

# Alberta Long Term Care Quality Indicators 2016- 2017

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May 2018

## Table of Contents

<b>Executive Summary.....</b>	<b>3</b>
<b>Introduction: A focus on quality in Long Term Care .....</b>	<b>4</b>
<b>Performance Measures Dashboard .....</b>	<b>5</b>
<b>Safety: Falls in the Last 30 Days in Long Term Care – Provincial Details.....</b>	<b>6</b>
<b>Safety: Worsened Pressure Ulcer in Long Term Care – Provincial Details.....</b>	<b>8</b>
<b>Appropriateness and Effectiveness: Potentially Inappropriate Use of Antipsychotics in Long Term Care – Provincial Details .....</b>	<b>10</b>
<b>Appropriateness and Effectiveness: Physical Restraint Use in Long Term Care –Provincial Details .....</b>	<b>12</b>
<b>Health Status: Improved Physical Functioning in Long Term Care – Provincial Details.....</b>	<b>14</b>
<b>Health Status: Worsened Physical Functioning in Long Term Care – Provincial Detail.....</b>	<b>16</b>
<b>Health Status: Worsened Depressive Mood in Long Term Care – Provincial Details .....</b>	<b>18</b>
<b>Health Status: Experiencing Pain in Long Term Care – Provincial Detail .....</b>	<b>20</b>
<b>Health Status: Experiencing Worsened Pain in Long Term Care – Provincial Detail.....</b>	<b>22</b>

## Executive Summary

Long term care covers a diverse area of services provided over a sustained period of time to individuals with chronic conditions and functional limitations living in long term care (LTC) facilities. These services can range from assistance with daily activities to full support.

The Alberta Long Term Care Quality Indicators 2016-2017 Report provides an overview on how Alberta performed on the 9 publicly reported QIs. The report complements the Canadian Institute for Health Information (CIHI) data, an independent, not-for-profit organization that collates essential information on Canada's health system and the health of Canadians, and illustrates QIs comparisons across our province. In addition it describes how Alberta is doing compared to national averages, and includes some of the actions taken, or underway to improve care for residents across the province. Actions taken to improve the QIs may take time to make a difference as a result of differences in each environment.

The following pages will demonstrate how Alberta performed in 2016-17 compared to the national average in long term care:

- Better than national average:
  - Potentially Inappropriate Use of Antipsychotics
  - Experiencing Pain
- Same as national average
  - Falls in the last 30 days
  - Restraint use
  - Improved physical functioning
- Worse than national average:
  - Worsened pressure ulcer
  - Worsened physical functioning
  - Worsened depressive mood
  - Experiencing worsened pain

The following pages include actions and examples how Alberta Health Services is working to improve results.

The report is updated annually, and it will be posted on the AHS public website.

## Introduction: A focus on quality in Long Term Care facilities

Residents of long term care (LTC) facilities across Alberta must be provided with high quality care. Everyone can play a role in quality. Sharing information about health service quality and success stories are ways that quality of care can be shared, reviewed, monitored and improved. This report on the Alberta Health Services (AHS) website is designed to share such information.

Quality Indicators flag potential areas where successes are achieved or opportunities exist to sustain and improve the quality of resident care. QIs are drawn from clinical assessments (known as RAI MDS 2.0 <http://www.interrai.org/long-term-care-facilities.html>) completed every three months on individuals living in all LTC facilities across Alberta, and shared with the CIHI.

On June 10, 2015, CIHI began publicly reporting nine LTC QIs focused on safety, appropriateness and effectiveness of care on its public website [www.YourHealthSystem.cihi.ca](http://www.YourHealthSystem.cihi.ca). The website features 45 health indicators, which are reported provincially, by zones and by sites and presented in a way that is accessible to the public. Most of the indicators are already publicly reported by CIHI or Statistics Canada.

CIHI continues to report improvements for several LTC indicators:

- In Canada, the rate for Potentially Inappropriate Use of Antipsychotics in Long Term Care improved from 31.3% in 2012–2013 to 21.9% in 2016–2017.
- The Canadian average for Restraint Use in Long Term Care continued to decline, showing an improvement from 11.2% in 2012–2013 to 6.5% in 2016–2017.
- Results for Experiencing Pain in Long Term Care have also decreased, improving from 11% in 2012–2013 to 7.9% in 2016–2017.

Users are able to view and compare results for residents in long term care facilities across Alberta and in other parts of Canada. By sharing information on each facility, region and province the opportunity exists to learn from one another in order to improve the quality of care being delivered.

The ongoing public reporting of QIs raises everyone's awareness of quality care. Seeing, understanding and using information on quality inspires everyone involved in long term care to do a better job and create good quality of life for residents, their families and caregivers.

For questions related to this report contact our team at [continuingcare.quality@ahs.ca](mailto:continuingcare.quality@ahs.ca)

## Performance Measures Dashboard

		<u>2015-16 AB Average</u>	<u>2016-17 AB Average</u>	<u>2016-17 National Average</u> <sup>1</sup>	<u>How does AB compare to the National Average</u>
Safety	<b>Falls in the Last 30 Days in Long Term Care (FAL02)</b> What percentage of residents had an unintentional change in position where they end up on the floor, ground or lower level? This QI captures falls with and without injury. It does not reflect how often residents fall. <i>A lower percentage is better as it means a lower percentage of residents have fallen.</i>	15.6%	15.8%	15.9%	Same as Average
	<b>Worsened Pressure Ulcer in Long Term Care (PRU06)</b> What percentage of residents had a pressure ulcer at Stage 2 to 4 and upon re-assessment the stage of the pressure ulcer is greater? <i>A lower percentage is better as it means resident's stage 2 to 4 pressure ulcers are improving or being maintained at the current stage.</i>	3.2%	3.1%	2.8%	Worse than Average
Appropriateness & Effectiveness	<b>Potentially Inappropriate Use of Antipsychotics in Long Term Care (DRG01)</b> What percentage of residents received an antipsychotic medication without a diagnosis of psychosis? <i>A lower percentage is better as it means fewer residents received a potentially inappropriate antipsychotic medication.</i>	18.1%	17.4%	21.9%	Better than Average
	<b>Restraint Use in Long Term Care (RES01)</b> What percentage of residents is being physically restrained daily? <i>A lower percentage is better as it means fewer residents are being restrained daily.</i>	6.9%	6.5%	6.5%	Same as Average
Health Status	<b>Improved Physical Functioning in Long Term Care (ADL05)</b> What percentage of residents showed improvement in their performance of activities of daily living (walking, transfer, locomotion)? <i>A higher percentage is better as it means more residents are more independent in certain activities of daily living.</i>	33.0%	31.5%	31.4%	Same as Average
	<b>Worsened Physical Functioning in Long Term Care (ADL5A)</b> What percentage of residents showed a worsening in their performance of activities of daily living (walking, transfer, locomotion)? <i>A lower percentage is better as it means fewer residents became more dependent in certain activities of daily living.</i>	35.7%	35.4%	33.1%	Worse than Average
	<b>Worsened Depressive Mood in Long Term Care (MOD4A)</b> What percentage of residents had a higher score on the Depression Rating Scale (DRS) upon re-assessment? <i>A lower percentage is better as it means fewer residents are experiencing depressive symptoms on their most recent assessment compared to their previous.</i>	27.8%	27.1%	21.7%	Worse than Average
	<b>Experiencing Pain in Long Term Care (PAI0X)</b> What percentage of residents has daily, moderate or horrible pain? <i>A lower percentage is better as it means fewer residents are experiencing such pain.</i>	7.3%	6.9%	7.9%	Better than Average
	<b>Experiencing Worsened Pain in Long Term Care (PAN01)</b> What percentage of residents has daily, moderate or horrible pain that is getting worse? <i>A lower percentage is better as it means that there are fewer residents whose pain has gotten worse.</i>	13.5%	13.0%	10.2%	Worse than Average

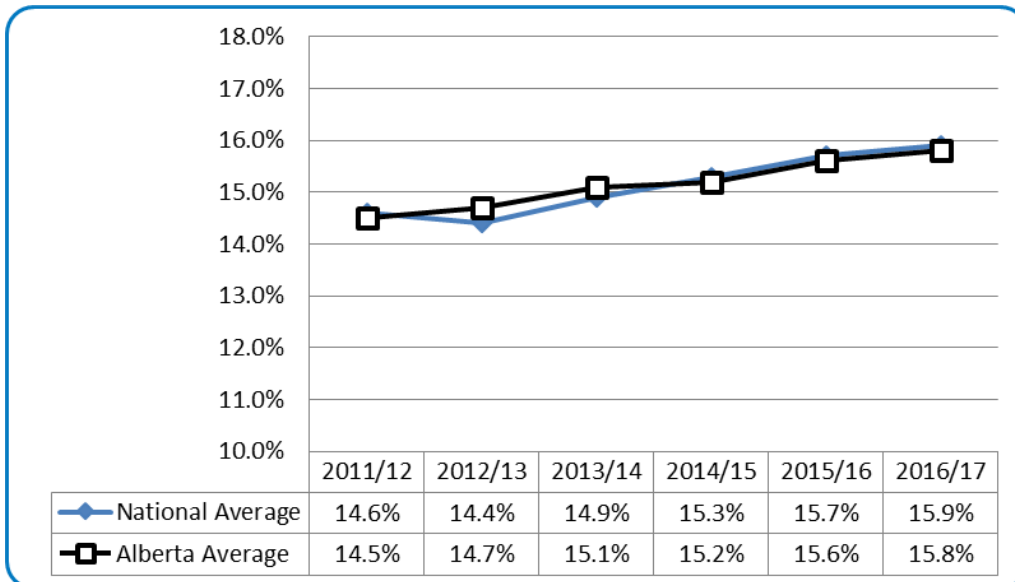
<sup>1</sup>National figures from CIHI as of 2017 includes participation from approximately 60% of Long Term Care facilities across the country. Results are for the following provinces/territories participating completely in CCRS (SK, BC, AB, ON, NL, YK) and partially (MB, NB, NS).

**Please note:** This data is from the CIHI all data export preview, dated November 2017.

- CIHI reports their data as rolling quarters for the fiscal year from April 1, 2016 to March 31, 2017.
- Alberta is at or above the national average in five out of the nine QIs for Long Term Care.
- The following pages highlight achievements in continuing care in our province and provide examples of quality improvement initiatives underway or planned. These pages will be updated as more information on successful quality initiatives becomes available.
- We are committed to ongoing action to improve and ensure Long Term Care residents have the highest quality of care possible.



## Safety: Falls in the Last 30 Days in Long Term Care – Provincial Details



**Please note:** The axis of this chart does not start at zero, to allow more detail to be seen

### Definition

A fall is defined as any unintentional change in position where the resident ends up on the floor, ground or other lower level. The measure is the percentage of residents who had a fall in the last 30 days in a long term care facility.

### Understanding this Measure

Falls are a serious health concern as they are one of the leading causes (30%) of hospital admission due to serious injury and about one-third of in-hospital deaths. As people age their risk of falling may increase. Falls may cause a person to lose their independence, or be unable to remain in their own home and they may have a lower quality of life. Many falls can be prevented so it is important to act if a resident's health is changing due to an illness, infection, reactions to medication, or because they are not eating or drinking enough of the right things.

### Considerations and Initiatives:

- A Falls Risk Management (FRM) framework came out in September 2013, and revised in January 2014.
- The goals of the comprehensive FRM strategy are to:
  - Identify who is at risk for falls;
  - Identify ways to prevent unintentional falls;
  - Reduce fall-related injuries; and,
  - Collect information on falls and use it to create and measure programs to prevent or reduce falls.
- AHS has a Falls Risk Management Level 1 Policy (effective as of April 2015) and must meet Accreditation Canada requirements for Falls Prevention. This policy can be found at <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-prov-falls-risk-mgmt-ps-58-policy.pdf>
- Alberta average for 'Falls in the Last 30 Days' indicator is similar to the national average.

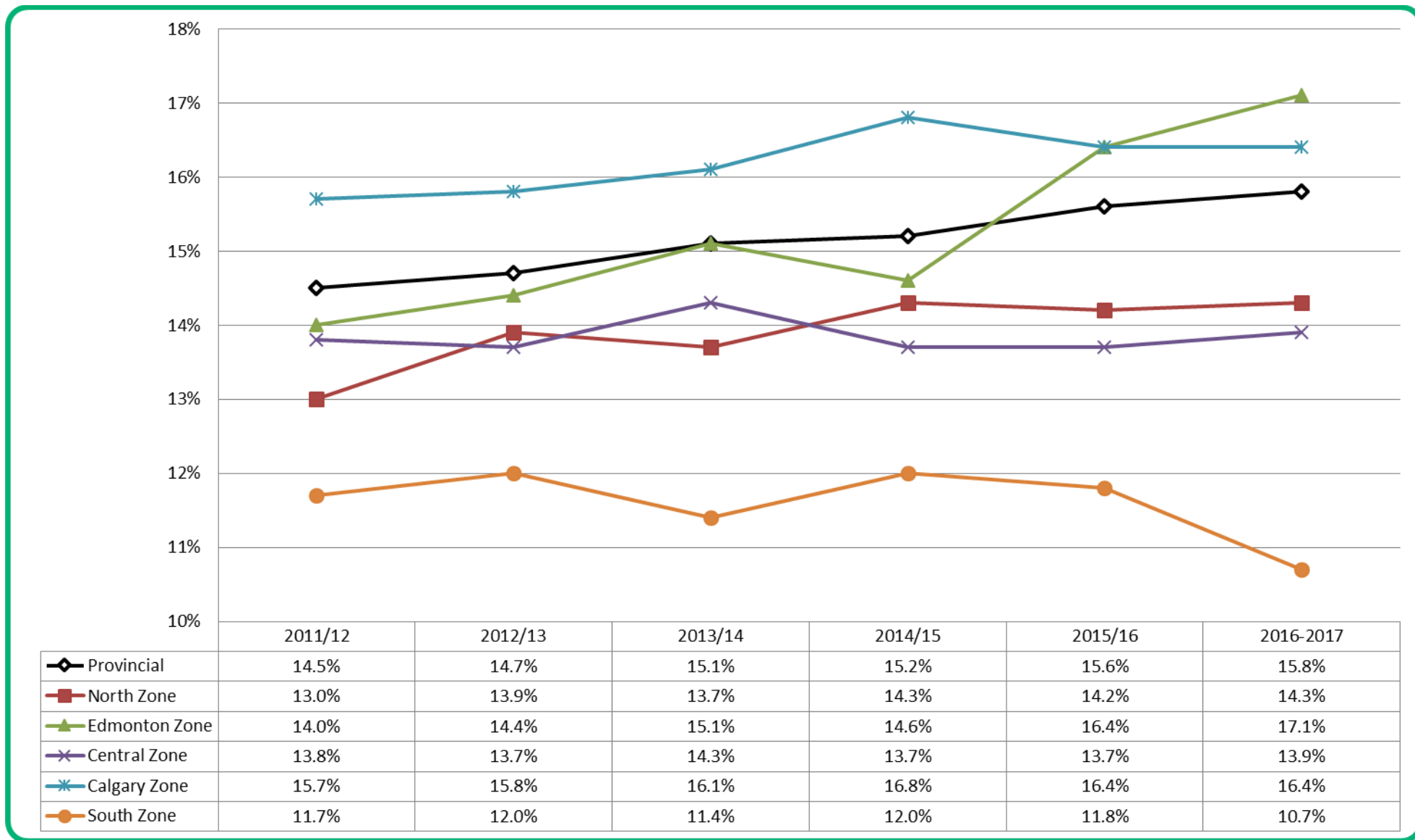
### Examples of initiatives include:

High River General Hospital has been able to improve their falls rate (now at 11.8% from 19.4%) through a sleep hygiene initiative, which includes increasing recreational activities and exposure to natural light during the day, dimming lights at 8pm and being aware of sleep aid dose times. In addition, staff have added comfort rounds, staff huddles and focused on the appropriate use of antipsychotics.

The Mary Immaculate Care Centre monitors fall risks by using tools such as fall mats at bedside, regular toileting schedules, frequent reviews of medications as well as regular checks on residents to minimize the risk associated with falls (now at 6.8% from 8.9%).

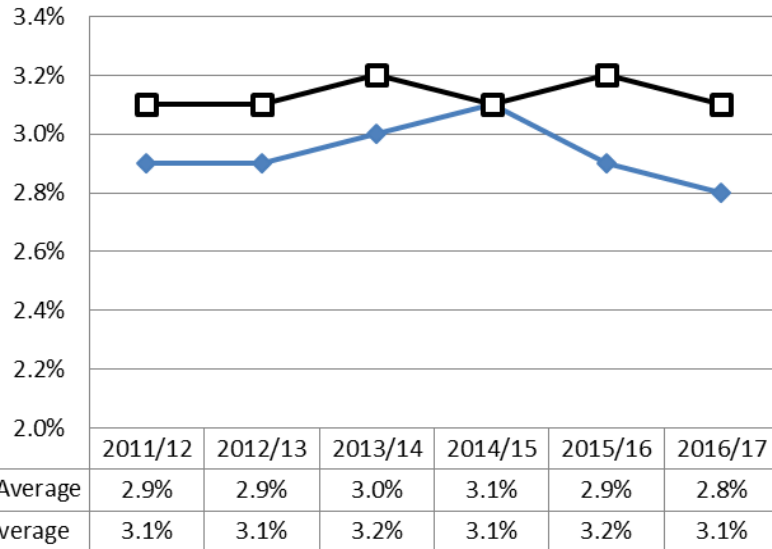
## Safety: Falls in the Last 30 Days in Long Term Care – Zone Details

The measure is the percentage of residents who had a fall in the last 30 days in a Long Term Care facility.



**Please note:** The axis of this chart does not start at zero, to allow more detail to be seen

## Safety: Worsened Pressure Ulcer in Long Term Care – Provincial Details



**Please note:** The axis of this chart does not start at zero, to allow more detail to be seen

### Definition

A pressure ulcer is a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction. Stage 2 to 4 wounds range in severity from partial loss of skin layers (e.g. abrasions, blisters) to full thickness of skin and subcutaneous tissue loss with exposure of muscle or bone.

### Understanding this Measure

Pressure ulcers that occur and get worse over time may lead to pain and suffering, increased risk for infections, poor general health and even death. A person with a pressure ulcer has three times the risk of dying compared to a person without an ulcer.

If a pressure ulcer is not present when a resident enters long term care, the goal of care is to prevent one from occurring. If a pressure ulcer is present, the goal is to heal or close it. These goals are not always easy or possible to achieve but every effort should be made to do so.

### Considerations and Initiatives:

- Research has shown that turning residents, routinely according to a schedule is effective to prevent and heal pressure ulcers.
- AHS has trained pressure ulcer prevention, assessment and treatment teams in all settings (hospital, long term care, designated supportive living, and home living) and specialized teams available to help staff.
- Organizational practices for pressure ulcer prevention is followed by AHS in all settings (hospital, home, supportive living and long term care).
- A Skin and Wound Care Manual is used and includes education, training resources, assessment tools, outcome scales and prevention strategies for staff to follow.
- Other resources being developed include:
  - AHS Pressure Ulcer Prevention Procedure and Policy;
  - Reporting, tracking and auditing of pressure ulcers; and a
  - Patient/family/caregiver brochure.

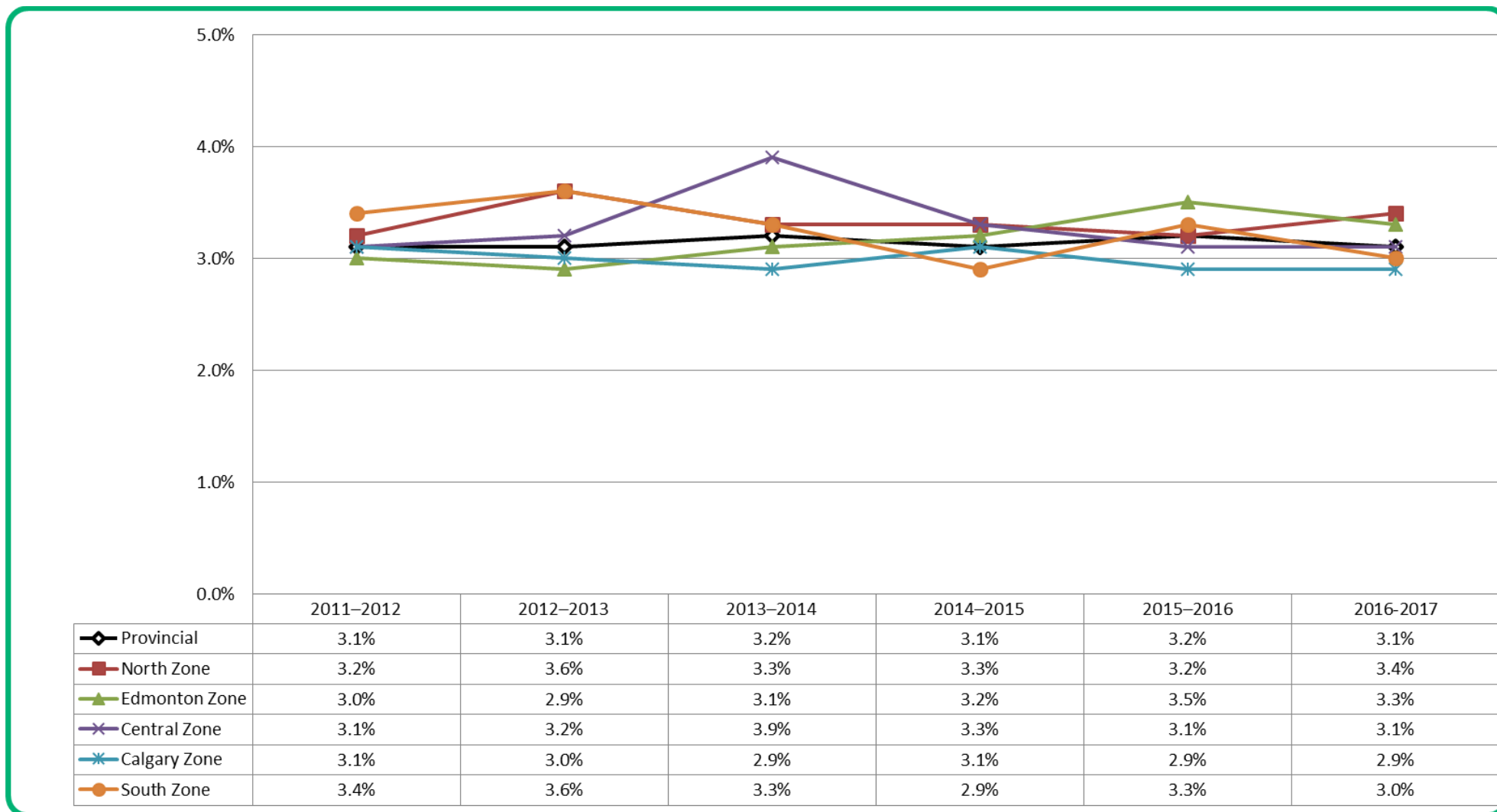
### Examples of initiatives include:

Through improved collaboration and wound documentation using photography, the care team at Galahad Care Centre has been better able to see wound progression and improve care planning (now at 1.1% from 4.1%). The dietician has played a key role by been very involved ensuring high protein diets were offered to promote healing in chronic pressure ulcers residents. Moving forward, the goal is to be proactive to prevent and quickly treat pressure ulcers.

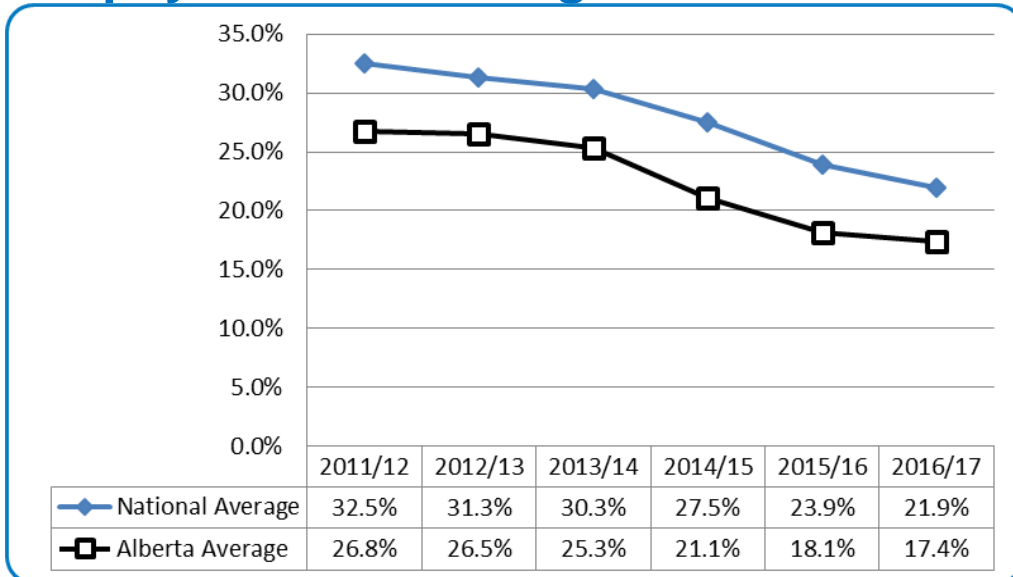


## Safety: Worsened Pressure Ulcer in Long Term Care – Zone Details

The measure is the percentage of residents who had a worsened pressure ulcer in the last 30 days in a Long Term Care facility.



# Appropriateness and Effectiveness: Potentially Inappropriate Use of Antipsychotics in Long Term Care – Provincial Details



## Definition

A lower percentage is desirable as it indicates a lower proportion of long term care residents who received a potentially inappropriate antipsychotic medication. The frequency of administration or dosage is not factored into the inclusion criteria. If a resident has received an antipsychotic medication once within the seven day look-back period of the RAI-MDS 2.0 assessment, they are included in the QI (providing they do not have a diagnosis of schizophrenia, hallucinations, Huntington’s disease or are end-of-life).

## Understanding this Measure

Antipsychotics are a class of medications used for the treatment of acute and chronic psychosis. Antipsychotic drugs have been associated with numerous adverse effects (e.g. increased risk of strokes, confusion) and as such, should be used with caution, especially among the elderly. Antipsychotic drugs are appropriate when used in the treatment of chronic mental health conditions such as schizophrenia and to manage psychosis (hallucinations or delusions that are troublesome to the person).

## Considerations and Initiatives:

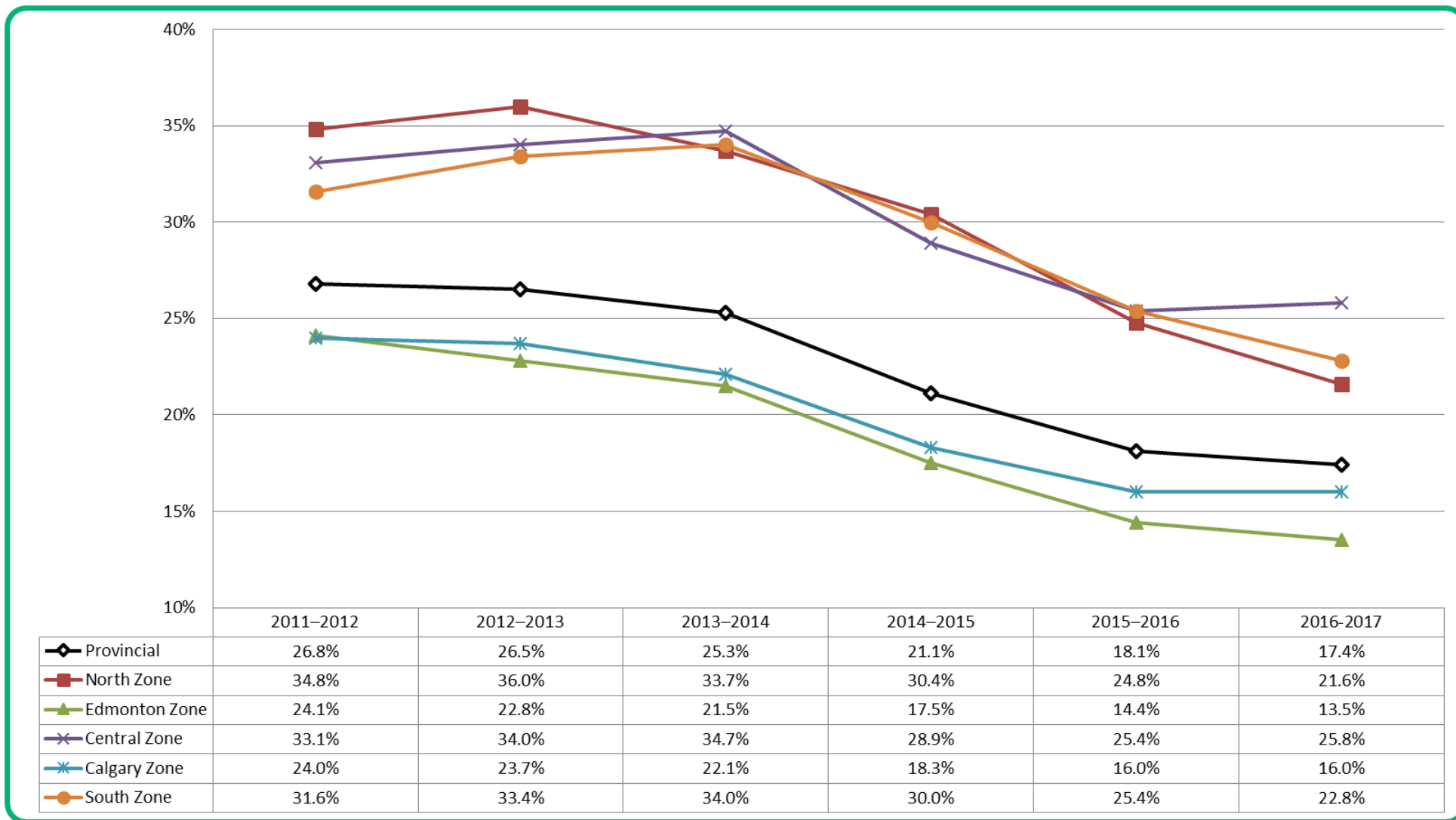
- Appropriate Use of Antipsychotics (AUA) project (Seniors Health SCN in collaboration with Addiction and Mental Health SCN):
- Implemented in 170 LTC facilities.
- As of December 2017, a total of 92 (out of 176) supportive living sites rolled out AUA (47 Edmonton Zone, 24 South Zone and 21 Central Zone).
- Alberta continues to lead on RAI 2.0 indicator for AUA, with just 17.3% LTC residents using antipsychotic medication in 2017, compared to the national average of 21.9%. That is a big decrease from 26.8% in 2011/12.
- Ongoing support from one practice lead: monthly Curbside Consultations (phone-based problem solving forum) and education by video conference; support to sites.
- Families and staff have noted “they are waking up”.
- Resources have been spread to Supportive Living 4/4Dementia Sites throughout Alberta.
- Read more on inappropriate use of antipsychotics in the [AUA Toolkit](#)

## Examples of initiatives include:

The success in improving the use of antipsychotics (now at 5.4% from 7.7%) at CapitalCare Grandview is a reflection of the organizational commitment to make this initiative a priority. The multidisciplinary team is committed to regular review and consistent monitoring of the use of antipsychotics which has, in most cases allowed for reductions and eventual discontinuation of these medications. The team continues to meet for monthly reviews and works together to identify appropriate non-pharmaceutical interventions to support our residents. Staff no longer expect that managing behaviors of dementia means medicating- this is a huge change in thinking.

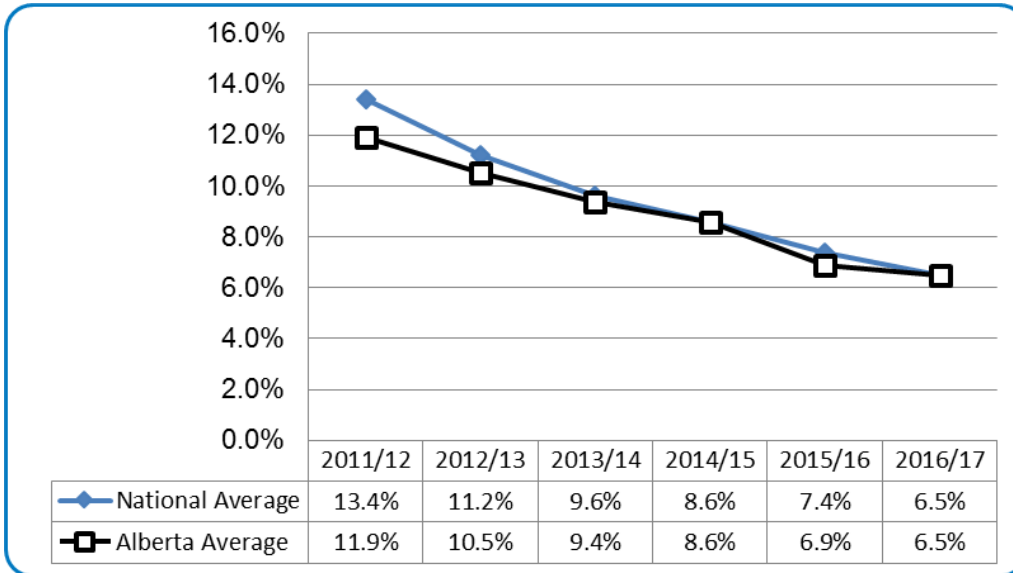
# Appropriateness and Effectiveness: Potentially Inappropriate Use of Antipsychotics in Long Term Care – Zone Details

The measure is the percentage of residents who receive an antipsychotic medication without a diagnosis of psychosis in the last 30 days in a Long Term Care facility.



**Please note:** The axis of this chart does not start at zero, to allow more detail to be seen

# Appropriateness and Effectiveness: Physical Restraint Use in Long Term Care –Provincial Details



## Definition

A physical restraint is defined as any manual method, or any physical or mechanical device, material or equipment that is attached or adjacent to the resident's body, that the resident cannot remove easily, and that restricts the resident's freedom of movement or normal access to his or her body. It is the effect the device has on the resident that classifies it into the category of restraint, not the name or label given to the device, nor the purpose or intent of the device.

## Understanding this Measure

Physical restraints are associated with negative physical and psychosocial outcomes. If used for any significant period of time, the physical consequences may include loss of muscle mass, contractures, lessened mobility and stamina, impaired balance, skin breakdown, constipation, social isolation, emotional distress and incontinence. Further, residents who try to free themselves from restraints may fall and be injured. Physical restraints should be used as a last available option after all other supportive interventions have been trialed. Where physical restraint use is unavoidable, the outcomes of the restraint on resident status must be evaluated regularly.

## Considerations and Initiatives:

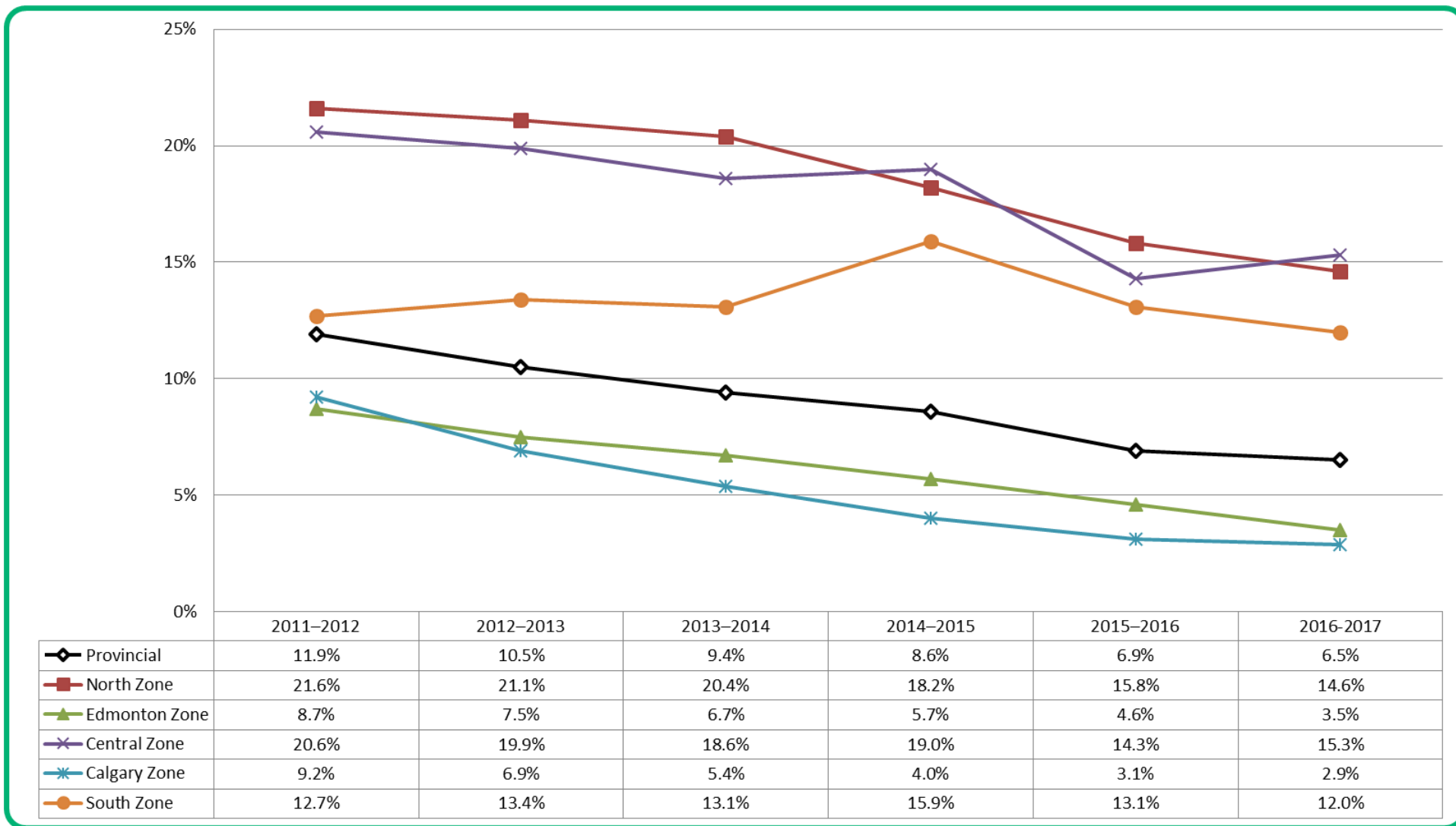
- Restraints should only be used as a last option to protect the safety of the resident, other residents and staff only after all other options have been explored, including the provision of additional care support.
- Alberta Health Services is completing a policy aimed at reducing the use of daily physical restraints with a focus on the care and safety of all residents and staff.
- Accreditation Canada requires restraint use be monitored and limited in use.
- Staff is trained to apply other methods and if a restraint is used, it is to be on a temporary basis with careful, scheduled monitoring.
- Alberta Long Term Care facilities are doing well to reduce and adhere to minimal use of restraints as reflected by the downward trend on the graph.
- If a facility reduces their use of restraints, an unintended consequence could be increased falls, however this risk must be balanced with the potential benefits of improved resident quality of life within a facility.

## Examples of initiatives include:

Northern Lights Regional Health Centre Continuing Care unit participated in the initial rollout of the Appropriate Use of Antipsychotics. The team was highly motivated and the multidisciplinary team met weekly to look at opportunities to improve the use of antipsychotics and daily restraints for residents. Through staff education the new "normal" was residents who weren't given antipsychotics and weren't being restrained, resulting in an increased focus on person-centred care through creative interventions (now at 0 from 4.6%).

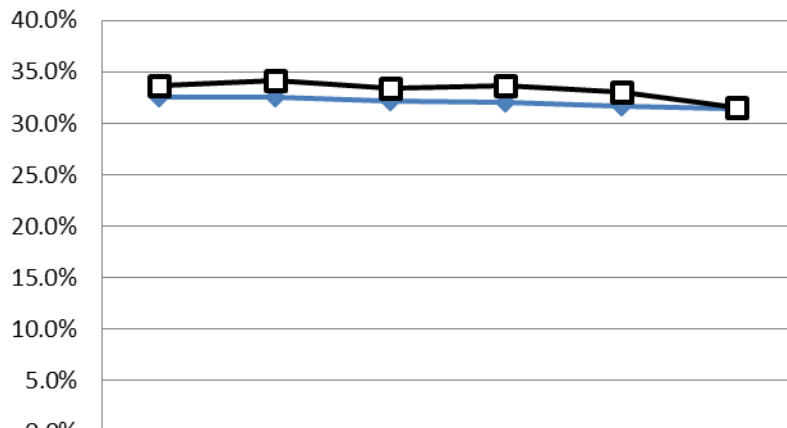
# Appropriateness and Effectiveness: Restraint Use in Long Term Care – Zone Details

The measure is the percentage of residents who are restrained in the last 30 days in a Long Term Care facility.





# Health Status: Improved Physical Functioning in Long Term Care – Provincial Details



	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
◆ National Average	32.5%	32.5%	32.2%	32.0%	31.7%	31.4%
■ Alberta Average	33.6%	34.1%	33.4%	33.7%	33.0%	31.5%

### Definition

A higher percentage is desirable for a facility because it indicates their residents are improving their mid-loss activities to daily living (transfer and locomotion) and are more independent in these activities.

### Understanding this Measure

Activities of Daily Living (ADL) range from dressing and personal hygiene (early loss) to walking, transfer and locomotion (mid-loss) to eating and bed mobility (late loss). The indicator is triggered after the current assessment is lower than the previous assessment (over a period of three months). Most long term care residents are at risk of physical decline and a resident's potential for improvement or optimal ADL functionality is often underestimated by family, staff, or the resident himself or herself. The mid-loss ADLs such as ability to walk and self-transfer are very decisive factors in a resident's quality of life.

### Considerations and Initiatives:

- Engaging residents in regular physical activity has many benefits, avoids health complications and prevents decline and loss of independence.
- Staff in Alberta facilities use ideas from residents and their families to understand their likes and dislikes. In this way, a resident can be engaged in activities that interest them and are most suited to their abilities.
- Movement through activities is a key part of nursing restorative and specific therapeutic recreation, occupational and physical therapy programs in facilities.

### Examples of initiatives include:

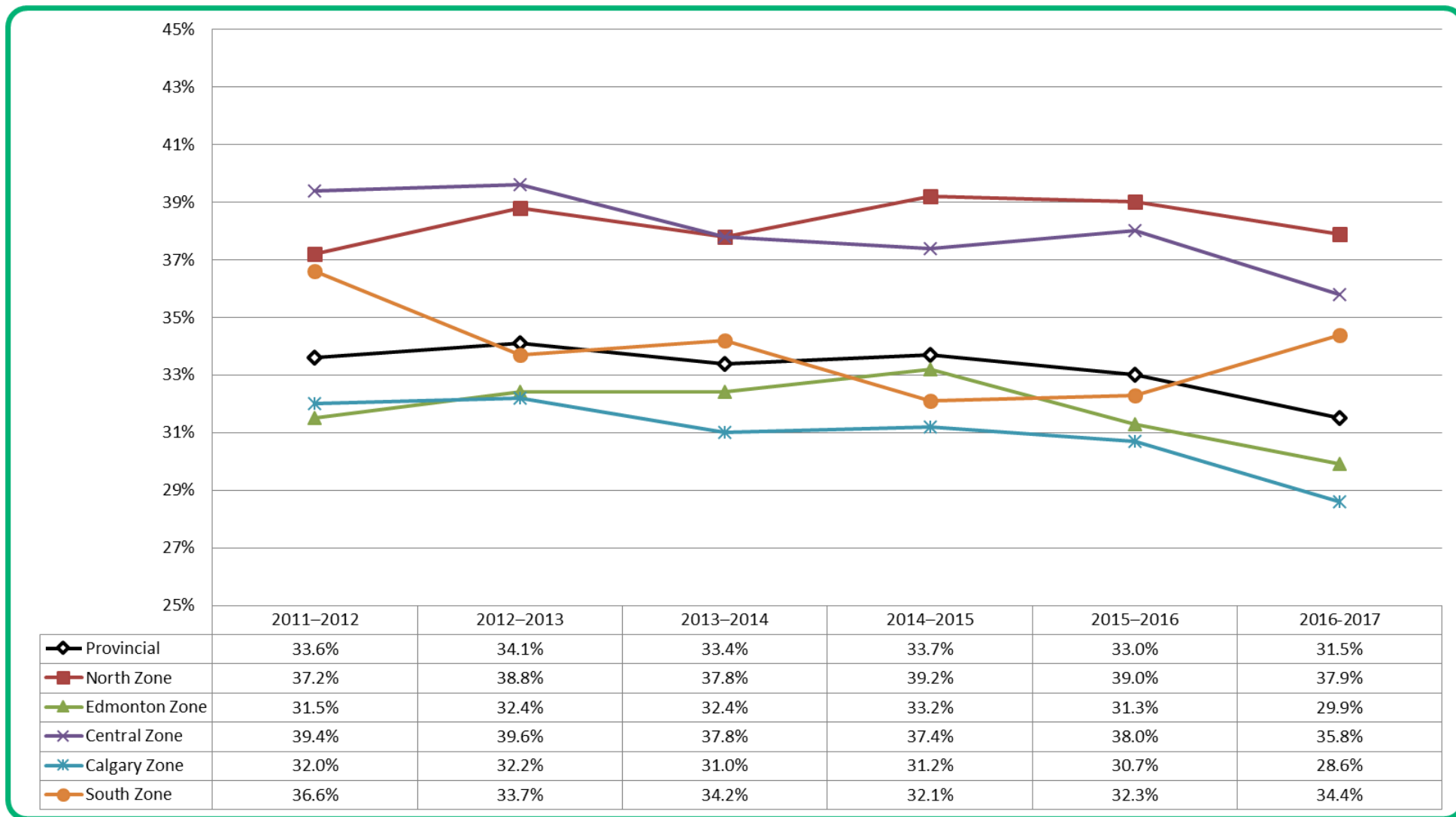
Hardisty Care Centre uses physiotherapy and multidisciplinary teams who target each resident's individual needs, address any gaps and help meet their specific care plans. One year after a resident had hip surgery, and was bound to a wheelchair is now able to stand. The multidisciplinary team works with the residents to strengthen their legs to avoid falls and improve physical function (now at 39.3% from 37.5%).

At CapitalCare Grandview and CapitalCare Lynwood the Rehab Team collaborates with clients and their families to develop individualized, client-focused intervention plans. These plans are developed based on assessed needs, client wishes, and are prioritized in relation to their urgency, available resources and other caseload demands. Interventions are most often geared toward promotion, comfort, quality of life, and maintaining function. This is achieved through walking programs & exercise groups, transfer & mobility equipment, specialty seating, wound prevention, and fall & injury prevention strategies (Grandview now at 40.5% from 31.3%, and Lynwood now at 42.1% from 35.5%).

Mannville Care Centre established regular interdisciplinary team meetings. The team regularly discusses resident engagement in activities to maintain resident independence or potential for improvement (now at 46.4% from 33%).

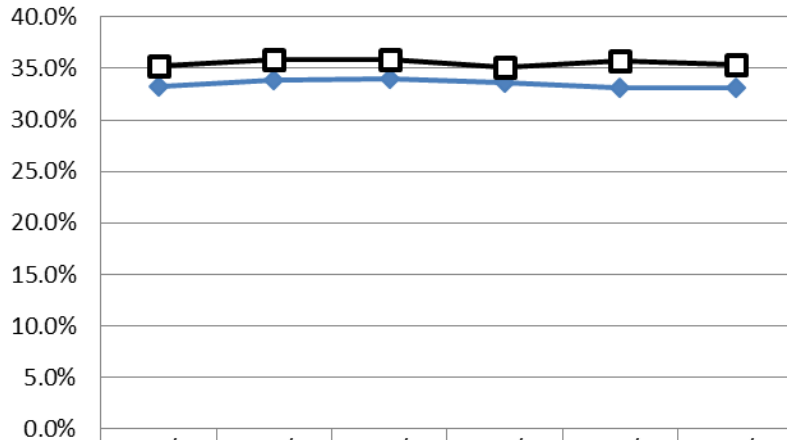
# Health Status: Improved Physical Functioning in Long Term Care – Zone Details

The measure is the percentage of residents who had improved physical functioning in the last 30 days in a Long Term Care facility. **NOTE:** higher is better for this measure.



**Please note:** The axis of this chart does not start at zero, to allow more detail to be seen

# Health Status: Worsened Physical Functioning in Long Term Care – Provincial Details



	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
◆ National Average	33.3%	33.9%	34.0%	33.6%	33.1%	33.1%
■ Alberta Average	35.2%	35.8%	35.8%	35.1%	35.7%	35.4%

## Definition

Residents whose mid-loss Activities of Daily Living (ADL) worsened get a higher ADL self-performance score on their most recent assessment than the previous assessment (or a maximum score on both previous and most recent assessments) for one or more of three mid-loss ADLs: i) transfers, ii) walk in corridors, and/or iii) locomotion on unit. A higher ADL self-performance score is not desirable as it indicates less independence in these ADLs.

## Understanding this Measure

Activities of Daily Living (ADL) range from dressing and personal hygiene (early loss) to walking, transfer and locomotion (mid-loss) to eating and bed mobility (late loss). The indicator is triggered after the current assessment is lower than the previous assessment (over a period of three months). The mid-loss ADLs such as ability to walk and self-transfer are very decisive factors in a resident's quality of life. A lower percentage is desirable as it indicates that mid-loss ADL functioning is worsened in a lower proportion of Long Term Care residents.

## Considerations and Initiatives:

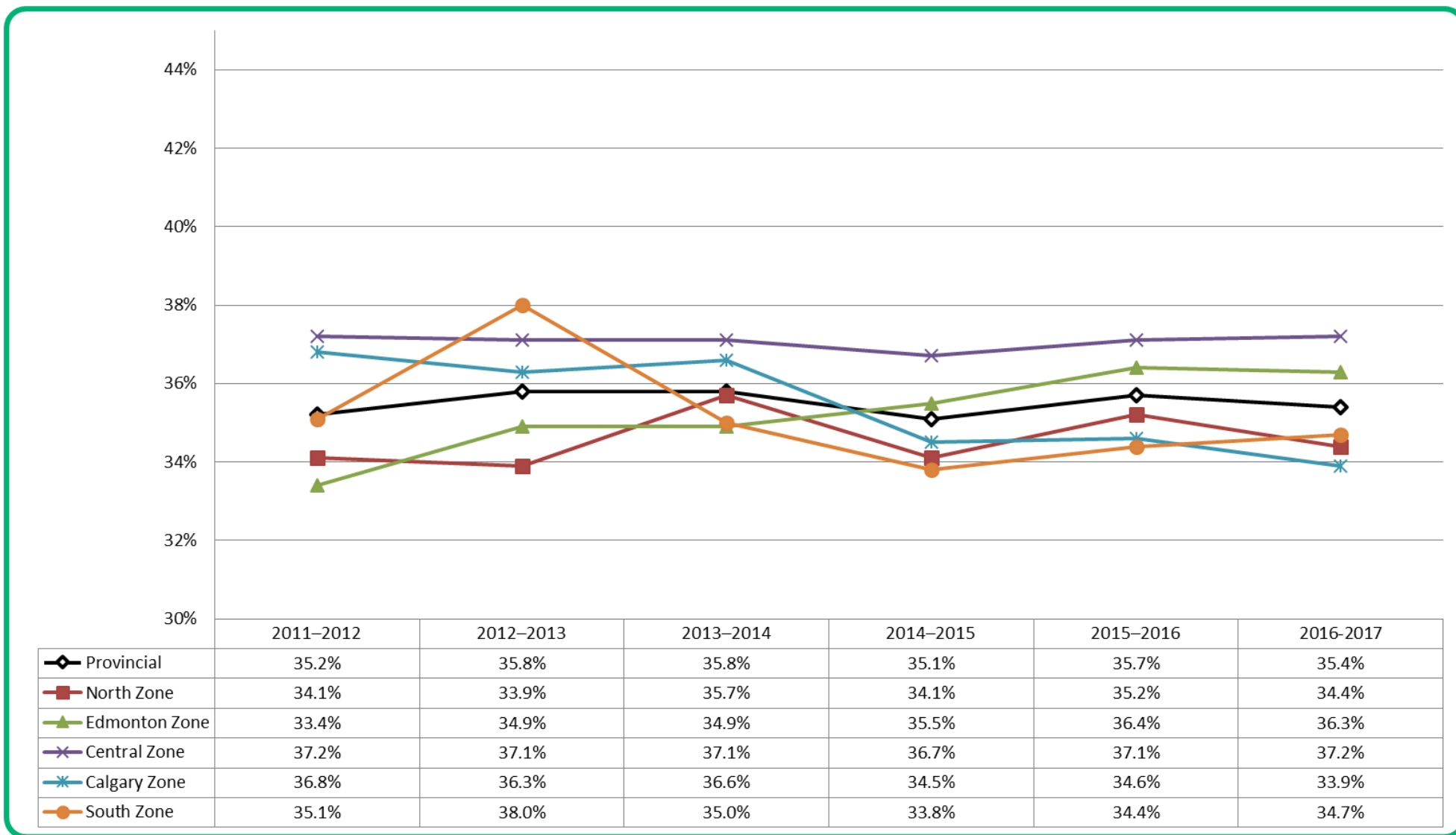
- Many residents in Alberta LTC facilities face a number of difficulties remembering, understanding and learning new information.
- The benefit of therapies, recreation activities and nursing/restorative care is a challenge to measure as the residents' potential to improve or at the very least, slow the rate of decline is variable and difficult to measure.
- Prevention of decline and maintaining ability and independence in ADL may still be considered a successful outcome for some residents. ADL is closely tied to quality of life for residents.
- Residents, like anyone, despite their challenges are more likely to take part in activities they did before, are familiar with culturally appropriate and ones they enjoy.
- In addition to routine activities available to all residents in a facility, it is also important to target recreation therapy programs (not routine activities) and rehabilitation resources to residents who may be most able to benefit from increased physical activity. In this way, Quality Improvement information may then show improved results from such targeted care.

## Examples of initiatives include:

Grande Prairie Care Centre upon admission of all residents assesses physical functioning by their Occupational and Physical Departments. The rehab team then develops and implements programs to either improve or maintain physical functioning. The Recreation Department has also been involved in conjunction with rehab to improve physical functioning. The recreation conducts three programs a week geared towards fall prevention that promote range of motion and mobility. The programs are the "Walk and Talk" and Fun Fit. The programs keep the residents mobile, encourages independence, improve in pain and in the occurrences of falls (now at 22.4% from 25.2%).

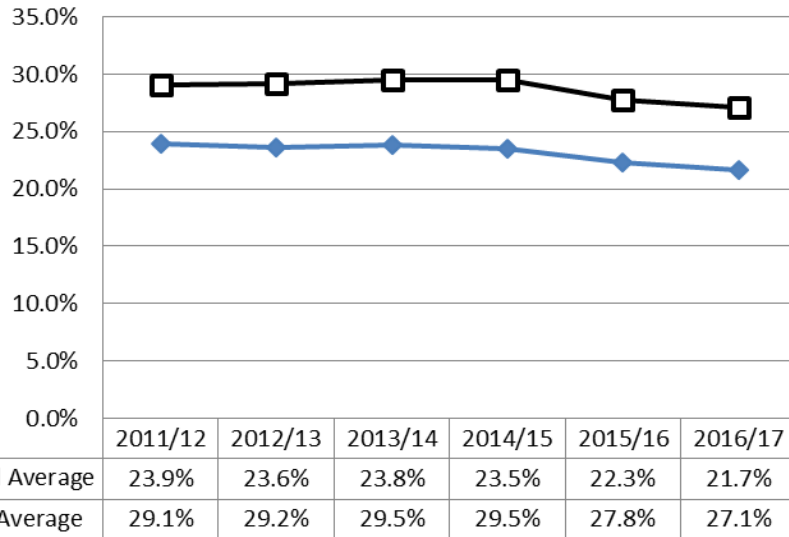
# Health Status: Worsened Physical Functioning in Long Term Care – Zone Details

The measure is the percentage of residents who had a worsened physical functioning in the last 30 days in a Long Term Care facility.



**Please note:** The axis of this chart does not start at zero, to allow more detail to be seen

# Health Status: Worsened Depressive Mood in Long Term Care – Provincial Details



## Considerations and Initiatives:

- This indicator looks at the rate of residents in long term care whose symptoms of depression got worse over a period of time.
- Resident with symptoms of depression often experience significant medical, social and quality-of-life challenges.
- The use of the RAI MDS 2.0 standardized assessment in all long term care homes across Alberta helps staff identify depressive symptoms so that it does not go undiagnosed and untreated.
- There are many things that can contribute to a mood problem. Staff in long term care facilities have the information from the RAI assessments to identify when a resident is at risk and can then involve mental health professionals in the resident's assessment and care.

## Examples of initiatives include:

Glamorgan Care Centre residents are monitored closely for depressive episodes, as they can become very serious very quickly. Staff have extensive education and participates in extensive care planning with detailed behavioural interventions that are tailored to each resident's needs. With a younger population the recreation department keeps residents involved in work programs, outings, vacations, companion programs, among others (now at 1.5% from 11.6%).

## Definition

The Depression Rating Scale (DRS) is a direct output of the RAI-MDS 2.0. It can be used as a clinical screen for the severity of and change in depressive symptoms; it is not a diagnostic tool. If a resident has a score of three or more on the DRS they should be further assessed for a clinical diagnosis of depression. The RAI Clinical Assessment Protocol Manual states that 20% of persons in long term care facilities will have a DRS score of three or higher. Therefore, this QI should not reach 0%.

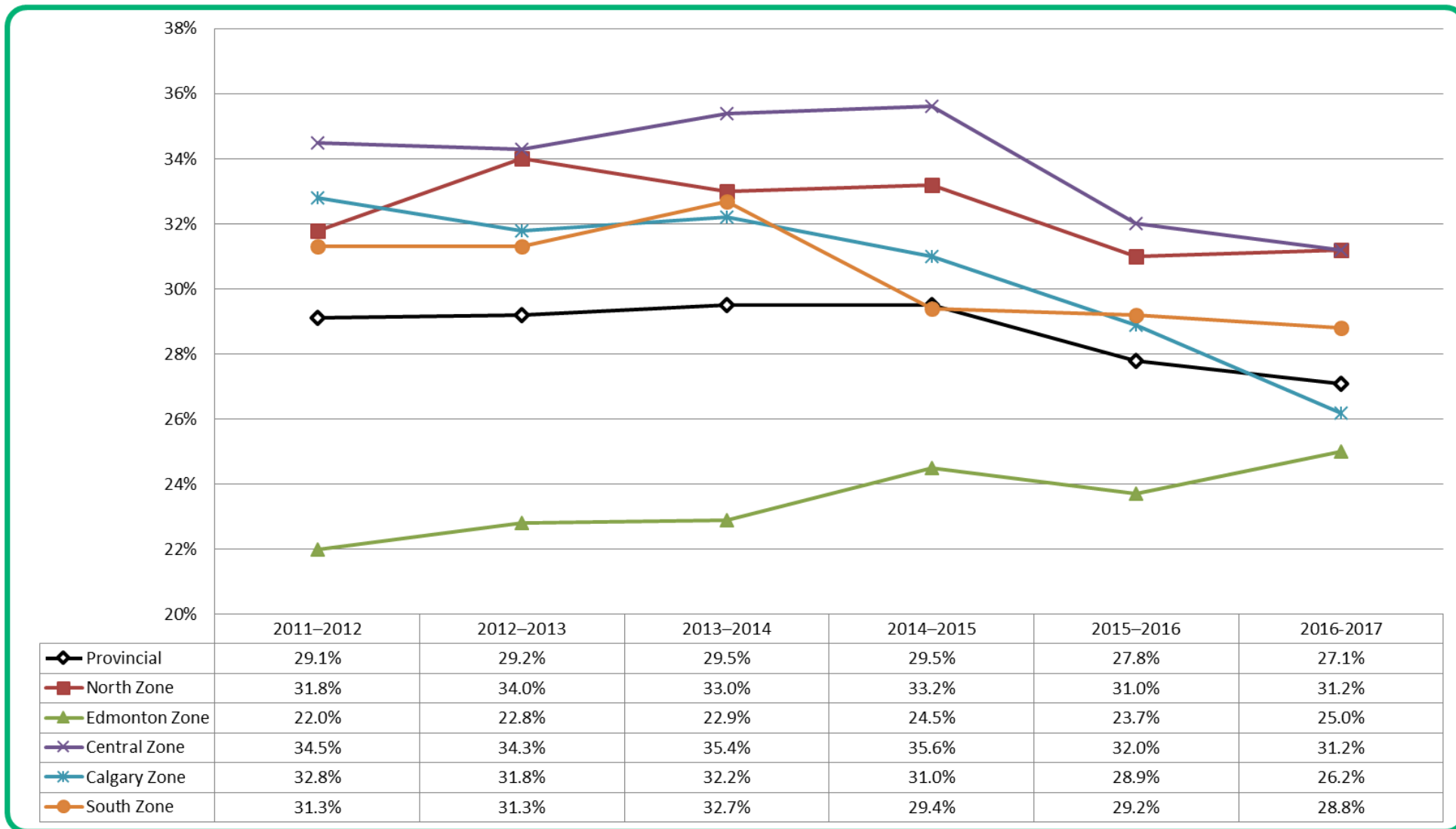
## Understanding this Measure

DRS scores range from 0-14 with higher values indicating that the resident has more numerous and/or frequent depressive symptoms. Symptoms used to calculate the DRS include the resident making negative statements, persistent anger with self or others, expressions of unrealistic fears, repetitive health complaints, repetitive anxious complaints/concerns, sad/pained/worried facial expressions, and crying/tearfulness. Depression is a serious condition and if left untreated is associated with significant morbidity, functional decline and unnecessary suffering by the person, family and caregivers. Residents in long term care are at high risk due to factors including relocation adjustment to the facility, functional impairment (including vision, hearing and speech and ability to participate in activities), socially withdrawal and increased risk of medical illness, cognitive impairment and issues with pain. It is important to identify signs and symptoms of mood distress, as it is very treatable.



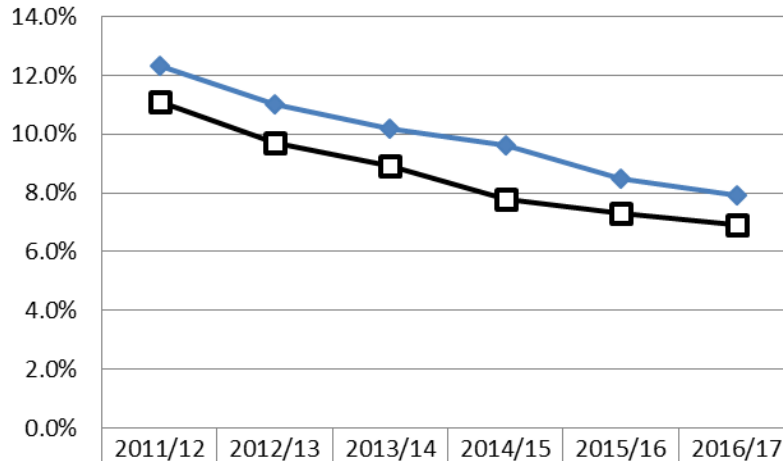
# Health Status: Worsened Depressive Mood in Long Term Care – Zone Details

The measure is the percentage of residents who had a worsened depressive mood in the last 30 days in a Long Term Care facility.



**Please note:** The axis of this chart does not start at zero, to allow more detail to be seen

## Health Status: Experiencing Pain in Long Term Care – Provincial Details



### Considerations and Initiatives:

- This indicator measures the percentage of Long Term Care residents who indicated they were experiencing moderate to significant levels of pain on assessment.
- Pain can have a significant impact of quality-of-life, function and mood, and is not a “normal” part of aging.
- Rates of residents indicating they were experiencing moderate to significant pain have dropped over the last 5 years in Alberta, from 9.7% to 7.9%.
- Pain relief for Long Term Care may be due to many factors and must be accomplished in a number of different ways.

### Examples of initiatives include:

Extendicare Fort Macleod as well as all Extendicare facilities are below the provincial average for the indicator *Pain* and have been for some time (Fort MacLeod now at 0.3% from 1.2%, all Extendicare now at 2.5% from 2.6%). They attributed this success to a protocol put in place using quality indicators data. This protocol has been in place for five years and begins with the quarterly tracking and trending of eleven key indicators. The expectation is that when a facility experiences one of the three highest results for Extendicare in each quarter, a facility specific improvement action plan to address their results will be developed. This process has helped to develop capacity among individuals and teams within facilities and results are closely monitored.

### Definition

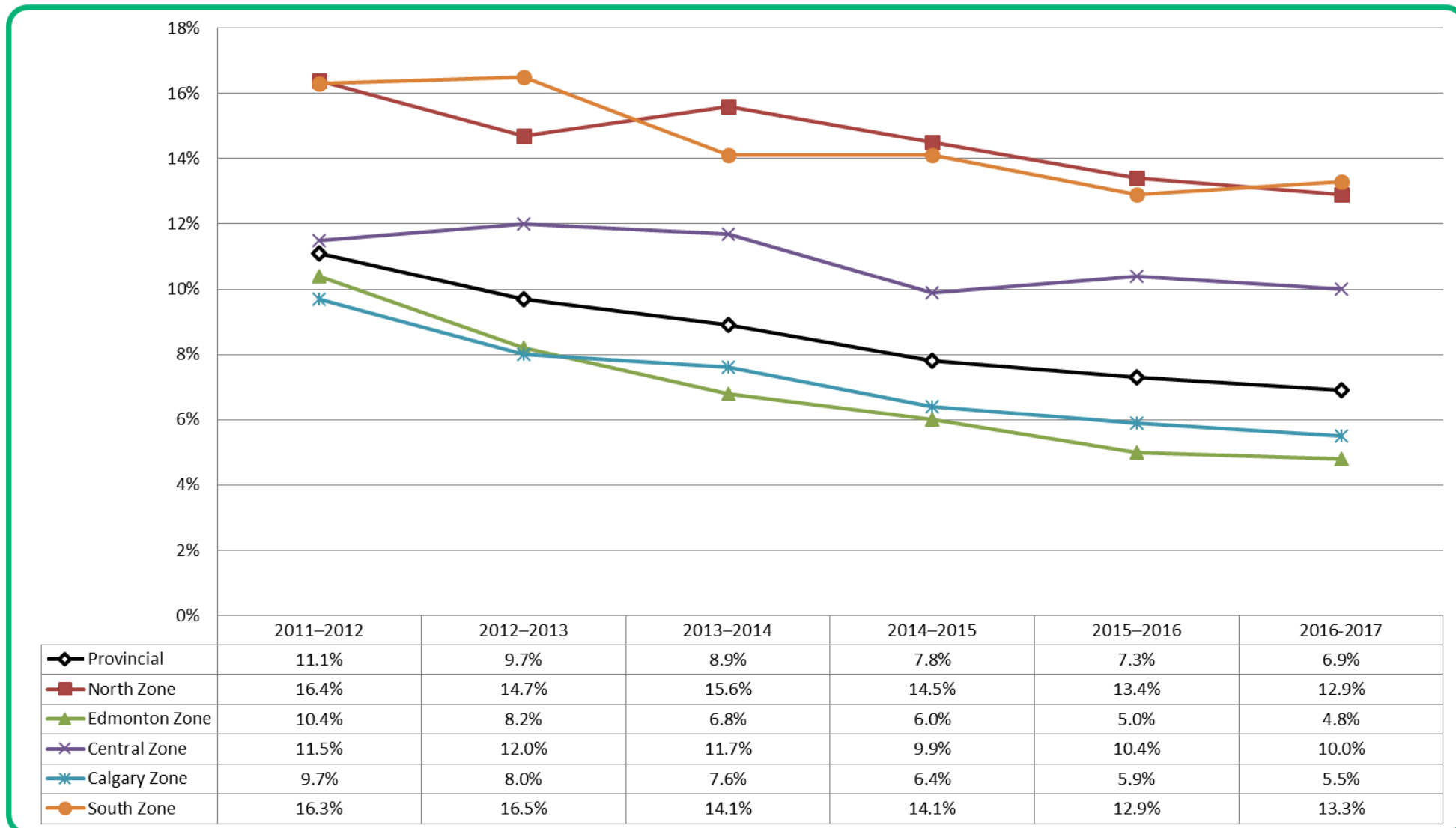
Pain refers to any type of physical pain or discomfort in any part of the body. It may be acute or chronic, continuous or intermittent, or occur at rest or with movement. It is a subjective experience, and the inability to communicate verbally does not negate the possibility that an individual is experiencing pain and is in need of appropriate pain-relieving treatment.

### Understanding this Measure

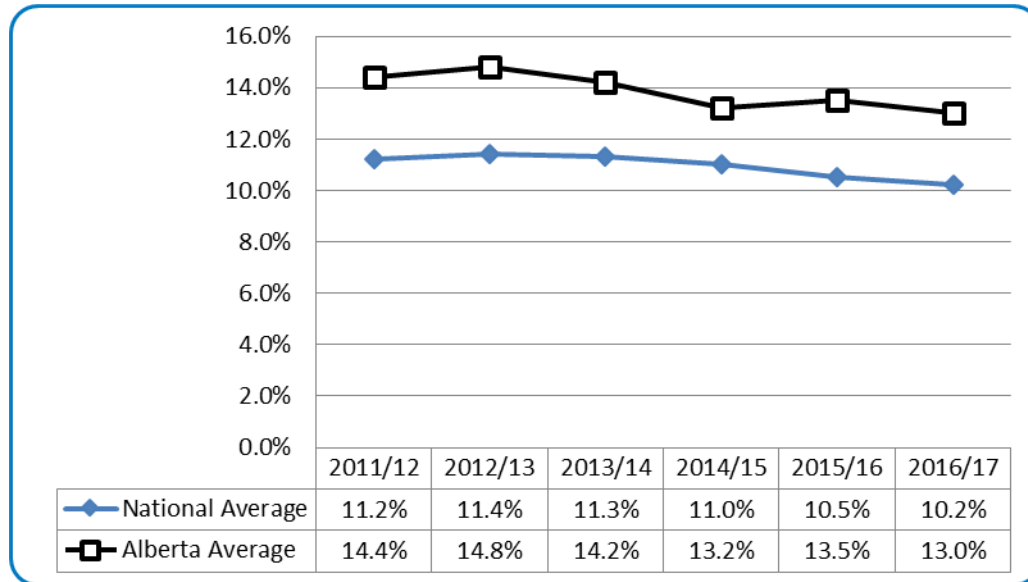
Pain directly impacts the resident’s quality of life and can impact social engagement, ability to perform activities of daily living, mood and behaviours, and nutrition status. A lower percentage is desirable as it indicates fewer long term care residents who suffer from moderate daily or excruciating pain. This QI is triggered for residents with moderate (a “medium” amount) pain at least daily or horrible/excruciating pain (worst possible pain which can interfere with daily routines, socialization and sleep) at any frequency during the seven day look-back period. Pain experienced outside of this reflective period is not included in the calculation. For residents with chronic pain, if pain management strategies (e.g. receipt of regularly scheduled analgesic or other therapeutic interventions) are effective to the extent that the resident does not report experiencing pain or does not demonstrate behaviours associated with pain, then the resident would be coded as having “no pain”.

## Health Status: Experiencing Pain in Long Term Care – Zone Details

The measure is the percentage of residents who are experiencing pain in the last 30 days in a Long Term Care facility.



# Health Status: Experiencing Worsened Pain in Long Term Care – Provincial Details



### Definition

Pain refers to any type of physical pain or discomfort in any part of the body. It may be acute or chronic, continuous or intermittent, or occur at rest or with movement. It is a subjective experience, and the inability to communicate verbally does not negate the possibility that an individual is experiencing pain and is in need of appropriate pain-relieving treatment.

### Understanding this Measure

Pain directly impacts the resident's quality of life and can impact social engagement, ability to perform activities of daily living, mood and behaviours, and nutrition status. A lower percentage is desirable as it indicates fewer Long Term Care residents whose pain has worsened. Coding of the RAI-MDS 2.0 assessment uses a seven day look-back period for this data element. Pain experienced outside of this reflective period is not included in the calculation. Clinical judgement is used when assessing pain. If difficulty is encountered in assessing intensity level (i.e. mild, moderate, severe), the clinician will code for the higher intensity level of pain.

### Considerations and Initiatives:

- AHS and operators continuously analyze available resident outcome data to find opportunities for quality improvement. Pain is one of these indicators and must be identified and managed in a timely manner.
- Various ways to reduce pain using appropriate medications and medication dosing times and alternative therapeutic methods are used and monitored.

### 2016-2017 Examples of initiatives include:

Grande Prairie Care Centre in the North Zone has reduced the pain level in their residents by implementing strategies that involve residents, families, pharmacy and therapies (now at 3.4% from 8%). Staff report a link between the improved incidence of pain and improved physical functioning which in turn has improved resident quality of life. Several staff attended the LEAP (what does this stand for?) conference bringing back tools and strategies. Staff are more aware to support pain management involving other departments such as recreation and rehab. RAI education is provided to eliminate coding errors and have a better understanding of this measure.

In 2016/2017, AgeCare Walden Heights Seniors Community LTC successfully improved the worsening pain indicators by over 8%, to 7.2% at the end of the fiscal year, using a team-approach for resident care planning and particular emphasis on communication mechanisms. The teams meet on a regular basis and incorporate daily touchdowns between the direct care staff; two times per week meetings with the broader interdisciplinary care team; and every two weeks meetings between the resident care manager, health care aides and the licensed practical nurse. Using constant communication supports holistic problem-solving, early detection and quick resolution of resident pain our significant reduction in worsening pain indicators has not only reduced resident responsive behaviors but also has positively impacted resident quality of life.

# Health Status: Experiencing Worsened Pain in Long Term Care – Provincial Details

The measure is the percentage of residents who are experiencing worsening pain in the last 30 days in a Long Term Care facility.

