with the Oct. 1st deadline are not disadvantaged in terms of any additional funding.**

- ❑ **1 indicated update on reports**
- ❑ **1 indicated challenges to look for.**
- ❑ **1 indicated an online discussion board for hospitals implementing RAI-MH to share information and ideas**

**APPENDIX 1
HOSPITALS RESPONDING TO SURVEY**

Name of Hospital
1. Grey Bruce Health Services
2. Hotel Dieu Grace Hospital
3. Humber River Regional Hospital
4. Lake of the Woods District Hospital
5. London Health Sciences Centre
6. Montfort Hospital
7. Mount Sinai Hospital
8. North Bay Psychiatric Hospital
9. North York General Hospital
10. Peterborough Regional Health Centre
11. Queensway-Carleton Hospital
12. Royal Victoria Hospital
13. Sault Area Hospital
14. The Scarborough Hospital
15. Southlake Regional Health Centre
16. Sudbury Regional Hospital
17. Trillium Health Centre
18. University Health Network
19. Windsor Regional Hospital

APPENDIX 2 Comments from Survey

Of those who will implement by October 1st, the following comments were noted

- No longer requesting delay of Oct start date. We have been unable to secure a vendor and reallocate resources for training but with huge negative impact to the rest of our program. Will not be able to sustain this level of additional resources and still in need of more resources for ongoing support.
- Have lined up a vendor. Determined will have to do paper collection initially.
- Will not have software in place for Oct. 1st. Will be going paper.
- Unsure what is meant by implement: currently all clinical staff are trained, for various reasons we are unable to collect RAI-MH data electronically, but will start to collect required information starting Oct. 1st, in preparation for submission. Are ready without an electronic solution.
- Have not selected a vendor due to the late arrival of Meditech. Therefore will be collecting the data in paper copy only. It will be transferred to electronic format later, if the collected data is complete.
- Finding the financial resources necessary to move forward with the purchase of the software and starting with staff education and training. The Proposal for Funding has been submitted to Senior Leadership Team and we are awaiting formal approval of funding to move forward.
- RAI resource nurse position created to support team in completion of assessment.
- Numerous training initiative led by our program educator/manager/RAI resource nurse and IT.
- Selection process of vendor and move to interim manual system.

When asked what was going well with your implementation we received the following comments;

- Ready to start with hard copies for Oct. 4, 2005
- Physicians have agreed to participate ie. Complete their piece of the assessment on line.
- Have been able to integrate the RAI assessments into the existing nursing workflow. (This is dependent on the temporary additional resources that have been reallocated.)
- Have dedicated one person at an additional cost to co-ordinate the data collection.
- Good info management team in place to expedite installation of software.
- 3 indicated good collaboration form administration.
- IT and Health records within the hospital have been instrumental in the implementation.
- Communication with other stakeholders and shared ideas for smooth implementation.
- On target to meet budget
- Having chosen the Meditech solution, we will reduce costs considerably and omit the interfacing challenges that independent software solution posed for us.
- Expertise of site experts
- Using paper assessment until software is operational, and staff is more comfortable with learning RAI this method prior to implementation.
- Were able to purchase software from foundation (donated) money.
- Staff are cautiously optimistic, and enthusiastic.
- Draft policies created re: required role within RAI.
- Standardized hospital wide policy regarding movement of patients within the system who have different facility members. This included issues regarding lab orders, pharmacy orders, diagnostic imaging, Dr.'s orders, etc.
- Staff using the paper version of the MDS to familiarize themselves with the tool.
- Communication with partner hospitals.

Respondents were asked if they were experiencing any specific challenges that were difficult to overcome.

- ❑ 2 indicated technology
- ❑ 4 indicated staff resources/effects on patient care
- ❑ 2 indicated staff resistance to change
- ❑ 3 indicated financial resources
- ❑ 1 indicated high volume of assessments
- ❑ 1 indicated software costs
- ❑ 1 indicated software training
- ❑ 1 indicated lack of decision on software
- ❑ 1 indicated vendor issues
- ❑ 1 indicated internal lack of agreement on vendor
- ❑ 5 indicated the need to use paper method until software is available/ready
- ❑ 1 indicated that lack of French documentation was making training of staff difficult
- ❑ 1 indicated timelines for implementation
- ❑ 1 indicated specific hospital arrangement of having staff of one hospital caring for patients in another