

Significant Change-in-Status Assessments for the Ontario Mental Health Reporting System (OMHRS) | November 2017

The RAI–Mental Health (RAI-MH)© is a comprehensive assessment used to evaluate the needs, strengths and preferences of a person. RAI-MH assessments provide clinical applications in the form of outcome scales and Clinical Assessment Protocols (CAPs) to facilitate clinical decision-making at the point of care.

A change-in-status assessment is completed any time during a single episode of care when a person experiences a significant, unexpected change in clinical status. When considering whether to complete a change-in-status assessment, use clinical judgment to determine whether the current care plan is no longer appropriate and reassessment is necessary to effectively guide care. It's recommended that the 3 days following this determination should be the observation period, with an Assessment Reference Date (ARD) at the end of the 3 days.

The tips below are guidelines for clinicians to use when deciding whether a change-in-status assessment is warranted; they do not replace clinical judgment.

Consider completing a change-in-status assessment for

- Unexpected major change in symptoms or functioning that requires a change in care planning
- Return to the mental health bed after unplanned medical care for a brain injury, heart attack, broken hip, etc.
- New information, not previously available, that identifies a physical or mental health disorder/condition such that the current care plan is no longer appropriate
- Dramatic and unexpected improvement such that the current care plan is no longer clinically relevant
- Transfer to another mental health unit of the same facility, where a new care plan is necessary to provide specialized care (e.g., long term, geriatric, forensics, dual diagnosis, addictions)

Do not complete a change-in-status assessment for

- A change in the person's **legal** status (e.g., from voluntary to involuntary)
- Use of control interventions or acute control medications that are already included in the care plan
- Care or treatment approach changes due to a short-term illness (e.g., cold, flu) that resolves as expected
- A discrete and reversible change in condition, such as anticipated side effects of psychoactive medications while a clinically effective dosage is established
- Expected improvement in the person's condition that progresses toward discharge

Note: For long-stay patients, after a change-in-status assessment has been completed, the ARD for the next **quarterly** assessment will be 92 days after the ARD of the change-in-status assessment.



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