May 23, 2024

Nadine Rhodd
Director, Operational Policy and Implementation Branch, Long-Term Care
Ministry of Long-Term Care
8th floor, 438 University Ave.
Toronto, Ont. M7A 1M3

Dear Nadine,

Thank you for taking the time to meet with the Registered Nurses' Association of Ontario (RNAO) on May 2, 2024, regarding revisions to the Health Assessment form (HAF) required under the *Fixing Long-Term Care Act, 2021*. RNAO welcomes the opportunity to provide feedback on the HAF.

RNAO has consolidated feedback from nine registered nurse (RN) long-term care (LTC) program coaches working in previous leadership roles in LTC (e.g., director of care, assistant director of care, an inspector, and quality improvement staff), as well as one nurse practitioner (NP) with experience in LTC and retirement homes. We outline the consultation questions and our replies in the table below.

CONSULTATION QUESTIONS AND RNAO RESPONSES
QUESTION 1: What is the current process for nurses to complete the HAF? 1. For clarity, under what conditions do nurses versus physicians complete the HAF? 2. In which settings do nurses complete the form (e.g., hospital or in the community)? What is the process to transmit this information to HCCSS to support LTC eligibility determination (i.e. fax)?

• The provider completing the HAF is dependent on the setting.
• A physician or NP will complete the HAF in the community.
  ○ If a physician completes the HAF, their clerical staff will complete most of the form before the physician signs it.
  ○ The NP will generally complete their own HAF.
• An RN or NP will complete the HAF through Home and Community LTC coordinators, or the LTC charge nurse will complete the HAF to transfer a resident to a new LTC.
• The nursing team will also complete the HAF in LTC.
• Once a HAF is completed it is uploaded or faxed to HCCSS.
• The completed HAF can also be uploaded to Health Partners Gateway (HPG) online document exchange database for patients in the community.
• Physicians in the hospital request that an HAF be completed by the most responsible provider (MRP).
• Hospital submissions are sent through CHRISS or fax.

QUESTION 2: Are there specific pain points completing the HAF (i.e., process related, unclear questions, unavailable information, etc.)?

- There is insufficient space on the HAF to complete all required data, so the patient's health profile is attached to include information on allergies, current and past medical history, diet texture, and detailed information about medications.
- Additional information regarding immunizations is attached to the HAF.
- The HAF takes a lot of time to complete, so attaching the required information that is available in the electronic medical record helps to reduce the burden of administration time.
- The HAF is often not completed in full with the following information missing:
    - whether a patient is being followed by a psychologist,
    - diagnoses of dementia, scores from a Mini Mental State Exam (MMSE) or Montreal Cognitive Assessment (MoCA) or consultations to the Geriatric Assessment and Intervention Network (GAIN) clinic, and/or
    - other relevant diagnoses.
- Thus, the only way the facility receiving the application is aware that the patient has behaviors is by reviewing the list of current medications that has been provided.
- The HAF is not updated regularly, so LTC homes do not have an accurate picture of the patient or resident needs or conditions.
- Physicians can bill for the completion of the HAF, but NPs are not compensated for completing the form.

QUESTION 3: Is/are there other information or questions that are not on the current form that should be added?

- The following data should be included on the HAF related to activities of daily living:
    - ability to ambulate and use of assistive devices,
    - history of physical limitations, and/ or
    - need for supportive equipment such as a bariatric bed.
- The following data should be included on the HAF to support the delivery of person-and family centred care:
    - preferred pronouns,
    - care preferences,
    - cultural and psychosocial issues such as fears, concerns, hopes and wishes, and
    - the individuals' lived environments.
- A history of mental illness, substance use and responsive behaviors should be documented in detail and include the following information:
    - specialist involvement such as psychogeriatric care, behavioral support Ontario (BSO), psychology and social work,
    - history of responsive behaviors, triggers and supportive methods, and
    - measurements from assessment tools such as the Geriatric Depression Scale (GDS).
- The following is a list of additional information that should be included on the HAF:
    - height and weight,
    - current diet and diet texture,

- history of dialysis,
- presence of ostomies,
- date of most recent COVID vaccine, and
- a tick box to specify that a chest x-ray has been ordered for a patient who has not had an x-ray within the designated time frame.

QUESTION 4: Are there sections of the current form that are not being completed and that are not relevant?

- The following sections are often incomplete or inaccurate:
  - vaccination history,
  - medication list,
  - history of an antibiotic resistant organism, and
  - a past HAF.

QUESTION 5: Are there potential changes that would contribute to the HAF being completed more thoroughly and in a more timely way?

- The following alternative methods for obtaining more accurate information should be considered:
  - attached list of medications from the pharmacy to decrease administration time and risk for errors, and
  - attached documentation from the electronic medical record.
- Using an electronic HAF with memory storage to update relevant information during recurring form completion for patients who require another HAF in six months.
- Storing medical history in the electronic medical record to reduce the duplication of data collection and patients having to retell their story.
- Requirement for LTC and HCCSS to determine a history of mental illness from symptoms of dementia such as behaviors of psychological symptoms of dementia because not all behaviors are responsive.

QUESTION 6: Are there any challenges and/or opportunities with digitizing the form?

- Challenges with digitizing the form include:
  - space limitations may reduce the amount of information that can be provided, and
  - decrease access to the form if it is not user friendly or made easily available.
- Opportunities with digitizing the form include:
  - increasing the ability to read the form due to illegible hand writing,
  - providing additional space on the form to include more information, and
  - increased accessibility to multiple organizations and health-care providers.

QUESTION 7: Is there any other feedback that you would like to provide at this time?

- The HAF is of limited value and does not provide enough information to support acceptance into LTC.
- We recommend the HAF be included with information from additional sources such as RAI-MDS assessments, consult notes from other interdisciplinary team members including specialists, and lists of pharmacy medications.

Overall, RNAO has identified several concerns with the current HAF related to the omission of key information required to support the determination for editability to LTC homes and effectively promote the delivery of person- and family-centered care following the transition to LTC. RNAO encourages the ministry of long-term care to strongly consider implementing our recommendations to improve the HAF. RNAO welcomes the opportunity to review revisions to the HAF once they have been completed, and further consultations.

Many thanks again for consulting with us, and warmest regards,

Dr. Doris Grinspun, RN, BScN, MSN, PhD, LLD(hon), Dr(hc), DHC, DHC, FAAN, FCAN, O.ONT.
Chief Executive Officer