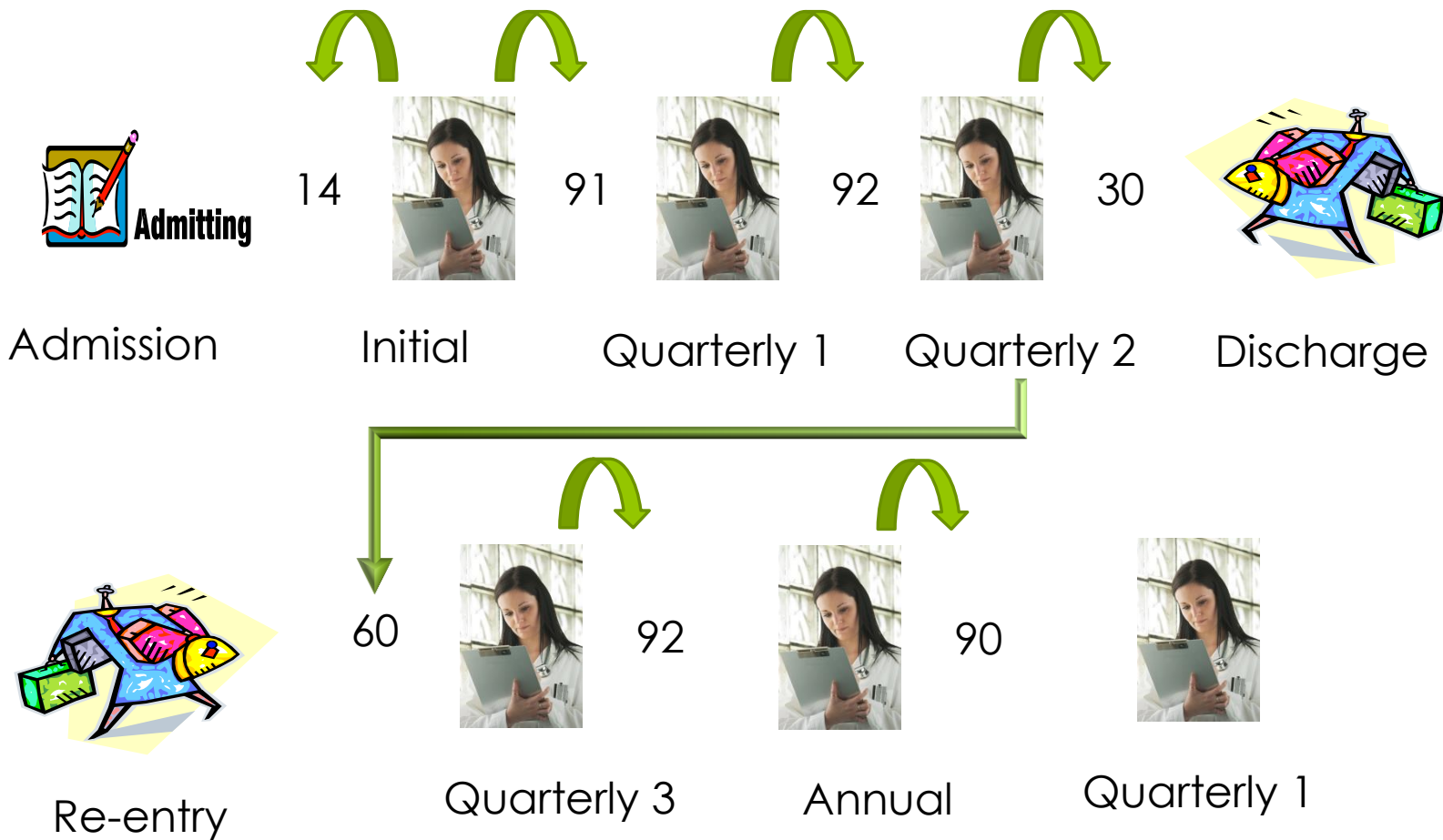


# RWPD

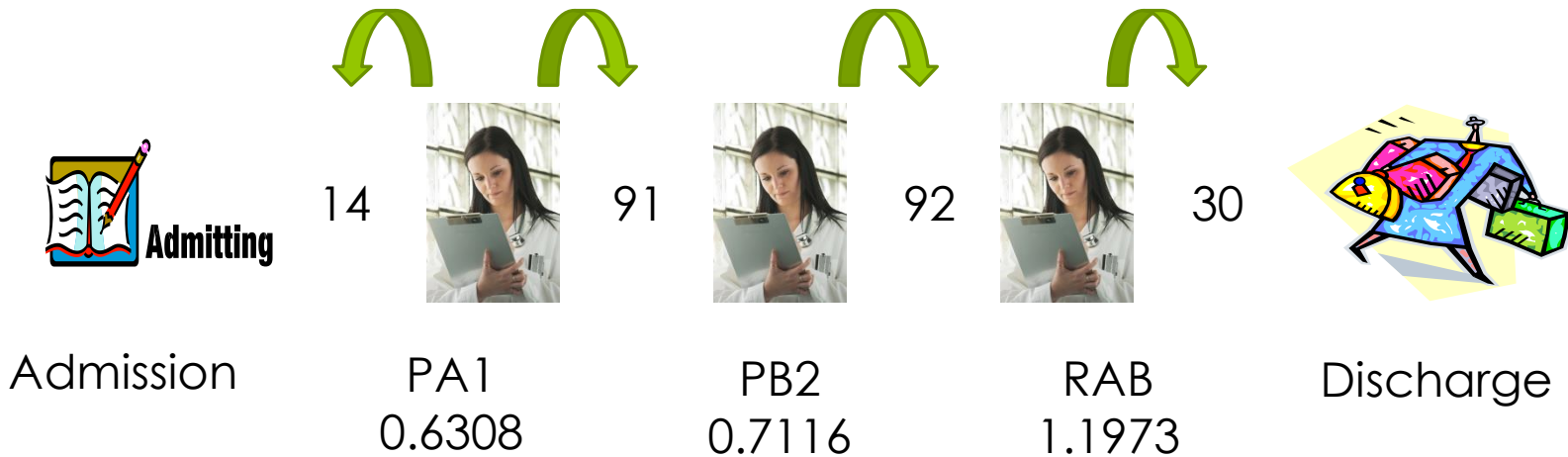
Review and Discussion



# Timeline of MDS Events



# RUG Group and CMI



Event	RUG Group	CMI	Actual Days	RWPD	CMI
Admission			14	8.8312	
Initial	PA1	0.6308	91	57.4028	
Quarter 1	PB2	0.7116	92	65.4672	
Quarter 2	RAB	1.1973	30	35.9190	
Discharge					
			227	167.6202	0.738415

# CIHI RWPD Summary

**Master Number:** 50041  
**Facility Number:** 50041  
**Facility Name:** Ontario LTC Facility (fictitious test data)

	Patient Days (PD)	(1)	RUG Weighted Patient Days (RWPD)	(9)	CMI Value	(17)
Assessed On Time	1,468	(2)	1,453.7802	(10)		
Assessed Late	49	(3)	64.8754	(11)		
Assessed (total)	1,517	(4)	1,518.6556	(12)	1.0011	(18)
Unassessed 13	25	(5)	25.0273	(13)		
Unassessed 14	24	(6)	15.1392	(14)		
Unassessed (total)	49	(7)	40.1665	(15)		
<b>Total</b>	<b>1,566</b>	<b>(8)</b>	<b>1,558.8223</b>	<b>(16)</b>	<b>0.9954</b>	<b>(19)</b>

## DISCHARGE ASSUMED NOTICE (20)

WARNING: There is 1 resident that has been ASSUMED to be discharged from the facility

# Summary Page Definitions

Cell	Details
<b>Patient Days (1)</b>	<p>Each day that a resident is reported as staying in a facility counts as one patient day. When an assessment is associated with a period of care the patient days are called assessed patient days. If there is no assessment covering the period, the patient days are considered unassessed.</p> <p><b>Considerations</b> CCRS guidelines require that an admission assessment is completed within 14 days of admission. For on-going periods of care, assessments must be completed at least every 92 days.</p>
<b>Patient Days Assessed On Time (2)</b>	<p>This is the total number of patient days which are associated with assessments for the reporting period. These patient days are covered by assessments that have been completed according to guidelines and have been successfully accepted onto the CCRS database before the submission deadline.</p> <p style="text-align: center;">Patient Days Assessed On Time (2) = 1,468</p>
<b>Patient Days Assessed Late (3)</b>	<p>This is the total number of late patient days for the reporting period. The patient days are associated with an assessment; however the assessment was not completed within the timeframe required by CCRS guidelines.</p> <ul style="list-style-type: none"> <li>• The initial admission assessment is due within 14 days of the entry date</li> <li>• For ongoing periods of care, an assessment is due within 92 days of the prior assessment</li> </ul> <p style="text-align: center;">Patient Days Assessed Late (3) = 49</p> <p><b>Considerations</b> If all assessments have been completed and submitted according to the CCRS guidelines, this count should be zero.</p>
<b>Patient Days Assessed Total (4)</b>	<p>This is the sum of all patient days that are associated with an assessment (On Time and Late Patient Days).</p> <p style="text-align: center;">Patient Days Assessed (total) (4) = Patient Days Assessed On Time (2) + Patient Days Assessed Late (3) = 1,468 + 49 = 1,517</p>

# Summary Page Definitions

Cell	Details
Patient Days Unassessed 13 (5)	<p>This is the sum of patient days that could not be associated with an assessment where the episode of care was less than or equal to 13 days. This situation occurs when a resident is admitted to a facility for 13 days or less and does not receive an assessment.</p> <p style="text-align: center;">Patient Days Unassessed 13 (5) = 25</p> <p><b>Considerations</b> Verify that this number represents unassessed short-stay residents for whom no assessment was completed.</p> <p>Review the Resident RWPD report and locate residents having Unassessed 13 patient days (see Table 3 Column M).</p>
Patient Days Unassessed 14 (6)	<p>This is the sum of patient days that could not be associated with an assessment where the episode of care was 14 or more days. This situation occurs when a resident is admitted to a facility for 14 days or more and does not receive an assessment.</p> <p style="text-align: center;">Patient Days Unassessed 14 (6) = 24</p> <p><b>Considerations</b> The ideal situation is to have Unassessed 14 Patient Days equal to zero, since a zero value indicates completion of assessment and discharge records as per CCRS guidelines.</p> <p>Review the Resident RWPD report and locate residents having Unassessed 14 patient days (see Table 3 Column N).</p>

# Summary Page Definitions

Cell	Details
<b>Patient Days Unassessed Total (7)</b>	<p>This is the total number of patient days that could not be associated with a RUG group.</p> <p>Patient Days Unassessed (total) (7) = Patient Days Unassessed 13 (5) + Patient Days Unassessed 14 (6)            = 25 + 24 = 49</p>
<b>Patient Days Total (8)</b>	<p>This is the total number of patient days for your facility within the reporting period. It includes both assessed and unassessed patient days for your facility.</p> <p>Patient Days Total (8) = Patient Days Assessed (total) (4) + Patient Days Unassessed (total) (7)            = 1,517 + 49 = 1,566</p>
<b>RUG Weighted Patient Days (RWPDP) (9)</b>	<p>RUG weighted patient days (RWPDP) are patient days weighted using an appropriate cost weight. Assessed patient days are weighted using the CMI for the RUG group associated with each patient day. Unassessed patient days are weighted using the Facility Assessed CMI value or the lowest CMI value.</p>
<b>RWPDP Assessed On Time (10)</b>	<p>This is the sum of all weighted patient days for assessed on-time RWPDP events (see cell 2).</p> <p>RWPDP Assessed On Time (10) = 1,453.7802</p>
<b>RWPDP Assessed Late (11)</b>	<p>This is the sum of all weighted patient days for RWPDP events assessed late (see cell 3).</p> <p>RWPDP Assessed Late (11) = 64.8754</p>

# Summary Page Definitions

Cell	Details
Facility Assessed RWPD (12)	<p>This is the sum of RWPD for assessed patient days (see column L).</p> $\text{Facility Assessed RWPD (12)} = \text{RWPD Assessed On Time (10)} + \text{RWPD Assessed Late (11)}$ $= 1,453.7802 + 64.8754 = 1,518.6556$
RWPD Unassessed 13 (13)	<p>This is the sum of RWPD for Unassessed patient days from episodes of fewer than 14 patient days (see column M). See Table 3 RWPD Unassessed 13 [M] for information on how these Unassessed patient days are weighted.</p> $\text{RWPD Unassessed 13 (13)} = 25.0273$
RWPD Unassessed 14 (14)	<p>This is the sum of RWPD for Unassessed patient days from episodes of 14 patient days or more (see column N). See Table 3 RWPD Unassessed 14 [N] for information on how these Unassessed patient days are weighted.</p> $\text{RWPD Unassessed 14 (14)} = 15.1392$
RWPD Unassessed Total (15)	<p>This is the sum of all weighted Unassessed 13 (cell 13) and Unassessed 14 (cell 14) patient days that were not associated with an assessment.</p> $\text{RWPD Unassessed (total) (15)} = \text{RWPD Unassessed 13 (13)} + \text{RWPD Unassessed 14 (14)}$ $= 25.0273 + 15.1392 = 40.1665$



# Summary Page Definitions

Cell	Details
Facility Total RWPDP (16)	<p>This is the total RUG-weighted Patient Days for your facility.</p> <p>It includes patient days associated with a RUG group (assessed) and those patient days which were not associated with a RUG group (unassessed).</p> $\text{Facility Total RWPDP (16)} = \text{Facility Assessed RWPDP (12)} + \text{RWPDP Unassessed (total) (15)}$ $= 1,518.6556 + 40.1665 = 1,558.8223$
CMI Value (17)	<p>The Case Mix Index, or CMI, is defined for each facility based on the patient days and RUG weighted patient day (RWPDP) values. See cells 18 and 19 below.</p>
Facility Assessed CMI (18)	<p>The Facility <i>Assessed</i> CMI is the Facility Assessed RWPDP divided by the Facility Assessed Patient Days. This CMI covers assessed periods of care only.</p> $\text{Facility Assessed CMI (18)} = \frac{\text{Facility Assessed RWPDP (12)}}{\text{Facility Assessed Patient Days (4)}} = \frac{1,518.6556}{1,517} = 1.0011$ <p>Considerations The Facility Assessed CMI for your facility gives an indication of the relative complexity of residents. For Ontario LTC facilities, the "average assessed resident" has a Case Mix index of 1.0000.</p>
Facility Total CMI (19)	<p>The Facility <i>Total</i> CMI is the Facility Total RWPDP divided by the Facility Total Patient Days. This CMI covers assessed and unassessed periods of care.</p> $\text{Facility Total CMI (19)} = \frac{\text{Facility Total RWPDP (16)}}{\text{Facility Total Patient Days (8)}} = \frac{1,558.8223}{1,566} = 0.9954$ <p>Considerations The Facility Total CMI for your facility gives an indication of the relative complexity of residents.</p>

# Summary Page Definitions

Cell	Details
Discharge Assumed Notice (20)	<p>This note is generated only if there are "Discharge assumed for missing assessment/discharge" events within the Resident RWPD report. These events are created when data was expected by CIHI but was not received – either the patient has been discharged but no discharge record was submitted, or the patient is still in the facility but an assessment has been missed</p> <p><b>Considerations</b> If the count is not zero, review the RWPD Resident report for "Discharge Assumed" events (see Table 4 Page 27).</p>



# Resident Detail Definitions

Column	Details
Health Record Number [A]	<p>Unique resident identifier assigned by the facility that remains unchanged over time; including, multiple admissions, re-entries and discharges. The number is included in reports so that RWPD data can be matched to a specific resident.</p> <p>Considerations See "A6a. Health Record Number" – CCRS Specifications Manual 2010 - Page 54.</p>
Unique Registration Identifier [B]	<p>This number is included in the report so that facilities can match the RWPD data included in the report to a specific resident. It consists of the facility number, a date and seven characters.</p> <p>Considerations See "AA1. Unique Registration Identifier" - CCRS Specifications Manual 2010 - Page 26.</p>
Date of Entry [C]	<p>This is the date on which a resident was admitted or re-entered a facility.</p> <p>Considerations See "AB1. Admission Date" - CCRS Specifications Manual 2010 - Page 34.</p>

# Resident Detail Definitions

Column	Details
Discharge Date [D]	<p>This is the date on which a resident was discharged from a facility.</p> <p>Considerations</p> <ul style="list-style-type: none"><li>• Ensure that discharge dates are correct and that a discharge assessment has been submitted to CCRS for each resident that has been discharged from the facility.</li><li>• For ongoing periods of care, the Discharge Date is left blank until a discharge assessment is completed. See "R4 – Discharge Date" - CCRS Specifications Manual 2010 - Page 147.</li></ul>
RWPD Event [E]	<p>Each line in the Resident RWPD report has an associated event description identifying the nature of the event occurring during the resident's stay. See Table 4 for more information about each of these RWPD events.</p> <p>The following RWPD Events may be created within the RWPD process:</p> <ul style="list-style-type: none"><li>• Admission background</li><li>• Assessment (Late)</li><li>• Discharge assumed for missing assessment/discharge</li><li>• Discharge prior to completing initial assessment</li><li>• Discharge: return anticipated</li><li>• Discharge: return not anticipated</li><li>• Full or Annual Assessment</li><li>• Initial admission assessment</li><li>• Quarterly Assessment</li><li>• Re-Entry</li><li>• Significant Change in Status</li><li>• Significant Correction to a Prior Full Assessment</li><li>• Significant Correction to a Prior Quarterly Assessment</li><li>• Start of fiscal year</li></ul>

# Resident Detail Definitions

Column	Details
RWPD Start Date [F]	<p>This date marks the start of the period covered by the RWPD event.</p> <p>The RWPD Start Date [F] is the</p> <ul style="list-style-type: none"><li>• Date Of Entry [C] for Admissions or Re-Entry events</li><li>• Discharge Date [D] for discharge events</li><li>• Associated Assessment Date [I] for assessment events</li></ul> <p>For "Assessment Late" events the RWPD Start Date [F] is the first date that patient days are considered late.</p> <ul style="list-style-type: none"><li>• 14 days after the Date Of Entry [C]</li><li>• 92 days after the Associated Assessment Date [I] of the prior assessment</li></ul>
RWPD End Date [G]	<p>This date marks the end of the period covered by the RWPD event.</p> <p><b>RWPD reporting periods and RWPD End Date</b></p> <p>If the resident continues to have resident status at the end of the RWPD reporting period, in that she or he has not been discharged from the facility, the RWPD end date will be set as the day after the RWPD reporting period. For example, for Q2 RWPD reports, the RWPD reporting period is April 1 through September 30. If the RWPD event continues into Q3, the RWPD end date will be set to October 1 for the Q2 RWPD report.</p> <p><b>Considerations</b></p> <p>This field is blank for discharge events.</p>

# Resident Detail Definitions

Column	Details
Patient Days [H]	<p>The number of days covered by the RWPD event.</p> <p>When counting patient days, the first day of the RWPD event is counted but the last day is not. For example, an RWPD event covering Monday through Friday will have 4 patient days (Monday, Tuesday, Wednesday and Thursday are counted; Friday is not).</p> <p>In most cases</p> $\text{Patient Days [H]} = \text{RWPD End Date [G]} - \text{RWPD Start Date [F]}$ <p>Special case - Patient Days = Zero</p> <ul style="list-style-type: none"><li>• When an assessment is updated using a Significant Correction assessment, the RWPD event for the original assessment will be assigned zero patient days. The Significant Correction assessment must have the same assessment reference date as the original assessment.</li><li>• When an assessment reference date is the same as the discharge date, the patient days for that assessment event will be set to zero.</li></ul> <p>Special case - Patient Days = One</p> <p>For the following situations, when the Patient days [H] derivation is zero the patient days value is assigned a value of one.</p> <ul style="list-style-type: none"><li>• There is a same day Admit and Discharge</li><li>• There is a same day Re-entry and Discharge</li><li>• There is a same day Admit and Assessment and Discharge</li></ul> <p>Considerations</p> <p>For Discharge events the Patient Days [H] is blank.</p>

# Resident Detail Definitions

Column	Details
<p>Associated Assessment Date [I]</p>	<p>This is the Assessment Reference Date from the MDS assessment associated with the RWPD event.</p> <p>Considerations</p> <p>See "A3. Assessment Reference Date" - CCRS Specifications Manual 2010 – Page 52. For Unassessed episodes the Associated Assessment Date [I] is blank.</p>
<p>RUG Group [J]</p>	<p>The RUG Group [J] is</p> <ul style="list-style-type: none"> <li>• The RUG-III (34-group) value assigned to the assessment associated with the RWPD event.</li> <li>• Blank for Discharge events</li> <li>• Blank for Admission events (when no assessment is completed for the episodes)</li> </ul> <p>Considerations</p> <p>For each RUG group there is a related cost weight which is used to weight patient days (see CMI Value [K] below). Refer to Appendix 1 for a list of valid RUG Group [J] and their CMI [K] value assigned for Ontario LTC facility assessments.</p>
<p>CMI [K]</p>	<p>The Case Mix Index (CMI) is a measure of resource use by a resident within one RUG group relative to the average resident within the overall Ontario LTC population.</p> <p>For most RWPD events, the CMI [K] value is obtained using the RUG Group [J] and the CCRS 2010-2011 CMI table.</p> <p>Considerations</p> <ul style="list-style-type: none"> <li>• For Discharge events the CMI [K] is blank.</li> <li>• Where RUG Group [J] is not blank, refer to Appendix 1 for a list of valid RUG Group [J] and the CMI [K] value assigned for Ontario LTC facility assessments.</li> <li>• For Unassessed periods of care RUG Group [J] is blank. See RWPD Unassessed 13 [M] and RWPD Unassessed 14 [N] below.</li> </ul>



# Resident Detail Definitions

Column	Details
<b>RWPD Assessed [L]</b>	<p>For each resident, an RWPD value is calculated for each RWPD event with an associated assessment date.</p> <p>The RWPD value for assessed events is equal to the number of patient days for the event multiplied by the CMI for the RUG group which corresponds to the assessment for the event.</p> $\text{RWPD Assessed [L]} = \text{Patient Days [H]} \times \text{CMI [K]}$
<b>RWPD Unassessed 13 [M]</b>	<p>If the resident is discharged prior to the completion of an assessment and the discharge was within 14 days of admission then the episode is referred to as "Unassessed 13."</p> <p>The RWPD for these episodes is calculated using the Facility Assessed CMI (Cell 18) and the number of patient days for the event Patient Days [H].</p> $\text{RWPD Unassessed 13 [M]} = \text{Patient Days [H]} \times \text{Facility Assessed CMI (18)}$
<b>RWPD Unassessed 14 [N]</b>	<p>If the resident is discharged prior to the completion of an assessment and the discharge occurred 14 days or more after admission then the episode is referred to as "Unassessed 14"</p> <p>The RWPD for these episodes is calculated using the Lowest CMI for the fiscal year and the number of patient days for the event Patient Days [H].</p> $\text{RWPD Unassessed 14 [N]} = \text{Patient Days [H]} \times \text{Lowest CMI}$ <p><b>Considerations</b>            For RWPD reports produced for 2010-2011, the Lowest CMI value for Ontario LTC facilities is from RUG group PA1. The Lowest CMI for 2010-2011 is 0.6308 (See Appendix 1)</p>