



Quality Indicator Quick Reference Guide

High-level description of each of the nine CCRS indicators included in CIHI's public reporting initiative

March 2015



Restraint Use in Long-Term Care

| What does it measure? | Percentage of residents who were physically restrained <u>daily</u> as indicated on their target assessments (assessments used in the calculation) |
|--------------------------------------|--|
| Numerator | Residents who were physically restrained <u>daily</u> over the 7 days prior to their target assessment. For this indicator, restraints include – Trunk Restraint – Limb Restraint – Chair Prevents Rising |
| Denominator | All residents with valid assessments |
| Exclusions | Residents who are comatose or quadriplegic |
| Performance | Lower is better |
| Clinical notes | If the device is attached/adjacent to the resident's body and he/she cannot remove it easily and it restricts freedom of movement or normal access to the body, it is considered a restraint It is the effect of the device has on the resident, not the intent or the name of the device Some personal assistive safety devices (PASD) <i>may</i> meet the interRAI definition of a restraint Use of bedrails is not included in the calculation of this indicator |
| Detailed indicator information | CIHI's Indicator Library: Restraint Use |



Potentially Inappropriate Use of Antipsychotics in Long-Term Care

| What does it measure? | Percentage of residents on antipsychotics without a diagnosis of psychosis |
|--------------------------------------|--|
| Numerator | Residents who received antipsychotic medication on one or more days in the seven days prior to their target assessment (the assessments used in the calculation) |
| Denominator | All residents with valid assessments |
| Exclusions | Residents who have end-stage disease - 6 months or less to live, or are receiving hospice care |
| | Residents who have a diagnosis of schizophrenia or Huntington's chorea |
| | Residents who have experienced hallucinations or delusions in the 7 days prior to their target assessment |
| Performance | Lower is better |
| Clinical notes | Antipsychotic drug use is captured based on the pharmacological classification, not the reason it is being used |
| Detailed indicator information | CIHI's Indicator Library: Inappropriate Use of Antipsychotics |



Falls in the Last 30 Days in Long-Term Care

| What does it measure? | Percentage of residents who fell in the 30 days prior to their target assessment (the assessment used in the calculation) |
|--------------------------------------|--|
| Numerator | Residents who had at least one fall in the 30 days prior to their target assessment |
| Denominator | All residents with valid assessments |
| Exclusions | None |
| Performance | Lower is better |
| Clinical notes | A fall is defined as any unintentional change in position where the resident ends up on the ground or other lower level |
| Detailed indicator information | CIHI's Indicator Library: Falls in Long-Term Care |



Worsened Pressure Ulcer in Long-Term Care

| What does it measure? | Percentage of residents whose stage 2 to 4 pressure ulcer worsened since the prior assessment |
|--------------------------------------|---|
| Numerator | Residents who had a stage 2 – 4 pressure ulcer in the 7 days prior to their target assessment (the assessment used in the calculation); |
| | The stage of pressure ulcer is worse on their target assessment compared with their prior assessment. |
| Denominator | All residents with valid assessments |
| Exclusions | Residents who had a stage 4 pressure ulcer on their prior assessment |
| Performance | Lower is better |
| Clinical notes | Pressure ulcers should be staged according to the extent of tissue damage present during the observation period. |
| Detailed indicator information | CIHI's Indicator Library: Worsened Pressure Ulcer |



Worsened Depressive Mood in Long-Term Care

| What does it measure? | Percentage of residents whose mood from symptoms of depression have worsened since the prior assessment |
|--------------------------------------|--|
| Numerator | Residents with a higher Depression Rating Scale (DRS) score on their target assessment compared with their prior assessment. |
| Denominator | All residents with valid assessments |
| Exclusions | Residents who are comatose Residents with a DRS score of 14 (maximum score) on their prior assessment |
| Performance | Lower is better |
| Clinical notes | The DRS is calculated using seven different indicators of depression, anxiety and sad mood that may have been present in the last 30 days |
| Detailed indicator information | CIHI's Indicator Library: Worsened Depressive Mood |



Improved Physical Functioning in Long-Term Care

| What does it measure? | The percentage of residents who improved or remained independent in transferring and locomotion (mid-loss ADLs) since the previous assessment |
|--------------------------------------|--|
| Numerator | Residents with improved mid-loss activities of daily living (ADL) self performance on their target assessment compared with their previous assessment OR Residents who were independent in mid-loss ADLs on both target and previous assessment |
| Denominator | All residents with valid assessments |
| Exclusions | Residents who are comatose or who have end-stage disease - 6 months or less to live |
| Performance | Higher is better |
| Clinical notes | Decline in physical functioning is not an inevitable part of aging and research shows that many long-term care residents have the potential to improve or remain functionally stable. |
| Detailed indicator information | CIHI's Indicator Library: Improved Physical Functioning |



Worsened Physical Functioning in Long-Term Care

| What does it measure? | The percentage of residents who worsened or remained completely dependent in transferring and locomotion (mid-loss ADLs) since the prior assessment |
|--------------------------------------|--|
| Numerator | Residents with worsened mid-loss activities of daily living (ADL) self performance on their target assessment compared with their previous assessment OR |
| | Residents who were completely dependent in mid-loss ADLs on both target and prior assessment |
| Denominator | All residents with valid assessments |
| Exclusions | Residents who are comatose or have end-stage disease - 6 months or less to live |
| Performance | Lower is better |
| Clinical notes | This indicator captures unexpected decline that <u>may</u> be inconsistent with a resident's normal condition or health trajectory. |
| Detailed indicator information | CIHI's Indicator Library: Worsened Physical Functioning |



Experienced Pain in Long-Term Care

| What does it measure? | Percentage of residents who had pain as documented on the target assessment |
|--------------------------------------|--|
| Numerator | Residents with moderate pain at least daily or horrible/excruciating pain at any frequency as documented on the target assessment |
| Denominator | All residents with valid assessments |
| Exclusions | None |
| Performance | Lower is better |
| Clinical notes | The presence of pain is captured if the resident experienced pain during the observation period, even if that pain was later relieved by an analgesic If a resident did not experience <i>any</i> pain during the observation period because he/she was on a medication regimen that renders him/her pain free, no pain is captured |
| Detailed indicator information | CIHI's Indicator Library: Experienced Pain |



Experienced Worsened Pain in Long-Term Care

| What does it measure? | Percentage of residents whose pain worsened since the prior assessment |
|--------------------------------------|---|
| Numerator | Residents with greater pain on their target assessment compared with their prior assessment |
| Denominator | All residents with valid assessments |
| Exclusions | Residents with daily horrible/excruciating pain on prior assessment |
| Performance | Lower is better |
| Clinical notes | |
| Detailed indicator information | CIHI's Indicator Library: Worsened Pain |



Need more detail?

- MDS 2.0 assessment form and clinical coding standard
- Detailed calculations/logic for each indicator
- Full risk-adjustment methodology
- Client support
-all available through ccrs@cihi.ca