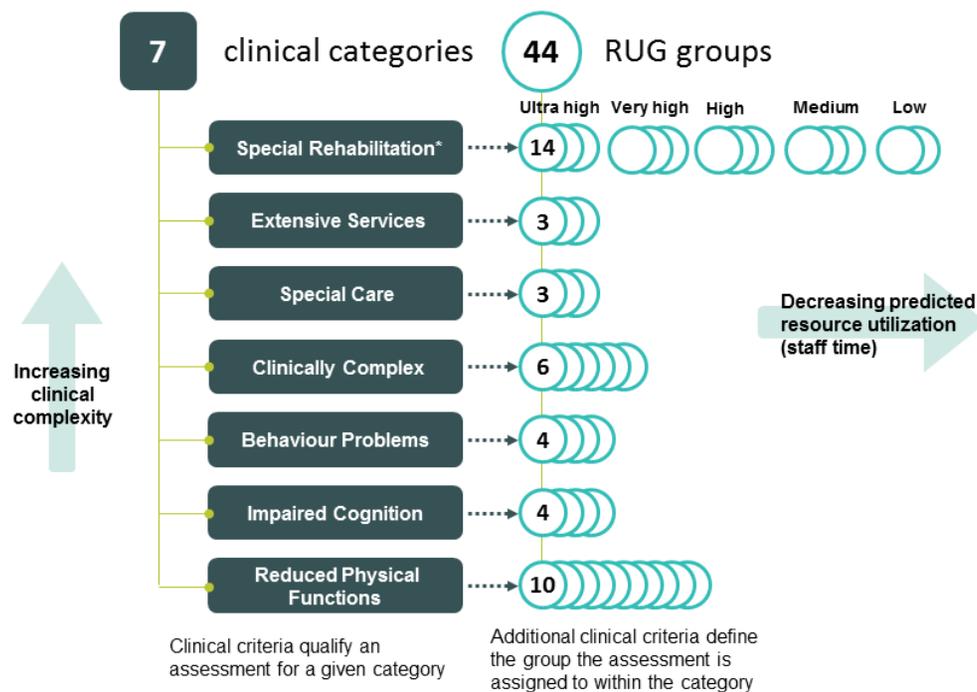




# Resource Utilization Groups version III Plus (RUG-III Plus) Grouping Methodology



RUG-III Plus is a grouping methodology used to categorize residents living in residential care organizations in Canada. RUG-III Plus is an updated version of the RUG-III grouping methodology. Resident assessment data is sorted into categories and groups based on a resident's clinical characteristics. Organizations can use information about the case mix of their residents to guide decisions about program planning and resource allocation. Case mix information is also used to risk-adjust residential care quality indicators.

**Note**

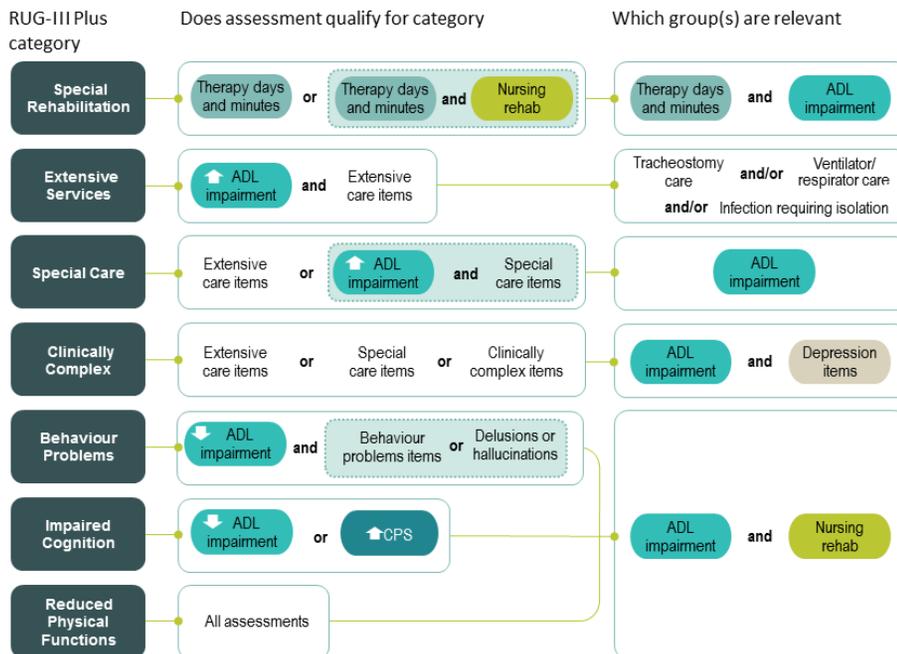
\* There are 5 subcategories for Special Rehabilitation (ultra high, very high, high, medium and low).



# Clinical characteristics of RUG-III Plus categories and groups

The image below summarizes clinical information used to determine the RUG-III Plus category and group a residential care assessment may qualify. Assessments may qualify for more than one RUG-III Plus category and group. Impairments in physical functioning termed “activities of daily living” (ADLs) play a major role in grouping residential care assessment data. The Cognitive Performance Scale (CPS) is also used.

## Summary of RUG-III Plus Grouping Methodology



Please note the interRAI Long Term Care Facilities (LTCF) assessment tool has minor differences in clinical criteria for RUG-III Plus category and group assignment compared with the Resident Assessment Instrument–Minimum Data Set 2.0 (RAI-MDS 2.0) assessment tool.



## Job Aid

Below you will find further details of the clinical characteristics associated with RUG-III Plus categories:

RUG-III Plus category	Clinical characteristics
<b>Special Rehabilitation</b>	Occupational/physical/speech–language therapy; restorative nursing activities, including splint or brace assistance, bed mobility, transfer, walking, dressing or grooming, eating or swallowing, amputation or prosthesis care, communication, any scheduled toileting plan, and bladder retraining program
<b>Extensive Services</b>	High ADL Impairment score and tracheostomy care; ventilator; respirator; antibiotic-resistant infection; <i>Clostridium difficile</i> infection
<b>Special Care</b>	Severe pressure ulcers and skin treatments; feeding tube; parenteral/enteral intake; aphasia; wound care; daily respiratory therapy; higher ADL impairment and cerebral palsy; fever; vomiting; weight loss; pneumonia; dehydration; higher ADL impairment and multiple sclerosis; higher ADL impairment and quadriplegia; radiation
<b>Clinically Complex</b>	Feeding tube; parenteral/enteral intake; comatose; septicemia; serious burns; dehydration; higher ADL impairment and hemiplegia/hemiparesis; internal bleeding; pneumonia; end-stage disease; chemotherapy; dialysis; physician order changes/visits; challenges with diabetes medication management; transfusions; oxygen therapy; foot infections
<b>Behaviour Problems</b>	Behaviour problems (wandering, verbally abusive, physically abusive, socially inappropriate/disruptive, resists care); delusions; hallucinations; fewer ADL impairments
<b>Impaired Cognition</b>	High CPS score; fewer ADL impairments
<b>Reduced Physical Functions</b>	All assessments qualify

Please note the interRAI Long Term Care Facilities (LTCF) assessment tool has minor differences in clinical criteria for RUG-III Plus category and group assignment compared with the Resident Assessment Instrument–Minimum Data Set 2.0 (RAI-MDS 2.0) assessment tool.