



# Ministry Guidelines Education for Sherbrooke and Central Haven Staff

Module 4:

Assessment/Resident Assessment Instrument –  
Minimum Data Set (Section 9)



# MDS Assessment

## Section 9

# Ministry Guideline – Section 9

## Assessment

- All managers and care staff of SCHs in Saskatchewan are responsible for assessment and reassessment of residents in their home.
- It is important to SCHs and their residents that care staff have an accurate picture of the level of care required by each resident.
- Section 9 of the Program Guidelines for Special-care Homes direct that the Resident Assessment Instrument – Minimum Data Set (MDS) will be the standard tool used for these assessments and reassessments. MDS includes the minimum amount of information we need to form a foundation of each resident's needs and strengths so we can create an individualized care plan that best supports each resident.

# Ministry Guideline – Section 9

## Assessment (cont'd)

- All professional nurses of Saskatchewan SCHs are to be trained to use the assessment tool.
- Managers and care staff must be knowledgeable about the requirements for assessments and reassessments, especially the timelines for reassessments (ie: quarterly).
- The requirements directing the use of the RAI MDS assessment outputs shall include: Clinical Assessment Protocols (CAPS); Output Measurement Scales (OMSs); Quality Indicators (QIs).

# What does Ministry Guideline Section 9 (Assessment) look like at Sherbrooke and Central Haven?

- At Sherbrooke and Central Haven we have implemented the Minimum Data Set (MDS). The Minimum Data Set is used for resident assessment, care planning, and as part of our Quality Improvement Program.
- All primary nurses within neighbourhoods have a responsibility with completing MDS components and receive the required MDS training.
- All other team members who have a role within MDS (ie: CCA/DLA's; therapists) receive education appropriate to what their role requires.



# MDS – Resident Assessment Instrument

## Section 9

# Ministry Guideline – Section 9

## Resident Assessment Instrument – Minimum Data Set

- The Ministry of Health requires SCHs to complete full Minimum Data Set (MDS) assessments when: a resident moves in to long-term care; a resident moves in for a temporary stay that is expected to be longer than 14 days; there is a significant change in the health status for the resident; full assessments are to be completed every 365 days; quarterly assessments are to be completed every 92 days.
- An assessor must record and sign each section or item they have assessed either in hard paper copy or electronic.

# Ministry Guideline – Section 9

## Resident Assessment Instrument – Minimum Data Set (cont'd)

- The standard timelines for MDS assessments are:
  - Day 0: Move in day
  - Day 1-7: 7-day assessment period
  - Day 7: Assessment reference date
  - Day 8-14: Data entry complete
  - Day 14: Assessment information locked
  - Day 15-21: Care plan completed using Clinical Assessment Protocols (CAPs)
  - Day 21: Assessment completed and verified
- The MDS assessments are locked by the assessor. Individuals cannot unlock the MDS assessment to make changes. RHA's can authorize "super users" to unlock the assessment.



# Ministry Guideline – Section 9

## Resident Assessment Instrument – Minimum Data Set (cont'd)

- Every MDS assessment must include: The Saskatchewan Health Services Number of the resident; the facility number; the assessor identification.
- Current MDS assessment forms are kept on the resident care record. Section 9 of the Program Guidelines for Special-care Homes outlines how long the forms are to be kept on the resident care record.
- Information gathered through the MDS assessment is key in the development of a care plan which will meet the individual needs of the resident and will assist to provide quality care.

# What does Ministry Guideline Section 9 (Resident Assessment Instrument – MDS) look like at Sherbrooke and Central Haven?

- The primary nurse for each elder completes and submits the MDS assessments for the elder by working with the elder or their family to answer questions, and with the assistance of documentation by other members of the care partner team including CCA/DLAs and OT/PT's.
- It is very important to contribute accurately reflective information as part of MDS assessments. The outcomes of MDS: help with care planning for each elder; contribute to the determination of which Quality Improvement areas we focus on; and contribute to the overall funding for staff that is provided to Sherbrooke/Central Haven.



# End Module Four

Please complete Module Four quiz.